

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.

FLUWKE, 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. Fearley 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.

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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

Sandhurst a letter expressing his sincere regret at the sad news, and desiring that his sympathy should be conveyed to the Hospital and to the relatives.

* * *

DURING the past year the JOURNAL has been fortunate in the possession of an Editor who, in addition to ably carrying out his official duties, was at the same time a not infrequent and very welcome—we can speak authoritatively from the readers' point of view—contributor to its pages. We congratulate Mr. R. B. Price most heartily on a very excellent year; also Mr. Sladden, the Sub-editor, whose duties involve little that is interesting and much that is hard work. We presume that Editors of this JOURNAL derive considerable pleasure from their work, though perhaps scarcely so much as an editor we remember, who, with immense enthusiasm, conducted a journal with a microscopic circulation in addition to contributing almost the whole of the reading-matter and illustrations. He could even on occasion be his own printer and publisher. Between such an one and the autocrat who sits in a "sanctum" and merely directs there are enough types to serve us for example.

* * *

OUR present intention is to act as collectors and selectors of material, and only to aim at being contributors in case of dire famine of printable matter. Having issued this warning, we hope there will be no further hesitation on the part of those who may have ideas in their heads or articles in their writing-desks. The prose or verse—we need both—may not be brilliant enough to fire the Thames; a first attempt may not do more than help to light the fire in the editorial den some chilly April morning; but we can promise that anything showing even the slightest signs of being a second or third attempt will, when the next number of the JOURNAL is being prepared, be most certainly put in—the hands of the publication committee for careful consideration.

* * *

WE regret that want of space compels us to hold over the yearly report of the Students' Union Council. That the financial affairs of the Students' Union are as favourable as this report shows is very largely due to the hand some sum contributed by the ST. BARTHOLOMEW'S HOSPITAL JOURNAL. This donation has for some years constituted one of the most important items on the credit side of the Students' Union balance-sheet. Under these circumstances it is not surprising that there should be a suggestion to the effect that the Publication Committee should be represented upon the Council of the Students' Union. We are glad to be able to record that this suggestion has now become fact, and that in future the JOURNAL is to have one representative on the Council.

* * *

DR. A. F. Garrod has attained one of the most coveted of all distinctions in being elected a Fellow of the Royal Society; we offer him our sincerest congratulations. Dr. Robert Jones has been appointed a Justice of the Peace for the county of Essex; him also we heartily congratulate.

* * *

WE are afraid we cannot say that the response to Mr. Rawling's appeal for the Rifle Range, published last month, has been equal to our expectation. There is still a considerable number of students who must be persuaded to do their share towards putting into practice what they doubtless already agree with in theory, *i.e.* that all Britons should be marksmen—and unless these be forthcoming speedily the existence of the Range is still in danger.

* * *

As all the rowing world and most other people know, the coaching of this year's Cambridge crew, during the most important period of their training, has been entrusted to Mr. R. B. Etherington-Smith. We very much regret we cannot record that his "final polish" was successful on this first occasion, but while we must postpone that until next year, we meanwhile congratulate him on adding another to his already formidable list of rowing honours.

* * *

WE congratulate Mr. H. D. Gillics on his election to the Luther Holden Scholarship for Research.

The Junior Scholarships for Anatomy and Biology have been awarded to Messrs. J. E. Pearce and D. H. D. Wooderson. Messrs. W. C. Dale and G. C. Lim are bracketed equal for the Kirkes Scholarship and Gold Medal. To all these our congratulations are also due.

* * *

It has been difficult to obtain a good photograph of the late Miss Stewart. That which we publish this month has been enlarged from a group in which the Matron appeared quite recently with the sisters of this Hospital. We have made arrangements to supply our readers with mounted copies of the enlarged photograph at cost price, as we believe that many will be glad to possess what is, perhaps, the best extant portrait of one who did not often figure before the camera.

The price of the photographs, which may be obtained from the JOURNAL office, is 1s. 6d., post free 1s. 9d. Miss Burch has kindly consented to take orders from the nursing staff.

Working under the Red Cross in the Franco-German War, 1870-71: Some Recollections.

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

"Therefore take heed
How you awake the sleeping sword of war,
We charge you in the name of God, take heed."

Henry the Fifth.

IN view of the ominous and recurrent rumours of war in Europe, my reminiscences of the Franco-German conflict may have a timely interest for the Bart.'s men of to-day.

It all happened so long ago, the forty years that have past since those days of blood and iron have brought so many changes, that some of my readers may regard the events described in these pages as remote and far away as a chapter of history, yet to me and my contemporaries they were often too near to be comfortable, and only too vividly actual.

Sadly I remember that I am now the sole survivor of those "good men and true" from Bartholomew's who were associated with me during the war. My old friends Mayo, Galton, Buck, and Jackson, have all passed into the shadowland, but our pleasant companionship will always linger among my happiest memories of those stirring times.

The Franco-German war of 1870-71 was one of the great events of the last century. It acted and re-acted upon every country and city in Europe. In 1870 Bismarck altered the Ems telegram, Prussia fought and defeated the French and annexed Alsace and Lorraine, receiving also an indemnity of two hundred millions sterling.

The results of the war were naturally far-reaching, and affected social and commercial life in all directions. It ended with the downfall of the Second French Empire, the unification of Germany, and the foundation of her army—the largest and most scientific in Europe.

Many causes contributed to this great war. The struggle of 1866, when Prussia attacked and defeated Austria in six weeks, and by the treaty of Prague annexed Hanover, Hesse, and Nassau, had roused a strong feeling of jealousy in France.

The failure of the expedition to Mexico, when Maximilian was left to his cruel fate, shook the confidence of the French in the Emperor, and stimulated the spirit of discontent which was created by the Republican party. Napoleon the Third was neither a general nor a statesman, and had really little to recommend him save his relationship to his uncle and the glamour of a great name. The spirit of discontent was growing at home, and the Emperor, realising that he was unable to cope with it, hit upon the desperate expedient of trying to quell the disturbance in the turmoil of war.

Bismarck, with characteristic intelligence, quickly under-

stood the Emperor's predicament, and lost no time in presenting France with ample opportunity to pick a quarrel, for although the Emperor had been assured that his army was "ready to a gaiter-button," Bismarck knew better, as results subsequently proved. In Spain, Queen Isabella had recently been dethroned and exiled, and the Spaniards, wanting a man to rule them, invited Prince Leopold of Hohenzollern, a distant relation of the king of Prussia, to become King of Spain.

Now, from the French point of view, to put a Hohenzollern on the throne of Spain was an obnoxious proposition.

Diplomatic representations led the King of Prussia to persuade his relative to withdraw from the candidature, in order to avoid hurting the feelings of France. The French Government, mistaking this courtesy for a sign of weakness, pressed the King of Prussia for a pledge that he would not permit any similar candidature in the future.

To this insolent demand the King could not accede; he was forced to choose between humiliation and war.

Bismarck, the Iron Chancellor, knowing the condition of France and her army, foresaw that a successful campaign would complete his ambition for a united Germany, already furthered by the war with Austria.

There are authorities who attribute the Franco-German War to the aggressive ambitions of Bismarck and his party, and give only a secondary importance to the foisting of a Hohenzollern on the throne of Charles the Fifth. Others, again, seek to attribute the *vera causa* of the conflict to the jealousy shown by France towards German progress, but whatever the real cause of the trouble, the fact remained that France and Germany meant to "fight it out." The French Ambassador Benedetti departed on July 13th, 1870, the King refusing him a farewell audience, and on July 19th the French declaration of war reached Berlin.

A great wave of excitement and concern swept over England, followed by an outburst of sympathy. We realised that our neighbours were on the eve of a fight of gigantic magnitude, and as the fumes and aftermath of our recent experience of war still lingered with us, we knew only too well the hardship and perils of the strife upon which our neighbours were embarking. A letter appeared in the *Times* of July 22nd from Col. Lloyd Lindsay, (afterwards Lord Wantage), asking for aid for the sick and wounded in their hour of need, and a public meeting was held in Willis's rooms on August 4th in support of this object. Two days previously, on August 2nd, King William had issued a proclamation from headquarters in Mayence:

"To my Army—

"All Germany stands together under arms against a neighbouring state, which has without excuse declared war against us. We must defend our threatened fatherland, our honour, our hearths and homes. To-day I assume the supreme command over the united armies and confidently

begin a struggle such as our fathers in former days brought to a glorious end.

The whole nation relies, as I do, on you. God the Lord will be with our just cause."

"WILLIAM."

It is difficult to estimate how much of the inevitable horrors and misery of the war were mitigated by the humanity and generosity of Col. Lloyd Lindsay. The Red Cross Society, which owes its existence to him, is a permanent memorial to the nobility and goodness of his life, and a confirmation of the belief—

"that somehow good
Will be the final goal of ill."

An office of the Society was opened at 2, St. Martin's Place, and it was there that on a memorable summer's morning, (at least to me), I was interviewed, and to my great delight selected for service. The *Pall Mall Gazette* of August 11th, 1870, contained the following paragraph: "The Committee of the Society for aiding the sick and wounded in the French and Prussian Armies, after communicating with the committees formed in Paris and Berlin, and learning from them in what manner the most effectual assistance could be given, have sent out six surgeons to the seat of war, who will work under the Red Cross Society, and receive their instructions from the president at Berlin and at Paris. The Society will defray the expenses of these gentlemen, but their services will be in other respects gratuitous. The Society has also sent £500 to Paris and a similar sum to Berlin. The gentlemen who have been selected to serve are Dr. Mayo, Dr. Durct Aubin, Mr. Henry Rundle, F.R.C.S., Mr. William Ward, M.R.C.S., Mr. W. Pratt, M.R.C.S., and Mr. Athill, dresser." To these Mr. J. C. Galton was added.

We all crossed the Channel together, and my readers can imagine the hopes and fears, the plans and ambitions that filled our minds on such a journey. We were all eager to get to the front, impatient to know what the future held in store for us.

It was a crossing from the routine of things familiar into the darkness of the unknown. Everything seemed vague and adventurous, except the fact that there would be work to be done, and plenty of it, and each of us was determined to do our utmost for the honour of our country, our profession, and those who had chosen us.

We reached the French coast full of thought, anticipation, and the desire to be "up and doing."

At Calais we drifted apart. With Mr. Athill and Mr. Galton, I went under the leadership of Dr. Mayo to Berlin. The two latter were old friends, and it was great good fortune to be thrown together in this way.

The sympathies of our party lay with Prussia, and our request to be sent to Berlin had been granted. The other three surgeons were sent to Paris.

We found Berlin in a state of the wildest enthusiasm and excitement. The "Unter den Linden" and its *cafés* were thronged by loyal sons of the Fatherland, who, with single-hearted patriotism, had hurried home to swell the great national army.

We were struck by the splendid physique of these tall, broad-chested, lusty young Teutons. With all the magnetic enthusiasm of youth and the fervour born of the impending fight, they were convinced that their cause would win, that there could be no possible doubt of Prussia's triumph. Sure as they were of success, no one would have ventured to prophesy that within three weeks the Prussians would have overrun France, and that within three months she would be lying prostrate at the feet of the Conqueror.

On the day after our arrival in Berlin the Crown Princess of Prussia very graciously received us, and with characteristic practical heroism she superintended the organisation of the Committee of Aid, and did everything humanly possible to alleviate the sufferings of the wounded.

Even the Royal Palace at Potsdam had been placed at the disposal of the authorities for the storage of articles for the use of the sick.

Ladies of all ranks were hard at work preparing clothing. On every side were to be seen quantities of useful materials and stores, bandages, charpie, cushions, etc. Hypodermic injections had recently come into vogue. Her Royal Highness, I remember, examined these little syringes with especial interest, and expressed the hope that we had brought plenty of them with us. She also spoke of various phases of the war, and particularly of the medical work of the campaign, and it was difficult for us at times to conceal our surprise at her familiarity with medical terms, and also with the practical requirements of the army.

In the Crown Prince's room the Princess showed us some presents she had just received from the front. They were a French cuirass, helmet, sabre and flag from Weissenburg, where the first encounter took place, and the Germans obtained their first victory. The trophies, by-the-by, had been hastily placed upon a table already partly covered with some of the bandages, compresses, etc., that the Princess had herself prepared. From a box on the table she took some charpie she had made, and rolling it up in our handkerchiefs, asked us to tell the wounded men for whom we used it, that she had made it.

Before we could begin active service we had to obtain from the military authorities our war passport, or "Legitimations Schein," and badges bearing the distinctive symbol of the red cross. Once in possession of these we were free to join the army before Metz.

In the environs of that city numerous defensive earthworks formed a continuous girdle of rifle pits and entrenchments by which Bazaine was hemmed in. Frequent sorties had been made by the French, more for the purpose of bringing in supplies than from any serious intention of

quitting the fortress, for the Prussian lines were so strong it was well nigh impossible to break a way through them. The Prussians who came within the range of the Metz guns lost heavily. Many churches in the district had been utilised for the reception of the wounded, and the district was dotted with the graves, indicated by simple tokens, of those who had fallen. Following the track of war is like going through churchyards, with the difference that the latter are usually neat, restful, and orderly, whilst as to the former, the least said about it the better.

At Gorze and Rezonville Hessian troops were stationed, and after distributing among them various English stores and hospital necessaries, we were sent to Darmstadt, where we met with a very cordial reception.

Here there was urgent need of a reserve hospital, and the Hessian war officers placed at our disposal a drill ground on the outskirts of the town. Four large, well-equipped pavilions were erected, afterwards increased to eight, and a magazine and sheds hard by were converted into kitchens, store-rooms, and quarters for surgeons and nurses. Provision was made for 120 beds, which were ultimately increased to 250. In this hospital 926 sick or wounded soldiers were treated. Many of them were cases of enteric and dysentery, but we saw and did much good surgical work, for which there was ample material and active opportunity.

This, the only hospital in Germany under British management, was founded under the auspices of the Princess Louise of Hesse-Darmstadt, (Princess Alice of England), and was known as the Alice Hospital. Her Royal Highness visited it daily, offering advice and encouragement to the nurses and consolation to the patients; in her activity she was a stimulating example to us all, and that, too, under circumstances when rest would have been advisable and prudent.*

The arrangements of the Hospital were highly praised, not only by the Chief Inspector, Herr Langenbrodige, who pronounced it the most perfect institution of the kind he had seen in South Germany, but also by doctors sent by the Italian and Russian Governments to examine and report upon the German Military Hospitals.

When the war was practically over, numbers of sick and wounded continued to pass through Darmstadt, owing to its central position as a junction of the various railways on the Rhine, Main, and Neckar. Therefore, in January, 1871, the Alice Hospital was constituted a State Reserve Hospital, and we were given commissions by H.K.H. the Grand Duke of Hesse. Altogether the Hospital was in existence about nine months.

In Darmstadt I met two most interesting men. Though differing widely from one another, each possessed a personality of unusual attraction. One was D. F. Strauss, the famous theologian and scholar, author of the *Life of Voltaire*. A thin, wiry man, he had a certain magnetic personality,

* Prince Frederick William was born on October 6th, 1870. He was killed by a fall from a window on May 29th, 1873.

together with an impatience of, and indifference to, anything beyond the phase of mental activity and the views enunciated in his book, *The Old and the New Faith*.

The other man, whose personality is strongly impressed upon my memory, was the English Minister, Mr. (afterwards Sir Robert) Morier. He was, from the beginning, much interested in our work, and by his considerable influence and advice helped us in many ways, and made our relations with the Hessians most pleasant.

About the middle of September I went into the neighbourhood of Strasburg, hoping either to render surgical aid or to procure such hospital necessaries as might be required when the city surrendered.

The siege had begun on August 11th, and it was apparent that the fortress could scarcely be expected to hold out much longer. During the most active period of the bombardment the Bishop of Strasburg came out to the besiegers and vainly begged for a cessation of hostilities.

On September 27th we were at Offenbourg and Kehl, three miles away from the city, from whence the batteries had maintained a constant bomb fire. To sever the remaining link between Baden and France, the iron-work of the railway bridge between the stone piers and the shore had been destroyed by order of the Grand Duke of Baden. This was done within three days of the declaration of war, as the French Troops had made no small boast of their intention to cross the Rhine.

At five o'clock on September 27th the long-expected white flag appeared on one of the pinnacles of the tower of the Cathedral. Although an acknowledgment of failure, yet that banner waved a promise of peace and security to many who for weeks had had little to look forward to, but a violent death, or worse still, the horrors of pestilence and famine.

As we were unable to cross the Rhine at Kehl, we had to go about three miles along the banks to Augenheim, where we fortunately met Sutherland Edwards, the correspondent of the *Times*, who had a special pass from Bismarck.

With him we travelled on in a waggon, crossed the Rhine by a flying-bridge, and reached Rubetsau, a village near Strasburg. It was nearly dark when we arrived, and we should probably have been stopped by sentries had we attempted to go on, so we took the opportunity of getting some much-needed sleep.

Early on the morning of Michaelmas day we entered Strasburg. As I write these lines, I have before me a small piece of bomb-shell which I picked up on entering the town, and which now does faithful duty as a paperweight.

Only those who have gone into a recently besieged city can fully realise the ugly, smouldering horror of it all. So much that meets one's gaze is indescribable. Blood and iron, passion and hatred have done their worst. Even death itself, stalking among the ruins, was robbed of its calm serenity. The very stones seemed to cry out, "Ichabod! Ichabod!"

In one quarter every house had been destroyed, and there remained only a chaotic mass of burnt beams and bomb-shattered stone-work, reminiscent of the ruins of Pompeii.

The Bibliotheque, with its priceless collection of rare books and precious manuscripts, had been reduced to a mass of charred wood and paper. We could see the burnt pages of historic old volumes fluttering in the breeze.

The outer wooden roof of the Cathedral had caught fire early in the siege, and was completely destroyed; the inner vaulted roof was perforated by shot, otherwise this splendid example of Gothic architecture was little damaged, and the famous astronomical clock was uninjured. Many of the people took refuge in the cellars, although even there the fragments of a bursting shell would often reach them.

Many years after the war, I was going through the Cathedral with some friends, and I spoke of the siege to the man who was acting as guide. He told us that when a child he had been placed in the crypt for safety, where he was wounded. With typical vivacity he related his story, and with the dramatic instinct of his race he pulled up his trousers to display some scars on his legs, and lend a convincing emphasis to his statements.

To revert, however, to the day when I first saw Strasburg. I must say that the citizens did not look as if they had been starved, and compared with later sieges they appeared to have done very well. There had been no lack of horse-flesh,—not at all a bad dish, as we knew by experience,—and enough bread for all. Beef, a comparative luxury, was obtainable at four francs a pound, and potatoes at 70 francs a sack. However, the mortality among children was high, doubtless due to the absence of milk. Another great lack was that of salt, from which the sick suffered less than others. One of the daily papers, the *Courier du Rhin*, printed in German and French, was published daily during the siege.

The Prussian troops, under General von Werder, marched into the city on September 30th—the anniversary of the day when, nearly 200 years before, the French had seized the ancient Imperial city in the midst of peace.

The flush and exuberance of early victory did not prevent the victors from celebrating their triumph in harmony with their deep religious convictions. Thanksgiving services were held in the public gardens, one for Roman Catholics and the other for Lutherans. At the close of the services both sections united in singing the Old Hundredth of Germany—Rinkart's majestic hymn, "Nun danket alle Gott." The fervour and enthusiasm with which this hymn was sung were not likely to be forgotten by any who heard it.

During the siege the French lost 2500 soldiers and 1500 citizens. Nearly 500 houses were destroyed, and 10,000 inhabitants were roofless. The Germans lost 39 officers and 893 men. With Teutonic practicality the victors quickly set about putting the city in order. Within a few days it began to wear a new and hopeful aspect; the more

prominent scars of the siege were obliterated, the huge mounds of earth and straw, screens to the cellars,—the wooden planks that covered the shop-fronts, all were removed. Window-shutters were taken down and business resumed.

The Hotel de Paris, which the porter told me had been struck by at least forty balls, was re-opened and soon in full swing. The constrictive and organising capacity of the Germans was very evident, (and in marked contrast with the attitude of the French,) in the rapidity with which the city was repaired. We must, however, remember that it is easier for the victor, under the stimulus of triumph, to exert himself than for the vanquished. Nevertheless the speed and thoroughness with which the Germans approached the task of restoration amazed the citizens and all who witnessed it. At the Chateau Imperial, which had been suddenly converted into a hospital, there were 300 patients—all soldiers. The windows had been blocked up with bags of flour to keep out fragments of shot and shell. Strasburg being the medical school for both military and civil doctors, was well supplied with surgeons.

The fall of the city altered the conduct of the war. Large forces were now set free for other work, and railway transit was made easier for the armies.

An international field hospital, which attracted considerable attention, was established under the management of Dr. Thudichum, of St. Thomas's Hospital, and Dr. Simon, the medical officer of the Privy Council, at Bingen on the Rhine, by the German Aid Society of London.

This hospital was unfortunately placed in a most perilously exposed situation on the Rochusberg, a hill some 250 feet above the Rhine. One morning, we heard it had been wrecked by a storm, and the following is an extract from a letter by Mr. H. W. Page, one of the assistant surgeons, which appeared in the *Times* of October 30th, 1870, describing the disaster:

"Last night, amid a storm unparalleled for its violence, and such as I shall never forget, which rose as suddenly as it departed, after forty-five minutes' duration, the whole hospital was swept off the face of the earth. Never such a scene, never such agony! If it was awful for wounded men, without shoes or stockings, with nothing but their blankets, which in a second were drenched, to turn out and be exposed to the elements, it was even worse for the sick. The wonder is that they all lived through it. To day it was a wreck, nearly every roof is stripped, and the people declare that they never remember such a storm."

But it is an ill wind that blows no one any good. A few days after this catastrophe Mr. Page (now consulting surgeon, St. Mary's Hospital) joined the staff of the Alice Hospital, and my present friendship with him dates from that day.

Dr. Robert Cory, Dr. Buck, and Mr. H. E. Jackson also joined us at this time.

It is pleasant on looking back across the forty years that divide us from those days of labour and stress, to recall the good friends with whom I worked. Their temperaments and physical characteristics, as well as their good fellowship, linger in my memory.

Dr. Mayo was essentially an administrator; his concentrated energy, whole-hearted enthusiasm, and organising capacity were conspicuous in his association with the Alice Hospital.

At Bartholomew's he had been a house-physician and an active worker in the agitation for improved accommodation for the nursing staff—an event which helped to bring about many needed reforms. A tablet with the following inscription in the nave of Winchester Cathedral records his services:

Charles Mayo, M.D.

Born Jan. 13, 1837.

Fellow of New College, Oxford.

Knight of the Hessian Order of Philip the Generous.

He served with distinction in the American Civil War, in the Franco-Prussian War, in the Dutch Campaign in Atchin,

and lastly held the post of Medical Officer in the Fiji Islands.

He was an able Musician and Architect, but was chiefly

known and beloved for his unselfish care of the sick and wounded.

He died during the voyage from Levaka to Sydney, New South Wales,

July 15, 1877,

and was buried at sea.

Mr. Galton was lecturer on comparative anatomy at the Charing Cross Hospital. He was a man of vigorous intellect and scientific attainment, and was the translator of Koser's well-known book on surgical anatomy.

Dr. Cory was afterwards Assistant Obstetric Physician to St. Thomas's Hospital. Possessing the true Bohemian temperament, he was a man of many interests and many friends.

Dr. Buck was subsequently Assistant Physician to the Leicester Infirmary. He had seen much of life, and, possessed of a good memory, he was an excellent raconteur, whilst his kindly, genial nature made him popular with all.

Mr. Athill was a St. George's student, a thoroughly good fellow, and the life and soul of our party. His life was a hard one, and his last illness tedious and full of suffering, yet he was never known to complain.

Mr. H. E. Jackson had just qualified when he joined us. Shrewd and determined, he threw himself heartily into the work. Afterwards he held an appointment at the Laver-

stock House Asylum, Salisbury, and later he practised in Wales and at West Hampstead.

At the conclusion of our service, before leaving Darmstadt, we were fêted at a farewell dinner. The advocate of a superior court toasted us in the name of the festal committee. He expressed in generous terms his appreciation of the kindness shown by the English doctors, who had worked hard for nearly a year in caring for the sick and wounded. "The New Empire," "Peace," and "Liberty," were among the toasts that followed. A leading German paper concluded a description of the banquet with the words: "May the English doctors preserve for us a kindly remembrance. We Germans shall never forget how much good they have done our wounded soldiers." Later on we received the Prussian War Medal and the Hessian Cross—honours we valued as kindly recognitions, by the heads of a foreign state, of labours shared with their own people.

The surgical instruments and hospital fittings we gave to the "Alice Ladies' Union" for the small hospital founded by that Institution, and which was the origin of the present Alice Hospital. About a quarter of a century later I visited this hospital, and recognised some of our old instruments. It was pleasing to find that neither we nor our work had been forgotten.

I also went to the Rosenhöhe, where the Princess Alice lies buried. Her sad death in 1878 from diphtheria after nursing her husband and five children will long be remembered. She rests in a picturesque corner of her favourite rose garden under a beautiful monument by Boehm, which represents her with the little Princess Mary in her arms.

As I need scarcely remind my readers, with the capitulation of Sedan, on September 3rd, 1870, the French Empire fell. Napoleon the Third was made a prisoner in Germany, and the Republic was proclaimed. That most pathetic of living Royalities, the Empress Eugenie, assisted by an American dentist, Dr. Evans, escaped from Paris the very next day, and crossed to England in Sir John Burgoyne's yacht.

After Sedan, the German armies moved on to Paris and completed the investment of the city on September 19th. The siege of Paris with its two million inhabitants lasted 132 days. That city depended for several months solely on the carrier pigeons for all information from the outer world. When received in Paris, the pigeon's letter was magnified by the aid of a magic lantern to an enormous size, and thrown upon a screen. A staff of clerks immediately transcribed the messages, and sent them off to the people indicated. The triumph of the Germans, with a relatively small force of 200,000 men and 1100 guns, sounds like an old-world epic to the present generation. An armistice was arranged on Sunday, February 26th. Terms of peace were settled by which Alsace and Lorraine were surrendered, Metz was lost to France, and an indemnity of £200,000,000 paid to Germany. The victorious troops marched into Paris and

occupied the gorgeous avenue of limes and chestnuts which, dotted with flower-beds, reaches from the Place de la Concorde to the Arc de Triomphe. We can readily understand the humiliation of the French by imagining our own feelings if hostile troops were encamped in the Mall, almost within the shadow of Buckingham Palace or Westminster Abbey.

The ruthlessness of the Commune completed the confusion of Paris, and the turbulent populace got so out of hand that the government had to fly to Versailles, from where it had literally to re-conquer the city. From April 25th to May 30th a ghastly civil war raged in the streets of Paris.

Happily, however, after the lapse of four decades, all that is well nigh forgotten, except by a few of us to whom our neighbour's struggles were an actual grave concern. France has rapidly regained her prestige and power, and in La Ville Lumière there are but few traces of the tragic times of which I write; only Alsace and Lorraine remain alienated.

By the chance of holiday travel I was present at the latest commemoration of the Franco-German War, last autumn, at Blois, when a monument was unveiled to the *Mobiles du Loire* at Cher who fell in 1870-71, a recognition of valour *post multos annos*—but as the French motto has it: "Il n'est jamais trop tard pour bien faire." The monument, by Jean A. Halon, is placed in a public park close to the magnificent chateau, and represents a soldier rendering help to a wounded comrade. It was unveiled by Mons. Cochery, Minister of Finance, who said that "much gallant work was done by this brave corps, and that the task of re-establishing France after the disastrous policy of the Empire, had been the passion and honour of the Republic. Thanks to its patient labours, and to sacrifices valiantly made, the Republic had enabled France to attain a degree of prosperity previously unknown, and to merit the respect and sympathy of the world. The present has healed the wounds of the past. The country has regained that serenity which gives certainty for the morrow, and good hopes for the future. Such consolation France enjoys to the full to-day."

War must be regarded as "a regrettable necessity," but it is not the unmitigated evil that some suppose. The Providence which "shapes our ends, rough-hew them how we will," brings good out of evil. By the war of 1870-71 a new era began in the history of two nations. May they long continue to enjoy the blessings of peace and prosperity!

Books received.

- A Pathologist of the Twenty-fifth Century.* By G. T. Fisher. (Gilbert Pitman.) 1s. 3d.
A History of the London Hospital. By E. W. Morris. (Edward Arnold.) 6s.
Contributions to Abdominal Surgery. By the late H. L. Barnard, M.S., F.R.C.S. Edited by James Sherren, F.R.C.S. (Edward Arnold.) 12s.
Ideal Health. By "M.D." (J. Wright & Sons, Ltd.) 1s.
The Pocket Clinical Guide. By James Burnet, M.D. (John Currie, Edinburgh.) 1s.

Obituary.

MISS ISLA STEWART.

THE deeply lamented death of Miss Isla Stewart, which took place at Chilworth, in Surrey, on Sunday, March 6th, will be a heavy loss not only to the Hospital, of which for twenty-three years she has been the capable and popular Matron, but to the whole nursing world, in which her talents and energy had won for her such a prominent position.

Of Highland descent, Miss Stewart came to London and entered St. Thomas's Hospital as special probationer in 1879. She was appointed Ward Sister sixteen months later; and as one who worked with her there and knew her intimately has said, there never was a better practical nurse or sister. In 1885 Miss Stewart was appointed Matron of the Hospital camp at Darenth during the smallpox epidemic, and there she did yeoman service under almost incredible surroundings. This appointment gave her the opportunity of displaying her great powers of organisation, and her enthusiastic fearlessness overcame the red tape difficulties that hindered her efforts at reform.

From Darenth she passed as Matron to the Homerton Fever Hospital, relinquishing that appointment, however, after a few months, on her election to the post of Matron of St. Bartholomew's in 1887. From that date her life and her work have been identified with the great Hospital which she so worthily represented until her end.

The history of her career at St. Bartholomew's is that of the steady development and improvement of her department. Throughout Miss Stewart has always been progressive in her views, very careful for the welfare of her staff, and always ready to undertake those extra duties that fell to her as the responsibilities of her position increased—and they increased enormously during her term of office. She was most thoroughly in sympathy with the best traditions of the old Hospital to which she had been transplanted; its clannish spirit and family pride appealed to her, but she was before all else a public-spirited woman, and recognised, as few women in her position have done, the wider duties she owed to the nursing profession as a whole as well as to the general public.

In every organisation and movement for the betterment of her profession, or for advancing its interests and placing its education on a sound basis, she took an active part. She had the rare gift of foresight, and could abandon a small instant gain for a large future success, and she early realised that only by combination and federation and not by selfish isolation would the real best interests of both nurses and the sick be served.

In 1899 she founded the most popular and successful League of St. Bartholomew's Nurses. It was the first of its kind in England, though it was suggested by the American

Nursing Alumnae, and it has been the model for many others. All old Bart's nurses owe her a deep debt of gratitude for a bond that has knit them together all the world over. She was President of the League for nine years, and only resigned in 1908 from the most public-spirited and unselfish motives.

Miss Stewart was one of the founders of the Matron's Council for Great Britain and Ireland; she was its President from its foundation in 1894 until her death, and took a keen

selected by the Assistance Publique for the Training of French Probationers. She attended Nursing Congresses in America, Berlin, Paris, and London, and had the happiest relations with her foreign colleagues, with whom she was a universal favourite.

She fulfilled her patriotic duties as a Member of the Nursing Board of Queen Alexandra's Imperial Military Nursing Service and as Principal Matron of No. 1 (City of London) Hospital of the Territorial Force Nursing Service



MISS ISLA STEWART

interest in its welfare, rarely missing a meeting. She was an enthusiastic advocate of the State Registration of Nurses, and her great wish towards the end of her life was that she should live to see the Bill passed through Parliament. This desire was unhappily not fulfilled, though her friends would have given much to see it gratified. Her sympathies with nurses and nursing were world-wide. She was honorary member of several foreign nursing associations, and it gave her peculiar pride and pleasure that her Hospital had been

and was, even during her illness, constant in her attendance at meetings. She wrote well; the *Practical Nursing*, of which she was joint author with Dr. Cuff, needs no praise to commend it, and her papers and contributions to the press were pithy, always to the point, and never without a touch of humour. The "Twentieth Century Matron," which was originally read as a paper at a Matron's Council Conference, was a masterpiece, and was deservedly translated into many foreign nursing papers.

But it was perhaps as a speaker that she excelled. Her happy knack of getting to the real heart of the subject under discussion, her easy conversational style, her slight Scotch accent, always best heard when she was interested or excited, and her racy and apposite anecdotes made her delightful to listen to, and will long be remembered by those who heard her. As was to be expected from her business instincts she was an excellent chairman, and her courtesy in controversial debate was invariable. But she was also entirely fearless, and never hesitated to state her point of view if she considered it right, no matter what were the odds against her.

She was a most delightful companion, and to those whom she honoured with her friendship, entirely loyal. No pessimist herself, she enjoyed life and wished others to share her joy. She was the soul of hospitality and entertained delightfully; it will be long before we forget how royally she received the members of the Nursing Congress in 1909. Already ill, she spared herself no fatigue, no trouble; personally she welcomed all her guests, and superintended all arrangements for their pleasure and comfort. It was typical of her attitude throughout life towards her duties and her responsibilities.

Very just, she was also very merciful; her mind was too well balanced not to be tolerant of human failings and shortcomings. She had a very clear sense of proportion, a sane measure of the value of things; her enthusiasms were lasting, and all the more real because they were for realities and not shadows. Nothing would turn her when she had decided that a course was just and necessary, but she was not hasty or rash in coming to a decision. She trusted those she worked with. Straight herself, she was slow to believe in duplicity in others, and her confidence was seldom betrayed; she was well served. She was a great matron.

Doubtless someone will worthily fill her post and carry on her work, but St. Bartholomew's Hospital will never have a matron more loyal and broad-minded or more faithful to a high standard of duty than Isla Stewart.

In Memoriam of Miss Isla Stewart.

By D'ARCY POWER, F.R.C.S.



VERY student of St. Bartholomew's Hospital during the last quarter of a century was familiar with the aspect of the Matron as he saw her walking round the quadrangle to or from her quarters near the Little Britain Gate. A lady, dressed quietly in a black stuff dress, wearing a cap to which were attached the long streamers of lace denoting her position, really of moderate height, but always appearing shorter than she actually was. *Pence-nees*

on nose, walking with a stately gait, never hurried nor apparently in a fluster. Thus I knew her for many years, but it was not until my appointment as Surgical Instructor of the Probationary Nurses that I was brought into closer relationship. It was then my duty to see her almost daily and to work with her during long afternoons and far into the night to conduct the sessional examinations of the nurses. My respect soon deepened into admiration and ended in a very sincere friendship.

Miss Stewart told us some of her early recollections at the Banquet given in her honour at the Gaiety Restaurant by the Matrons' Council of Great Britain and Ireland at the end of June, 1908. She was the second daughter of John Hope Johnstone Stewart, of Sloda Hill, Dumfriesshire, where she was born in 1855. She received her early education at home, and was trained at St. Thomas's Hospital. But she shall be allowed to tell her own story as it is recorded in the *British Journal of Nursing* for July 4th, 1908.

"It was on September 29th, 1879, that I arrived, a poor, shivering probationer, at St. Thomas's Hospital! I should like to tell you something of the conditions which prevailed in those days. You must remember that St. Thomas's Hospital was almost the only training school for nurses at that time. St. Bartholomew's Hospital had just begun to take the first step on the road of progress, and those fine nursing homes which are found in connection with so many hospitals were still in the future. The Nightingale probationers lived under the rule of two very stern women, the Home Sister and the Matron. Of the Home Sister I need say nothing; she was narrow-minded and hard, but the Matron cannot be so lightly passed over. Mrs. Wardroper had a personality which struck terror into our hearts! She was a clever, shrewd woman, who realised the need of a hard rule for pioneers. She had a very firm belief in the wickedness which lies at the heart of all probationers, and in their phenomenal aptitude for getting into mischief when not actively restrained. I remember one nurse who had committed the most heinous offence; she had spoken to one of the Junior Staff outside the Hospital! She was ordered to appear before Mrs. Wardroper at 11 o'clock the next morning, but rather than face the dread ordeal she escaped through the window during the night! Although Mrs. Wardroper was a hard woman, she was in many ways a just woman, and had she been a little less hard she might almost have been a great woman.

"To whose imagination we owed our diet I cannot say, but we gave Home Sister the credit for it. We had cold roast mutton for breakfast at 6.30 a.m. six mornings a week, and cold boiled salt pork on Sundays.

"My only remembrance of dinners is a procession of legs of mutton! but our supper consisted mainly of porridge made of very coarse oatmeal and eaten with black treacle. One little incident I recall with some amusement; we had lectures on chemistry, and a dear old gentleman wasted

many hours teaching us chemical cooking, which is as far removed as is possible from practical cooking. He said that sugar should not be cooked, and from that day all our rhubarb was cooked without sugar! We got our sugar back by stratagem, but I can never forget that sugarless month!

"Our theoretical training was rather limited; we had three courses of ten lectures each on the nursing of medical and surgical cases and on chemistry. The term of training was one year, but for some reason I was placed in charge of a ward after nine months, a position I took with the confidence and courage of profound ignorance. However, I had not been long a Sister before I found that nine months' practical work and so little theory was hardly sufficient to fit one for such a responsible post. It was two years before I had my work fully in hand, and I easily concluded that three years was the proper length of training for a nurse. I have never had occasion to alter this; longer time I think is good, but no less than three years in the wards will do. I was Sister of Alexandra Ward for five years, and enjoyed every day of it. The work of a Sister is such human work. One learns that 'the Colonel's wife and Judy O'Grady are sisters under the skin.' I could tell you many tales of those patients full of acutely human interest.

"In 1885 I left St. Thomas's Hospital, when I was appointed Matron of a smallpox camp at Darenth, in Kent. It was under the Metropolitan Asylums Board, and Sir Edmund Hay Currie was Chairman. His dictionary did not contain the word 'impossible,' and he helped me to erase it from mine, for which I have every reason to thank him. I know no better school for Matrons than the Asylum Board Hospitals. I was two years in them, one year at Darenth and one at Homerton, and they taught me much that has been of enormous use to me since."

Miss Stewart was appointed Matron of St. Bartholomew's Hospital in 1887, the year of Queen Victoria's Jubilee, in succession to Miss Ethel Manson, who resigned the post to marry Dr. Bedford Fenwick.

"In looking back," she continues in her reminiscences, "I see many changes. In 1887 there were two nurses in the Out-patients' Department, two colossal women known as the 'Angel' and the 'Fairy'! In our new Out-patient Department there are twenty-two nurses under one imitable Sister. The one general theatre then in existence was looked after by the two Sisters of Lucas and Abernethy Wards. There are now three general theatres, and in them ten nurses working under a Sister do not find it an idle life! Nurses in those far-off days worked for eleven hours and forty minutes, taking an average of a month. These hours amount now on the average to under nine. There was only one night nurse to each of the double wards; now there are two, and they have two nights off duty every month. When I came to Bart's there were still a few of the

old class of Sister left, some of them clever women, though not too well educated. Sister Faith will be still remembered by many. I remember one excellent story about her. She was carving a pie at the Sisters' dinner, which took place at the curious time of five in those days; looking up from her task she said, 'Fellow Sisters, this pie is as 'ard as the 'art of Pharaoh!' She was for some time in a ward for men, and one of her patients admired her so much that on getting a good legacy he returned and offered her 'is 'and and 'cart'! She did not believe in taking temperatures, which she considered misleading, and got her typhoid patients out of bed every day to make their beds. She despised the nurses' examinations, and did not encourage study. One nurse asked her one day how to feed a baby a year old; she said, 'If it is ill, ask the doctor; if well, give it what you have yourself except hard beef and bloaters'!

"For more than twenty-three years I have occupied the position of Matron, for two years under the Metropolitan Asylums' Board, and for twenty-one years at St. Bartholomew's Hospital. It was on June 27th, 1887, on the evening of Queen Victoria's Jubilee, that I arrived. I felt all the luck of it then, but as I look back on those busy, happy years, I marvel at my own good fortune. Not that there have not been difficulties to face—no life worth living is without them—and I followed Mrs. Bedford Fenwick, whose indefatigable energy and indomitable courage alone make her a difficult predecessor.

"I have worked under three treasurers and with two clerks. The three treasurers were Sir Sydney Waterlow, who guided my young impetuous steps, Sir Trevor Lawrence, and Lord Ludlow, who supported my serious middle life. To work with Mr. Cross, my first clerk, was a liberal education, and with Mr. Hayes, our present clerk, a pleasure."

In 1887 seven matrons met at the suggestion of Mrs. Bedford Fenwick and founded the British Nurses' Association, with the object of uniting "all qualified nurses in membership of a recognised profession." The project did not prove successful, and in 1894 the Matrons' Council of Great Britain and Ireland was established. From this body came the National and International Councils of Nurses and the Society for the State Registration of Trained Nurses. Miss Stewart took an active interest in the work of all these bodies, and within a few days preceding her death she was lecturing to further their interests.

Miss Stewart began to fail in health in the spring of 1909 but not sufficiently to alarm her friends, who hoped that she would come back to work with renewed vigour after her summer holiday. The hope, however, was belied, and we have long recognised that her life hung upon a thread which might be severed at any time. The end came as she would have wished it. She had completed to her satisfaction the arrangements connected with an unusually long list of changes amongst the ward sisters, she had done a hard week's work, and gone to Chilworth, in Surrey, for rest

until Monday. She died of diabetic coma on Sunday evening, March 6th, and on Thursday, March 10th, a memorial service was held in the Church of St. Bartholomew's the Great by permission of the Rector. It was conducted by the Ven. The Archdeacon of London, who is himself a member of a very distinguished Scottish family, and was attended by an overflowing congregation of mourning friends. There was also a memorial service at St. Martin's, Blackheath, Chilworth, conducted by the Rev. A. J. C. Young. She was lowered into her last resting place at Moffat by her relations and friends according to local custom after a quiet and reverent service in the Episcopal Church.

At the time of her death Miss Stewart was Matron and Superintendent of Nursing at St. Bartholomew's Hospital; she was also Honorary President of the League of St. Bartholomew's Hospital Nurses. She was a member of the Nursing Board of Queen Alexandra's Imperial Military Nursing Service, Principal Matron of No. 1 (City of London Hospital) of the Territorial Nursing Service, President of the Matrons' Council of Great Britain and Ireland, and of the Society for the State Registration of Trained Nurses. Her services in the profession of nursing received recognition in her appointment as an honorary member of the Irish Nurses' Association, the German Nurses' Association, and the American Federation of Nurses.

Miss Stewart was not only a first-rate Matron, teacher, and manager, but she was also a pioneer working throughout a period of rapid advance in the whole system of sick nursing. It was due in large measure to her work and to those of others placed in charge of the great nursing schools of the country that English nursing became a model to be imitated. It afforded her the keenest pleasure, therefore, to find that her work was recognised by the nursing authorities at Paris. The Assistance Publique is the French Government department which controls the Paris hospitals, containing nearly 16,000 beds. In 1908 this body sent to St. Bartholomew's Hospital a group of partially trained French nurses to receive instruction at her hands in the English methods of nursing. The experiment was successful, and M. André Mesnureur was commissioned by the Assistance Publique to present her with a medal which had been especially struck in her honour. On the front of the medal is a woman with a baby at her breast sitting on the steps of a doorway, turning for help and placing her hand in that of a graceful woman who bends over her to console and succour. Round the reverse of the medal run the words, "Administration Générale de l'Assistance Publique," and in the centre is inscribed, "Hommage à Miss Isla Stewart, 27th Juin, 1908."

If I were asked to name the dominant feature in Miss Stewart's character I should say it was her extreme level-headedness, for she appeared to me to be the incarnation of common sense. She was conscientious, almost to a fault,

because even when we knew that her health was failing, it was only with the utmost difficulty that she could be persuaded to abandon duties which could be equally well done by others. She was rigidly impartial, and she was absolutely free from any suspicion of petty spite or tyranny. Acting as a buffer amongst many conflicting interests she had often to play a difficult part, but long practice, aided by her natural shrewdness, enabled her to adopt almost instinctively the methods which the result proved to have been the best. A good disciplinarian, she maintained her rule by the same methods as the successful head-master of a public school. She appealed to good feeling and *esprit de corps*, and was thus saved from the necessity of making vexatious rules. She could speak her mind quite plainly when it was necessary to do so, but for the most part she chose quiet rebuke. An erring nurse was allowed to wait by herself for an hour or longer, and when at last she was brought face to face with the Matron she was greeted with, "Go back to your ward, Nurse, and don't do it again," instead of the expected scolding. She was looked upon, therefore, as a friend and adviser rather than as the Superintendent of Nursing, and in return she knew all her nurses, their wishes, and their aspirations. She had a good taste in literature, and in spite of her numerous duties she made time to read many noteworthy books both in English and French. Later, as her reserve melted away and I came to be considered less as a member of the Staff and more as a friend, a fund of geniality and humour appeared, which the exigencies of her position usually compelled her to keep in the background.

The Clubs.

THE PAST SEASON.

The past Season has on the whole been very satisfactory. It is true that there are no more cups on the Library table than last year at this time, but both Football Clubs hold very good records, and have been playing better football than has been the case during the last few years. The Season has been an extremely wet one and the ground has been unplayable on many occasions, the "Soccer" team having had to scratch no less than eight matches for that reason. There has been a notable increase in Freshmen who play games, and throughout the Hospital more keenness has been shown.

RUGBY CLUB.

This club has had an extraordinarily good year. Fourteen matches have been played, of which twelve have been won and two lost, with a total score of 232 points to 40. The best display was given in the semi-final of the Hospital

Cup against the London, when we lost by a goal to *nil*. An account of this match is given in another column.

The men have turned out very regularly. Richards has been a very popular Captain. The best of the new men are Robbins, Beyers and Neal. If the standard of the football played this year can be maintained we ought soon to be the holders of the Hospital Cup.

ASSOCIATION TEAM.

At the time of writing this club has not quite finished, as we have still to play Guy's in the final of the Hospital Cup. We retain the University Cup which we won last year. We easily beat all the teams we met until we reached the Final, when we drew with Thomas's Hospital 2-2. On the re-play we won 2-1, and should have got home more easily if the luck of scoring had been running our way.

Of seventeen matches played twelve have been won, three drawn, and two lost. The men have turned out fairly regularly, but Old Boy cup ties often take our players away. We have found three excellent freshmen in Dyas, Stretton, and Waugh, all from Cambridge.

HOCKEY CLUB.

This club has had a very poor season indeed, only one match being won. There has been great difficulty in getting men to turn out. We hope that next year, when we get our own ground at Winchmore Hill, things will improve. It is certainly not the fault of the Secretary, Hepper, that the season has been so unsuccessful, as he has been most energetic and untiring.

BOXING CLUB.

We are glad to hear that once more Bart's are taking some interest in boxing. This year we sent up a full team, and judging by the appearance of some of the men afterwards they fought with vigour if not with great success. The present revival of boxing is almost entirely due to the energy of the secretary, Waddington, who has done a tremendous lot of work for the club.

RUGBY FOOTBALL CLUB.

HOSPITAL CUP.

Semi-final.

LONDON v. ST. BART'S.

At Richmond, on March 1st, London won by 1 goal (5 points) to *nil*. They were just about value for that win and no more, as our men played splendidly, and, but for a certain lack of incisiveness at critical moments behind the scrum, would certainly have scored once or twice. The main features of an interesting and thoroughly exciting game were—strenuous tackling on both sides, as usual, a great display by our forwards, an unexpectedly excellent holding up of Lindsay by Robbins, who was every bit as good as his formidable opponent on the day's play, and fine kicking by Beyers in the first half and London immediately started pressing. Good kicking by Beyers and Richards and excellent footwork by Adams, Lynn and Fergusson, however, transferred it up to the other end, where we got the ball. Richards kicked high, and Neal following hard only just missed the ball, which rolled into touch—a lucky escape for London. We still kept on their line and time and again a score seemed certain, but Lindsay relieved with a good kick and Palmer was only grassed by Beyers in the nick of time. From the

ensuing quick scrum, Neal gathered an execrable pass beautifully and set his throes going; Adams cut through and made a nice opening for Batchelor to romp round behind the posts, Adams converting. From then till half-time we were as good as our masters—indeed, a bit better. Coombs made a beautiful run—the only run made by either outside half in the game—gave to Richards, and the latter had only to present Neal with a decent pass to make a "sitting" try. It was not to be, however, and London kept their line intact till half-time. In the second half the game was tighter than before, and for nearly twenty minutes we were hard put to it indeed to keep them out. Eventually Fergusson got in a strong punt, and following hard got man and ball—an excellent piece of work. We got the ball several times, but once Bridgeman was not quite fast enough to beat Palmer, and on another occasion Robbins had very hard lines with a clever "blind side" movement. In the closing stages Batchelor made several good runs, but Beyers was safe and so the game ended as stated. Our forwards were excellent. Adams, von Braun and Evans were probably the pick, but we have never seen Lynn play so well, and Fergusson and Brewitt were constantly seen. To those who had not seen him before Robbins must have been a revelation. Coombs and Neal watched one another so closely that, except as mentioned, neither of them looked like coming through. Of the three Richards kicked well, but it certainly struck the onlooker that he might have got Neal going a bit more. Oulton was very safe, but a tremendous blow on the head early in the game probably did him no good. Neal will be a good three-quarter when he knows the game a bit better. Bridgeman was very safe, and never gave Palmer any scope. Beyers made an excellent full back. Team:

Beyers (backs), Neal, Richards, Oulton, Bridgeman (half-backs), Robbins and Coombs (halves), Evans, von Schalkwyck, von Braun, Lynn, Fergusson, Brewitt, Adams and Binney (forwards).

ASSOCIATION FOOTBALL CLUB.

FINAL OF LONDON UNIVERSITY CUP.

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

Played at Chiswick on March 2nd, resulting in a draw of two goals each.

It must be said that we were lucky to draw level in the last two minutes but at the same time the team did not deserve to lose, as the two goals scored against us were both the outcome of breaks away in which, for once in a way, Rimington made two slips which led up to goals on each occasion. In the first case—hard pressed by opposing forwards—he endeavoured to place the ball outside the post, but just succeeded in beating both the post and Brock. In the second instance he collided and got grassed, and from the ensuing centre a good point was scored.

Each side scored a goal in each half, Thomas's scoring first, twenty minutes from the start, and With equalising five minutes later, dribbling close in and putting ball and goalkeeper in the net together. Our second goal came from a good shot close in by Waugh what time the opposition stood still and shouted "offside."

It cannot be said that our forwards played very well, though possibly the lively ball—it was the first dry ground for a long time—had a good deal to do with our lack of control. The three insides were quite good, Barrow, as usual, being here, there, and everywhere. Norman strikes one as not using his weight enough, and Dale was rather troubled with a bad left ankle, though he got in many excellent runs. Dyas at centre half was excellent and Woodruff good. Owen missed his train and Nash-Wortham, who took his place at a moment's notice, was short of pace and wind, but he got through a rare amount of tackling and never stopped trying. Apart from his two mistakes Rimington was good. We have yet to see Stretton miss a kick. Brock saved well once or twice, but had not a great deal to do. This team should go far in both Cup Competitions. Team:

Brock (goal); Rimington and Stretton (backs); Nash-Wortham, Dyas, and Woodruff (halves); Norman, With, Waugh, Barrow, and Dale (forwards).

LONDON UNIVERSITY CUP.

Final (replay).

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

At Winchmore Hill, on March 16th, before a very small crowd, more than a quarter (not including the "hunger marchers") being

ladies. It does seem to be a pity that Bart's men stop and "mug" on a fine Wednesday afternoon. It isn't as if the people who refrained from attending cup-ties were the only ones to get through exams. Bart's won the toss and kicked off towards the pavilion with the sun and a cross-wind at their backs. The start was quite sensational, for after Bart's had had the ball for three minutes, St. Thomas's broke away, forced a corner, and scored from the kick with a fine shot which gave Brock no chance. After that our forwards took charge, and except for a few breaks-away which were never allowed to become dangerous, Thomas's did not progress any more before half-time.

It was not until the first half was twenty-five minutes old, however, that Barrow scored a good goal for us, and within five minutes Dale had given us the lead with a splendid screw shot from the line, which aided by the wind, completely beat their goal-keeper. After that till half-time we did everything but score, Dale missing once when well placed, and Barrow hitting the cross-bar with a shot that the goal-keeper must have been very glad not to meet. In spite of all the efforts of our forwards, then, half-time arrived with the score only 2 goals to 1 in our favour. With the wind behind them Thomas's had more of the game in the second half, but they never looked like drawing level owing to the fine play of Stretton and Rimington, except once when Brock fumbled badly. Twice in this half we had hard lines in not increasing our lead, both Dyas and Dale going close. Waugh also missed a "sitter." Norman was off with a strained ankle for ten minutes, but in spite of that we held them pretty safe. They broke away and looked dangerous for two or three minutes before time, but our backs were safe and so we won 2 goals to 1. If we are going to beat Guy's in the final of the Hospital Cup there must be more dash among the forwards—no more standing still and refusing to bustle opponents off the ball. The best man on the field was Dale, with Stretton a good second; Barrow was lively as usual. With unfortunately was troubled with "flu." Norman was comparatively good. Dyas could not see anything in the second half but was excellent in the first. Woodruff is as good as ever, but Owen is hardly as clever as his colleagues. Brock still makes his supporters shiver when he is dealing with a ground shot—he is excellent overhead.

HOCKEY CLUB.

ST. BART'S v. GUY'S.

This match, the Semi-Final of the Inter-Hospital Competition, was played on the Mid-Surrey ground at Richmond, on February 21st. H. E. Robinson was away, so I. E. Osmond played centre-forward and H. Barnes outside left. We lost 6—0.

We had a good share of the game, but although often in our opponents' circle we always failed to score. Robinson being away made a great difference to the forward line. The Guy's backs were very good and very fast, and it was not at all easy to get past them. All the team worked very hard, especially C. K. Sylvester at inside left and J. Nicholson at back. The ground was in perfect condition and the play was very fast throughout. Team:

H. K. Griffiths (goal); A. J. Turner, J. Nicholson (backs); R. O. Ward, J. E. Hepper, G. N. Stathers (halves); R. T. Vivian, H. W. Scott, T. Osmond, C. K. Sylvester, H. Barnes (forwards).

BOXING CLUB.

The Inter-Hospital Competitions were held on Saturday, March 5th, at the Hall, Buckingham Gate. For the first time for some years we were represented by a full team of boxers and fencers. The cup was won by London by a wide margin, Thomas's being next, with Guy's and Bart's equal third.

Although not much science was shown, the competitions provided many good fights. Notwithstanding the fact that the Bart's team was composed of novices it put up a very good show. With training, all our representatives should improve considerably and give a better account of themselves next year. They all put up good fights, Sparrow in particular taking a lot of punishment gamely. Strahan did well in the Feathers, just being beaten on points. Mudge and Vivian both started their fights well, but lack of condition told against them. In the fencing Carte showed to advantage, winning the *Epee* and doing well in the Foils. Heald gave a good account of himself but was not successful. Altogether Bart's did very creditably; next year we should do better still with more practice and experience.

Complimentary Dinner to Mr. Harrison Cripps.

March 1st Mr. Harrison Cripps was entertained at Oddenino's by some of his old dressers and house-surgeons. Mr. Waring was in the chair.

An excellent dinner was served, to which ample justice was done.

After the King's health had been drunk, Mr. Waring proposed "The Health of the Guest of the Evening," preceding it by a short speech, in which he briefly recalled Mr. Harrison Cripps' eventful and distinguished career.

Mr. Cripps replied with a short speech, characteristic both in action and delivery, in which he recalled his early days as house-surgeon and the surgical methods then in vogue. In particular he described how a demonstrator, when he became a surgeon, continued to use in the theatre, without any attempt at purification, the same garments that had done duty in the dissecting room. He also told how in the middle of an operation his surgeon calmly produced his snuff-box from his trouser pocket and offered it to all his assistants in turn. He related several similar anecdotes, and closed his speech by thanking all his past dressers for the way in which they had assisted him in his work.

Among those present were Mr. C. E. West, Mr. L. B. Rawling, and Mr. H. W. Wilson.

Rahere Lodge.

MEETING of the Rahere Lodge, No. 2546, was held at the Imperial Restaurant, Regent Street, on February 15th, 1910, under the presidency of Bro. E. Laming Evans, F.R.C.S., Worshipful Master. The evening was one of special interest, as it was the first occasion since the con-

secration of the Lodge, on June 29th, 1895, that the Lodge had elected anyone as an honorary member. This honour was conferred upon the Rt. Hon. Lord Sandhurst, G.C.S.I., G.C.I.E., Past Deputy District Grand Master of Bombay, Treasurer of St. Bartholomew's Hospital. On entering the Lodge he was greeted with the appropriate Masonic honours. W. Bro. Clement Godson then presented him, on behalf of the Lodge, with the Lodge jewel, which Lord Sandhurst acknowledged in brief terms of thanks. W. Bro. Laming Evans then initiated Dr. Christopher Addison, M.P., Lecturer on Anatomy at St. Bartholomew's Hospital, and afterwards delivered the Charge. A sum of fifty guineas was voted from the Lodge funds for the relief of the widow of a deceased brother, and sums of ten guineas to each of the three Masonic charities.

At the banquet, at which eighty-five visitors and members were present, after the toasts of The King and Duke of Connaught, the Grand Master, had been drunk, the W.M. proposed the toast of welcome to the Grand Officers, and expressed the pleasure of having a visit from the Rt. W. Bro. the Earl of Lathom, whose father had consecrated the Lodge with the assistance of the Grand Master, H.R.H. the Prince of Wales, and who had himself, as Lord Skelmersdale, acted in the capacity of Junior Warden at that ceremony. Other grand officers who were present included: G. O. W. Dunn, Dist. G.M. of Bombay, Lord Alden, F.G.W., Sir George Wyatt Truscott, P.G.W., Sir Horace Brooks Marshall, P. G. Ties, K. H. Horou-Smith, K.C., F. G. Reg, Sir Edward Letchworth, G.Sec., Sir Bruce Maxwell Seton, Bart., S.G.D., Dr. Carl Harter, S.G.D., Alderman Sir Fred. Alliston, P.G.D., J. P. Simpson, Ass. G. Reg. The following Grand Officers, who are members of the Lodge, were also present: Clement Godson, P.G.D., T. G. A. Burns, P.G.D., Walter Gripper, P. Dep. G.D.C., Ernest Clarke, P.G.D., Samuel West, P.G.D., D'Arcy Power, P.G.D., W. H. H. Jessop, P.G.D. The Earl of Lathom responded, and expressed his pleasure in continuing to wear the jewel of the Lodge, and to be associated with its members. The consecration was an event not likely to be effaced from the memory of those who took part in it. The Lodge started then with the best of Masters, W. Bro. Clement Godson, who was now their Treasurer. It was a further pleasure to find that the tradition of the first year and the exceptional success of the Lodge still continued, as the work of that evening had so strongly evidenced.

W. Bro. D'Arcy Power, P.G.D., proposed the toast of the newly

electd Honorary Member, Lord Sandhurst, who briefly acknowledged the compliment, and dealt with the universal nature of Masonry, as exhibited by the cordial reception accorded him in many parts of the world. W. Bro. Samuel West proposed the toast of the Officers of London Rank, to which W. Bro. Bruce Clarke replied. W. Bro. Drysdale proposed the toast of the W.M., pointing out that this was the first year in the history of the Lodge that the chair was occupied by one of its own initiates. W. Bro. Laming Evans, after responding to the toast of his health, offered a hearty welcome to the visitors, which was duly responded to by W. Bro. Stewart Smith, K.C.

The W.M. proposed the health and success of the Initiate, as one whom they were all proud to welcome into their midst. Bro. Christopher Addison, M.P., cordially responded, and expressed himself sensible of the great honour that had been conferred upon him, and for the kindness bestowed by so many personal friends whom he was glad to find around him. The toasts were interspersed with musical items by Bros. Vivian Bennetts, Ivimey, and Sterndale Bennett.

Note.—After the above was written the Lodge learns with the deepest regret of the death of Lord Lathom, who had been an honorary member of the Lodge since its foundation.

Review.

A SYSTEM OF OPERATIVE SURGERY BY VARIOUS AUTHORS. Edited by F. F. BURGHARD, M.S.(Lond.), F.R.C.S.(Eng.), in four volumes. Vol. IV. (Oxford Medical Publications.)

There need be little further said about the general arrangement of this system of operative surgery. We like the paper, the large type, the illustrations, and above all the arrangement of headings, subdivisions and tables of statistics. The binding, however, is not worthy the matter.

The special sections of which this volume is composed are notable in their originality, yet the several authors are not so egotistical that they do not impartially place on record the results of other eminent surgeons.

Its use will be two-fold: (1) for the young specialist; and (2) for the general surgeon who has special operations to do and wishes to do them in the best way. It is in our opinion a pity that the general surgeon, when operating on a special subject, does not "lower" himself to accept the experience of the specialist and conduct the operation on special lines. For instance, with acute ear conditions we have seen several general surgeons do operations which in celerity, technique and result to the patient compare very unfavourably with the *modus operandi* of the specialist.

Section on *Ophthalmic Surgery*.—This section is written by Mr. Mayou and is throughout eminently satisfactory. Probably no two ophthalmic surgeons perform the same operation in the same way, and such being the case Mr. Mayou has been wise in describing a serviceable method for all the standard operations and only touching briefly upon the innumerable modifications. The descriptions are always exact and easily understood. Needless to say there are several points, particularly those dealing with preparation and after-treatment, with which we do not find ourselves in agreement; notably the use of antiseptics for instruments and dressings for a presumably clean wound, and in the employment of 4 per cent. cocaine as an anæsthetic. We have always found a solution of half this strength ample, while stronger solutions are deleterious to the tissues.

In the chapter on squint we find tenotomy advocated as an invariable accompaniment to advancement; surely this may be challenged. A tenotomy can easily be performed later if it is found that there is insufficient correction, but the chance of divergence is a risk not to be blindly run.

The *Aural Section*, by Hunter Tod.—This is fully up to the rest of the book, and the chapters on lateral sinus thrombosis are not only interesting but particularly good. However, the author's recommendation to leave the plugging, which occludes the upper end of the sinus, in for six days is fundamentally wrong. Forty-eight hours is the optimum time for removal of the severe pressure, and the cavity can then be more thoroughly irrigated. Directions for the removal of this plugging are, considering their importance, very meagre.

Section on *Operations on the Larynx*, by W. Douglas Harmer.—

The descriptions are indeed excellent. Most interesting to the general surgeon will be the chapters on malignant tumours of the larynx. The statistics are well set out and carry weight. The details given are sufficient, and the indications for modified operations very explicitly put. Preliminary laryngotomy is strongly urged for operations about the mouth and upper jaw, and rightly so, while there is an interesting and valuable paragraph on the lymphatic system of the larynx.

Of more general interest, even, is the chapter on tracheotomy and the comparative results of this operation and intubation. What is particularly good is the treatment of the minor complications of tracheotomy. The details of how to defeat even the smallest difficulty are so plainly put that we strongly urge the general practitioner to have Volume IV handy for reference.

Section on the *Nose*, by StClair Thomson.—There are few operations in this region ever performed by any but the specialist. To the latter, however, we can most warmly recommend this section. Besides the concise descriptions, the matter is well illustrated, and there are a few instructive skiagraphs. The author's bold denunciation of certain operations is to our liking, while his reasons, *pro et contra*, convince in that they have a scientific as well as a practical basis.

Section on *operations upon the female genital organs*. This is divided into two parts: Part I, by Mr. Bland Sutton, we do not consider up to the standard of the rest of the volume, whether it be intended for the general practitioner or the specialist, although many of the operations are carefully described, and especially valuable are the tables of results. It is many years since we were taught our gynecology, but we have no recollection of ever having heard that the amnion had any eroding power, as is stated in the chapter dealing with ectopic gestation. That part in which the operation of hysterectomy is described we consider inadequate without some reference to the dangers of future pregnancies, although the abdominal surgeon may not be forced at any time to attend the labour of a patient on whom he has performed that operation. Part II is by Dr. John Phillips. The chapters dealing with the operations for repair of the perineum are well worth careful perusal.

Correspondence.

A CORRECTION.

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

DEAR SIR,—In our advertisement in your last issue an unfortunate mistake occurred in the wording, *i.e.* Mr. Chas. Heath is made to say, "for the removal of the drum and ossicles"; it should read, "without removal." This, as you will note, is a most important distinction, and will be calculated to mislead the coming members of the profession.

If you will kindly insert this letter we shall be obliged.

Yours faithfully,
ARNOLD & SONS.

Royal Naval Medical Service.

The following appointments, etc., have been announced since February 20th, 1910:

Fleet-Surgeon II. Cliff to the "President" for three months' hospital course, to date April 4th, 1910.
Staff-Surgeon A. H. Skay to the "Juno," to date March 14th, 1910.
Staff-Surgeon J. Boyan to the "Victory," additional for disposal, to date April 5th, 1910.
Surgeon W. C. B. Smith to the "Wildfire," additional for disposal, to date April 5th, 1910.

Indian Medical Service.

Surg.-General H. W. Stevenson has been nominated by His Excellency the Governor of Bombay to be an additional member of the Legislative Council.

Major F. O'Kinealy, Civil Surgeon of the 24-Parganas, is appointed to act as a Civil Surgeon of the first class.

Captain F. V. O. Beit is granted three months privilege leave, combined with furlough to Europe for one year and three months, and study leave for six months.

Captain A. D. White is appointed a specialist in (c) Advanced Operative Surgery, 8th (Lucknow) Division, with effect from September 17th, 1909.

BART'S DINNER IN CALCUTTA.

A most successful Bart's dinner took place in Calcutta at the Bengal Club on January 8th. It was given by Surg.-General Lukis, whom all I.M.S. men, and Bart's men in particular, have every reason to welcome as their new Director-General. We were invited to meet Surg.-General Benson, of the Madras Presidency, who was on a visit to Calcutta. Surg.-General Benson is the most senior man in the I.M.S. in India as regards length of service. He has completed thirty-six years of service, and his reputation for geniality and "bonhomie" have long since spread beyond the borders of the Madras Presidency. If his presence among us afforded him but a fraction of the pleasure it gave us, we can feel sure that his visit to Calcutta did not prove disappointing. It is a fact that Bart's men may well be proud of, that at the present time the Director-General of the I.M.S., Surg.-General Lukis, and the Surg.-Generals of the Madras and Bombay Presidencies, viz. Surg.-General Benson and Surg.-General Stevenson respectively, are all Bart's men. These are the three highest appointments in the Indian Medical Service.

The following sat down to dinner: Surg.-General Lukis, Surg.-General Benson; Lieut.-Colonels Drury, Maynard, Lloyd Jones; Majors O'Kinealy, Bird, and Stevens; Dr. Kennedy; Captains Lister, Connor, and White. Majors Newman and St. John Killery and Dr. Newton Davis were unavoidably absent. Colonel Drury, the Principal of the Medical College Hospital, was the only guest who was not a Bart's man, but we are bold enough to say that this is more his misfortune than his fault, and we could hardly have done without him.

"Bart's" was the toast and the chief topic of the evening, and every good story from the time of Bill Savory to the opening of the Pathological Block was told again. Needless to say, the older ones (like good wine) had developed a more perfect "bouquet" by the keeping.

Appointments.

BUTLER, I. HARRISON, M.A., M.D., B.Ch.Oxon, M.R.C.S., L.R.C.P., appointed Honorary Ophthalmic Surgeon to the Warneford, Leamington, and South Warwickshire Hospital.

EVANS, E. LAMING, M.A. M.D., B.C.Cantab., F.R.C.S. Eng., has been appointed Surgeon to the Surgical Aid Society, Salisbury Square, E.C.

GILLIES, H. D., appointed Registrar at the Throat Hospital, Golden Square, W.

LANG, PERCY, M.R.C.S., L.R.C.P., appointed Medical Officer to the Famatina Mines, Argentine.

ONSLOW-FORD, ALEX, M.R.C.S., L.R.C.P., appointed Surgeon to the s.s. "Pellus" (Ocean and China S.S. Co.).

STURDEE, E. L., appointed Assistant House-Surgeon at Royal Devon and Exeter Hospital, Exeter.

WHITBY, FRANK, M.B., B.S.Durham, appointed House-Physician to the Royal Infirmary, Bradford.

New Addresses.

BLAGDEN, J. J., 5, King's Buildings, Chester.
BROWN, D. D., Norfolk Lodge, Leeds Road, and 18, York Place Harrogate.
BURKE, G. T., Lieut. I.M.S., care of Messrs. Grindlay, Groom & Co., Bombay.
CUTCLIFFE, M., Blenheim House, Dawlish, S. Devon.
ELLERY, R. F., Capt. R.A.M.C., Station Hospital, Benares, India.
INNISS, B. J., Major R.A.M.C., Military Hospital, Gravesend.
KING, H. HOLMES, care of the National Bank of India, Madras.
LANG, Percy, Famatina Mines, Argentine.
MALTRY, E., 261, Preston Drive, Brighton.
MAXWELL, J. P., 31, Hammeton Road, Bromley, Kent.
MILLS, H. H., 10, Glan Ebbw Terrace, Victoria, Mon.
SMITHSON, A. E., Major R.A.M.C., care of Sir C. R. McGrigor, Bt. & Co., 25, Charles Street, St. James's Square, S.W.
TAUNTON, W. W., The Hydro, Limpley Stoke, Bath.
WATERHOUSE, RUPERT, 25, The Circus, Bath.
WHITBY, F., "Lyntonhurst," 21, Hollycroft Avenue, Hampstead, N.W.

Births.

BOYAN.—On the 11th March, at 62, Holland Road, Kensington, the wife of Staff-Surgeon John Boyan, Royal Navy, of a son.
CLARKE.—On the 12th February, at Carlton House, QUEX Road, West Hampstead, N.W., the wife of Colin Clarke, F.R.C.S., R.A.M.C., of a daughter.
JAMISON.—On the 5th March, at the Chantry, Horsham, the wife of Reginald Jamison, F.R.C.S., of a son.
MASTERMAN.—On the 5th March, at Jerusalem, the wife of E. W. G. Masterman, M.D., F.R.C.S., Medical Superintendent of the English Mission Hospital, of a son.
MYERS.—On the 23rd March, at Great Shelford, the wife of Charles S. Myers, of a son.
WALDO.—On the 5th March, at 40, Lansdowne Road, Holland Park W., the wife of Frederick Joseph Waldo, M.D., of a daughter.
DRU DRURY.—On the 24th March, at Corie Castle, Dorset, the wife of Godfrey Dru Drury, of a son.

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. 8.]

MAY, 1910.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

MAY 1st, 1910.

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

Calendar.

Mon.,	May 2.	—Special Lecture, 1 p.m. Mr. West.
Tues.,	" 3.	—Dr. Tooth and Mr. Waring on duty.
Thurs.,	" 5.	—Clinical Lecture, 2.45 p.m. Mr. D'Arcy Power. Primary Fellowship Examination commences.
Fri.,	" 6.	—Dr. Norman Moore and Mr. Bruce Clarke on duty.
Mon.,	" 9.	—Special Lecture, 1 p.m. Dr. Adamson.
Tues.,	" 10.	—Dr. West and Mr. Bowlby on duty.
Wed.,	" 11.	—View Day. Clinical Lecture, 12.45 p.m. Mr. Bowlby.
Fri.,	" 13.	—Dr. Ormerod and Mr. Lockwood on duty.
Tues.,	" 17.	—Dr. Herringham and Mr. D'Arcy Power on duty.
Wed.,	" 18.	—Clinical Lecture, 12.45 p.m. Mr. Bowlby.
Fri.,	" 20.	—Dr. Tooth and Mr. Waring on duty. Final Fellowship Examination commences.
Mon.,	" 23.	—Special Lecture, 1 p.m. Dr. Lewis Jones.
Tues.,	" 24.	—Dr. Norman Moore and Mr. Bruce Clarke on duty.
Wed.,	" 25.	—Clinical Lecture, 12.45 p.m. Mr. Bruce Clarke.
Fri.,	" 27.	—Dr. West and Mr. Bowlby on duty.
Mon.,	" 30.	—Special Lecture, 1 p.m. Dr. Garrod.
Tues.,	" 31.	—Dr. Ormerod and Mr. Lockwood on duty.

Editorial Notes.

WE believe that in the opinion of almost all those whom it may concern, an ideal number of this JOURNAL should comprise four distinct types of reading matter: first, there should be articles of general interest; secondly, clinical matter; then some columns devoted to the athletic life of the hospital; and finally the old Bart's man's special corner—appointments, services, births, etc. Quite possibly the football enthusiast reads none but his own portion of the JOURNAL and the clinician his, but the components of the ideal are ever before us. It will be noticed that the present number is very largely clinical, and though such material is always very welcome, we would point out that it is not so difficult to collect as articles of a less technical character.

Surely there must be numbers of old Bart's men who have, perhaps, spent some time abroad, and who, from ripe experience or fund of anecdote, could contribute articles intensely interesting to us who live quiet lives at home. If they like to hear of the Hospital, the Hospital also likes to hear of them. In most corners of the earth a Bart's man can be found without much seeking: one accompanied the last Antarctic Expedition under Shackleton, and we believe the Hospital is also to be represented in Captain Scott's party. To all such we say, take up a pen and be thoughtful or humorous, reminiscent or descriptive to the extent of several thousand words and send the result to the JOURNAL.

WHETHER to publish the *St. Bartholomew's Hospital Year Book* again this year or not is at present a problem to those responsible for its appearance. If it is to be continued

its compilation must commence very shortly. But a doubt has arisen as to whether the book, as a directory and general compendium of hospital information, is really sufficiently valuable to old Bart.'s men to justify its existence. On the one hand we hear that very little support—and therefore, presumably, very little appreciation—comes from the country, and on the other we have the word of one who left the Hospital a few years ago stating that he has found the *Year Book* in constant use in many old Bart.'s men's houses. The decision for or against has been held over for a couple of weeks, and meanwhile we invite opinions as to its value from those who have used the book.

* * *

An important topic has sprung up for discussion lately; one full of anxious interest for all. We refer to the rumours of coming alterations in connection with the catering for the students and junior staff. We propose to give fuller particulars from an official source in our next issue; in the meantime a foreword may set doubts at rest.

At the end of this quarter the mangle is to be replaced by a company financed by members of the senior staff of the Hospital. This company will employ as manageress one who is already well known to the Hospital, and a number of alterations and improvements may be confidently anticipated. There will still be a catering committee, constituted much as hitherto, thus ensuring that those who pay the piper shall have some voice in calling the tune. What appears to us to be a very generous arrangement is that if the undertaking turns out to be a financial success—and there is small doubt that such will be the case—the Students' Union will share largely in the profits while running none of the risks in case of failure. We understand that a prospectus is shortly to be issued by the company; it will probably be found impracticable to allow students to take up shares for several fairly obvious reasons.

* * *

In ten days' time the Hospital will once more assume gala clothing for the annual View Day. Already flowers are helping the square to throw off winter dulness, but the trees have a good deal of leeway to make up if they are to do their share towards making the "summer-houses" look less like rain-shelters.

* * *

It is with great pleasure that we record that Mr. Girling Ball has been awarded the Jacksonian Prize for his essay "The Use of Vaccines and Sera in Surgical Diagnosis." Our heartiest congratulations to him on the successful result of two years' hard work.

Congratulations also to Mr. R. T. Crawford, who has been appointed Ophthalmic House-Surgeon.

* * *

For the second time within a few months quadruplets have been born on the "district"! Let those to whom the thought of such a risk is harassing take comfort in statistics; a "foursome" occurs only once in ever-so-many hundred thousand. The competitive spirit must be early developed in such infants, as survival is usually limited to the fittest. In this last case not even the fittest survived long. In passing we must congratulate the Extern on bringing the four children into the world alive, and on the quiet and capable manner in which he made preparations for even a fifth.

* * *

The Pageant-bacterium and the disease to which it gives rise are now well known; its culture characteristics are easily recognisable, and it is quite established among the best of the bacilli. The suggestion, therefore, that in the forthcoming Empire Pageant of London one of the episodes should be produced and acted by members of the various London hospitals seems to us a very suitable one. We do not know exactly what part Bartholomew's is taking in the matter, but we suppose the chief difficulty for those engaged in clinical work will be to find sufficient time for the necessary rehearsals.

* * *

In this number we publish the annual report of the Students' Union. To the constitution of the Council as there given is to be added the member elected by the Journal Publication Committee. We are pleased to be able to state that the JOURNAL is to be represented by Mr. Sargent.

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We are asked to draw attention to the fact that the train service to Winchmore Hill has been altered. The revised time-tables will probably be posted in all the usual places by the time this notice appears.

* * *

We wish to express our sympathy with Mr. E. D. Whitehead Reid in his bereavement. The death of his father, Dr. Whitehead Reid, necessitated his leaving Bart.'s just when entering on the most valuable period of his appointment as house-physician to Dr. Norman Moore. We wish him success in his new work.

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Fever Without Other Physical Signs.

A Paper read before the Abernethian Society.

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

THE signs of disease may be divided into two groups: (1) Signs which can be appreciated by the unaided senses of the observer, and (2) signs which require for their discovery the use of special tools, such as the microscope, X rays, etc. The term "physical sign" has come to be associated with the first of these groups of signs, and it is in this sense that the expression is here used.

Cases of fever fall rather naturally into two similar groups. In the first group certain physical signs more or less adequate to the diagnosis are elicited by examination of the patient; in the second group no such signs are obtained. An intermediate group of cases exists in which there are physical signs, but they are signs inadequate for diagnosis—ambiguous signs, admitting of more than one interpretation. The rose-spots of typhoid fever constitute an adequate sign, pathognomonic of the disease; enlargement of the spleen is an ambiguous sign, which, though indicating the possibility of typhoid fever, may be caused by many other infective processes. Seeing that this intermediate group of cases of fever demands further investigation for the purpose of diagnosis, it belongs more strictly to group (2) than to group (1).

In this second group of febrile patients, who present no physical signs, or only present signs that are equivocal as regards diagnosis, there are found many cases which tax the resources of the physician to the utmost. Indeed, these cases include some of the most difficult, yet fascinating, problems of clinical medicine. On reflection it will be found that such cases of fever are concerned with lesions of an infective nature, situated in organs or tissues more or less deep-seated, which yield signs less readily than organs placed superficially. Such organs or tissues are the blood, the intestines, the gall-bladder, the pelvis of the kidney, the pancreas, the endocardium, the spinal meninges.

The cases may be divided into two groups, according as the physical signs are latent or difficult to find, or are altogether absent.

I. PHYSICAL SIGNS OVERLOOKED OR LATENT.

(i) *Cholecystitis*.—A not uncommon cause of fever without obvious signs. The patients are usually the subjects of gall-stones, but this is not always so. Often they are stout, making abdominal examination difficult. Pain is generally present, though it is often by no means severe; sometimes it is absent. Flatulent distension of the bowels is almost constant. Colic is not a feature of the disease. The attacks

are prone to recur, sometimes after brief intervals, and the course of the disease may then suggest the occurrence of typhoid or of Malta fever with relapses. Repeated palpation may discover a rounded elastic tumour in the right hypochondrium, and in this discovery the genu-pectoral position may give valuable help. This tumour may only be felt for a brief period in the course of the disease. The urine should be tested for traces of bile, for it should be remembered that the urine may be icteric before any jaundice is noticed in the skin or mucous membranes. Jaundice may be absent throughout the whole course of the disease. Even with an intermitting type of fever and with the occurrence of rigors the inflammation is not necessarily suppurative. And there may be no leucocytosis; indeed, I have on three or four occasions found the leucocyte count to be low (1000-6000)—another fact which may suggest the presence of typhoid or Malta fever.

(2) *Pyelo-cystitis*.—In some cases of infection of the urinary tract the amount of pus in the urine may be quite small; and what is not seldom the sole sign of the disease may thus be easily overlooked. Sudden rises of temperature, often accompanied by rigors, in old men, or in patients suffering from diseases of the nervous system leading to sphincter troubles, frequently have their explanation in infections of the urinary tract. By far the commonest micro-organism at work is *B. coli*, admitting of ready isolation from the urine.

(3) *Pyorrhiza alveolaris*.—A close inspection of the teeth and gums should never be omitted in cases of fever of obscure origin. Long-continued and marked pyrexia may certainly owe no other cause than oral sepsis. The form of the fever is apt to be periodic, with intermissions lasting from one to several days. The fever took this form over a period of many weeks in the most severe instance of the disease that I have ever seen.

(4) *Perigastritis and subphrenic abscess*.—Serious complications of gastric ulcer, physical signs being oftentimes delayed, perhaps for a fortnight or more. When signs do appear pleural friction is apt to be the first. The same conditions may follow gastro-enterostomy, or the suture of a perforated gastric or duodenal ulcer. A rising leucocyte count may suggest to the observer the actual sequence of events.

(5) The subjects of *acute rheumatism* are prone to develop bouts of fever with little or nothing manifest in the way of physical signs. The administration of sodium salicylate may have no effect upon the fever. It is highly probable that in these cases some serous membrane is in a state of smouldering inflammation. But signs of the inflammation may not be forthcoming for these reasons: the presence of old valvular disease makes the diagnosis of a recurrence of acute endocarditis impossible; pericardial adhesion, oftentimes universal, prevents the appearance of the physical sign of pericarditis; and of acute myocardial disease there

is no physical sign. The undoubted occurrence of rheumatic pleurisy and rheumatic peritonitis must not be overlooked. These cases of rheumatic pyrexia, not seldom considerably prolonged, are always a source of anxiety to the physician, and the anxiety is of necessity increased in the presence of valvular disease. For the transition from simple rheumatic endocarditis to that malignant type of endocarditis in which streptococci play so important and so fatal a part may be very gradual and may deceive the very elect. However, a careful search for the cardinal signs of infective endocarditis, which includes bacteriological cultivation of the blood, will generally lead to a prognosis which future events will justify. The concurrence of chorea, or of nodules, is much in favour of the non-infective variety of the disease, though neither event excludes streptococcal endocarditis.

(6) *Localised tuberculosis* is probably the commonest cause of fever with latent physical signs, or with signs that are difficult to elicit. There is sometimes a too ready tendency to conclude that a patient is tuberculous because he is found to be febrile over a lengthy period, and this conclusion should be resisted until several other causes that are more easily excluded have been passed in review. Nevertheless, the possibility of the disease must always be borne in mind, and it is useful to remember certain situations where this infection is apt to lead to more or less disturbance of general health with fever, usually mild and remittent. These situations include the lung, the pleura, the peritoneum, the lymphatic glands, the kidney and suprarenals, the Fallopian tubes, and the spine. Critical examination of all these organs and their functions must be made, and one or other of the tuberculin tests must be undertaken, remembering the limitations which the presence of fever imposes upon these last-named investigations. It occasionally happens that there comes under observation a febrile patient who, in the past, has given demonstrable proof of active tuberculosis: this must be allowed great weight in the present search for the cause of the fever. The frequency of secondary pyrogenetic infections in tuberculosis must also be remembered; such a secondary infection may occasionally be demonstrated by blood-culture.

(7) *Fever following surgical operations.*—A physician is not infrequently called upon to discover the cause of pyrexia arising in a patient shortly after an operation has been performed. In such a case, however confident (and justifiably so) the surgeon may be of his technique, it must never be forgotten that his wound constitutes a physical sign which must be closely scrutinised. Painful experience has at length taught the modern surgeon to treat with due respect the subtle possibilities of the pyrogenetic coccus. He has for some years past been scrupulously careful of his hands, of his instruments, and of the patient's skin and mucous surfaces. To these cautions he has in recent times

added others: he no longer holds close converse with his assistant at a distance of a few inches from the open wound, but covers his mouth and nose with sterilised gauze, which filters his breath from all particulate matter. His hair is similarly protected from contaminating the wound, and his hands are sheathed in rubber gloves. The care with which he prevents the entry of micro-organisms seems almost to have reached the limits of practical surgery. Might he not now with advantage turn his attention to greater care for the integrity of the tissues through which he passes during the steps of his operation? That is to say, might he not be repaid for showing more respect to the soil, as he has been repaid for showing more respect to the microbe? Along this line also something has recently been gained; strong chemicals that cause acute inflammation or actual sloughing are now rarely applied to the skin-area chosen for operation, as they were wont to be, several hours previously; delicate adhesions and useful fibrinous exudates are no longer disturbed; retractors are constructed with some idea of avoiding bruising in their use. But there is a great deal still to accomplish, and that surgeon's results will be best who constantly reminds himself that contused and ischæmic tissues form an excellent nidus for microbic invasion. The skill with which anaesthetics are now given tempts many surgeons to more deliberation in their work than is actually necessary for the purpose in hand. No doubt the many wounds that healed by first intention in the pre-anæsthetic days owed their success to the rapidity of the operator, rendered imperative by the difficulties under which he laboured. There was little time either for damaging the tissues or for collecting bacteria in the wound.

These considerations prevent any feeling of surprise, however disappointing the event may be to the surgeon, when occasional suppuration is found to be the cause of post-operative fever. It is right that the lungs, heart, and other organs should be thoroughly examined; that the possibility of malaria and influenza should be discussed; that a number of other things should be duly borne in mind. But most surgeons know too well the limitations of their art. They realise the ubiquity of the pyrogenetic microbe, and they recognise that when raw tissues lie exposed to the air for a long time, as they occasionally must do, when a residual collection of blood-clot is inevitable, or when an operation is performed hurriedly and in adverse circumstances, suppuration is no disgrace, though the absence of it is good fortune. If fever occur after an operation, provided the rise of temperature be not trivial or transitory, the sooner the wound is examined the better. If the leucocyte count is found to be rising the examination should be made at once. Cultures should be taken from any fluid present, be it "blood-stained fluid," "serum," or obvious pus, and efficient drainage ensured. If a growth of any micro-organism is obtained from the cultures an appropriate vaccine should be prepared and administered forthwith.

II. PHYSICAL SIGNS ENTIRELY ABSENT.

(1) *Influenza* is probably the commonest cause of a pyrexia without other physical signs. Indeed, most cases of influenza run their course without other signs than that recorded by the thermometer. Hence the doubt which always exists in the mind of the physician as to the accuracy of his diagnosis: for there is nothing specific about any of the symptoms of influenza, nor about all of them taken together. They do but spell acute microbic poisoning. This doubt is naturally less, and may justifiably be quite absent, at the time of an epidemic. The fever in uncomplicated cases is usually over by the fifth or sixth day; if it lasts longer than this it is almost certain that some complication is present, or that the disease is not influenza. If a complication exists a focus of infection is probably present (bronchial, pulmonary, intestinal, biliary, endocardial, meningeal, etc.) and physical signs are usually forthcoming. In uncomplicated cases a leucopenia is of great service in diagnosis, especially in the absence of the typhoid agglutination reaction. Even with pulmonary complications, provided the infection remains pure, a leucopenia is apt to occur. But in my experience a mixed infection, especially with the pneumococcus, is the rule in influenzal pneumonia, whether lobar or lobular, and a high leucocyte count is therefore by no means uncommon. Despite some earlier statements to the contrary, it seems that in uncomplicated influenza the causal microbe is rarely if ever demonstrable in the blood-stream. Certainly by culture it has not hitherto been demonstrated. In influenzal endocarditis I was able to cultivate the bacillus in 1904, and this experience has been repeated several times since. The bacillus has also been isolated recently from the blood-stream in a case of influenzal plebitis by Dr. Thursfield.

(2) *Typhoid fever* is undoubtedly the most frequent and the most important cause of fever of longer duration than five days in Great Britain, physical signs being absent. As a possible cause of any case of obscure pyrexia it must be perpetually borne in mind. Neither a sudden form of onset, nor absence of headache, nor the form of the temperature chart, nor an alleged immunity from the disease in the particular locality in which the patient chances to reside, nor any one of several other things that are sometimes adduced as evidence against typhoid fever, must be allowed to interfere with a consideration of this infection as a possible cause of pyrexia. Diarrhoea is no longer regarded as an almost constant symptom, and often no inquiry is nowadays made concerning epistaxis. But there is still, with some, a reluctance to investigate a case of fever from this point of view unless certain cardinal features present themselves. The truth is, the manifestations of the disease are so protean that safety only lies, as already said, in regarding every patient suffering from fever of undetermined cause as a suspect. Mention has been made of the acute onset occasionally seen in typhoid fever; in one case of

his kind, which I saw with Dr. Kempe, of Salisbury, the first symptom was acute delirium, which continued during the first fortnight of the disease; there was no headache at any time. Both in this case and in another case of typhoid fever with marked delirium during the invasion period there was a marked neuropathic family history. Before the immunity of any district from typhoid be accepted as evidence against the disease in any particular case information must be forthcoming that the patient was continuously in that district during the two weeks but one preceding the onset of the illness; for the infection may have occurred during a temporary sojourn elsewhere. In one instance of this kind it was found on reference to dates that the patient, then residing near Epsom, left Ems, where she had been living on a milk diet and drinking the waters, exactly fourteen days before the first day of the illness. In another case, occurring in a city boasting a very clean bill of health in regard to typhoid, it was found that a week-end had been spent in another city in which typhoid is endemic, and that this brief holiday occurred twelve days before the acute onset of the disease.

In the pathological investigation of a possible case of typhoid fever sufficient importance is often not attached to the leucocyte count. The agglutination test should always receive this support, for the association of a leucopenia with even a partially complete Widal reaction is a valuable indication of typhoid fever. A complete Widal reaction with a leucopenia may be taken as diagnostic. If the agglutination reaction is not present, as it may not be during the first week of the disease, the diagnosis may often be established by blood-culture, the typhoid bacillus being isolated from the circulation. Allied to typhoid fever, and often undistinguishable from it clinically, are the cases termed "paratyphoid" or "paracolonic fever." These cases are even more liable than cases of true typhoid to present no physical signs. The diagnosis can only be made by isolation of the micro-organism from the blood-stream, from the urine, or from the faeces.

(3) Certain cases of *septicaemia*, and especially *septicæmia* following the puerperium, may lead to marked fever without other signs. The most careful obstetrician may fail to discover aught amiss with the pelvic viscera; indeed, the case ending fatally, a careful dissection of the uterus and uterine vessels after death may still reveal no macroscopic signs of disease. The diagnosis may turn almost entirely upon the results of blood-culture.

The presence of a bone injury in a child suffering from sudden fever must always receive the most critical examination; and the skeleton (especially the long bones) must be passed carefully under review if high fever, abrupt in origin, exists in a child without ascertained cause. Unfortunately, cases of infective osteomyelitis, due to *Staphylococcus aureus*, become pyæmic so rapidly that even the early detection of the focus and its prompt treatment rarely

serve to save the patient; but it is probable that some cases are saved by early recognition of their true nature, and some of them do not run this fulminating course. In all instances where incisions are made into doubtful areas of inflammation cultures of the exuding fluid should be made, however innocent it appears to the naked eye. Some surgeons are grave sinners in this matter. Now and again a drop of serum will yield a copious growth of staphylococci in the warm incubator within six to eight hours; this should at once lead to further surgical procedure if no fall has taken place in the temperature or in the leucocyte count, and if no alleviation has occurred in the general condition of the patient, as the result of the first incision.

(4) *Malta fever*, unless the attention of the medical attendant is called to the possibility of this infection, may be the cause of fever of very obscure origin. Residence in a Malta fever district may have been of short duration, and no obvious illness may have occurred whilst the patient was there. This was so in the case of a patient with very obscure fever, sent to me by Dr. Arthur Quennell, of Brentwood, and which proved to be a case of Malta fever. The patient may come under observation for the general weakness, for neuralgic joint pains, or for the fever, some months or even years afterwards, and may give no history suggesting the nature of his infection. The diagnosis is made either from a positive blood-culture (rarely possible in such a case), or from a combination of leucopenia with agglutination of a strain of the causal micrococcus by the diluted serum of the patient. The habitat of the micro-organism in the delayed and prolonged cases of Malta fever is unknown. The most careful clinical examination may fail to demonstrate any possible focus (enlarged spleen, liver, etc.).

(5) In *malaria* the diagnosis rests upon the discovery of the parasite in the blood; a leucopenia ("relative lymphocytosis") is almost invariable. A markedly intermittent character of the fever, however, must never bias the observer unduly in favour of this diagnosis, even in the face of a clear history of ague in the past; for so many pyrogenetic infections, local and general, are accompanied by this form of fever. The occurrence of rigors calls for the same caution. It may nowadays be taken for granted that if the patient has never lived out of England malaria is not the cause of his fever.

(6) *Cerebro-spinal fever* is met with in its sporadic form with sufficient frequency to need consideration in connection with fever of obscure origin. Occasionally there may be an absence of the diagnostic clinical signs for some days or even weeks: no stiffness of the neck or retraction of the head, no change in the "reflexes" and, indeed, no signs of meningitis. A persistent headache, with pains in the back and limbs, and progressive loss of flesh—typhoid fever being excluded by a negative Widal and the presence of a leucocytosis—this state of things should lead to a lumbar punc-

ture and a search for the meningococcus. I have known a young adult, suffering from this disease, to be treated for two or three weeks for rheumatic fever on account of the severity of his pains. In this case an intensely sour odour possessed by the sweat, which was profuse, added to the simulation of rheumatic fever.

(7) *General tuberculosis* is, in my experience, a rare cause of fever in patients who show no other physical signs of disease. From reading text-books of medicine it would be inferred that this is not so, but that the physician has not infrequently to discriminate between this condition and such a disease as typhoid fever. Undoubtedly cases do arise in which generalised tuberculosis occurs (for some days up to two or three weeks) without evidence of focal lesions; but these are probably very uncommon. The occasional existence, however, of so desperate a state of things calls for great care in the diagnosis of any condition which may possibly be of this nature. Blood cultivated on ordinary media will not reveal the nature of the infection, and even if special media be used, the growth of the bacillus will be too slow in most instances to prove of any service. If the condition be suspected from the occurrence of a leucopenia and the absence of agglutination reactions for the typhoid bacillus and the *Micrococcus melitensis*, films should be prepared direct from the blood and carefully stained by the carbol-fuchsin method. One or other of the tuberculin tests should be applied: the subcutaneous test is not available on account of the fever.

(8) *Intestinal intoxication*.—Under this heading there may be provisionally included a number of cases of fever which present no signs of a specific character, and oftentimes present no signs at all. No doubt the group contains cases having in reality wide differences in pathogeny. Relying upon my own experience of cases of obscure fever which have seemed to depend for their cause upon the absorption of poisons generated in the intestine, I will attempt some segregation of these cases, as follows:

(i) In infants and in young children errors in diet, both quantitative and qualitative, are very commonly associated with fever. According to some well-known authorities there is a variety of such troubles which deserves the epithet "carbohydrate fever," this name being chosen because the kind of error in diet which underlies the condition is an excess of starch in the food. Examination of the stools in these cases shows them to be unduly pale, to be fermented and offensive. But excess of starch is, of course, by no means the only error which underlies the febrile dyspepsias of childhood. The prompt and good effect of small doses of mercury and chalk, or of calomel, in many cases, suggests that excessive or unusual microbial action is a dominant feature.

(ii) Intestinal parasites contribute some of the cases. The fever may be due to direct absorption of the poisonous products of metabolism of the worm, aided possibly by the

mechanical irritation set up its presence and by its movements; or it may be due to poisoning of a secondary nature resulting from changes in the mucosa of the bowel. Thus, it seems certain that intestinal parasites cause colitis, often with the production of much mucus, which acts as a good nidus, not only for the parasite itself but for bacteria, such as streptococci and colon bacilli. A careful examination of the stools should be made in all cases of obscure fever, especially when occurring in children, not only for the parasite but also for ova. One of the most mysterious and prolonged cases of recurring fever I have met with occurred in a girl in whose fæces, when they came to be examined, there were found to be enormous numbers of ova of *Ascaris*, with a good deal of mucus. This patient had been unsuccessfully vaccinated, over a period of some months, with a colon bacillus isolated from the urine, under the impression that she was suffering from colon bacillus infection of the urinary tract. There were at no time, however, any urinary symptoms, and the stools had never been examined for parasites or other abnormality. During one of the bouts of fever a dose of santonin, followed by vaccine prepared from the cultures obtained from the mucus in the stools, brought the illness to a rapid close, and the occasional exhibition of this drug with castor oil has since prevented any return of the fever.

(iii) *Acute and subacute colitis*. Physical signs may be confined entirely to the stools, which may contain mucus in variable quantities, casts of the bowel, and occasionally blood.

(iv) In severe constipation it is not uncommon to see bouts of fever, and occasionally these are so marked that very natural doubts are entertained as to the presence of some focal inflammatory mischief (appendicitis, stercoral ulcer, pericolic suppuration) or of typhoid fever. There is always a leucocytosis present, which helps to exclude the last-named disease, and often the count is quite high. In one case of this kind, a girl, æt. 18 years, who was under the care of Dr. Verling Brown at Sutton, the count reached 32,000. The pyrexia was also very high, reaching 105° on one occasion. I found the blood sterile on cultivation, and Widal's test negative. Neither Dr. Brown nor I could find evidence of any other condition than marked constipation, and this negative examination was confirmed by Sir Thomas Barlow and Mr. Mower White. But on the tenth day the illness terminated by the rupture of an abscess into the bowel and the passage of pus *per anum*. Such cases are always of a most anxious kind, for the fear that some more serious condition is present than intestinal auto-intoxication has constantly to be considered.

(9) *Rat-bite fever*.—I have recently had under my care at the Great Northern Hospital an unusual case of prolonged and periodic fever due to a rat bite. The man was originally attended by Dr. Hussey, of Farnham, who quickly recognised that there was something out of the ordinary

about the patient's illness. The bite had healed very well, but three weeks after it occurred the man fell ill with high fever, malaise, and an erythema of a curious kind, consisting of large, indurated, red plaques, about the face and limbs. All these things subsided, to be repeated after a quiescent period of three or four days. Dr. Hussey then sent him into hospital, where a similar state of things recurred some five or six times, pyrexial periods of three or four days alternating with apyrexial periods of much the same duration. I made all kinds of investigations but failed to isolate any causal bacterium or hæmatozoon, either from the blood-stream or from the erythematous areas. The man eventually recovered without any specific treatment.

During his stay in hospital it chanced that there was, under the care of my colleague Dr. Willcox, and Sir Almoth Wright at St. Mary's Hospital, a very similar case. I have since had sent to me notes of two other cases of the same kind, in neither of which was it recognised that a specific disease was being dealt with. All these three cases recovered. In one of these last-mentioned cases a boy was bitten by a kitten, which had been seen to play with a dead rat immediately before the bite. There is, therefore, a disease having the following characters: The patient is bitten by a rat. After an incubation period of three to four weeks fever appears, accompanied by an erythema and much constitutional disturbance.

A high leucocytosis is present. A quiescent period follows, during which the patient regains his normal state. The febrile bout recurs, and this alternation goes on for a variable time up to several months (in one of the cases it persisted for nearly eight months). Ultimate recovery takes place. No microbial or other cause has hitherto been discovered.

(10) *Nervous fever*.—Given that a thorough examination has been undertaken in a case of fever, and nothing has been discovered of the nature of physical signs, the question of nervous influence must be considered. Cases of nervous fever fall into two groups.

(a) Some persons "run a temperature," as the phrase goes, more easily than others, just as some persons become delirious with less provocation than others. Those people who possess an unstable thermotaxic mechanism cause much anxiety to their practitioners. And even when this peculiarity is known, the anxiety is not altogether allayed, for it must not be supposed without careful consideration that upon any particular occasion they are behaving differently from other patients. After an acute febrile illness the temperature of such persons, instead of settling down, is apt to remain irregularly raised, sometimes for several weeks, the patient meantime proceeding apace with his convalescence. These patients are generally very nervous people, and not infrequently there is something worse than mere neurosis in the family history. Much

discretion is necessary in dealing with such a case. The doctor stands to lose, whether the fever owns a definite organic cause or not: if he takes too little heed of the pyrexia, and events show that this has been significant of some important complication of the original illness, he is likely to be blamed for carelessness or ignorance; if he elaborates his investigations and the condition subsides without serious developments he is often blamed for unnecessary activity.

(b) The second group of cases of nervous fever are of the nature of *neuromimesis*. The neuromimetic patient is usually a young woman of a particular temperament, recognisable by the experienced clinician but very difficult to describe. Her morbid nervous state shows itself not only by pyrexia without organic cause, but also by the simulation of other pathological processes: anorexia, vomiting, skin eruptions and contractures. Cured, or rather cheated, of one of these, another takes its place. In nosology her disease belongs to that strange land which holds malingering at one pole and hysteria at the other; her symptoms betoken less naughtiness than deserves the slur of the former epithet, and less system than to merit their being classed as the latter. In the younger patients precocity and "being spoilt," and in those who are older a hopeless love-affair, are common aetiological factors. A careful study of the temperature curve may reveal suggestive features: the morning rise may be greater than the evening rise, and with the pyrexia there may be no associated increase in the frequency of the pulse and respiration. The patient, however, is not always of the type mentioned. I have seen prolonged and obscure pyrexia occur in a young married woman who had watched month after month the treatment of her phthisical husband in a sanatorium near by. During these weary months the routine of sanatorium life, with its temperature takings, its weighings, its dietings, and all its unavoidable daily reiterations, sufficed to bring about a state of nervous imitation of phthisis. She simulated her husband's disease very closely, for to the pyrexia she added considerable loss of flesh and a troublesome barking cough with hoarseness and aphonia. She was rapidly cured by six months' stay with convivial friends during the London season. So thin was she that physical examination of the chest was extremely easy; yet neither Dr. Holberton, her medical adviser, nor I could detect the slightest abnormality in the lungs or elsewhere. Mr. Frank Rose twice reported the larynx as free from any evidence of disease.

To the foregoing causes of fever without other physical signs several others might easily be added; the individual experience of most of my hearers will suggest cases which have taxed their acumen not a little. In this paper I have only dealt with matters of personal experience.

Venous Anæsthesia.

By OSKAR TEICHMANN, M.A., M.R.C.S., L.R.C.P.

IN Prof. Bier's clinic, in Berlin, a large number of operations on the extremities are performed under venous anæsthesia. These are, as a rule, cases in which general anæsthesia is contra-indicated, and in which the local infiltration method would not suffice. Venous anæsthesia can be applied in any case in which it is possible safely to apply the Esmarch's bandage. It is especially suitable in amputations, excisions, tendon transplantations, osteotomies, etc. The contra-indications are—(1) children under 12-14 years of age, owing to their timidity; (2) diabetic gangrene; (3) advanced arterio-sclerosis and senile gangrene; (4) acute phlegmonous processes.

Technique, for Operations on the Elbow-joint and Forearm (Non-tuberculous Cases).

The whole limb is first cleansed and rendered sterile in the usual way. The arm is then held up for a few minutes, and while in this position a 6-metre-long Esmarch's bandage is applied firmly, from the tips of the fingers to a point about three inches above the elbow. When this point is reached the bandage is tied in the usual way (bandage A).

A second bandage is now taken (B), also of rubber and about 3 metres long, and applied firmly from the upper extremity of A almost to the shoulder. The whole arm should now be practically bloodless. The bandage A is now removed, without disturbing B, and a third rubber bandage (C), also about 3 metres in length, is applied firmly below the elbow, occupying a space of about five inches. A suitable vein (which has been previously marked), such as the median or median basilic, is selected, and a local anæsthetic sufficient for its exposure injected. The vein is exposed by means of a transverse incision, and carefully freed from the surrounding tissues for about one and a half inches. Two ligatures are placed under the vessel, that at the central end being tied at once. A window is now cut in the vein, as near as possible to the lower border of the bandage B, and any remaining blood expressed. A small cannula, which is grooved about one inch from its end, is inserted into the vein in a peripheral direction, and tied in firmly by means of the second ligature. The other end of this cannula is connected with a short length of rubber tubing, at the extremity of which is a stopcock; this is now fixed to a syringe, which has a capacity of 100 c.c. After opening the tap, 50 to 70 c.c. of a $\frac{1}{2}$ per cent. solution of novocain are gradually injected. The syringe should be held in the same direction as the vein. Sometimes considerable force has to be employed, owing to the resistance caused by valves. As soon as the injection is completed,

the whole area between B and C becomes analgesic: this is called the "direct anæsthesia," and any operation can now be performed in this area. In fifteen minutes the hand can no longer be moved, and the whole forearm and hand are found to be analgesic: this is called the "indirect anæsthesia." The bandage C may now be removed, and any operation performed below B. If this bandage (B) now causes any pain owing to its tightness, another may be put on firmly, just below it, on the already anæsthetised area, and the former may then be removed. When the operation is almost completed, 20-30 c.c. of sterile physiological salt solution are injected through the same cannula. Two objects are thus attained, namely the "would be" bleeding points are discovered and tied, and at the same time the novocain is eradicated from the circulation. The former of these points is important, as it would not be safe, after tying the main arteries, to loosen the bandage in order to see which vessels were spurting, as in that case the anæsthesia would disappear almost at once, before the operation was completed. As soon as the salt solution is injected it spurts out of the cut vessels, both arteries and veins. The cannula is now removed, and the vein tied below. At the conclusion of the operation the bandage is removed, and in five minutes the anæsthesia has disappeared. The bandages B and C, between which is the seat of the injection of the anæsthetic, should not be more than 30 or less than 15 cm. apart when first adjusted. All bandages should be boiled, and kept in a solution of carbolic. All operations on the arm and hand (except tuberculous cases) can be performed by this method, as their veins are usually not large enough for simple direct anæsthesia.

For operations on the thigh, leg, or knee-joint, precisely the same method is applied, the vena saphena magna being used. But in the case of the foot, owing to the large size of this vein in the leg a direct anæsthesia can be obtained, *i.e.* an Esmarch is applied from the toes to just above the ankle, then a second rubber bandage is applied firmly round the leg, just above the first: the latter is now removed, and the solution injected into the vein, causing almost at once a direct anæsthesia.

Amounts usually injected:

Child's arm	30-40 c.c.	} of a $\frac{1}{2}$ per cent. solution of novocain.
" leg	50-60 c.c.	
Adult's arm	50-70 c.c.	
" leg	70-80-100 c.c.	

This solution is usually made by dissolving two tablets, each containing novocain 0.25 grammes, in 100 c.c. of sterile physiological salt solution, and is used just warm.

Tuberculous Cases.

In operations on tuberculous joints, etc., bandaging over the seat of the disease is contra-indicated. There are two methods of dealing with such cases:

(1) *The direct method.*—Example: Tuberculous knee-joint. Hold the leg up for about five minutes, and gently massage it in a central direction, so as to render it as bloodless as possible. Apply one of the rubber bandages firmly above and one below the joint. When the vein is opened it will be found to contain blood; express as much as possible. Now inject the normal amount of novocain solution, with the addition of an extra 15 to 20 c.c.; this latter is to make up for the dilution caused by the presence of the remaining blood in the veins. A direct anæsthesia ensues almost at once.

(2) *The indirect method.*—Example: Tuberculous elbow-joint. This is really the safer method, because there is no bandaging below the tuberculous focus, but only above it, and also because the injection is carried out in the healthy area. Hold up the arm for five minutes, in order to render it as bloodless as possible. Apply an Esmarch from just above the elbow almost to the shoulder, and then another bandage or tourniquet over the axillary artery. Now remove the Esmarch, and apply a third rubber bandage for a few inches, just above the elbow-joint; open a vein between the latter bandage and the tourniquet, and inject the usual amount of novocain, with the addition of an extra 15-20 c.c. Direct anæsthesia will follow in the injected area at once, and indirect anæsthesia below the lower bandage in about fifteen minutes.

If the method of injecting salt solution after the operation is not adhered to, one may, when the anæsthesia is no longer required, loosen the upper bandage very gradually, so that the novocain flows slowly into the circulation. As a matter of fact, no toxic results have been noticed, even when the bandage has been taken off all at once.

In addition to venous anæsthesia a large amount of work is performed in Bier's clinic under local and also lumbar anæsthesia.

Bound the Fountain.

Rhinitis.

A frivolous correspondent writes from Cologne to offer us an interesting article on Rhinology. We consider that with the exercise of a little self-restraint the remark might have been avoided.

Obiter dicta Malapropiana.

"Well, doctor, I 'ad a nasty 'ackiu' pain yesterday, but it's now not so accurate, if you understand me."
"I was very uneasy in the early part of the night, but I was much more decomposed in the morning."

Innocents Abroad.

INE imagines that the *entente cordiale*, though undoubtedly an accomplished and permanent bond of friendship, is finished as regards demonstration of any kind.

That is what is thought in London and Paris. But in the provinces of France the idea is more progressive, and in some towns particularly there is a desire to renew at intervals the bond by inviting visits, more or less official, of Englishmen representing various communities.

This desire is particularly strong at Nancy, a town lying on the eastern frontier of France. Of all things British a Frenchman most admires British sport, or, as he calls it, "Le sport," and everywhere in France great progress is being made in learning our games.

But of all others football is by far the most popular. To the United Hospitals' Association Club was therefore sent an invitation by the best club in Nancy, the Stade Lorraine, to visit them semi-officially and to play two matches—on Sunday, February 6th, and Tuesday, February 8th. Our journey was uneventful, but our reception on arrival, at 11.30 p.m., was tremendous. There was a huge crowd waiting at the station. We were seized with our baggage, driven in motor-cars round the main square of the town, and then taken to a *café*, where champagne was drunk and the band played "God Save the King."

We turned in that night with prospects of a cheery time at Nancy.

The entertainments that we took part in during the succeeding three days would fill many pages, so I will do my best to condense the account.

One or two things stand out prominently in my recollections of those three days. The first is champagne; we never seemed to stop drinking it. Wherever we went, whether to pay our respects to the Attorney-General or Mayor, visit a rifle range, students' club, masked ball, or what not, champagne was the order of the day.

And we came to play football. Some idea of the physical deterioration we underwent may be gathered from the result of the two matches. The first, played on the Sunday, resulted in a win for us, 14—0. The second, played on the Tuesday, against the same team, we again won, but only by 6—0.

In return for the ubiquitous champagne supplied by our hosts, we, on the other hand, entertained them with cheers and songs. The favourite of the latter was the well-known song, "Yip-Iaddy-I-ay." This was sung in conjunction with "God Save the King" and the "Marseillaise" on every occasion, official or otherwise, and the Frenchmen were delighted with it. Our voices when we left were reduced to mere whispers, and remained so for days afterwards.

There was much interest evinced by our team in the French language, and several of us acquired the knowledge of many colloquial expressions, which was well demonstrated in the French conversation held in the hotel after the second masked ball the night before we departed.

I may as well give here a list of the functions which we attended during our stay:

Sunday morning, official call on the Attorney-General, reception in the Town Hall by the Mayor; afternoon, first match *v.* Stade Lorraine; evening, first masked ball of the carnival; Monday morning, visit to wine cask works; afternoon, visit to rifle range; evening, reception at the students' club; Tuesday morning, visit to the civil and military hospitals; afternoon, second football match; evening, second masked ball of the carnival; Wednesday morning, departure.

At the end of it all we realised how tired royalty and public men generally must get of their duties, but personally I was amused at the degree of importance to which twelve medical students were raised.

Thank goodness one of our men could speak French like a native and make speeches as well, so that our reply to our charming hosts' hospitality could be made in their own language.

I have said that we paid visits to their hospitals. There is not much to say about the civil one, but the military hospital, which is a new one, might rank with any in the world as regards its method of laying out and equipment. One may judge of the former from the fact that the central corridor is 350 yards long, and from this sprung six isolated wings, three on each side, each wing holding two wards of thirty beds each.

Of course the hospital was practically empty, but Nancy being the quarters of a whole army corps and being ten miles from the German frontier, there are prospects of filling it one day.

One other remark in connection with the masked balls I have mentioned. They were like all foreign carnival balls, the height of madness and frolic. Partners had only to be taken by the arm for introduction. The costumes were most bewildering, the ladies being mostly in male attire and the men in female, with falsetto voices. Much trouble was found in persuading some members of the party to leave such an attractive place, and on the last one the fun lasted till 4.30 a.m.

When we left we all agreed we had never been so royally entertained or enjoyed ourselves so much, and the farewell word was "*Vive l'Entente Cordiale.*"

A Case of Large Suppurating Uterine Fibroid.

By P. W. BRIGSTOCKE, M.B., B.S.(Lond.).

THE following case of uterine fibroma would perhaps be of some interest to the readers of the ST. BARTHOLOMEW'S HOSPITAL JOURNAL, partly on account of its size and partly on account of the presence of a large suppurating cavity in it.

A village woman, aged 40, presented herself at the C.M.S. Hospital, Gaza, Palestine, on June 26th, 1909, with a large abdominal tumour.

The history she gave was that she had been a widow for seventeen years. The catamenia had been regular up to a year ago, since when she has had amenorrhœa.

She first noticed the swelling about three years ago.

Her condition on admission was as follows: The abdomen was filled with a large tumour, partly cystic, the cystic portion occupying the region above and to the right of the umbilicus. It was dumb to auscultation.

Girth at umbilicus, 45½ in.

Measurement from umbilicus to right anterior iliac spine, 11½ in.

Measurement from umbilicus to left anterior iliac spine, 12¼ in.

Measurement from umbilicus to ensiform cartilage, 10½ in.

Measurement from umbilicus to pubes, 11 in.

Per vaginam nothing noteworthy. A soft polypus protruded for about an inch from the external os.

There was considerable œdema of feet and legs.

Temperature on admission 100.5° F.

Up to June 29th she had fever daily, which yielded to quinine; after that the temperature remained normal up to the time of operation, except for a slight rise, 99.4° F., the night of July 2nd.

On July 3rd laparotomy was performed. On exposing the tumour it was found to be very highly vascular. An attempt was made to reduce its size by tapping the cyst, but it was with difficulty and only by using a considerable amount of force that the trocar was introduced, owing to the hardness and toughness of the tumour, and then three or four pints of pus were evacuated, the trocar being blocked continually by the large pieces of debris in the cavity. This did not appreciably affect the size of the tumour, which was only removed after considerably enlarging the abdominal incision. Owing to the intimate attachment of the tumour to the right border of the enlarged uterus supra-vaginal hysterectomy was performed.

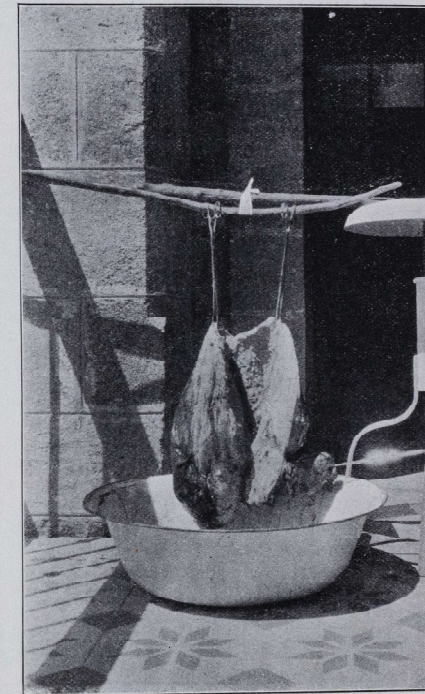
The tumour was covered by peritoneum, and had drawn up the cæcum, appendix, etc., out of the iliac fossa up on to its right side, but there were no adhesions to the intestines.

After removal the peritoneum was brought together over the large denuded surface in the pelvis, and the abdominal wound closed without drainage.

The patient's temperature on the night of the operation rose to 103° F., but immediately fell, and she made an absolutely uneventful recovery.

The tumour weighed 28 lb. 13 oz., not including the blood which escaped, or the 6½ pints of pus which were found in the cavity.

The history, cystic nature, amenorrhœa, rate of growth, etc., inclined one to the diagnosis of an unusually solid multilocular ovarian cyst. I should be interested to know




if suppuration is at all common in uterine fibromata, and also if it indicates, as I have heard it said, commencing malignancy. I can find no reference to suppuration in these growths in any book I have access to here.

Appended is a photograph taken after the tumour was cut open; the rough, shaggy lining of the pus-containing cavity is seen in the upper part. A foot-rule is introduced to give an idea of the size, and the volsellum near the foot-rule is attached to the uterus. (The diameter of the basin is 22 in.)

Obituary.

DR. T. WHITEHEAD REID.

 We regret to have to announce the death of Dr. Thomas Whitehead Reid, which took place at Canterbury towards the end of March.

Dr. Whitehead Reid went through his curriculum at St. Bartholomew's Hospital, and obtained the diploma of M.R.C.S. in 1874 and that of L.R.C.P. in the following year. After qualification he held the posts of Ophthalmic House-surgeon and of Registrar at St. Bartholomew's Hospital. He passed his M.R.C.P. Edin. in 1880, was elected a Fellow of the Royal College of Physicians of Edinburgh in 1881, and five years later qualified as an M.D. at St. Andrew's University.

During his career he held many important medical and surgical appointments, amongst them those of Senior Surgeon to the Kent and Canterbury Hospital, Lecturer on Surgery at St. Augustine's College and also at the Kent and Canterbury Institute for Trained Nurses. He was a Fellow of the Royal Society of Medicine and of the London Medical Society, a Member of the Central Council of the British Medical Association, President of the South-Eastern Counties Branch of the Association and Chairman of its Hospitals Committee.

Dr. Reid had also held the posts of President of the East Kent and Canterbury Medical Society, and of Examiner and Lecturer to the St. John's Ambulance Association, etc.

He was on several occasions a contributor to the *St. Bartholomew's Hospital Reports*, and the author of many papers to the various medical magazines.

Books added to the Library during March.


Halliburton, W. D., M.D., LL.D., F.R.S. *The Essentials of Chemical Physiology*. 7th edition. Demy 8vo. Lond. 1909.
Woodhead, G. Sims, M.A. (Cantab.), M.D. (Edin.). Hon. LL.D. (Toronto). *Practical Pathology: A Manual for Students and Practitioners*. With 275 coloured illustrations. 4th edition. Medium 8vo. Lond. 1910.

The following were presented by Dr. Percival Wood:

Transactions of the Ophthalmological Society of the United Kingdom. Vols. xxxii (1903), to xxxix (1909).
Norris, William F., A.M., M.D., and Oliver, Charles A., A.M., M.D., editors of *System of Diseases of the Eye* by American, British, Dutch, French, German, and Spanish authors.
Vol. I. Embryology, Anatomy and Physiology of the Eye. Illustrated. Royal 8vo. Lond. 1900.
Vol. II. Examination of the Eye, School Hygiene, Statistics of Blindness, and Antiseptics. Illustrated. Royal 8vo. Lond. 1897.
Vol. III. Local Diseases, Glaucoma, Wounds and Injuries, Operations. Illustrated. Royal 8vo. Lond. 1900.
Vol. IV. Motor Apparatus, Cornea, Lens, Refraction, Medical Ophthalmology. Illustrated. Royal 8vo. Lond. 1900.

Students' Union.

ANNUAL GENERAL MEETING.

 The Annual General Meeting of the Students' Union was held on March 10th, in the Abernethian Room.

Dr. Herringham, the retiring President, took the Chair. The Secretaries' Annual Report was presented by the Senior Secretary, Mr. P. A. With, and accepted unanimously.

The Balance-sheet for the year was presented and approved.

Mr. With then moved that a hearty vote of thanks be accorded to Dr. Herringham for his untiring efforts on behalf of the Students' Union during his term of office as President. This was agreed to unanimously by the meeting.

Mr. Just proposed a hearty vote of thanks to Dr. Morley Fletcher for his services as Treasurer. This was duly carried by acclamation.

The nominations from the School Committee for the offices of President and Treasurer were submitted, and the meeting elected—as President, Mr. Waring, as Treasurer, Mr. Etherington-Smith.

The names of the successful candidates in the elections for the Council were announced by the teller, Mr. E. N. Snowden.

Constituency A (Clinical workers).—Messrs. R. M. Barrow, A. Fergusson, E. G. Martin, H. Rimington, E. P. Wedd.

” B (Junior Students).—Messrs. Baldini and P. U. Mawer.

” C (Club Committees).—Messrs. Nash-Worham, N. F. Norman, and Waugh.

” D (Junior Staff).—Mr. B. Biggar.

The Annual Report was as follows:

GENTLEMEN,—We have much pleasure in presenting to you our Sixth Annual Report.

The past year has been one of financial distress. There was a deficit of £104 on the year's working. This was made up by a small reserve fund, which is now exhausted.

The Council has cut down the expenses for the coming year in a drastic manner. The grants to the Clubs have been carefully gone into and many alterations made.

The notepaper, etc., which was provided free in the writing-room, has been discontinued, but an automatic machine has been instituted instead. One sheet of notepaper, one envelope, and one post-card can be obtained for a halfpenny.

Our best thanks are due to Mr. Bruce Clarke for his untiring efforts to improve the ground at Winchmore Hill. He makes weekly excursions to the ground, accompanied by one of the Treasurers or Secretaries—sometimes. A

Sports Notes.

large strip of the Association Club's ground has been levelled and drained this winter; this has necessitated their playing over the cricket pitch, but it is hoped with careful marking and rolling the latter will not suffer.

A hockey ground is in course of preparation and will be ready for play next season; this will no doubt give an impetus to the Club.

Gas has been laid on in the Pavilion at a small expense in place of the ancient oil lamps.

W. H. Last, the groundman, still keeps up his reputation for being a keen and ardent worker; he has saved us considerable expense by his skill as an artisan.

The Council have under consideration the letting of the Cricket ground at Winchmore Hill during August and September to help towards our expenses, but it is hoped that this may be avoided.

It is with much regret that we announce the resignation of our President, Dr. Herringham. He has held that position since the formation of the Union in March, 1904, and during that time has shown great keenness and energy.

Dr. Morley Fletcher has also left us after six years' work as Treasurer. To both of these gentlemen we express our great appreciation for the amount of time and advice they have given us.

We welcome Mr. Etherington-Smith as our new Treasurer. He has already shown much energy in cutting down expenses.

We again were favoured with delightful weather for the annual Past *v.* Present at Winchmore Hill. The presence of so many ladies and the strains of sweet music greatly added to a successful day.

In June Capt. Rawling gave us a most fascinating lecture on an "Exploration to Tibet" and the lantern-slides prepared from his photos made the lecture quite unique.

The Annual Dance was held early in December and proved another delightful evening. Our thanks are due to Mrs. Norman Moore as hostess, the Ladies' Committee, and the General Committee, under the chairmanship of Dr. Tooth, who worked hard for its success.

Finally, we should like on behalf of all members of the Students' Union to thank the Almoners, the Medical School Committee, Mr. Hayes, and the representatives of the Staff on the Students' Union Council, for their invariable courtesy in considering all matters referred to them by the Council, and for their untiring and unselfish efforts on behalf of the Union.

We remain, Gentlemen,
Your obedient servants,

P. A. WITH.
T. H. JUST.

The soccer season did not end in a blaze of glory, as had been expected. We unfortunately lost the final Hospital Cup-tie to Guy's by 1 goal to *nil*. It was a very scrappy game throughout, the defence on both sides being superior to the attack. We had very bad luck in having both With and Norman on the injured list, and so had to find a new right wing. Owen and Ferguson did as well, or perhaps better, than might have been expected.

It is with great confidence that we look forward to the coming cricket season. It is true that we have lost one or two of our last year's team, and that our best bowler will be unavailable for the first part of the season. On the other hand, we have several useful freshmen up, who, with judicious handling, may turn out useful bowlers. Grace, of the googly type, captured many wickets for Christ's last year at Cambridge. Owen, another freshman from Jesus', on his wicket is very deadly. Turner, a fast left-hand bowler, who could not play last year, will be available. We shall be very strong in batting, Norman and Waugh, of last year's team, being still with us. No good batsmen have yet been discovered among the freshmen, but we are certain that as the season advances many good run-getters will be found. In fielding we hope that there will be considerable improvement on last year's form, which was far from satisfactory. Gibson has promised to keep wicket again for us, and failing him Alcock, from Trinity Hall, Cambridge, will be sure to do useful service behind the sticks.

The 2nd XI look like being stronger and more sociable than ever. It is true that some of the "best" people will be no longer available for cup-ties, but those of them who are still up will be quite willing to offer advice to all and sundry as to the correct method of running a cricket team. The captain, T. E. Osmond, and the secretary, R. T. Vivian, will be pleased to give any information required.

CRICKET CLUB, SEASON, 1910.

President.—J. Calvert, Esq., M.D., F.R.C.P.
Capt. 1st XI.—N. F. Norman.
Hon. Secs. 1st XI.—P. U. Mawer, H. W. Barnes.
Capt. 2nd XI.—T. E. Osmond, M.R.C.S., L.R.C.P.
Hon. Sec. 2nd XI.—R. T. Vivian.
Committee.—R. O. Bridgman, A. G. Turner, P. B. Wallis, P. A. With.

CRICKET FIXTURES, 1910.

Date.	Opponents.	Ground.
Sat., May 7	Virginia Water	Virginia Water.
" "	Wanderers C.C.	Winchmore Hill.
Wed., " 14	Kent County Asylum	Maidstone.
Sat., " 21	Southgate C.C.	Winchmore Hill.
Wed., " 28	Leavesden Asylum	King's Langley.
Sat., " 4	R.A.M.C.	Aldershot.
Sat., June 4	Wellingborough Masters	Wellingborough.
Wed., " 8	Chigwell Hall	Chigwell.
Wed., " 15	Ricknall's C.C.	Watford.
" "	West Byfleet C.C.	W. Byfleet.

Date.	Opponents.	Ground.
Tues., " 21	Dr. J. Calvert's XI	Winchmore Hill.
Wed., " 22	Past & Present	"
Thur., " 23	Mr. P. With's XI	"
Fri., " 24	R.A.M.C.	"
Sat., " 25	M.C.C.	"
Sat., July 9	Claybury Asylum	Claybury.
" " 9	Marlow C.C.	Marlow.
Wed., " 27	Eden Bridge C.C.	Eden Bridge.

Date.	Opponents.	Ground.
Sat., May 7	Hampstead Nomads	Winchmore Hill.
Wed., " 11	White House	"
Mon., " 16	Strathearn	"
Wed., " 18	Canonbury C.C.	"
Sat., " 21	Southgate 2nd XI	Southgate.
Wed., " 25	Winchmore Hill	Winchmore Hill.
Sat., " 28	Porters	"
Wed., June 1	St. John's College	Battersea.
Sat., " 4	J. W. Nunn, Esq.'s XI	Winchmore Hill.
Mon., " 13	Virginia Water 2nd XI	Virginia Water.
Sat., " 18	Southgate 2nd XI	Winchmore Hill.
Wed., " 22	White House	Catford.
Sat., " 25	Wrotham Park	High Barnet.
Sat., July 2	Strathearn	Winchmore Hill.
Wed., " 6	St. Thomas's 2nd XI	Chiswick.
Sat., " 9	Aesculapian 2nd XI	Winchmore Hill.
Wed., " 13	St. Thomas's 2nd XI	"
Sat., " 16	Hornsey 2nd XI	"
Wed., " 20	Winchmore Hill	"
Sat., " 23	Canonbury C.C.	"

LAWN TENNIS CLUB.

This season promises to be more successful than last. Five of last year's team are still eligible, and in Mr. Dyas, of the Cambridge University VI, we have a very valuable recruit.

May 11th	Middlesex Hospital.
" 14th	Craven Park L.T.C.
" 21st	Redhill L.T.C. "A" team.
" 25th	St. Mary's Hospital.
" 28th	Middlesex Hospital.
June 4th	Trinity College, Cambridge.
" 11th	Watford L.T.C.
" 15th	Guy's Hospital.
" 18th	Old Millhillians.
" 22nd	St. Mary's Hospital.
" 25th	Watford L.T.C.
July 2nd	St. Andrew's L.T.C.
" 9th	Old Millhillians.
" 16th	Craven Park L.T.C.
" 27th	Guy's Hospital.
" 30th	Redhill L.T.C. "A" team.

SWIMMING CLUB—SEASON 1910.

Practices will be held at the Marylebone Baths on Mondays and Fridays every week from 4 to 5 o'clock. A good list of polo fixtures has been arranged. We are drawn to play the University College Hospital in the first round of the Inter-Hospital Cup.

It is hoped that there will be a large attendance at the practices, as it is impossible to get a good team together without regular practice. With the keen support of members we hope to have a successful season.

G. STANGER, *Hon. Sec.*

Reviews.

INTRODUCTION TO PRACTICAL CHEMISTRY. By A. M. KELLAS, B.Sc., Ph.D. Pp. 270. Figs. 20. Price 3s. 6d. net.

This volume, which is one of the Oxford Medical Publications, is intended to meet the wants of students working for the Conjoint Board Examination and for use in schools.

The Conjoint Board student, provided he has a fair preliminary knowledge of his subject, will find the book distinctly useful in revising his work before the examination, as it is essentially an "examination" book and not a text-book, and this is true also for the student at one of the higher grade schools.

We think the first chapter would be much improved by rearrangement. In the first few pages instructions are given in the writing of equations and formulae by the aid of a table of valencies, and a number of formulae are given which would be much more useful to the beginner, at any rate, if something had been said about the substances themselves first. We are told, too, that "the standard pressure is 760 mm," and we do not think this statement would be of much value to a beginner, as nothing is said about mercury or what the 760 really means. Also in the description of the preparation of oxygen by heating potassium chlorate and manganese dioxide, it would be advisable in a practical volume to suggest some method for preventing the sucking of cold water into the hot flask when the flame was removed.

The summaries of reactions for the elements and their compounds are excellent and should be of great assistance to the student, as also should be Part V, which deals with quantitative analysis.

The tables of tests for various substances are necessarily much the same as in other works of a similar nature.

SERUMS, VACCINES, AND TOXINS IN TREATMENT AND DIAGNOSIS. By W. C. BOSSAQUET and J. W. H. EYRE. 2nd Edition. Pp. 355 and Diagrams. Price 7s. 6d. (Cassell and Co., Ltd.).

As the science of immunity is in a comparatively early stage of its development, any book which purports to deal with its clinical application at present labours under a certain disadvantage.

While methods of producing passive immunity (sera) have been in use for a considerable time clinically, and the success of diphtheria antitoxin, for instance, is beyond dispute, the introduction of active methods of immunisation, which we owe in great part to the initiative of Sir Almroth Wright, has led to a large number of clinical trials of the use of vaccines, the exact value of which it is most difficult to gauge, owing largely to the necessary absence of the control experiment.

Bearing these facts in mind, the present book is a useful compendium of our present knowledge of the subject with which it deals. There is, however, a certain optimistic vein all through the book, which is particularly noticeable in the way in which the authors refer to infective endocarditis—a condition which observers, both here and in America, have not found to yield either to serum or vaccine.

With regard to that controversial matter, the opsonic index, we have searched the book to determine the views of the authors, and we find that whereas in the early parts the index is not regarded as essential, later on it appears to be considered an indispensable guide.

Among minor points which the authors would do well to correct in a further edition, we note the occurrence of the terms "protein" and "proteid" on the same page, and on pp. 218-219 there is some confusion between haemolysin and endotheliolysin—"A petechial hæmorrhage which is due either to an endotheliolysin or a small infarct is erroneously attributed to a hæmolysin."

The book contains a large amount of miscellaneous information on a most important subject, and it has the further advantage of giving a large number of references, which considerably add to its value.

A HISTORY OF THE LONDON HOSPITAL. By E. W. MORRIS. (Edward Arnold.)

In the first chapter the author gives his readers an impressionistic sketch of present-day life in the Hospital, and then proceeds to briefly retail the steps by which the "London Infirmary," established in Featherstone Street in 1740, with a staff consisting of a physician, a surgeon, and an apothecary, has grown to the London Hospital with its 922 beds and vast organisation. After briefly touching on the future

of voluntary hospitals, the book concludes with a series of sentimental incidents calculated to interest the tender-hearted layman and induce him to keep the Hospital for a second by the subscription of the appropriate coin. The volume is well bound and excellently illustrated, and cannot fail to be of interest to all those connected with this great charity.

MANUAL OF OPERATIVE SURGERY. By JOHN FAIRBAIRN BINNIE, A.M., C.M.(Aberd.). Vol. II. Vascular System, Bones and Joints, Amputations. Fourth Edition. London: H. K. Lewis. Price 14s. net.

The second volume of Binnie's *Operative Surgery* well maintains the high standard of excellence which we have noted in the first volume, and we have no fault to find with it; the book is addressed especially to senior students and to practitioners of surgery.

We note in the present volume an excellent account of the recent work on the *Surgery of the Arterial System*. While the repair of wounded, but otherwise healthy, vessels seems to us a rational procedure, we cannot but doubt the soundness of the principles upon which the practice of suturing diseased arteries, in the operation of reconstructive endo-aneurysmorrhaphy, is based.

Special mention must also be made of the description of the operative treatment of fractures and of deformities, and we heartily welcome the chapter on operations for infective lesions of the hand; it cannot be denied that the treatment of these conditions, as it is usually carried out, leaves much room for advance, and we agree with the author's conclusion that "in any case of extensive or deep suppurative of the hand when operation has been decided on, it is well if possible to administer a general anæsthetic, apply an elastic constrictor to the upper arm, and operate deliberately with a precision rendered possible by a knowledge of anatomy and an absence of blood."

Correspondence.

UNION MEDICAL COLLEGE, PEKING.

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

DEAR SIR,—A few months ago I enjoyed an opportunity of visiting the Union Medical College at Peking, and saw something of the admirable work which is being done by old St. Bartholomew's men, whom many of us know. Probably most of your readers would be as surprised as I was to see the hospital standard attained, for in spite of the enormous difficulties imposed by the need of mastering the Chinese language, the remoteness from modern medicine, and the shortness of funds, the staff is determined to make its treatment and teaching as sound and up-to-date as that which we have in London. One man has to play many parts of course; he is physician, surgeon, pathologist, or what-not as the occasion demands, but those who remember H. V. Wenham, J. G. Gibb, and R. A. P. Hill will need no assurance that each part is played with a thoroughness and skill of which Bart.'s may well be proud. And these men have a high ideal before them; they want to raise their clinical efficiency to European level, so that, as Gibb puts it, "We may tell a patient that he can get no further treatment by going to London."

The works of immeasurable importance, but it has hitherto appealed to a comparatively small section of those who should be interested in it. Primarily it is a missionary enterprise, and this end will always be kept in view by the staff, but there is no compulsory religious teaching, and the college is open by examination to all candidates without respect to the creed they profess.

The object is to supply modern medical treatment for the Chinese, and to provide some of their number with a thorough medical education. This should initiate the spread of modern science in China, and all who are interested in the progress of medicine and the welfare of humanity may be glad to take part, whether or not they sympathise with all the motives of those who have devoted themselves to the work.

We are continually told of the great future awaiting awakened China; I can imagine no more hopeful and healthy manner of influencing it or of demonstrating to the Chinese people the highest sociological ideals of the West. We must think of it in no narrow sense, for medical men, above all others, should have a wide outlook. Our enemy, disease, recognises no bounds of language or colour; in medicine the world is our empire.

The Chinese, including the students themselves, are rightly supplying most of the funds required to support the hospital and the

internal economy of the College, but it is left to England and America to support the teaching staff. The provision for this is still not quite adequate, and I beg, quite unofficially, but with permission, to appeal for assistance. If Bart.'s men, while still in their student days, are willing to take part in this work and commence a small annual subscription of half-a-crown or more, I think we might relieve much of the anxiety and many of the hardships of those who have given all they have.

The secretary of the St. Bartholomew's Hospital Medical Missionary Association is receiving subscriptions from old Bart.'s men outside the Hospital, and I propose that he should place a list in the cloak-room for the names of those who are willing to subscribe half-a-crown to the funds. The donor will not necessarily commit himself to an annual "rep.," but it is to be hoped that many will commence and faithfully continue to subscribe.

Yours faithfully,

A. E. STANSFELD.

ST. BARTHOLOMEW'S HOSPITAL, E.C.:
March, 1910.

Royal Naval Medical Service.

The following appointments, etc., have been announced since March 20th, 1910:

Staff-Surgeon F. Boyan to the "Pembroke," additional for R.N. Barracks (temporary), to date April 15th.

Surgeon W. C. B. Smith to the "Triton" during surveying season, to date April 2nd.

The appointment of Surgeon George Murray Levick, R.N., as a medical officer to Captain Scott's Antarctic Expedition is announced. Mr. Levick served as Surgeon to H.M.S. "Essex," of the Home Fleet, at the same time that Captain Scott was in command.

Indian Medical Service.

The Honourable Surg. Gen. C. P. Lukie, Director-General of the Indian Medical Service, has been appointed a member of the Imperial Legislative Council of the Viceroy and Governor-General of India.

It is the first time that the Service has been represented on the Imperial Council.

Appointments.

WOODFORD, A. W. G., M.B., B.S.(Lond.), appointed Pathologist and Registrar to the Queen's Hospital for Children, Hackney Road, N.E.

PRICE, R. B., M.B., B.S.(Lond.), appointed House-Surgeon to the Great Northern Central Hospital.

WALKER, H. E., M.R.C.S., L.R.C.P., appointed Honorary Anaesthetist to the Birmingham Dental Hospital.

SMITH, R. R., M.R.C.S., L.R.C.P., appointed Junior House-Surgeon to the Metropolitan Hospital.

DYSON, E. A., M.R.C.S., L.R.C.P., appointed Junior House-Physician to the Metropolitan Hospital.

BROWNE, E. M., M.R.C.S., L.R.C.P., appointed Surgeon to s.s. "Inyon," Aberdeen Line.

RYLAND, A., M.R.C.S., L.R.C.P., appointed Senior House-Surgeon to the Great Northern Central Hospital.

NANKIVELL, A. T., has taken the D.P.H. at Cambridge.

HEILD, C. B., M.B., appointed Resident Medical Officer to the Royal Free Hospital, Gray's Inn Road.

New Addresses.

MOORE, W. F., 3, Starkee Street, Preston.
 BRISTOCKE, P. W., c/o Dr. Brigstocke, Manor House, Roydon, Diss, Norfolk.
 GANDY, T. H., Peppard, Oxfordshire.
 POPE, W. H., Staff-Surgeon, R.N., 26, Salisbury Road, Southsea, Hants.
 WOODFORD, A. W. G., 64, High Street, Plaistow, E.
 HAYNES, G. S., King's Lane, Cambridge.
 OLDHAM, B. C., Major, I.M.S., Civil Surgeon, 24, Parganas, Alipore, Calcutta.
 PRICE, R. B., Great Northern General Hospital, Holloway Road, N.
 HELF, T. S., Royal Infirmary, Bristol.
 HARVEY, J. O., 33, Campden House Road, Kensington, W. (Tel. Kensington 2160).
 DOUGLAS, R. I., 3, Via Due Macelli, Rome, Italy.

Births.

BOWLBY.—On the 9th April, at 24, Manchester Square, W., the wife of Anthony Bowlby, C.M.G., of a daughter.
 CLEVELAND.—On the 14th April at "Albury," Clarence Road, St. Albans, the wife of J. W. Cleveland, of a daughter.
 DRU-DRURY.—On the 9th April, at Grahamstown, Cape Colony, the wife of Edward Guy Dru-Drury, M.D., B.S.(Lond.), of a daughter. (By cable.)
 GLENNY.—On the 7th April, at 61, Effingham-road, Bristol, the wife of E. T. Glenn, M.B., B.S., of a daughter.
 MASTERMAN.—On the 5th March, at Jerusalem, the wife of E. W. G. Masterman, M.D., F.R.C.S., Medical Superintendent of the English Mission Hospital, Jerusalem, of a son.

Marriage.

ARMSTRONG—MACMIS.—On the 7th April, at St. Pancras Parish Church, Arthur Keith Armstrong, M.R.C.S., L.R.C.P.(Lond.), of Monmouth, son of Henry Armstrong, of Dartmouth-park-road, N.W., to Louise Lily, daughter of John Macmis, of Dartmouth-park-road, Highgate.

Deaths.

WHITEHEAD-REID.—In March, 1910, at Canterbury, T. Whitehead Reid, M.D. St. Andrews, F.R.C.P. Edin.
 BRODIE.—At West Ealing, on the 12th March, 1910, of pneumonia following upon influenza, William Haig Brodie, M.D., F.R.C.S., aged 53.
 WILSON.—On the 15th April, at 10, Hillmorton Road, Rugby, Edith (Sister John 1891-3), the wife of W. N. Wilson, M.A., of Rugby School.

Books received.

The Medical Annual, 1910. (John Wright & Sons, Ltd., Bristol.) 8s. 6d.
Radium Therapy. By Wickham and Degrais. Translated by S. E. Dore. (Cassell & Co.) 15s.

Acknowledgments.

Bulletin of the Johns Hopkins Hospital, Guy's Hospital Gazette, Charing Cross Hospital Gazette, Middlesex Hospital Journal, St. Mary's Hospital Gazette, New York State Journal of Medicine, Stethoscope, L'Echo Médical du Nord (2), British Journal of Nursing (4), The Nursing Times (3), The Eagle, Practitioner, St. Thomas's Hospital Gazette, The Medical Review, London Hospital Gazette, The Hospital, The Health of the Nation (International Council of Women), The Journal of Laryngology, Rhinology, and Otolaryngology, Parliamentary Gazette.

BRITISH ANTARCTIC EXPEDITION, 1910.

MESSRS. J. S. FRY & SONS, LTD., Manufacturers of Chocolate and Cocoa to H.M. the King, H.M. the Queen, H.R.H. the Prince of Wales, and to other Royal Courts of Europe, have received the following gratifying letter from Captain Scott, R.N., C.V.O., the world-renowned explorer:

October 30th, 1909.

GENTLEMEN,

I beg to inform you that after examining numerous samples of cocoas and chocolates, I have selected your Pure Concentrated and Malted Cocoas, and your Milk, Vinello, and Caracas Chocolate, in preference to all others, for the British Antarctic Expedition, 1910.

The order will naturally be a large one, and will have to be especially packed, but as you have had experience in the equipment of other expeditions you will have no difficulty in the matter.

I will send you full particulars with official order later on.

Kindly acknowledge receipt of this communication.

Yours faithfully,

R. SCOTT, Captain R.N.

(Commanding British Antarctic Expedition, 1910.)

Messrs. J. S. Fry & Sons, Ltd.,
 Bristol.

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.

King Edward VII—Patron of St. Bartholomew's Hospital.

THE blow which fell on the British Empire on May 6th deprived the Royal Hospital of St. Bartholomew of a gracious Patron whose active interest greatly furthered its welfare and prosperity. The records of the Hospital show that the loved monarch who spread peace around Britain worked to lighten suffering and to advance medical science from youth to age.

His late Majesty when Prince of Wales became President of St. Bartholomew's Hospital on March 20th, 1867, and attended the General Court of Governors in April of that year to receive the "charge" of that office. He continued as President until the death of Queen Victoria, and during those thirty-four years he visited St. Bartholomew's some seventeen times, on many occasions being accompanied by the Princess. On May 13th, 1868, the Prince of Wales attended the View Day dinner, and in proposing the toast, "Prosperity to St. Bartholomew's Hospital and Health and Ease to the Patients," made sympathetic reference to the victims of the Clerkenwell explosion, of whom forty were received as in-patients in this Hospital. In 1879, in opening the new Medical School Buildings, the Prince expressed his "continued and deep interest" in the Hospital and its teaching school. During the succeeding years His Royal Highness several times spoke favourably of the suggestion for providing a convalescent home in connection with St. Bartholomew's, and he eventually opened the Swanley Home in 1885.

His late Majesty King Edward VII honoured this Hospital by becoming its Patron in 1901. Accompanied by the Queen and Prince of Wales he laid the foundation stone of the new Out-patient Buildings on July 6th, 1904. This was one of the great days in the history of St. Bartholomew's, and the King showed very practically his sympathy with the Hospital's endeavour to keep its proud position among the medical schools of the world, by a donation of one thousand pounds to the Building Fund.

Sixty-eight years of age. Nine years a king. A life fully lived, a reign crowded to overflowing. For the past year we now learn his health had been failing; yet a king's life is his people's, and where a subject would have rested the King continued to meet the tide of work. Even a holiday was cut short: remember the hurried return from Biarritz to contentious England. "Those around him knew how earnestly concerned he was at the present strained position of political affairs, and this fact should not be lost sight of in a consideration of the King's health." On Thursday morning, May 5th, in the height of his illness, the King gave audiences; and then on the 6th, a bare twenty-four hours after the first warning bulletin reaching the public, Edward VII passed away, and the love of his subjects went with him, love for a King dying fighting—working for his people.

From the students of the Hospital a shield of flowers was sent to Windsor, the design being a copy of the Hospital coat of arms.

The General Court of Governors has sent to His Majesty the King a resolution embodying the following: "We humbly approach Your Majesty, our President, with an expression of our grief at the loss which has befallen Your Majesty in the death of Your Beloved and Venerated Father our late Sovereign King Edward VII, of blessed memory, our Patron."

And to Queen Alexandra: "We beg most respectfully to tender to Your Majesty an expression of our deepest sympathy in the irreparable loss Your Majesty has sustained. . . . "We share the profound grief into which Your Majesty and the whole nation has been plunged, and we humbly trust that the universal tribute of respect and reverence paid to the memory of our late Beloved Sovereign may in some small degree comfort and sustain Your Majesty in your bereavement."

St. Bartholomew's Hospital Journal.

JUNE 1st, 1910.

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

Calendar.

Wed., June 1.	—Clinical Lecture, 12.45 p.m. Mr. Bruce-Clarke. Examination for Brackenbury Medical Scholarship begins.
Thurs., "	2.—Examination for Brackenbury Surgical Scholarship begins.
Fri., "	3.—Dr. Herringham and Mr. D'Arcy Power on duty.
Sat., "	4.—Sir G. Barrow's Prize. Skeyner Prize.
Mon., "	6.—Special Lecture, 1 p.m. Mr. Harmer.
Tues., "	7.—Dr. Tooth and Mr. Waring on duty.
Wed., "	8.—Examination for Lawrence Scholarship begins. Clinical Lecture, 12.45 p.m. Mr. Lockwood.
Hospital Sports, Winchmore Hill.	
Fri., "	10.—Dr. Norman Moore and Mr. Bruce Clarke on duty.
Mon., "	13.—Special Lecture, 1 p.m. Dr. Fletcher. I and II Examinations for M.B. Oxon begins. I, II, and III (first part) Examinations for M.B. Cantab. begins. Examination for Matriculation Lond.
Tues., "	14.—Dr. West and Mr. Bowby on duty.
Wed., "	15.—Clinical Lecture, 12.45 p.m. Mr. Lockwood.
Thurs., "	16.—London University Sports, Stamford Bridge.
Fri., "	17.—Dr. Ormerod and Mr. Lockwood on duty.
Mon., "	20.—Special Lecture, 1 p.m. Mr. Harmer.
Tues., "	21.—Dr. Herringham and Mr. D'Arcy Power on duty.
Wed., "	22.—Clinical Lecture, 12.45 p.m. Mr. Waring.
Past v. Present Cricket Match.	
Thurs., "	23.— Abernethian Society, Midsummer Address.
Fri., "	24.—Dr. Tooth and Mr. Waring on duty.
Mon., "	27.—Special Lecture, 1 p.m. Dr. Lewis Jones.
Tues., "	28.—Dr. Norman Moore and Mr. Bruce Clarke on duty.
Wed., "	29.—Clinical Lecture, 12.45 p.m. Mr. Waring.
Thurs., "	30.—II Examination Conjoint Board begins.

Editorial Notes.

THE St. Bartholomew's Hospital Treasurer's Report for 1909 has been issued since our last number. Remembering the threat, of which we heard something last year, to the effect that closure of half the beds in the hospital might be necessary unless very considerable financial aid were speedily forthcoming, we somewhat anxiously examined that part of the report devoted to finance. Last year the excess of expenditure over income was almost £12,000; this year it is approximately half that

amount. The improvement is due partly to the receipts for the year showing an increase of £5500, and partly to the great care that is exercised to make increased efficiency the only justification for increased expenditure. Such items of expenditure as drugs, anti-toxic sera, etc., must necessarily show considerable yearly growth.

The appeal for £170,000 issued in the autumn by the Lord Mayor, as a result of a letter from the Prince of Wales (His Majesty King George V), our President, has resulted in about £18,600 being obtained up to April 1st. We believe that many people think that the aim of hospital authorities is always to keep expenditure ahead of income, in order that, being debtors, they may the more successfully appeal for contributions. We earnestly hope that the philanthropically inclined will speedily aid our return to our one-time proud and isolated position of being the only large hospital not in debt.

The increasing usefulness of the new pathological department is also referred to in the report.

IN consequence of the death of His late Majesty King Edward VII, our Patron, we have to chronicle the abandonment of the annual View Day. King Edward, as Prince of Wales, attended our View Day celebrations on three occasions. No one felt at all like "View Day" on May 11th, and the Hospital was glad to be able to forego one of its annual holidays as a mark of respect and mourning for the dead King. We were pleased that the talk of postponement was not official; to merely postpone one's pleasures is a poor tribute, and would not have been in harmony with the general feeling of the Hospital. On Friday, May 20th, the Hospital was closed except to urgent cases, the day being treated as a Sunday.

It is with pleasure that we publish this month the promised note on the catering changes which are to take place at the end of this month. The article is from an official source, and to it we have only one word to add: the whole project has been undertaken for the benefit of the Student and the Resident Staff. Doubly will they gain, for the catering will be better, and the profits go to the Students' Union. Let them remember, therefore, first, that no one has an 'axe to grind'; secondly, loyal support is essential for success.

Interesting it is to look back at the article in the JOURNAL of 1904 that heralded the catering change in June that year. May the new company have a much longer run of success, and may it be an even greater improvement over existing conditions than was the 1904 scheme over its forerunner!

On June 8th the Hospital Sports take place at Winchmore Hill. Last year, we understand, the number of competitors was lamentably small. This year the Com-

mittee hope to see many more entrants for the various events and an increased attendance of spectators. To see a few score spectators wandering about over a large ground after some half-dozen competitors as they stroll in a tired manner from event to event is not inspiring. We wonder if the lack of entrants is to any extent due to the fact that very few men in the Hospital know the date of the sports more than ten days beforehand? Could not the notices be posted earlier? However, the sports this year are going to be a great success.

THE annual Past v. Present cricket match is to take place at Winchmore Hill on Wednesday, June 22nd. As stated in another column, Mr. H. E. G. Boyle will be very pleased to hear from keen cricketers wishing to play for the "Past."

On the following day the midsummer meeting of the Abernethian Society takes place; we are pleased to be able to state that Dr. Norman Moore has promised to deliver the address.

A POPULAR cycling amusement of late has been the study of Halley's comet; well-meant efforts to confirm or refute what the research of others leads us to believe exists, have been made on the roof of the Resident Staff Quarters. Such success has attended these efforts that well-marked examples of the comet have been seen in several different parts of the western sky the same evening. For our own part we believe that the one thing necessary for a good view of the comet is the ability to stare fixedly at one spot in the sky for a long time without blinking; at the end of half an hour the comet usually begins to assume shape. Having by this means discovered two fine specimens in the eastern sky, we retired, and began a preliminary note to the medical journals on "*Muscæ volitantes Halleyi*."

LAST month we referred to the doubt about the advisability of producing the Hospital 'Year Book' again this summer. Almost all opinions we have heard since then have been appreciative. If it were to be published biennially, as has been alternatively suggested, its usefulness would be greatly impaired: it must be up to date or nothing. Accordingly the decision is in favour of its continuance, and the notices for the collection of material will be sent out to all old Bart.'s men shortly.

WE congratulate Messrs. Dick, Evans, W. B. Griffin, F. Guevara-Rojas, B. T. Lang, and E. W. B. Oram on having obtained the Diploma of the Fellowship of the Royal College of Surgeons of England. Of 65 candidates, only 24 were fortunate enough to satisfy the examiners. Of 18 who had studied at St. Bartholomew's, 6 were successful.

Dr. C. Hubert Roberts is also to be congratulated on being elected a Fellow of the Royal College of Physicians.

Reminiscences of the Suppression of the Commune in Marseilles in 1871.

By LEONARD MARK, M.D.

MASTER Leo, your papa says that you are not to go to school this morning." Such was the message brought to me by our English nurse when I was at breakfast at our home, which was the Consulate at Marseilles, on April 4th, 1871.

"Why not?" said I, looking up from my book, for I was at the same time preparing twenty lines of Virgil just before rushing off to the Lycée where the classes began at 8 o'clock.

"Because there is going to be a lot of fighting in the streets and you might be killed," was her reply.

For several days past I understood that some great event was brewing. The Commune had got the upper hand during the last few months at Marseilles, where it had spread from Paris, in a somewhat milder form, as well as in some other provincial towns. The Franco-German war was just over, the prisoners were returning into the country, so that troops were now available for dealing with any civil troubles. The Government sitting at Versailles had sent some 10,000 of them down into the south. They had been camping in the neighbourhood of Marseilles and were now about to march in and take possession of the town.

One detachment had already arrived during the night, had marched unobserved up the hill of Notre Dame de la Garde, and at sunrise had fired off two guns to announce that they had secured that important point of vantage.

I at once closed my Virgil. If there was to be no school that morning, why go on stuffing my brain with "*Contiueere omnes . . . etc.*?" While I finished my coffee I wondered what was going to happen, and was soon seized by an overpowering desire to see some of the excitement. In a truly Machiavellian spirit I reflected that although the order just received was not to go to school, nothing had been said about my stopping at home. Without any more thought I soon put on my hat and slipped out of the house.

I found that the whole town was astir. Drums were beating the "*rappel*" in the streets summoning the National Guard. The regulars were now pouring into the town from the various suburbs, and already occupied some of the principal boulevards and squares. All the soldiers were covered with dust and some of them presented rather a sorry appearance in their worn-out and shabby uniforms. One could not help being struck by the variety of uniforms in some of the corps. They had been hastily enrolled into what were called "*régiments de marche*" from the various units amongst the returning prisoners of war. Many of the men looked bronzed and worn after their long campaign.

With some of them discipline seemed very bad. In the middle of the town I saw one battalion of chasseurs refuse to march against the insurgents, all the men raising the butt ends of their chassepots in the air. This was a signal for a stampede of the civilians who were looking on, and as it was evident that bullets would soon fly about, I also took to my heels.

On one of the boulevards I stopped to look at some National Guards mustering, and in a company which just joined I saw the professor of my class, wearing his kepi and accoutrements, with his musket on his shoulder. When I went up to him and wished him good morning, he wondered what the *diabte* a little English boy could be doing in the streets at such a time, and told me to run home at once. He was ghastly pale and had lost the look of authority he usually bore when presiding over the "classe de troisième." Indeed, he displayed nothing of the

. . . dari miles Ulyssæi.

In the Cannebière, the renowned thoroughfare leading down to the port, I saw the Bourse de Commerce guarded by a lot of sailors, who had landed with their field guns from some men-of-war. Other public buildings were already occupied by soldiers. The Prefecture seemed to be the centre round which the greatest excitement prevailed, and the point towards which most of the troops were now being massed. This was a large, square building quite in the middle of the town, occupied by the Communists. A set of demagogues had been sitting here for some weeks past and laying down the law. They had at their command two or three battalions of the National Guards, who belonged to the slums and contained all the riff-raff of the town. These had constituted themselves into the "Garde civique," generally known as "les rouges," on account of their red flag, and had kept the whole population in a state of terror. They had gradually beaten a retreat before the soldiers coming into the town, and driven desperate, were now preparing for their death struggle at the Prefecture, which they were going to hold like a fortress.

On my way home I heard of the soldiers upon the hill of Notre Dame de la Garde, situated just above our house, so I scrambled up there to have a look at them. I saw that they had several guns, placed near the foot of the big church, and pointing towards the town, but a row of sentries prevented my approaching.

Suddenly a terrific roar was heard coming up from the middle of the town, which lay spread out at the foot of the hill, and a few seconds after one could see big clouds of white smoke rising slowly from amongst the houses, and hanging about the red brick roofs.

The fighting had begun.

I now felt that it was quite time for me to get home, so I ran down the hill and in a few minutes reached the house. In the excitement of my escapade I had not given a thought

to the anxiety I was causing, nor to the paternal wrath which I should have to face after my disobedience. In the dining room, where the family breakfast was just over, my father received me with very few words. He at once picked up a rattan-cane which stood in the corner, and was generally used to keep our big dog in order, and with this he gave me a sound thrashing. The scene could not be forgotten: my mother's imploring look, my little sisters in tears, even our old retriever, Jack, rushing out from under the table, barking furiously, and joining in the fray. No doubt he, too, scented revolution in the air, now that emblem of authority was being applied to his young master's back instead of his own. But why dwell on this episode, and why—

"Infandum . . . renovare dolorem"?

The fighting continued all day down in the town. At times we could hear loud volleys of musketry and at others the shrill rattle of the mitrailleuses. During some short intervals a strange stillness seemed to reign over the town, for there was a complete absence of din usually observed in a large, busy city. All traffic in the streets was suspended, as vehicles of every sort were shut up lest they should be used for barricades.

Exactly on the stroke of one o'clock, when we were all seated at our *déjeuner*, there was a terrific report which quite shook the house. We thought that a shell must have burst over our roof. This was followed in a few minutes by another, and then another, and the tune was kept up most of the afternoon. From our front windows there was a good view of the hill of Notre Dame, and we could see that the guns up there were hard at work firing down into the town. Our house was in the direct line of fire.

During the afternoon all this cannonading had worked me up to a high pitch of excitement, and I longed to see more of these stirring events. I got leave to go with one of my brothers up to the hill, which could be reached quite safely by some of the back streets. These were quite deserted, in fact the only beings we passed on our way were a gang of about fifty prisoners being led by some soldiers in the direction of the forts at the entrance of the harbour. We managed to get within about a hundred yards of the guns. They were firing shells every five minutes, aimed at the Prefecture, which stood up prominently among the surrounding houses at the distance of just a thousand yards. With our opera glasses it was quite easy to follow the course of each shell and see it explode when it reached the building, raising a cloud of dust, and scattering fragments of the parapets and stonework. No very material damage was being done, as they were only using small field guns.

While we were looking on, a large white flag was raised on the central clock tower of the Prefecture, and during the next hour the guns were silent, while a parley was going on with the insurgents.

When we returned home we were surprised to see in front of our door a company of National Guard just shouldering arms and about to march away. They had come as an escort to two English families who lived in that part of the town where the fighting was worst, and who, being frightened out of their wits, had taken advantage of the momentary truce to escape from their houses and come to the British Consulate to seek a refuge.

My father had just had a fright: he was standing on the door step, looking up at the guns at work on the hill, when one of the shells exploded in the air, and a fragment weighing about a pound struck the house opposite and then fell on to the pavement within half a yard of his feet.

After this hour's intermission the roar of the guns began again, and down in the town the firing seemed to get worse.

Some more British subjects found their way to our house, and it became a serious question for my mother how to provide supper for so many extra mouths. Luckily the cook had gone to market early that morning and brought in an extra supply of food, because my parents had been expecting to have a dinner party in the evening to entertain some of the officers of H.M.S. "Jaseur" which was then lying in the harbour. She had arrived some weeks before, being sent from Malta at the request of my father to look after the safety of the British subjects.

The guns ceased to fire after sun-down, but after dark some occasional firing went on in the streets. About this time there was a violent ring at our door-bell, and my father went himself to open the door to a Mr. T—, professor of the English language, who said in the most pompous manner:

"Sir, I come as a British subject to claim the protection of the British flag, and to seek a refuge at the Consulate, as I cannot get back to my own house on account of the fighting."

"You are quite welcome," replied my father, "but what about your wife and daughters? Have you left them without any protection?"

"I have no doubt, sir, that they are safe at home. But I cannot get back as the soldiers won't let me pass, and after the carnage I have seen in the streets all day, I feel that it is no longer safe for me to wander about, as I might be pressed by the communists and forced to fight for them or be arrested by the troops and shot."

When shown into the dining-room he lost no time in proving that his appetite was none the worse for any alarms he might have experienced during the day. He was soon quite at ease, and finding amongst the other British subjects collected there an audience very keen to hear the latest news, like a second—

. . . pater Æneas sic orsus ab alto,

he began to discourse on the events of the day.

He described the scenes he had witnessed, the barricades

erected across the streets, the dead and wounded lying about or carried to the hospitals. Fighting had taken place in several parts of the town, but late in the afternoon it had ceased everywhere except at the Prefecture, which, with its garrison of desperadoes, held out hopelessly to the end. The last act had come when a number of sailors had been landed from two men-of-war, the "Couronne" and the "Magnanime" as they were considered more reliable than the soldiers, and these had been marched to the building and had taken it by storm.

This epic was interrupted by another sudden ring at the door bell, and my father now opened the door to Mrs. T. and one of her daughters, who arrived quite breathless, without hat or bonnet, and in a state of frenzy owing to their anxiety about Mr. T.

"We don't know what has become of him," they cried. "He left home at seven o'clock this morning. Something terrible must have happened as he has not returned . . . He must have been killed . . . Oh, do help us to find him!"

"My good ladies," replied my father calmly, "please allay your anxiety. I think I can find him for you. Kindly walk into the dining-room."

The professor of the English language, the cause of all this heart-rending, was found comfortably seated at the table, with a glass of claret before him, holding forth on his experiences.

We had now such a crowd in the house that the question where everybody was to be stowed away for the night became a serious one. All the armchairs, cushions and rugs were put in requisition. I remember that my brothers and I gave up our beds and passed the night on a makeshift on the drawing-room carpet.

Early in the morning I climbed up on to the roof of our house and found that a good many of the brick tiles had been damaged. I also picked up six pieces of an exploded shell, which I have preserved as a memorial of this exciting time.

No return was published of the dead and wounded, but reports got about that they numbered several hundred. Some five or six hundred prisoners were taken, and many of them were tried by the court-martials which were sitting for weeks afterwards. Scores of them were shipped off to New Caledonia, but a dozen of the ringleaders paid a heavier penalty, and one morning, when, on my way to school, I again heard some volleys fired, I knew that these last victims were being made to "passer par les armes."

Some Points in Connection with Fracture of the Jaws.

By FRANK COLEMAN, M.R.C.S., L.D.S.

THE services of the dental surgeon are frequently called into requisition for the treatment of fractures of the jaw, and his assistance may also be of value at an earlier stage in connection with their diagnosis and in the immediate treatment of broken, dislocated, or loosened teeth.

In some cases there may be no obvious signs of a fracture, and the history of an injury, together with some peculiarity in the articulation of the teeth, may form the only clue to the diagnosis.

A case in point occurred a few months ago. A woman came up to the surgery on account of pain in a loose lower molar tooth. I noticed that she had an edge-to-edge bite which was not consistent with the faceting on her teeth; further inquiry elicited the fact that she had recently received a blow on the side of the loose tooth. I could not determine for certain whether there was any mobility in the continuity of the jaw, and referred her to have a skiagraph taken. In the meantime Dr. Austen kindly saw her and expressed the opinion that he could obtain mobility in the region of the loose tooth; although the latter itself gave rise to a very deceptive sensation of movement.

Two skiagraphs taken on different occasions showed a complete linear fracture through the loose tooth-socket and so confirmed our suspicions. There were absolutely no other signs of fracture, the patient had perfect movement of her jaw, and had been eating ordinary food since the injury. I treated her by means of the wire cradle splint recently devised by Mr. Lewin Payne.

In young children it is sometimes impossible to make a diagnosis of fracture immediately after the injury, except by the use of skiagraphy or with the assistance of an anæsthetic; nor is it strictly desirable to do so; the parts are so much inflamed and swollen, both externally and internally, that even if a fracture were detected it would be useless and harmful to apply pressure in any form over the swollen tissues, and wiring of the fragments is rarely required in the case of the jaws.

After two or three days most of the exuded blood and lymph becomes absorbed, the mouth can be slightly opened, and a more thorough examination made with a view to subsequent treatment.

Fractures of the maxilla are usually caused by direct violence, and present all degrees, from a single fissured fracture to one in which the bones are so much comminuted that the condition has been likened to the feel of "beans in a bag."

The teeth themselves frequently bear the entire brunt of

a fall, as evidenced in the frequent occurrence of fracture of the upper incisor teeth in the absence of injury to the jaw itself. Fractures may result from the extraction of teeth, and those involving a small portion of the socket of a tooth are not uncommon, and occur more frequently in the maxilla than mandible; beyond somewhat delaying the granulating up of a socket and thereby prolonging the patient's discomfort, no serious harm results.

More extensive fractures involving the sockets of two or more adjacent teeth rarely depend upon extraction alone; towards the front of the maxilla these fractures may communicate with the nasal fossa, and further back involve the antrum and maxillary tuberosity. The body of the maxilla is fairly well protected from external violence by its outlying processes and those of the malar, frontal, nasal, and mandible.

The maxilla is occasionally fractured by indirect violence, as when a heavy blow is received on the mandible and transmitted through the teeth to the maxilla; when, however, the teeth are in occlusion and the masseter muscles contracted the two jaws become for all practical purposes one bone, and the brunt of the blow is received at the glenoid fossa through the condyle of the jaw, producing in some cases concussion of the brain.

The alveolar portion may be broken off in part or entire from the body of the maxilla or remain hinged at one or more points.

A type of fracture which has been recorded on a good number of occasions results from a partial separation of the alveolar border and palate from the remainder of the bone.

Paterson and Ackery* record a case of this nature occurring in a boy, æt. 17. The fragments were to some extent replaced under chloroform and retained in position by using the lower jaw as a splint, the latter being fixed by a four-tailed bandage to the head; subsequently a metal plate on the principle of a Kingsley's splint was inserted, but owing to its causing a sore at the angle of the mouth through the patient's restlessness and for the same reason failing to retain the parts in good position, a Gunning's splint was substituted after a few days. The final result in this case was very satisfactory, the fragments uniting with excellent articulation of the teeth.

In more severe cases of this nature both maxilla have been driven backwards so that the palate bones have approximated the posterior wall of the pharynx. Gurlt collected twenty such cases, and Stimson quotes a similar case recorded by Wiseman where a blunt hook was utilised for bringing the bone forward into its position.

Profuse hæmorrhage has followed some of these severe fractures, owing to the involvement of the terminal branches of the internal maxillary artery or the main trunk itself.

* Transactions of the Odontological Society, December, 1889.

DIAGNOSIS OF FRACTURE OF THE JAWS.

The maxilla and mandible present themselves favourably for examination both to sight and touch, so that the ordinary signs of fracture, viz. deformity, mobility, crepitus and interference with function can be readily verified.

Deformity.—This is evidenced by irregularity in the alignment of the teeth, or in their absence of the alveolar border; when more marked the contour of the face is distorted.

The displacement which results after fracture of the maxilla is due to the character of the injury, and except from its outlying processes, muscular action plays no part in producing or subsequently altering the position of the fragments. For this reason, and owing to the less demand put upon this bone as compared with the mandible, the amount of callus thrown out for its repair is scanty.

Fracture of the mandible not uncommonly occurs in the region of the canine tooth; the depth of the socket of this tooth and the convexity at this portion of the jaw are probably the chief factors which determine this situation. The smaller posterior fragment is raised by the masseter, internal pterygoid and temporal muscles, and the larger anterior fragment, including the symphysis, becomes depressed, chiefly by the combined action of the genio-hyoid and digastric muscles, acting from the hyoid bone as a fixed point. The fragments frequently over-ride one another, owing to the obliquity of the fracture and the action of the pterygoids in tending to approximate their anterior extremities; consequently, the fragment containing proportionately the greater extent of the outer plate will be the external overlapping fragment.

Fractures of the mandible in the middle line, especially when vertical, cause but little displacement of its two halves, unless these have been actually separated by the violence. Far greater displacement results when portions of the body of the jaw are completely separated or, in other words, in multiple fractures. A fracture on either side of the symphysis isolating a portion of the bone carrying the incisor teeth is productive of marked deformity, the intermediate portion of jaw being drawn downwards and backwards by the unopposed action of the two genio-hyoid and digastric muscles.

Not uncommonly the fracture occurs on the opposite side to that of the injury, and the surgeon must be on his guard for other fractures.

Fractures occurring in the ascending ramus of the jaw give rise to far less deformity, owing to the strong splinting of muscles on either side, and may be exceedingly difficult to detect.

Those in the region of the condyle cause deviation of the jaw in addition to other signs common to a fracture. Care must be taken not to overlook a fractured base in association with this injury.

Mobility.—Mobility of the teeth must be carefully distinguished from that of the jaw, as the two in these cases frequently co-exist. The sinking of a tooth into its socket when pressed upon gives rise to a very similar sensation to that of depression of the bone. This false sensation of movement, which is a constant source of error to those who are unfamiliar with fractures of the jaw, must be guarded against by gently and firmly pressing loose teeth into their sockets before attempting to obtain mobility in the continuity of the jaw, or by selecting a portion of the jaw where the teeth are firm or absent.

Gürin's sign of pain and occasionally of mobility on pressure over the inner plate of the pterygoid apophysis may be of use in the absence of displacement, but since the introduction of skiagraphy this test does not possess the same value.

Crepitus.—This is a sign rarely necessary or desirable to obtain, although giving conclusive evidence when present. Slight movement between the fragments can frequently be detected in the absence of crepitus, and further confirmation in diagnosis can be procured by skiagraphy.

Interference with function.—Functional inefficiency is in most cases obvious, and in the mandible both the range and character of its movements are modified. If the patient be not seen until some hours after the fracture the teeth will be found coated with *débris* of retained food and mucus (sordes), and later, in addition, with calcareous salts deposited from the saliva (tartar). Salivation results from fifth nerve irritation, and is rendered more pronounced owing to the pain and difficulty in swallowing. Tenderness and swelling of the salivary glands is not uncommon, and is probably due to an infection along their ducts from the buccal cavity.

There is one sign which is almost pathognomonic of fracture of the body of the mandible, and that is an effusion of blood into the floor of the mouth, raising its mucous membrane and producing a characteristic bluish, tense swelling under the tongue.

This alone will differentiate an external bruise from one which has, in addition, caused a disunion of the jaw, and it is difficult to see, from an anatomical point of view, how an effusion of blood can take place into this space, bounded externally by the deep cervical fascia, unless a breach occurs either in the latter structure or in the jaw itself. I have never seen this sign referred to, but have found it to be almost invariably present soon after the injury. The line of fracture in the mouth may be indicated by a tear in the mucous membrane, by ecchymosis in the region of the fracture, or by a spacing of the teeth and a difference in their level.

SIGNS AND SYMPTOMS DEPENDING UPON THE INVOLVEMENT OF SPECIAL STRUCTURES.

A purulent discharge from one nostril may result from a

fracture implicating the nasal fossa or antrum, epiphora from tearing or compression of the nasal duct, and emphysema from a similar cause. Recently I saw a patient who gave a history of a clear, watery, unilateral nasal discharge following a fracture into the left antrum; the cause of this was subsequently found to be parotid secretion, the aperture of the duct of the parotid lying over the open antrum, into which it discharged its secretion.

Fractures of the body of the mandible behind the bicuspid region involve the inferior dental nerve, and a small area of anaesthesia can usually be detected over the lower lip and chin; the anaesthetic area represents but a small part of the regional supply of this nerve, owing to the overlapping of the sensory fibres contained in the fifth and seventh nerves.

Fractures of the jaws are almost invariably compound, because of their close connection to mucous membrane and skin surfaces, consequently suppuration is a common sequela. Abscesses form over the face, chin, and neck, and there is usually profuse suppuration into the mouth. Other factors besides the character of the fracture are responsible for the frequency of suppuration; thus the mouth at the time of the injury is often in an unhealthy condition, containing necrosed roots and teeth with their associated congested and inflamed mucous membranes. When, in addition to this, the mouth is suddenly rendered partly functionless, fermentative changes take place in the soft food and *débris* clinging around the teeth, rendering the mouth still more foul. The mobility of the fragments, until some form of fixing apparatus is applied, is a further cause for the continuation of suppuration.

In many cases suppuration is followed later by necrosis; this is often limited to the region of the fracture and does not appear to delay bony union. Where the necrosis is more extensive sinuses continue to discharge into the mouth or externally, until the sequestrum is exfoliated or removed. Sequestra are very slow in separating from the mandible, and a history extending over a year is not unusual. A few years ago I saw a man, aged about 30, who had a loose sequestrum extending from a left lower wisdom tooth to the canine on the other side of the jaw; the sequestrum involved the inner plate of the jaw and part of its body in the molar region. The necrosis in this case followed extraction of a left molar tooth two years previously. There was also a small sequestrum on the right side of the jaw which had not as yet separated. The loose sequestrum was removed under nitrous oxide, leaving a granulating bed of tissue, which rapidly closed in.

An ununited fracture of the lower jaw is a rarity. I can only recollect one such case, and this resulted from extensive necrosis: the ends of the jaw had become rounded off and separated by a full half-inch; the intervening space between the fragments was occupied by a tough fibrous tissue, and the condition closely resembled that aimed at

in an Esmarch's operation. In the case mentioned, although the two portions of the jaw moved independently, the patient could masticate fairly well and complained of no discomfort.

THE TREATMENT OF FRACTURES OF THE JAW BY MECHANICAL APPLIANCES.

Fractures of the jaw in children can usually be treated satisfactorily with metal, gutta-percha, or poroplastic splints moulded to the outside of the jaw, and in adults where there is but little displacement of the fragments and the mouth can be kept tolerably clean, external splints generally suffice.

An external splint will allow slight movement at the condyle of the jaw, but if carefully moulded very little movement takes place in its continuity.

The application of a four-tailed bandage alone is not of much value.

Wiring the teeth together is a method which should never be used for retaining complete fractures in position. The teeth on either side of a fracture, if not already loose and tender, will rapidly become so when this unnatural strain is put upon them.

The maxilla does not lend itself to mechanical treatment in the same way as the mandible, and fortunately the majority of cases do not require such treatment.

Even when the upper jaw is severely comminuted and the fragments merely lie embedded in the soft tissues, union readily occurs if these be kept at rest.

The principle of all mechanical appliances for fractured jaws is to retain the fragments in position with a minimum of discomfort to the patient and with the least interference with the function of the part.

The internal splints employed for fracture of the jaws conform to three types, viz.:

- (1) Those which utilise the teeth for their support.
- (2) Those which depend upon the fixation of both jaws.
- (3) Those which depend upon the fixation of one jaw.

Some of the splints used are a combination of these types.

CLASS 1.—*Splints which Utilise the Teeth for their Support.*

This class is represented by the wire splint (Hammond) and the metal cap splint.

The wire or Hammond splint consists of a single stout wire bent round the necks of the teeth so as to form a loop or frame; the free ends of this loop are united, usually by soldering, after the fitting to the dental arch is completed.

The splint is fitted to the teeth by fine pliable wire (silver) passed between the individual teeth, and returned after encircling both the tooth and the outer and inner bars

of the splint. The free ends of this fine wire are tightened by twisting and the resulting knot tucked in so as not to irritate the cheek.

Hammond's splint cannot be used unless there are two or three fairly firm teeth on either side of the fracture; it is therefore excluded for edentulous jaws, those containing few or loose teeth, and those towards the back of the mouth in which the posterior or smaller fragment does not contain the necessary abutments.

A Hammond's splint will fix the fragments in the position they have assumed, but will not rectify their displacement to any extent. The Hammond is far the most satisfactory splint when it can be used, and carries out the principles enumerated above better than any other form.

The metal cap splint should cover at least three or four firm teeth on either side of the fracture; it is fixed in position with some form of adhesive material which hardens in the mouth.

This splint does not give much support to the fragments, and by entirely covering the teeth is more injurious to them than the wire splint.

CLASS 2.—*Splints which Require the Fixation of Both Jaws.*

These splints may be made in metal, vulcanite, or wire. The Gunning and Hern splints consist of vulcanite troughs made to loosely fit the dental arch, and secured in position by filling with gutta-percha, which is pressed over the teeth when softened and after reducing the displaced fragments.

Additional fixation is obtained in the case of the Hern splint by cupping its upper or convex surface and allowing the upper teeth to articulate into these depressions, which may, if desirable, be similarly filled with gutta-percha.

The maxillary and mandibular vulcanite caps of the Gunning splint are made in separate parts and subsequently joined together by supports. These splints are further retained in position by a four-tailed bandage or a skull and chin cap. In both these forms of splint space is provided for feeding purposes.

The wire variety of this splint (cradle splint) is practically a Hammond splint applied to each jaw, and is secured to the teeth by wire ligatures in a similar way to the single wire splint.

The objections to this class of splint are that they necessitate having the mouth propped open and fixed, and consequently the oral cavity becomes very foul. It is an uncomfortable splint for the patient, and except for the last variety (*i.e.* the double wire or cradle splint) does not allow inspection of the fracture. This last variety is troublesome to fix in position owing to the limited space for the fingers in ligaturing the splint to the teeth.

The use of this class of splint cannot be entirely dispensed with, and for multiple fractures of one or both

jaws, or those presenting marked displacement, this type of splint retains the fragments in position better than any other form.

The Gunning and Hern splints are also useful in edentulous jaws or where the teeth present are defective and loose.

When the Hern splint is used, so that it does not entail fixing the two jaws, it comes under the next class of splint.

CLASS 3.—*Splints which Necessitate the Fixation of One Jaw.*

The Kingsley or Hayward, and Ackland splint fall into this category.

The Kingsley or Hayward splint consists of a vulcanite cap fitted to the dental arch, but instead of utilising the upper jaw for additional support to the fragments, this is obtained by means of a metal wire fixed into each side of the splint and bent out round the outside of the cheek as far as the ear. These outside wires are utilised for raising the jaw, the latter being slung, as it were, in a hammock stretching from either end of these protruding wires. The chin should be previously covered with lint to prevent chafing of the skin.

The upper jaw is not fixed into this splint, so that the mandible is free to move.

The principle of the Kingsley or Hayward splint is carried out in Ackland's splint by employing an adjustable chin-piece in place of the sling for supporting the body of the mandible.

Ackland's splint consists of an intra-buccal and extra-buccal plate or tray designed to fit the dental arch and the lower margin of the jaw respectively.

These plates are united to one another by uprights on either side, but are capable of being separated or approximated by means of a moving screw, so allowing their adaptation to different-sized jaws.

The intra-buccal or dental portion of the splint is first placed over the teeth, and the chin-piece then raised until the jaw is clamped firmly between the two plates.

This class of splint has not that objectionable feature of fixing the jaws which is possessed in the preceding class, and it retains the fragments in fairly good position.

Its objections are that it is cumbersome and uncomfortable to the patient when lying down owing to the projecting portions, and it obscures the site of fracture.

The chin-plate or sling, as the case may be, are apt to cause abrasion of the skin, and must be cut away when abscesses are present.

The various other forms of splint are slight modifications of those above mentioned, designed with the view of accommodating themselves to some prevailing circumstance.

A Hammond's wire splint can be bent up to the mouth,

but it is far more satisfactory and comfortable to the patient if this is done on a plaster model, and in the case of the other forms of splints mentioned a model is essential.

Models are obtained from impressions in wax, gutta percha or plaster. There is no need to reduce the fragments while taking these impressions, but the jaw should be carefully steadied. The resulting model is sawn in the line of fracture, and the displacement remedied before fitting the splint. Models of both jaws must be obtained when the splint is to take its bearing on both these parts, or where the articulation of the broken jaw requires some rectification.

When the splint is ready for insertion the fragments are reduced; an anæsthetic is sometimes useful at this stage.

Splints arc usually retained in the mouth for six to eight weeks, and even if a splint can only be tolerated for half this period the remaining treatment may often be carried out successfully with an external splint. The Hammond is the only splint which the patient is not eager to have removed. Even if the fragments have not come into accurate apposition, and a slight gap exists between opposing teeth in the region of the fracture, this will be almost entirely effaced within six months to a year, owing to the teeth elongating until resistance from occlusion is offered.

Books added to the Library during April and May.

Allbutt, Sir Clifford, K.C.B., M.D., F.R.C.P., and Rolleston, Humphry Davy, M.D., F.R.C.P. Editors of a System of Medicine by many writers.

Vol. VI. Diseases of the Heart and Blood Vessels. Medium 8vo. Lond. 1909.

Glaister, John, M.D., D.F.H.(Camb.), F.R.S.E. A Text-book of Medical Jurisprudence and Toxicology. With 130 Illustrations. 2nd edition. Demy 8vo. Edinburgh, 1910.

The following was presented by the Author:

Cautley, Edmund, M.D.(Cantab.), F.R.C.P. The Diseases of Infants and Children. Royal 8vo. Lond. 1910.

The following was presented by Dr. Norman Moore:

Da Costa, John, jun., M.D. Principles and Practice of Physical Diagnosis. With 212 original Illustrations. Medium 8vo. Philadelphia and Lond. 1908.

The following was presented by the Editor:

Power, D'Arcy, F.R.C.S. Editor of Treatises of Fistula in Ano, Hæmorrhoids, and Clysters by John Arderne, from an early fifteenth century manuscript translation. With Introduction, Notes, etc. (Early English Text Society, Original Series, No. 139.) Lond. 1910.

The following was presented by Dr. Herringham:

Taylor, Alfred Swaine, M.D., F.R.S. The Principles and Practice of Medical Jurisprudence. 3rd edition. Edited by Thomas Stevenson, M.D. Two vols., 8vo. Lond. 1883.

A Few "Pitfalls" in the Diagnosis of Pulmonary Tuberculosis.

By BASIL ADAMS, B.A., B.M., B.C.

DURING the past four years I have had to give my consideration to very many medical certificates from applicants for treatment at two sanatoria, admission to both of which was limited to cases of pulmonary tuberculosis in its early stages. When reading these certificates I have been much struck by the several ways the general practitioners, who fill them up, "give themselves away." My object in writing this short article is to endeavour to point out some of the most frequent pitfalls. From past personal experience I know how much the average clinical clerk or house-physician learns about pulmonary tuberculosis. Except for an occasional case at out-patients no case is followed for any length of time, and what treatment is prescribed is purely palliative. No knowledge of the actual treatment of cases is possible at a general hospital, on account of the rules in force prohibiting the admission of such cases.

In certain districts of the British Isles pulmonary tuberculosis is a very common disease, and it has many times struck me that it seems a grave pity that no effort is made to familiarise students with its diagnosis and treatment. A course at a fever hospital is included in the necessary preliminaries to all medical examinations; I wish that a course at a chest hospital was similarly included: this would save many of the errors one comes across. Except during the occurrence of an epidemic the average general practitioner sees more cases of pulmonary tuberculosis in a year than he does of diphtheria or scarlet fever.

After this digression I should like to enumerate the three important points in the diagnosis of cases of pulmonary tuberculosis, because it is on these three points that the treatment and prognosis depend. They are—(1) the duration of the symptoms, (2) the extent of the lesion, and (3) the activity of the disease.

To take the first, the duration of the symptoms. Some question pertaining to this has its place in most of the sanatoria medical certificates, but if answered by the medical attendant at all, one often reads "cannot say, only saw the patient last week," or if they do state a time, one generally finds that the date fixed is either that on which some complication first occurred, e.g. hæmoptysis, or on which the applicant had to give up work. Now, it is of great importance to know how long any case has been ill before prescribing treatment in any disease. Surely one of the first questions a doctor asks any patient is, "How long have you been ill?" or "How long is it since you were quite

well?" and this latter query generally elicits a satisfactory answer.

In passing I should like to mention that the earliest symptom I look for, and the one which I have noted as the first in, I should say, over 75 per cent. of the 1500 cases of pulmonary tuberculosis who have passed through my hands, is *lassitude*. The patient states that for some weeks, or months, he has noted an inability to work up to his usual standard, or that he felt unduly tired after an ordinary day's work, which formerly he could accomplish without fatigue. Of course one comes across other modes of onset, but I have so often come across this symptom that I consider it the earliest in the great majority of cases.

Having determined the duration of the disease, I come to the second point to estimate, the extent of the lesion.

Here, again, there is a lamentable ignorance of anatomy often displayed, and a lack of knowledge of the usual progression of pulmonary tuberculosis. As an example of the former, many doctors think that the three lobes of the right lung are placed immediately over each other, and consequently mention cavities in the middle lobe *posteriorly*, and the other day a practitioner, holding M.D.(Lond.) and F.R.C.S.(Eng.) qualifications, stated on a certificate that there was a large cavity in the right lower lobe *anteriorly*. A glance at an anatomy text-book, or a manual on diseases of the lungs, or a glimpse in the post-mortem room, will show one that the middle lobe does not usually reach the back, nor the lower lobe the front. Again, few seem to realise that the surface marking for the apices of the lower lobes is on a level with the lower part of the second dorsal vertebra, or roughly the spine of the scapula. As regards the progression of the disease, from statistics it has been found that the upper apices are far and away the commonest parts to be affected first. Now, to take an instance where the right upper apex has been involved, if the disease progresses the usual sequence is that the apex of the right lower lobe is next affected, then the apex of the left lower lobe, and lastly, the apex of the left upper lobe. But I have found on many certificates the upper lobe of one lung stated to be affected, and the base of the other, the remainder of the lung, being normal.

When one has settled the duration and the extent of the lesion, there still remains the question of its activity. This can best be gauged by the record of the temperature, taken some time between 3 and 7 p.m. Should this be normal, or only slightly raised, one concludes that the disease is either completely inactive or only slightly active. Should the temperature be raised, the activity of the disease varies with the height of the fever. One would naturally suppose that if a patient was feverish, with an evening temperature of 101° F. or thereabouts, rest in bed was indicated, but having recorded a temperature of this height, I have on more than one occasion found practitioners stating that the patient is walking three to five miles a day. Do they not

consider that it cannot possibly be benefitting their patient to allow him to exercise to this extent while feverish? One of the fundamental principles of the treatment of pulmonary tuberculosis is *absolute rest until the evening temperature is normal*. I have frequently been told by patients that their doctors have advised them as follows: "Keep out of doors all day"; so far well and good, but they add to this advice, "Do not sit about and catch cold; keep walking." One poor woman I lately had under my care, affected with extensive disease of all five lobes of her lungs, was, on her doctor's advice, getting up early, going for a walk to get up an appetite for her breakfast, walking all the morning to get up an appetite for dinner, and walking all the afternoon till she felt too faint to be out longer. She had several times to be carried into her house, she lost weight every week, and still her doctor encouraged her "to keep out of doors all day, but mind not to catch cold." Recently I was asked to examine a case of pulmonary tuberculosis in a local infirmary. I went up to the ward, and while waiting for the patient to be fetched in from the garden, where I could see him patrolling up and down, asked the nurse for his temperature chart. On this I saw recorded temperatures of over 101° F. every night. I mildly suggested that his bed was the best place for him, but the resident medical officer did not think that he would get enough air there, so he continued to send him out daily to walk about the garden. On inquiry later as to how the patient was progressing, I was informed that he was losing ground very rapidly. I remarked that this did not surprise me, seeing that the exercise was persisted in; he died soon after. I firmly believe that his death was accelerated by the so-called treatment in that hospital, where he might have derived benefit had he been treated on other lines.

I have written this short article, not in the didactic spirit; I have not set out to write on how to treat pulmonary tuberculosis, but rather to point out where others fail, in the hope that thereby, with very little trouble, others will avoid the same pitfalls. We are all aware that pulmonary tuberculosis is a chronic disease, and treatment must be continued over a long period. Consequently I can assure many of those who will shortly be leaving Bart's for private practice, that it is worth while endeavouring to learn something of the modern treatment of this disease, as by putting this into practice they will materially benefit a considerable number of their patients, and add to their own income thereby, for from my personal experience early cases can do exceedingly well at home under frequent medical supervision, without going to sanatoria or other health resorts.

The Manciple.

WHEN the College was first started in the Hospital in 1843, arrangements for the supply of food were made with the managers of the old Albion Tavern in Aldersgate Street, and one of the managers became the Manciple. From that time to this there has been a Manciple, whose primary duty it has been to cater for the residents in College, but during the last twenty years it has been found convenient for him to provide also for the Resident Medical Officers.

Now there is to be a complete change. The post of Manciple is to disappear, and on June 25th "The St. Bartholomew's Hospital College Catering Co., Ltd." is to take his place.

The company is being promoted by members of the Medical Staff, who are providing the necessary capital and supervision. The whole of the catering at present carried out by the Manciple will be undertaken by the company, and the first object of the company will be to secure that this shall be really well done. If there is any profit over, and it is sincerely hoped that there will be, it is to go to the Students' Union.

It has long been a pet project in the minds of some that the Union might take over its own catering, taking the profit or bearing the loss. This plan was rejected after careful consideration, because it was felt that the Union, not being a corporate body, was not in a position to trade; so finally the present plan has been evolved, by which means no student can become liable for any financial loss if the venture fails. So the Students' Union stands to gain much and lose nothing, and though no doubt there will be some grumbling—for it is the Englishman's privilege to grumble at his food—it is confidently anticipated that there will be a very material improvement in the service.

Dr. Herringham is to be the first Chairman of the Company, and the Board of Directors will be composed of members of the Hospital Staff, together with a representative from the Resident Medical Staff and the College.

There is to be no alteration in the present College Committee, which exists under the authority of the Treasurer and Almoners, and on which Committee are representatives of the Almoners, the Medical Staff, the Resident Medical Officers, the College, and of the Students' Union. This obviates any danger of the company becoming too autocratic, or of complaints of any shortcoming not being readily ventilated.

Naturally the success of the whole scheme depends on the appointment of a capable manager, and it is believed that we have to our hand such a manager in the person of Miss Virtue, the present Lady Superintendent of the College. Miss Virtue has had special training for some

years in this work, and the management is placed with confidence in her hands.

There is no reason to believe that the company will not be a success; it is being started with the high motives of providing an efficient service, of benefiting the students of Bart.'s, and thereby in an indirect way the Hospital itself, and the company promoters have no doubt that the students will loyally co-operate with them towards these ends.

Jacksonian Prize.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

IN chronicling the fact last month that the prize for the Jacksonian Essay had again fallen to a St. Bartholomew's man—Mr. W. Girling Ball—it might have been noted that since 1873 no fewer than fourteen times has St. Bartholomew's secured the coveted honour.

Appended is a list of those who have obtained the Prize:

- 1873. Mr. H. T. Butlin.
- 1875. Mr. W. Harrison Cripps.
- 1882. Mr. A. A. Bowly, C.M.G.
- 1885. Mr. W. Bruce Clarke.
- 1886. Mr. James Berry.
- 1887. Mr. W. G. Spencer.
- 1894. Mr. H. J. Waring.
- 1895. The late Dr. A. A. Kanthack.
- 1896. Mr. R. Cozens Bailey.
- 1897. Mr. Percy Furnivall.
- 1900. Mr. W. McAdam Eccles.
- 1904. Mr. H. J. Paterson.
- 1905. Mr. R. C. Elmslie.
- 1909. Mr. W. Girling Ball.

In 1902 Mr. L. Bathe Rawling was given a special recognition for the value of his essay, although the prize went elsewhere.

Books received.

- Errors of Refraction.* By Charles Blair, M.D., F.R.C.S. (J. Wright & Sons, Ltd., Bristol.) 2s. 6d.
- Medical Jurisprudence and Toxicology.* By Professor Glaister. 2nd Edition. (E. & S. Livingstone, Edinburgh.)
- Medical Jurisprudence, Toxicology and Public Health.* By Aitchison Robertson. (John Currie, Edinburgh.) 8s. net.
- An Index of Symptoms.* By R. W. Leftwich, M.D. (Smith, Elder & Co., London.) 7s. 6d. net.
- The Nature of Cancer.* By John Clay. (Swan, Sonnenschein & Co., London.) 3s. 6d. net.
- Operative Surgery.* By Wheeler. 2nd Edition. (Baillière, Tindall & Cox.) 7s. 6d. net.
- Super-Organic Evolution.* By Luria. (Williams & Norgate, London.) 8s. 6d. net.
- Diseases of Children.* By Edmund Cautley, M.D., F.R.C.P. (Shaw & Sons, London.)

A Case of "Natural" Appendicostomy.

By D. W. HUME, M.D., B.S.

MRS. A. E., æt. 38 years, was admitted to Paget Ward on February 26th, 1909, complaining of a fecal discharge from an opening in the right groin.

She was a healthy-looking woman, and except for the sinus in the right groin, no abnormalities in any of her "systems" could be discovered.

The following history was obtained: She noticed a "rupture" on the right side in May, 1908, and this became painful in June. She was advised to wear a truss by her doctor, and wore one for two months. Towards the end of this time the lump which she had noticed in May became red, hot, painful, and swollen, and was opened by her doctor as an abscess. The cavity contained foul-smelling pus, and in a few days fecal matter was discharged from the opening, and it was the constant escape of this material which brought her to Hospital.

On admission, a small opening, with the usual pouting edges, and admitting a No. 12 catheter, was found in the right groin at the situation of the external abdominal ring.

On March 1st of last year Mr. Power decided to dissect out, and, if possible, close the sinus. An oval incision was made round the opening, but no trace of the loop of intestine which was expected could be found; the sinus led into the external abdominal ring, and the tubular structure was found to be attached to the cæcum, and near it a definite mesentery was discovered. The inguinal canal was opened up freely, the cæcum drawn down as far as possible, and the tube, which was evidently the appendix, removed in the usual way.

What had happened was, apparently, this: The patient had a hernia sac, which she noticed first in May; the appendix had prolapsed into it, and, probably from the pressure of the truss, had acquired an attachment to the wall of the sac. Later, from the same cause, it became inflamed, and an abscess formed in the sac. This was opened by the doctor, and feces continued to be discharged from an opening in the appendix.

After the operation the patient made an uninterrupted recovery, and was discharged cured on March 28th, 1909.

The interest of the case lies, I think, in two points: first, the presence of the appendix in the hernial sac, and, secondly, the formation of a natural appendicostomy which in this case, at any rate, performed no useful function.

I am indebted to Mr. D'Arcy Power for permission to publish these notes.

Sports Notice.

THE first annual cricket week will be held at Winchmore Hill between June 20th and 25th. It is hoped that it will be a great success, and there is no doubt such will be the case if the weather is good. Anyone wishing to play for the Past against the Present should send his name to H. E. G. Boyle, Esq., 4, Tenby Mansions, Nottingham Street, W.

It is quite probable that some old Bart.'s men would like to play in other matches during the week.

Mr. P. U. Mawer, Sec. C.C., will be pleased to receive the names of anyone desirous of playing in any match, and will arrange for them to play either for or against the Hospital.

MATCHES.

Tuesday, June 21st—v. Dr. J. Calvert's XI.

Wednesday, June 22nd—*Past v. Present.*

Thursday, June 23rd—v. Mr. P. With's XI.

Friday, June 24th—v. R.A.M.C.

Saturday, June 25th—v. M.C.C.

Those wishing to play in the Tennis Past v. Present please send in their names to K. J. A. Davis, Sec. T.C., St. Bart.'s Hospital, E.C.

CRICKET CLUB.

ST. BART.'S v. VIRGINIA WATER.

After an interesting game Bart.'s managed to tie their first match on May 7th with Virginia Water. Our opponents won the toss, and decided to bat on a wicket which was still wet from the past rain. The first three wickets fell quickly, but on Kirch and Robs coming together the score was taken to 70 before a separation was made. No one after this offered any opposition to our bowling, and the innings closed for 94. Waugh, 4 for 8, and Neal, 3 for 17, were our most successful bowlers.

On going in to bat we lost several wickets for a small score. Neal, with a well made 27, pulled us out of the mire. Unfortunately, with one run to win Mawer was run out, and thus ended a very exciting game.

SCORES.

ST. BART.'S.		VIRGINIA WATER.	
P. A. With, c and b Bowskill	5	A. E. Thompson, b Turner	14
A. S. Waugh, c and b Blater	13	Stinton, c Lynn, b Turner	0
H. W. Baues, b Bowskill	6	Bowskill, c With, b Owen	10
R. M. Barrow, c and b Blater	9	Kirk, b Neal	31
J. R. Neal, c Blater, b Bowskill	27	Roles, c Neal, b Waugh	32
W. F. Norman, c Blater, b Roles	12	G. W. Smith, b Neal	0
A. C. Turner, b Roles	9	C. Ware, b Waugh	0
E. M. Grace, not out	4	Roberts, b Neal	0
G. R. Lynn, c and b Blater	3	Blater, c Neal, b Waugh	2
T. Owen, lb-w Roles	1	Joskin, not out	6
P. U. Mawer, run out	1	Davies, c Baues, b Waugh	0
Extras	4	Extras	7
Total	94	Total	94

ST. BART.'S v. WANDERERS C.C.

This match was played at Winchmore Hill on May 14th, and resulted in a defeat. We had a very weak team out, due to the Whitsun holiday. Owen batted well for the Hospital, and Wishart for the Wanderers, though Wishart should have been caught when he had made 2. Grace, a new googie bowler, bowled extremely well, and took five wickets. R. T. Crawford and Taylor shared the

wickets for the Wanderers. The Hospital team's fielding might have been smarter; several easy catches were missed.

ST. BART'S.		WANDERERS.	
F. A. With, b Crawford	7	Colman, b Turner	22
T. E. Osmond, lb-w Crawford	4	R. T. Crawford, c Neal, b Grace	5
R. T. Vivian, b Taylor	4	J. U. C. Watt, b Turner	5
E. M. Grace, lb-w Taylor	1	A. G. Parsons, b Neal	5
J. R. Neal, c Watt, b Taylor	1	G. Dawdry, lb-w Grace	10
A. G. Turner, b Crawford	15	L. Wishart, c Mawer, b Turner	29
T. Owen, b Crawford	15	C. Fairbanks Smith, b Turner	0
R. B. Pullin, c Dawdry, b Taylor	1	G. Bowen, b Grace	5
P. U. Mawer, b Taylor	0	A. H. Delreud, lb-w Grace	0
A. Ferguson, c and b Crawford	5	U. W. Drasley, b Grace	2
K. Atteridge, not out	7	O. Taylor, not out	2
Extras	—	Extras	—
Total	70	Total	102

ST. BART'S 2ND XI v. WHITE HOUSE C.C.

This match was played on May 11th at Winchmore Hill and ended in a draw. The scoring was not high on either side, and our fielding fell far short of the established 2nd XI standard, many "sitters" being dropped. No doubt this was partly due to the weather, which was positively frosty.

ST. BART'S 2ND XI.		WHITE HOUSE.	
E. M. Grace, b Oakley	8	A. Jeacocke, run out	29
K. D. Atteridge, b Hyde	0	C. Ware, b Pullin	13
R. T. Vivian, c and b A. Jeacocke	36	C. Oakley, c and b Osmond	37
T. Owen, b A. Jeacocke	20	C. Clisby, b Osmond	4
R. B. Pullin, b Oakley	19	W. Hyde, b Owen	8
A. Ferguson, c Clisby, b A. Jeacocke	2	E. Turvey, run out	5
H. Rivington, b B. Jeacocke	3	W. Parsons, not out	29
G. R. Lynn, not out	23	P. Jeacocke, b Osmond	17
T. E. Osmond, not out	2	A. Mills	0
H. M. Gilbertson } did not bat.	—	E. Barclay } did not bat.	—
L. F. Stringwell } bat.	—	J. Cowan }	—
Extras	12	Innings declared closed.	—
Total (7 wks.)	125	Extras	8

ST. BART'S 2ND XI v. STRATHEARN C.C.

This was a whole day match played on Whit Monday, and proved a most successful innovation. We were beaten by 22 runs, the scoring being extraordinarily low on a hard wicket. For us Neal looked like making runs until he was well caught by Atteridge in the deep from a good drive. With was top scorer, but was somewhat scratchy, owing, we understand, to a strenuous night's work with the "blunt hook." Unfortunately the second innings scores were not recorded.

We should like to point out that 12.30 in the morning is not the time to scratch off, but even this is better than never.

ST. BART'S 2ND XI.		STRATHEARN C.C.	
G. Bowen, c Lee, b Davey	0	H. M. James, b Neal	4
T. Owen, c Briggs, b Davey	6	H. Davey, b Owen	45
R. T. Vivian, c James, b Davey	4	A. N. Barret, b Neal	0
P. A. With, c Allen, b Davey	18	G. Allen, c Cave, b Neal	0
T. R. Neal, c Atteridge, b Davey	13	L. H. James, b Bowen	2
P. U. Mawer, b Briggs	12	W. R. Briggs, lb-w Neal	1
T. E. Osmond, b Briggs	5	R. F. James, b Owen	0
A. Ferguson, b Briggs	6	K. Atteridge, c and b Owen	0
A. E. Jenkins, b Briggs	0	R. Lee, b Osmond	4
E. G. S. Cave, b Briggs	0	E. C. Davey, not out	0
Last, not out	2	Extras	14
Extras	1	Total	61
Total	69	Total	61

ST. BART'S 2ND XI v. CANONBURY.

This match, played at Winchmore on May 18th, gave us our first win. In Baker we found a most useful recruit, a fast bowler who can also bat. Neal had the excellent bowling analysis of 6 wickets for 19 runs, and also took 32 runs. There were two incidents worth recording in the match; one the generalship of our captain in the field, and the other the unprecedented failure of the beer supply. The latter, fortunately, was only temporary. The fielding of the team still leaves much to be desired.

ST. BART'S 2ND XI.		CANONBURY C.C.	
G. R. Lynn, b Simkin	0	Killick, c Dale, b Neal	8
T. E. Osmond, b McLeod	10	Cattling, b Baker	5
R. T. Vivian, c Middleton, b Johnson	15	Laidlaw, c Osmond, b Neal	17
P. U. Mawer, b Middleton	7	Simkin, c Osmond, b Neal	0
J. Neal, b McLeod	32	P. U. Mawer, b Neal	14
H. Rivington, c Laidlaw, b McLeod	1	Swinyard, b Neal	1
W. C. Dale, c Swinyard, b McLeod	0	Middleton, c	1
K. D. Atteridge, c Laidlaw, b Simkin	2	Exell, not out	7
H. S. Baker, not out	11	McLeod, b Rivington	3
T. B. Vaile, b McLeod	3	Wilcockson, b Rivington	0
R. Strugnell, b Simkin	3	Matteson, c Neal, b Mawer	2
Extras	15	Extras	11
Total	108	Total	70

Reviews.

ST. BARTHOLOMEW'S HOSPITAL REPORTS. Edited by H. MORLEY FLETCHER, M.D., and W. McADAM ECCLES, M.S., F.R.C.S. (Smith, Elder & Co.) Vol. XLV. 1909. 8s. 6d. net.

The St. Bartholomew's Hospital Reports have a reputation to sustain, and it is no small praise to the present volume to say that it is well up to the average of previous years.

Of that part of the book which is statistical we need say little, save that it seems to have been compiled with the usual care. On commencing the other half of the volume we are reminded that 1909 has removed from our midst two of the great landmarks of the Hospital. Memorial articles on Sir Thomas Smith and Dr. W. J. Russell have been contributed by friends and colleagues. Each of these is illustrated by a characteristic photograph, and is sure to be read with more than usual interest by all Bart's men of the present generation.

The greater part of the Report is rightly composed of records of interesting cases, and many valuable observations are thus accumulated. It is no part of our duty to mention all these, but we may call attention to one or two. Dr. Adamson's cases from the skin department are illustrated with excellent photographs, which make the lesions described very clear. A note by Dr. Langdon Brown on "Nodal Rhythm and Blood-Pressure in Mitral Stenosis" is noteworthy as indicating how new methods of investigation throw fresh light on well-known and much-discussed conditions. Mention should perhaps be made of an elaborate article on "Splenic Anæmia," by Mr. R. A. P. Hill, based on much careful personal work, and supporting some original conclusions on this rather obscure disease, or group of diseases. Mr. Gordon Watson has analysed all the cases of perforated typhoid ulcers which have been operated on in the Hospital up to the end of 1908.

A committee which was appointed to inquire into the subject of X ray dermatitis reports in this volume. Mr. Rawling and Dr. Adamson arrive at almost identical conclusions as to the nature and prognosis of the condition, and the report has a practical side in Dr. Lewis Jones's useful hints on the avoidance of the disease.

Space forbids the enumeration or discussion of any of the other contents of this volume. It but remains to congratulate the editors on the capable and efficient manner in which their work has been carried out.

MANUAL OF MEDICAL JURISPRUDENCE, TOXICOLOGY, AND PUBLIC HEALTH. By W. G. AITCHISON ROBERTSON, M.D., D.Sc., F.R.C.P.E., F.R.S.E. Second edition. Pp. 560 + xii. 8s. net. (Edinburgh: John Currie.)

The demand for this excellent manual has rendered necessary the publication of a second edition.

We thoroughly approve of the book, which contains a well-written account of the subjects indicated in the title, sufficient for the demands of the syllabus of any of the qualifying examinations. Students will appreciate the readable form of all parts of the book, and those who start with the impression that they have reluctantly to acquire for examination purposes a certain minimum amount of knowledge of forensic medicine and public health will speedily change their opinions, and find ample interest aroused in subjects which are popularly regarded as dry, and neglected so far as is possible.

Just as clinical experience forms the only path to adequate knowledge of medicine and surgery, so details of typical cases, and examples of general rules quoted, form the surest aid to the profitable study of medicine in its legal and public aspects. Within the limits of his short volume the author has borne in mind most admirably the value of anecdotes, cases, and practical examples as an aid to memory and to clearness of exposition, to the great advantage of his readers.

The illustrations and diagrams are few, but well selected, and their production good. One would like, perhaps, a slightly fuller account of sanitary administration and law, and the subject of inspection of schools might with advantage be given some attention. Recent legislation in the domain of public health receives notice, but only in slight outline.

A careful study of this excellent Manual should enable any student to pass with flying colours in the forensic medicine and public health parts of any of the M.B. examinations.

Royal Naval Medical Service.

The following appointments, etc., have been announced since April 20th, 1910:

- Staff-Surgeon L. Baisa to the "Prince George" (temporary), May 3rd, 1910.
- Staff-Surgeon W. P. Dyer to Portsmouth Dockyard, to date June 1st, 1910.
- Staff-Surgeon J. Boyan to the "Bulwark," additional for disposal, to date May 23rd, 1910.
- Surgeon H. A. Kellond-Knight to the "Bellerophon," to date May 3rd, 1910.
- Surgeon F. C. Searle to the "Pembroke," additional for disposal, to date June 9th, 1910.

Promotions.

- Staff-Surgeons J. H. Pead, M.B., B.A., and H. C. Arathson, promoted to the rank of Fleet-Surgeon, with seniority of May 16th, 1910.

Royal Army Medical Corps.

- Lieut. E. B. Lathbury to be Captain, January 30th.
- Lieut.-Col. F. P. Nichols, on return from India, is posted to Jersey.
- Major J. B. Anderson, on return from India, is appointed to recruiting duty in the London District.
- Major B. J. Innis and Captain R. F. Grant have also returned from India.
- Lieut. J. H. Gurley is home on sick leave from Egypt.

Major E. M. Williams has embarked for India, and Lieut. H. S. Dickson for Gibraltar.

Captain J. B. Cautley retires, receiving a gratuity.

Lieut.-Colonel J. E. Nicholson, late R.A.M.C., has been appointed "County Commissioner" for the Isle of Man by General Sir Robert Baden-Powell, in connection with the "Boy Scout" movement. In addition to this duty Lieut.-Col. Nicholson is also acting as the Hon. Secretary and Treasurer to the Isle of Man County Association, of which the Lieutenant-Governor, Lord Raglan, is President.

Lieut. Walter G. Paget to be Captain, dated February 25th, 1910.

Indian Medical Service.

Captain to be Major: Captain R. F. Baird, January 28th, 1910. Captain J. M. A. Macmillan, M.B., F.R.C.S., Offg. Civil Surgeon, Seoni, is transferred in the same capacity to the Hoshangabad District. Major B. Oldham is appointed Civil Surgeon of the 24-Pergamnas, Alipore.

Major F. O'Kinealy proceeds to Simla as Civil Surgeon. Captain F. Powell Connor, F.R.C.S., acts as Civil Surgeon of Gaya. Captain A. Denna White, M.B., B.S., is appointed Offg. Resident Surgeon of the Medical College Hospital, Calcutta.

Captain E. A. C. Matthews, 10th Lancers, has been granted eight months' combined leave from April 22nd.

Appointments.

- HEALD, C. B., M.B., appointed Resident Medical Officer, Royal Free Hospital, Gray's Inn Road.
- SCOTT, A. W., M.R.C.S., L.R.C.P., appointed Junior House-Physician to Royal Hospital for Diseases of the Chest.

Examinations.

UNIVERSITY OF LONDON.

D.Sc. degree.—P. Hamill. Second Examination for Medical Degrees. Part I. Organic and Applied Chemistry.

G. C. G. Baldini, P. O. Ellison, R. G. A. Lyster, J. A. Robinson, W. E. R. Saunders, R. H. Simpson, F. G. A. Smyth, D. H. D. Wooderson.

CONJOINT BOARD.

First Examination. Parts I and II. Chemistry and Physics. H. F. Chillingworth.

Part III. Elementary Biology.

W. G. E. Allen, E. Catford, H. F. Chillingworth, E. S. Cuthbert, J. Crétin, H. W. Maltby, H. G. Moser, G. F. Rowcroft.

Part IV. Practical Pharmacy.

P. Hamill, I. R. Hudleston, H. D. Lander, L. F. G. Lewis.

Second Examination. Anatomy and Physiology.

A. C. L. O'S. Bilderbeck, B. J. Brewitt, R. O. Bridgman, A. N. Garrod, G. H. S. Letchworth, D'Arcy Power, W. A. Rail.

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

J. S. Burn, R. C. Clifford, W. C. Dale, C. A. Dottridge, R. Ellis, R. W. B. Gibson, P. Hamill, P. C. V. Jones, H. M. D. Nicoll, C. Noon, T. E. Osmond, A. P. Phillips, J. B. Pulling, L. F. K. Way.

New Addresses.

ABRAHAM, P. S., 66, Harley Street, W. (Tel.: Mayfair 522.)
ADDISON, C., 9, Well Walk, Hampstead, N.W.
BEAN, J. W. B., 7, Roslyn Street, Darlinghurst, Sydney, New South Wales, Australia.
COLLINGRIDGE, W. R., Backshaws, Iheld Green, Sussex.
CONNOR, F. POWELL, F.R.C.S., Capt. I.M.S., Civil Surgeon, Gaya, Bengal.
FAWKES, M., Midhurst, Sussex. (Tel.: Midhurst 24.)
GIBSON, T. S., 2, Alexandra Road, Cleethorpes.
GRESSWELL, S., 28, Busby Place, Torriano Avenue, N.W.
HANCOCK, F. T., Bentley, Hants.
MANLOVE, J. E., Greylands, St. Matthews, St. Leonards-on-Sea.
MAPLES, E. E., 10, Hillside Mansions, Jackson's Lane, Highbury, N.
PRATT, J. E., Tweed Heads, New South Wales.
RIVIERE, CLIVE, 19, Queen Anne Street, Cavendish Square, W. (Tel.: Mayfair 4660.)
STUBBS, J. D., 126, Tulso Hill, S.W.
WAKELING, T. G., 34, Portland Court, W.
WARE, A. M., 12, Petersham Terrace, Queen's Gate Gardens, S.W.

Births.

BIKETT.—On May 8th, at Ortaquey, The Circle, Southsea, the wife of H. I. D. Birkett, M.D. Cantab., of a son.
BRODRIBB.—On the 28th April, the wife of Dr. Arthur W. Brodrigg, of White Rock, Hastings, of a son.
GARDNER-MEDHIN.—On May 4th, at Wavertree, Liverpool, the wife of F. M. Gardner-Medhin, M.R.C.S., F.R.C.P., of a son.
PAGET.—On May 24th, at Waddon Bridge House, Croydon, the wife of Walter Gray Paget, M.R.C.S. Eng., L.R.C.P. Lond., of a son. Australian papers please copy.
ROBINSON.—On May 16th, at 17, Seymour St., W., the wife of G. Drummond Robinson, M.D., F.R.C.P., of a daughter.

Marriages.

BRUCE CLARKE JACKSON.—On the 28th inst., at St. Mary's, Sudley, Gloucestershire, by the Rev. R. Noble Jackson, uncle of the bride, William Bruce, son of the late Rev. W. W. Clarke, of North Wootton, Norfolk, to Agnes Mary, younger daughter of the late George Mavor Jackson, of Sandford Lodge, Cheltenham.

CANE—TIMS.—On the 27th inst., at Great St. Mary's Church, Cambridge, by the Rev. Lestock de Brisay (cousin of the bride), assisted by the Rev. E. G. Swain, Vicar of Stanground, Peterborough (late chaplain of King's Coll., Camb.), and the Rev. H. D. de Brisay (great uncle of the bride), and the Rev. A. H. F. Boughey, Vicar, Arthur Skelding Cane, B.A.(Camb.), Royal Army Medical Corps, second son of Dr. and Mrs. Cane, of Eastbourne, to Enid Francis Mary, only daughter of Dr. and Mrs. Marrett Tims, of Brookside, Cambridge.

Notices.**"DIAMALT."**

SAMPLES of Extract of Malt, plain and in combination with cod-liver oil, have been submitted to us by the British Diamalt Co., 11 and 13, Southwark Street, London, S.E. We find the extract to be considerably higher in diastatic value than the usual hospital variety; therefore smaller doses are required. This higher diastatic power is obtained by using a specially selected barley, which accounts for the palatability of the finished product obtained without the addition of any flavouring agent. The samples showed an absence of boracic acid, glycerine, or other preservatives, nor could the presence of glucose or dextrin be detected. The samples containing cod-liver oil are excellent combinations, even the one with 23 per cent. by weight showing no tendency to separate. The next edition of the *British Pharmacopoeia* will, it is to be hoped, make extract of malt an official preparation with a required standard of purity and strength; this will do much to enable prescribers to obtain what they desire for their patients, but this desideratum is, however, obtainable now with such reliable preparations as those produced by the Diamalt Co.

Acknowledgments.

Nursing Times (4), *British Journal of Nursing* (4), *St. Mary's Hospital Gazette*, *Le Mois Medical*, *Guy's Hospital Gazette* (3), *New York State Journal of Medicine*, *Archives of the Röntgen Ray and Allied Phenomena*, *National Health Practitioner*, *Journal of Laryngology, Rhinology, and Otolaryngology*, *The Medical Review*, *Middlesex Hospital Journal*, *School Hygiene*, *London Hospital Gazette*, *L'Echo Médical du Nord*, *The Student*.

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.

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JULY, 1910.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

JULY 1st, 1910.

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

Editorial Notes.

THE past month has been fuller than the average both of annual festivals and of examinations. We will comment on work first. In a subsequent paragraph we give a list of those to whom our congratulations are due on obtaining scholarships or other distinctions, and in doing so it occurs to us that the designation "open scholarship," as applied to some of these, is not always a strictly correct title. The beginning of the medical school year is October; a certain proportion of students enter at the commencement of the summer session or at other times, but the majority commence their medical studies in October. Of these any who are energetic and fortunate enough to escape rebuffs at the hands of examiners may hope to be qualified in the minimum time, and so will gain the diploma of the colleges, though perhaps not the M.B., in October five years later. Amongst these may be the best men of the year, but, with the examination dates fixed as at present, they are debarred from competing for the Brackenbury Scholarships or Matthews Duncan Prize by the clause excluding such as have held a diploma qualifying for practice more than six months. They must forego the opportunity of so distinguishing themselves and increasing their chances of a house appointment, or they must delay becoming a medical practitioner for three months. The argument applies with equal force to those who come up from the universities. If the Brackenbury scholar is to be looked upon as the man who *cateris paribus* has a prior claim for a house surgeoncy, and if the senior staff are to rely on him being the best of his year, some modification in the conditions governing the eligibility of candidates should be made.

We are pleased to learn that the Lawrence Scholarship has been awarded this year. There would doubtless be

Calendar.

- Fri., July 1.—Dr. West and Mr. Bowly on duty.
Examination for Shuter Scholarship begins.
Mon., " 4.—Second Examination for Medical degrees, London.
Part II begins.
M.D. and M.S. Examinations (London) begin.
D.P.H. Conjoint Examination begins.
2nd Examination of Society of Apothecaries begins.
Special lecture, 1 p.m. Dr. Adamson.
Tues., " 5.—Dr. Ormerod and Mr. Lockwood on duty.
Final Examination Conjoint Board Medicine begins.
Wed., " 6.—1st Examination of Society of Apothecaries begins.
Thurs., " 7.—Final Examination Conjoint Board Midwifery begins.
Fri., " 8.—Dr. Herringham and Mr. D'Arcy Power on duty.
Junior Scholarship Examination.
Final Examination Conjoint Board Surgery begins.
Mon., " 11.—First Examination for Medical degrees (London) begins.
Tues., " 12.—Dr. Tooth and Mr. Waring on duty.
Thurs., " 14.—Second Examination for Medical degrees, Part I (London) begins.
Fri., " 15.—Dr. Norman Moore and Mr. Bruce Clarke on duty.
Sat., " 16.—**Summer Session ends.**
Mon., " 18.—1 Examination Conjoint Board begins.
Tues., " 19.—Dr. West and Mr. Bowly on duty.
Fri., " 22.—Dr. Ormerod and Mr. Lockwood on duty.
Tues., " 26.—Dr. Herringham and Mr. D'Arcy Power on duty.
Wed., " 27.—Garden Party for Members of the British Medical Association.
Fri., " 29.—Dr. Tooth and Mr. Waring on duty.

more competition for this prize if the papers set were not such as to require almost a specialist's knowledge in three different subjects at the end of only four years' clinical work.

THE Athletic Sports, held on June 8th, were certainly better and more enjoyable in every way than has been the case of late years. The generous handicapping attracted a largely increased number of competitors and produced some very good races; those who won from scratch had to work hard for their success. Mr. Waring, as President, gave a cup for the best aggregate performance, and Mrs. Waring gave away the prizes. Altogether the afternoon was quite a successful one, and some of the performances were excellent, if we remember how difficult it is to train properly while doing hospital routine.

Unfortunately the team selected to represent St. Bartholomew's at the Inter-Hospital Athletic Sports were not very successful, though T. H. Just easily won the half-mile race.

THE precedent of late years has led us to expect such perfect weather for the Annual Past v. Present Cricket Match and Garden Party that Wednesday, June 22nd, was a little disappointing in this respect. The early rain slightly lessened the attendance, but all who went enjoyed themselves. The cricket and tennis were good to watch and full of incident, while the tea interval presented as gay a spectacle as ever. Old St. Bartholomew's men scarcely make enough use of this pleasantest of opportunities for renewing old friendships and hearing the latest news of the Hospital.

DR. Norman Moore's Midsummer Address to the Abernethian Society on midsummer's eve attracted what we are told was the largest audience of recent years. The subject, "St. Bartholomew's Hospital in the Sixteenth Century," was one of such interest to all students and old students that we hope, with Dr. Norman Moore's permission, to publish the address in a subsequent number of the JOURNAL.

The same afternoon the Treasurer and Governors carried out their annual view of the wards, etc., and in the Great Hall a sale of work in aid of the Nurses' Home Rebuilding Fund was held, which realised about £30.

OUR happiest duty this month is to record the pleasure with which the Hospital opened its newspapers on June 24th to find that Dr. Champneys had been created a Baronet. For eighteen years he has been a member of the visiting staff of this hospital, and of late years he has added to his hospital duties a large amount of public-spirited work as chairman of the Central Midwives Board. To have had obstetric physicians of the eminence of Dr. Matthews Duncan and Sir Francis Henry Champneys following one another is a record of which the Hospital may well be proud. In the

name of all St. Bartholomew's men we offer Sir Francis our sincerest congratulations.

We have pleasure also in recording that the names of two other Bart.'s men appeared amongst the honours list. Sir George Hastings received a Knighthood, and Surgeon-General Lukis, I.M.S., the C.S.I. These also we heartily congratulate.

It will probably be news to many who read this JOURNAL that St. Bartholomew's once helped to train a lady medical student. Mrs. Elizabeth Blackwell, whose death recently occurred, was the first of her race and the only one to study at this Hospital. The arrangement worked well in this instance, and we are glad to reflect that Bartholomew's extended this courtesy to one who found so many difficulties in her path. *A propos* of this we notice that the Royal Free Hospital is much exercised at the suggestion that the London Hospital should open its doors to women students. We should be as much against any such innovation at this Hospital as the women appear to be in the case of the London. From what we know of provincial hospitals, where men and women work side by side, we have always felt the arrangement at present existing in London to be infinitely preferable. The question of the suitability of women for a medical career may be a controversial one, but that they should be trained apart from men wherever possible we thought everyone agreed.

WE compliment Miss Annie McIntosh on her appointment to the post of Matron of the Hospital and Superintendent of Nursing. Miss McIntosh has to follow a matron of high ideals and great achievements. She will have control over a nursing staff on which the staff and students have learned to rely, and over a nursing school which ranks amongst the highest in the world. We offer our new Matron our good wishes for success in her new and onerous duties.

THE following examination results have been announced since our last issue:

Lawrence Scholarship and Gold Medal, A. E. Stansfeld. Brackenbury Scholarships (in Medicine), R. C. Clifford; (in Surgery and Walsham Prize), E. G. Stanley. Burrows and Skynner Prizes, A. F. S. Sladden. Willett Medal, C. D'O. Grange. Harvey Prize, C. I. Williams. All these gentlemen we congratulate.

WE are asked to state that only about thirty copies of *Round the Fountain* remain. Already a considerable sum for the new Nurses' Home has been realised by its sale, and when the few remaining copies have been disposed of, its editor proposes to publish a statement of accounts.

Remarks upon Wassermann's Reaction.

By M. H. GORDON, M.D.

IN a previous number of this JOURNAL (January, 1910) I have described the steps that led to the discovery of the fixation of complement reaction, and the principles upon which that test is founded. In the present paper I propose to deal with that particular form of the fixation test which has come into general use for the purpose of identifying syphilitic infection.

I. THEORY OF THE TEST.

The law discovered by Bordet and Gengou, which is the basis of the fixation test, is as follows: When an antigen is brought into contact with its antibody or amboceptor in the presence of complement the latter is absorbed. It follows, then, that the disappearance of complement can be used as a test either for the presence of antigen, or of antibody, provided that one or other of these is supplied in addition to complement.

Now in case of infections such as typhoid, cholera, or plague, where the antigens consist of specific micro-organisms which can readily be cultivated outside the body, it is a matter of comparative ease to obtain a pure suspension or extract of such antigen which can be used for the purpose of the fixation of complement test. In the case of syphilitic infection, on the other hand, we are dealing with an antigen which is far more delicate and evasive. Up to the present no really practical method of cultivating the *Spirochæte pallida* outside the body in bulk has been devised.

This difficulty, however, in regard to the application of the fixation test to syphilis appeared to have been overcome by Wassermann, Neisser, and Bruck, when they published their well-known paper in May, 1906. These authors found that an antigen consisting of an extract of the liver of a syphilitic foetus very heavily infected with spirochetes fixed complement in presence of serum from syphilitic patients, whereas in contact with serum from normal persons, and from persons suffering from infections other than syphilis, no such degree of absorption occurred. It seemed reasonable to infer that there was a specific antibody to the spirochæte in the blood of those infected with syphilis, and that these authors had succeeded in applying the fixation test to that disease.

Wassermann and his colleagues, however, had made an important omission. They had failed to make the necessary control experiment of testing in the same way an extract from liver not infected with spirochetes. Shortly after the appearance of their paper this was done by Marie, Levaditi,

Landsteiner, and others, and it was found that an extract of normal liver, and of other normal organs, served equally well to anchor complement in the presence of serum from syphilitic patients, while failing to do so in the presence of other sera. Wassermann and his colleagues had used normal saline to extract the foetal liver. Further control observations showed that an alcoholic extract served equally well. It has been now shown that an extract of lecithin (Porges and Meier), or of glycocholate of soda (Levaditi and Yamanouchi), or even of vaseline (Fleischman) can serve as antigens to fix complement in the presence of syphilitic, but not of other sera.

Although the "specific basis" of the Wassermann reaction has thus disappeared, the practical value of the test for identifying syphilitic infection has been confirmed by numbers of observers all over the world. The following explanation of the test offered by Levaditi and Roché is probably correct. It would seem that in the course of syphilis accompanied by cutaneous manifestations, the serum becomes enriched in certain colloidal substances which have the property of readily precipitating in the presence of lipoids and of biliary salts, and of absorbing complement in such process of precipitation. It is important also to bear in mind that Levaditi and Yamanouchi have been able to extract from normal as well as from syphilitic serum substances soluble in alcohol, capable of provoking the fixation of complement in the presence of an extract of liver. The change in the serum of persons infected with syphilis, therefore, is not due to the appearance of new substances, but only to an increase in humors or principles that exist already in normal serum, though in small quantity.

As to the exact nature of these substances that abound in the serum of specific cases, we are as yet ignorant. Certain researches of Levaditi and Yamanouchi and of Klausner tend to show that they are of the nature of globulins and lipoids (cholesterin ethers), but this is not certain. As to their origin, it is possible that in the course of syphilis, during the period of engorgement of the lymphatic apparatus, and especially during that of the cutaneous manifestations, there takes place a destruction of materials rich in globulins and lipoids, and liberation into the blood of substances that are present normally in but small quantity. The same applies to the cerebro-spinal fluid of general paralysis where, coincident with a disintegrative process, slow but progressive, of the cortex, the cerebro-spinal fluid becomes enriched in products of the same order, viz. globulin and lipoids. Levaditi and Yamanouchi have summarised the matter as follows: *The distinction between normal and syphilitic serum is due to differences that are quantitative only, and not qualitative, and the reaction of Wassermann is provoked by principles derived from the tissues, not from the microbes.*

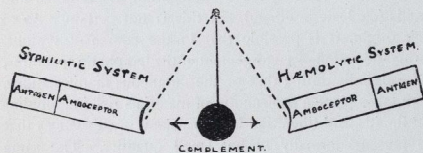
This modification of the theoretical conception of the sero-reaction of syphilis with which Wassermann and his

colleagues started does not rob the test of its practical value, but puts it on a different and wider basis. It is of interest to note that only one other malady is capable of provoking, at least in rabbits, changes in the serum analogous to those which syphilis provokes, the malady in question being trypanosomiasis. As this infection does not occur in temperate climates, the danger of confounding it with syphilis does not obtain. It is noteworthy, however, that besides giving a positive Wassermann reaction, patients suffering from sleeping-sickness may present many of the clinical signs characteristic of tabes.

2. PRACTICE OF THE WASSERMANN REACTION.

It has been shown in the previous paper already referred to that the fixation of complement test is carried out in two stages. In the first place, the serum of test is inactivated by exposing it to a temperature of 55° C. for half an hour. The serum is then brought in contact with antigen, and a measured dose of fresh complement derived from the guinea-pig. Contact is allowed for one hour at 37° C. At the end of that time, test is made to determine if complement has been absorbed or not. This is done by adding sensitised red blood-corpuses of the sheep, *i. e.* washed fresh sheep corpuscles together with a sufficient dose of inactivated serum from a rabbit immunised against these corpuscles. If complement is still present, these corpuscles dissolve; but if it has been fixed no hæmolytic takes place, and the reaction is considered positive.

The principle of the Wassermann test in practice is readily conveyed by the following diagram introduced by Dr. Howard Fox, of New York. The complement is represented in the form of a pendulum, and the two systems in use in the first and second stages of the test are put on either side of it as follows:



It is seen that if both factors in the syphilitic system are present, the complement swings to the left and completes the syphilitic system; no hæmolytic can now take place in the hæmolytic system, and the reaction is positive. On the other hand, if the serum of test does not contain the substances that interact with the antigen, complement is not fixed, and accordingly complete hæmolytic ensues in the hæmolytic system when this is added.

In carrying out the test in practice five different things are required, as follows:

(1) *Serum from the patient.*—This is best obtained by plunging a hypodermic needle into a vein of the forearm or at the bend of the elbow. If the needle is sharp, if the upper arm is constricted, and the patient contracts the muscles of his forearm and hand so as to make the vein stand out well, nothing is more simple than this operation, and the pain is no more than that of pricking the ear. On the other hand, a good quantity of blood is obtained. As a result the test can be carried out with comfort, and, if need be, repeated.

After clotting at 37° C., the blood is centrifuged and the serum drawn off in a capillary pipette and exposed for thirty minutes to 55° C. This is conveniently done by putting it in a paraffin oven kept at that temperature.

(2) *Complement.*—This is obtained from a guinea-pig. The animal is killed, and two or three cubic centimetres of its blood collected and allowed to clot. The serum is then separated and constitutes complement. The serum must be fresh, for complement disappears from it after forty-eight hours, even in cold storage.

(3) *Antigen.*—This is obtained by taking the heart-muscle of the recently slain guinea-pig, washing it free of blood, and weighing out 1 gm. of it. This weight of heart muscle is then pounded up in a pestle and mortar, extracted with 50 c.c. of alcohol, and then bottled. Antigen should be kept away from the light. It can be kept for a fortnight; but we generally make it up fresh each time.

(4) *Sheep's corpuscles.*—Defibrinated sheep's blood is obtained from the slaughter-house. A few c.c. of this blood are added to about 10 c.c. of 0.9 per cent. saline and centrifuged. When the corpuscles have sunk to the bottom, the saline is drawn off and replaced with fresh saline, the tube shaken, and the centrifuging repeated. This washing is done four times over in order to completely remove the serum from the blood-corpuses. The supernatant fluid is then removed.

(5) *Amboceptor for the sheep's corpuscles.* This is serum from a rabbit repeatedly injected with doses of sheep's red blood corpuscles. It is to be obtained from Merck and others of the large wholesale chemists, and keeps well.

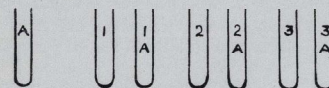
Dilutions.—The following dilutions are made with 0.9 per cent. saline:

- | | |
|--|-------------------------|
| (1) Serum of test . . . | 1:10 |
| (2) Complement . . . | 1:10 |
| (3) Antigen . . . | 1:10, and possibly 1:20 |
| (4) Sheep's corpuscles . . . | 1:20 |
| (5) Amboceptor for sheep's corpuscles. At least double the minimal hæmolytic dose. This M.H.D. must be determined by experiment. | |

Arrangement of tubes.—The all-important part of the Wassermann reaction in practice is the control experiment, and scrupulous care is necessary to observe this in all the tests.

It is also well to use as a check always some specific serum known to give a positive reaction.

The arrangement of the tubes is shown as follows. It is supposed that three sera are being tested:



The numbers refer to the sera, and the letter A signifies that antigen is present in the tubes so marked.

It is seen that two tubes are used for each serum, and in addition, a tube is set apart to test the antigen alone as a control.

Procedure.—(1) $\frac{1}{10}$ c.c. of the 1:10 dilution of complement, is put into each of the tubes.

(2) $\frac{1}{10}$ c.c. of the 1:10 dilution of the antigen is put into the tubes marked A.

(3) $\frac{1}{10}$ c.c. of the 1:10 dilution of the inactivated first serum of test is put into each of the two tubes devoted to that serum. The same is then done with the other sera in turn.

The tubes are now shaken, and are ready to be incubated for one hour at 37° C. It is seen that the first tube is a control; it will show that the antigen *per se* does not absorb complement. It will also be noticed that the first of the two tubes devoted to each serum is a control; for while it contains no antigen, it contains the serum, and serves to prove that the serum alone does not absorb complement.

After incubation for one hour at 37° C. the tubes are taken out, and to each tube is added $\frac{1}{10}$ c.c. of a 1:20 suspension of the washed sheep's corpuscles, together with $\frac{1}{10}$ c.c. of the appropriate dilution of the amboceptor for dissolving these corpuscles; $\frac{1}{2}$ c.c. of saline is then added to each tube in order that the question of positive or negative hæmolytic can be more easily decided, and after thorough shaking they are returned to the incubator.

In the course of half an hour or so the results can be read off if the test is working well. If there is any doubt the tubes are put in the ice chamber over night and the results read on the following morning.

It is essential (1) that the first tube (that marked A), containing antigen only, shows complete hæmolytic; (2) that the first of the two tubes devoted to each serum shows complete hæmolytic, for here no antigen was present.

These controls being satisfactory, it will be seen that the sera positive to Wassermann show no hæmolytic when the antigen is present, *i. e.* have absorbed the complement. On the other hand, in the case of sera negative to Wassermann, hæmolytic is as complete in the tube containing antigen as in the tube containing serum only.

3. THE VALUE OF THE WASSERMANN REACTION.

The application of Wassermann's reaction to the diagnosis and treatment of syphilis is still proceeding, and is not yet by any means completely worked out.

The reaction is not given until about three weeks after development of the primary chancre. Then, or shortly after, it is usually present. In the secondary stage of syphilis it would seem to occur in over 90 per cent. of the cases. In tertiary syphilis it is present in the great majority of cases with symptoms, but it may be absent in some persons with typical gummata.

A positive reaction is said to be obtained in 50 per cent. of cases of acquired syphilis in which there are no active symptoms at the time of test.

It is, as a rule, exceedingly well marked in cases of congenital syphilis.

The Wassermann reaction disappears when the patient is well treated with mercury. It is likely, therefore, to prove of value for adjusting the treatment to the needs of the particular case. A recent investigation by Bayley goes to show that inunction is more efficacious than either oral or subcutaneous administration of mercury in making a positive response to Wassermann's test disappear. This corresponds with the clinical experience of some of the most distinguished syphilologists. It has been said that while a positive Wassermann indicates that active treatment should be followed, a negative result does not necessarily imply that further treatment should not be pursued.

One of the most useful applications of Wassermann's test is in reference to the diagnosis of tabes, general paralysis, and syphilitic meningitis respectively, as Dr. Mott has pointed out. It is positive in cerebral thrombosis due to syphilis, as a recent case in our Post-mortem Department and another private case showed. It is positive in the majority of cases of aneurysm, and in a very large proportion of cases of aortic disease. It will differentiate a syphilitic testis with great precision, and it may enable a synovitis of specific origin to be readily identified. An instance of the clinical value of the test is seen in a recent case of Dr. Horder's, at the Great Northern Hospital, of profound lymphatic enlargement, which suggested Hodgkin's disease, but failed to respond to arsenic, gave a positive Wassermann, and rapidly recovered under anti-syphilitic treatment. The test has come into considerable request in our Special Departments, and a recent case of deafness which Wassermann's reaction showed to have a specific origin improved considerably on treatment that was instituted in consequence of the positive response to this test.

On the other hand, Wassermann's reaction may be negative in cases suffering from lesions of undoubtedly syphilitic origin. Thus in certain gummatous cases it is negative, and two cases of Charcot's joints recently tested both failed to give a positive response. Like other pathological

tests, therefore, the clinical value of a positive result is far greater than that of a negative. Furthermore, it must always be borne in mind that while a case may give a positive Wassermann, the lesion from which it is suffering at the time may be due to agency other than the *Spirochaete pallida*.

Royal College of Surgeons.

THE annual election of Members of the Council of the Royal College of Surgeons of England will be held on Thursday, July 7th, at 3 p.m. There will be four vacancies.

Mr. J. H. Morgan retires by rotation, and is not seeking re-election. Mr. C. B. Lockwood also retires by rotation, having held substitute vacancies for two years. Mr. Lockwood seeks re-election.

The remaining vacancies are due to the death of Mr. Clutton and the resignation of Mr. G. A. Wright.

Mr. Lockwood is the only candidate seeking election from St. Bartholomew's, Mr. Jessop and Mr. D'Arcy Power having decided not to seek election on the present occasion, in order that Mr. Lockwood may secure the undivided support of St. Bartholomew's men.

We confidently expect to see Mr. Lockwood returned at the head of the poll, and wish him that success.

Books Received.

- Suggested Paths of Hypnotism.* By L. Forbes Winslow, M.D. (Rebman.) 1s.
- Diseases of Children.* By Goodhart and Still. (J. & A. Churchill.) 15s.
- Mind and Health.* By Edwin Ash, M.D. (H. J. Glaiser, London.) 2s. 6d. net.
- Treatises of Fistula in Ano, etc.* By John Arderne. Edited by D'Arcy Power, F.R.C.S. (Henry Frowde, London.) 15s.
- Post-mortem Manual.* By Charles R. Box, M.D. (J. & A. Churchill, London.) 6s. net.
- Pharmacy, Materia Medica, and Therapeutics.* By Sir W. Whittle, M.D. (Baillière, Tindall & Cox, London.) 9s.
- Uric Acid in the Clinic.* By A. Haig, M.D. (J. & A. Churchill, London.) 5s. net.
- Difficult Labour.* By G. Ernest Herman, F.R.C.P. (Cassell & Co., London.) 12s. 6d.
- A Manual of Chemistry.* By A. P. Luff and H. C. H. Candy. (Cassell & Co., London.) 7s. 6d. net.
- First Aid.* By F. J. Warwick and A. C. Tunstall. (John Wright & Sons, Bristol.) 2s. 6d. net. Paper 1s.
- A Text-book of Medicine.* By G. Dieulafoy. Translation by V. E. Collins and J. A. Liebmann. In 2 vols. (Baillière, Tindall & Cox, London.) 25s. net.
- Manual of Operative Surgery.* By Sir F. Treves, Bart., and Jonathan Hutchinson. 3rd Edition. In 2 vols. (Cassell & Co., London.) 36s. net.
- Government Report on Ulceration of the Skin and Epitheliomatous Cancer in the Manufacture of Patent Fuel, etc.* By T. M. Legge.

The Maplins.

THE Maplins is a continuous stretch of sand lying between Southend Pier and the Whitaker Beacon, a distance of seventeen miles, and at its widest part is five miles across. It includes Shoeburyness, Maplin, and Foulness sands. One of the main channels out of the Thames lies to its S.E.; another channel—the Whitaker—runs along its N.N.W. border, and in-shore is a sea wall. It is not so flat as it appears when sailing by, for there are depressions and elevations in several places. The ridge along its northern end, the mound on which the measured mile beacons stand, only has a few feet of water covering it at the top of spring tides. The low ways, short cuts for those who know them, are two in number. One starts from the Whitaker Channel, and ends in the Swin, cutting off a corner of the Foulness Sand; the other begins off Shoeburyness, and, like the former, its exit is the Swin.

There is one main road on the sands marked by brooms and stumps of wood which connects the island of Foulness to the mainland. South of this island are three creeks opening on to the sands, of which Havengore, the Southernmost, is often used to shorten the passage to Burnham-on-Crouch.

I must own it was ignorance of these low ways (unmarked in charts) that gave me my first acquaintance with the Maplins at low water.

A few friends and myself in a converted National life-boat, drawing three feet, were proceeding from Southend along the southern edge of the sands, making for nowhere in particular, but just out for a sail. The wind was aft, and with spinnaker set our course lay just inside the Measured Mile beacons, which are three miles due east of Shoeburyness, and on the edge of the Maplins. We had cleared the second pair of beacons when we noticed the ship slowing up. A sounding with the boat-hook removed any doubt that may have existed as to the cause of our sluggishness. The spinnaker, which was out to port, was ignored when we bore up and jibed the mainsail and mizen in order to make for the sea as quickly as possible—and deeper water as we thought. We did not bump, for the sea was only rippled, but drew up quietly on the higher ground that skirts this edge of the sands, soon to have the unevennesses of the Maplins showing as the tide went off them—a pretty demonstration which we had time to reflect on.

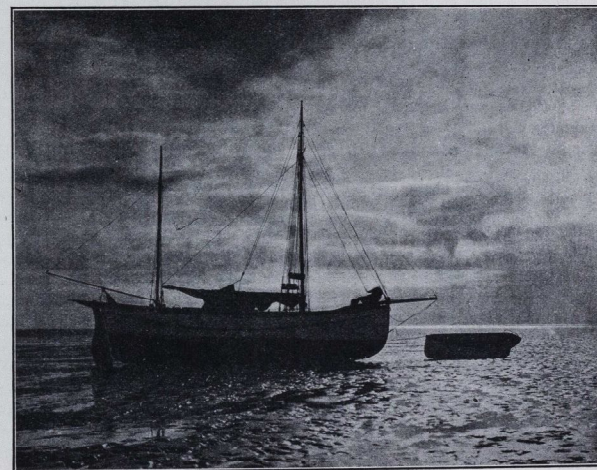
It was autumn, so when the water shallowed we turned our trousers up and got overboard, with the mop and scrubbers, to remove a fine deposit of mud which the craft had gathered while lying idle. Meantime the sea had retreated, laying bare the sand half a mile or so inshore, and for a less distance to seaward. We set out for a walk in the direction of the inshore Measured Mile beacon, which was still surrounded by water.

To me there is an unaccountable fascination in walking

over sands and getting a close inspection of such things as are to be found on the surface or half buried in them by the action of the sea. In such a mood as this we wandered about, looking for any object that showed itself. There were many, and all looked similar, with their covering of slimy mud. Although the surface of the sand is clean looking and firm underfoot, yet things on it are invariably coated with a layer of dark mud, which usually disguises them when seen from a distance. Even at close quarters their nature is not always apparent till one has cleaned off this deposit. Heavy things like shells—those fired from the guns at Shoeburyness—are fairly common, as we found out. One we picked up, a twelve-pounder, had not exploded; it was not a dummy, for we pulled it to pieces with difficulty when we

produce my two mates to vouch for its truth, otherwise I should not mention it on paper.

While excavating this coal, which we did with our hands, one of my friends suddenly drew his hand away and said he had felt something moving under his fingers. I have had some experience of these pools, having on a former occasion received a nasty bite from a crab under similar circumstances; so I doubled back to our waterlogged box, broke several pieces off it, and supplied my mates with them. After much poking about in the muddy water we unearthed, or rather unwatered, a large edible crab, measuring 10 in. across the back. He was a really fine fellow, and made quite a good meal for the three of us that evening—cooked by the coal we had found. Truly a satisfactory repast.



ON THE MAPLINS.

got back to the boat, and found it full of wet powder. A curious fact was that this shell, which seemed to have been lying on the sands for a considerable time—it was very rusty and had barnacles on it—had not sunk into them.

A waterlogged wooden box we found buried in the sands with a characteristic pool of water surrounding it. I say 'characteristic,' for one invariably finds a scouring out round any object, no matter how small, which has remained in one spot.

Another of these dark objects projecting out of a pool of water turned out to be a large lump of coal weighing about 28 lb. Recent experiments have shown that sea-water improves the burning quality of coal, and this lump when broken up and used in our stove burnt so much better than any we had had before, that we could light the fire without wood, using only paper. This is fact, not fable, and I can

Although we were stimulated by our finds to hunt further afield, we found nothing more so interesting that day. A few shell fuses and bits of shells completed our collection.

As the wind had increased in force during our stay on the sands, and gone to S.W., the flood-tide set dead to windward. It was therefore to be expected that the "Amphibian," situated near the edge of the Maplin, would bump as she floated. Nor were we disappointed. The lap of the waves against the fixed hull splashed up her sides, and the spray was spread over the deck by the wind. As she lifted to the swell and gradually became broadsides on to it and the wind, so she bumped, till at last we became alarmed as to her safety. It being cold and wet on deck we waited below until it was time to get under way. Sitting in the cabin we could feel her floor-boards rising as she came in contact with the sand. At one time this bumping

became so severe that we expected every minute the ballast would drop through her bottom. In fact, we got the dinghy ready in case of emergencies, but fortunately she was not required.

With heavy clouds and rain to wind'ard the night came earlier than usual. The wind was still increasing, so we prepared the ship and ourselves for a wet beat to Southend.

When we had a fathom of water around us the cable was shortened in, the mainsail and mizen set. Then the chain was hove short, staysail hoisted, and we broke out, casting on the port tack to get into the deep water shorewards.

Under the conditions prevailing, it was too much for one man to set the spitfire jib (we could only spare one hand on account of the frequent tacking). The decks were slippery, and the boat pitched so that most of his time was occupied in trying to remain on deck. This made us carry more weather helm than was necessary, but that is not so serious as dropping a man overboard and hunting for him in the dark.

As we stood out across the sands into the Swin channel we came into rougher water, but this was more than counterbalanced by obtaining the full benefit of the flood-tide.

It was now quite dark, and the rain had reached us, so by rights we should have had our side-lights up. At this time our craft did not run to such things, so we kept our riding-light handy for emergencies.

All know, who sail the Thames Estuary, that the bulk of the shipping, and always the large craft, come down on the first of the ebb and go up on the latter part of the flood-tide. As we had not floated off the Maplins till well into the second part of the flood, we had to pass continuously in and out of the shipping. To the uninitiated this may sound interesting, but try it on a dark night in a boat such as ours, and you will probably think it more than interesting, even exciting—possibly dangerous. In daylight when you see a steamer end-on to you he may see you, and then all's well. But at night, especially a dark one, your small side-lights may not show, and although you wave a white light to draw his attention, you are often none too sure it has been spotted. Most steamers alter course but slightly to avoid small sailing craft. In fact one gets to realise that it is better to get out of the way as quickly as possible. It is of little use that the rule of the road is on your side, and that in theory the steamer will give way. The practice in general is otherwise. On these occasions it is well to remember what happened to the lady in the white dress who stood out for the rule of the road against a chimney-sweep.

We saw quite enough red and green lights at the same time to keep one man standing by our white light—the only really warm job going except for the occasional work caused by the order "ready about."

Arrived at the end of Southend pier, the helm was put

up and we made for the shore, dodging the numerous barges and small craft anchored everywhere. We shortened canvas as we went till about eighty yards from land, when we dropped anchor and stowed all sail.

This is far from an ideal anchorage in a rough sea; indeed, had it not been for our anchor fouling a mooring, as we discovered at low water, we would certainly have dragged, would probably have fouled a barge, and might not impossibly have been driven ashore. Such accidents are by no means unknown at Southend.

It was about 12.15 a.m., just after high water. We all felt hungry, but the rolling prevented our having a comfortable meal, so we waited till she took the ground some thirty minutes later. Not much bumping this time, for we were well in-shore, and not in such an exposed position.

A peaceful night of some eight hours on the mud, followed by breakfast and a shift of berth to Leigh, finished up a week-end which gave me my first acquaintance of the Maplins.

D. M. S.

Officers' Training Corps.

THE second annual General Inspection of the University of London Officers' Training Corps was held on Saturday, June 18th, in Hyde Park. In the unavoidable absence of Brig.-Gen. Murray the inspection was carried out by Maj.-Gen. the Hon. A. H. Henniker. The corps was well represented in all its branches, artillery, engineers, infantry, and medical units. Major H. H. Tooth, C.M.G., was in command of the medical companies, and St. Bart.'s was represented by three sergeants and thirty-one men. After receiving a general salute the inspecting officer rode down the lines. The whole contingent then marched past in column of companies and again in brigade quarter column. The medical sections were easily superior to the other units, their steadiness in marching and smartness on command being very noticeable when passing the saluting point. After again forming line and advancing in review order the corps gave another salute and was then addressed by Major-Gen. Henniker, who pointed out to the men the necessity for as many as possible to render themselves thoroughly efficient and to take commissions in the Territorial force or Special Reserve of Officers. In conclusion N.C.O.'s who had passed Certificate B were called out and complimented by the inspecting officer.

The thanks of all "A" section men are due to Major Tooth for the energy he has displayed, and for the facilities which he afforded in helping to make our part of the parade a success. It is greatly to be hoped that practical appreciation of the time and trouble which our commanding officers (Majors Herringham and Tooth) have given to the corps will be shown by a full attendance of "A" section men in camp this year.

Past v. Present.

IT is one thing to visit the Hospital Athletic Grounds at Winchmore Hill on the occasion of the Annual Past v. Present Cricket and Lawn Tennis Matches and Garden Party, but quite another to be held up by the Editor of the JOURNAL in the refreshment tent and commanded to write one's impression of the afternoon by eleven o'clock next morning. He was really very nice about it, for an Editor. He said we could write exactly what we pleased so long as it didn't run to more than a full column of the largest type. One of our hands was full of strawberries and cream at the moment and another was occupied with ices and teacups, so we were entirely at his mercy. Moreover, the band, in its pretty scarlet costume, was playing the "Druid's Prayer," which nobody can ever resist. Thus it came about that we agreed to the Editor's request, but we insisted that we should have a perfectly free hand with the facts, and that our statistics should be spared the blue pencil. He was very hungry and accepted our terms.

When we left London the *Daily Mail's* exclusive forecast, about passing mud-storms and thunder locally, was being fulfilled to the letter, but we found dear Winchmore bathed in sunshine, and for the rest of the afternoon our oilskins were merely decorative.

During the odd moments at each end of the tea interval a cricket match and several games of tennis seemed to be in progress. The field looked exceedingly pretty; the basket chairs were full of ladies; and the refreshments were splendid. With a little trouble it was possible to avoid sunburn, while keeping one eye on the cricketers and another on the twelve acrobats disporting themselves upon the tennis courts. None of the basket chairs were numbered, and only a few of their occupants were reserved.

It is difficult to speak with certainty about the result of the cricket match, and quite impossible to say what really happened at tennis; but it was all very pleasant to watch, and we know for a fact that every player had his full share of strawberries. In the cricket match we were especially struck by some of the approach shots of a celebrated golfing member of the Past XI. The programme of music was exactly suited to the occasion.

Space forbids figures showing the range and variety of half-mourning displayed on the ground, but on the way home we compiled some statistics from information kindly provided by the programme, which cannot fail to be of interest. Thus, the average time of departure from Farringdon Street of the official trains came to 1'01.3 p.m. (recurring), and their average time of arrival at Winchmore Hill (at the same temperature and pressure) worked out at 2'28.3 p.m. (also recurring). It was too hot to puzzle out the average age of the return trains or the average initials of the cricketers, but we are looking forward to that next year.

British Medical Association.

ANNUAL MEETING IN LONDON,
JULY 26TH 29TH, 1910.

AFTER a lapse of fifteen years the British Medical Association again holds its Annual Meeting—the seventy-eighth—in London.

The Metropolis might be considered an ideal place for such a gathering, but its vastness makes an annual meeting of this kind somewhat difficult to manage. With the cordial co-operation, however, of the various hospitals and medical schools, it would seem that this year will see an extremely successful re-union of members. The scientific business of the meeting will consist of no less than twenty-one sections, which will meet at the University of London, South Kensington.

St. Bartholomew's is well represented in both the officials and the sections. Mr. H. T. Butlin, our Consulting Surgeon and President-elect, is a host in himself. He will come into office on Tuesday evening, July 26th, and on Wednesday, July 27th, at 1.30, he will be entertained by his old friends, the teachers of St. Bartholomew's Hospital, to a luncheon in our great hall.

After the luncheon a garden party will be held in the Square, to which all old St. Bartholomew's men will be welcome with their ladies. Tickets can be obtained for this latter function from the Medical School offices or from the Reception Room at South Kensington.

Mr. Gilbert Barling, an old St. Bartholomew's man, is to deliver the address in Surgery on Thursday, July 28th, at 12.30.

Mr. H. W. Armit is proving a most energetic Secretary of the Medical Museum Committee—no light task at such a meeting as this.

In the Sections the names of St. Bartholomew's men frequently occur. The Section on Anaesthetics is, on Thursday, July 28th, to have an interesting discussion on the "open" system of ether administration, in which Mr. H. J. Paterson is to take part, as he will also do in the discussion on the prevention and treatment of surgical shock during inhalation anaesthesia.

In the Section of Dermatology the President is Dr. Phineas Abraham, who has for so long and worthily held the post of Dermatologist to the West London Hospital.

Dr. Archibald F. Garrod, F.R.S., is President of the Section on Diseases of Children, and Dr. H. D. Rolleston, an old St. Bartholomew's man, now Physician at St. George's, is a Vice-president, while Dr. Hugh Thursfield acts as one of the Hon. Secretaries, and Mr. Keogh Murphy will take part in the discussion on the diagnosis and treatment on non-tuberculous joint diseases in children.

In the Laryngological Section Mr. Stephen Paget, whose

splendid work in connection with the Research Defence Society has added much to his fame, is a Vice-president, and Mr. E. B. Waggett opens a discussion on vaso-motor rhinitis, in which Mr. Stuart Low also takes part.

Mr. H. W. Armit is to take part in the discussion on State sickness insurance under the Section on Medical Sociology.

In the Section devoted to Medicine, Dr. Morley Fletcher is one of the Hon. Secretaries, a fact which will go far to ensure its success.

Under the Odontological Section a number of discussions will take place, and on Thursday, July 27th, Dr. Harold Austen is to open one on the correction of the effects of drugs taken as medicine.

In the Section of Ophthalmology, Mr. Holmes Spicer is to open a discussion on the extra-ocular manifestations of the more common forms of anterior uveal inflammation.

Under Pharmacology and Therapeutics Sir Lauder Brunton will take part in the discussion on the effect of digitalis on the human heart, and his remarks are sure to be much to the point.

Dr. F. W. Andrewes is a Vice-president of the Pathological Section.

In the Physiological Section Dr. Edridge-Green reads a paper on "Some Visual Phenomena connected with the Yellow Spot."

In the Section on Psychological Medicine and Neurology Dr. Robert Jones will speak in the discussion on marriage and insanity.

In the Section on Radiology and Medical Electricity Dr. Lewis Jones is a Vice-president, and will contribute a paper on "The Treatment of some Corneal Ulcers by Zinc Ions," while Dr. Harrison Orton has a paper on "Some Points in the X-ray Diagnosis of Pulmonary Tuberculosis," and Dr. Alfred Jordan one on "The Types of Phthisis from a Radiographer's Point of View," two papers which should be of much value, as also will be Dr. Howard Pirie's on "Hyperhydrosis cured by X rays."

In the Section of State Medicine, Mr. C. E. Paget is a Vice-president and Dr. J. F. Sandilands an Hon. Secretary. Mr. F. E. Fremantle will take part in the discussion on town planning in relation to public health, and Sir William J. Collins opens the discussion on death certification.

In the Surgical Section Mr. W. G. Spencer, now Surgeon at the Westminster Hospital, takes part in the discussion on the principles which should govern the operative treatment of simple fractures, in which also Mr. Gilbert Barling, Mr. H. J. Paterson, and Mr. E. Hey Groves will speak. In the same Section there will be a discussion on the surgical treatment of exophthalmic goitre, in which Mr. G. Heaton, Mr. Gilbert Barling, Mr. W. G. Spencer, and Mr. E. Hey Groves will enter. Also Mr. H. J. Paterson has a paper on "Early Diagnosis and Treatment of Gastric Carcinoma," and Mr. W. Ernest Miles an important one on "The Radical

Abdomino-perineal Operation for Cancer of the Rectum and of the Pelvic Colon," with a table showing the results of twenty-four cases in which the method has been employed.

Mr. C. Mansell Moullin has a paper on "The Action of Gastro-enterostomy in Cases of Gastric and Duodenal Ulcer in which there is no Mechanical Difficulty," and will ably elucidate that interesting point.

Obituary.

MISS ELIZABETH BLACKWELL, M.D.

WITH the death of Miss Elizabeth Blackwell, in her ninetyeth year, there has passed away the only lady appearing in the index of names and addresses of "Bart's men," and the first fully qualified lady registered as medical practitioner in England (1859).

Miss Blackwell is best known as the first lady doctor, but the interest to us is her association with our Hospital. After considerable trouble she obtained leave to attend the medical school attached to the University of Geneva in the State of New York. She entered this school in 1847, and received the degree of M.D. in 1849. Though educated in America, she was born in England, and shortly after graduating she returned to her native land. She came to London with an introduction to Mr. Paget, who was then Warden of the College, and by whom she was admitted as a student, receiving an "unlimited" ticket. She attended Mr. Paget's lectures on Pathology, and daily walked the Hospital for a year and a half.

Miss Blackwell evidently won the heart of the Warden's wife, for in the *Memoirs of Sir James Paget*, written by his son, Stephen Paget, there is a note of a letter written by his mother on October 17th, 1850:

"Well, we have our 'Lady Doctor' here at last, and she has actually attended two of James's lectures, taking her seat with perfect composure. The young men have behaved extremely well, and she really appears to go on her way unmolested. She breakfasted here one morning with several of our students, and last evening we had a few medical friends to dinner and she joined us in the evening. Her manners are quiet, and it is evident that her motives for the pursuit of so strange a vocation are pure and good. So let us hope that she will become useful in her generation."

Miss Blackwell was a subscriber to this *Journal*, and in the September issue, 1894, contributed an article entitled "A Reminiscence of Forty Years Ago," in which she describes the details of her admission, a slight account of the physicians of that day, and her great appreciation of the kindness she received at Bart's.

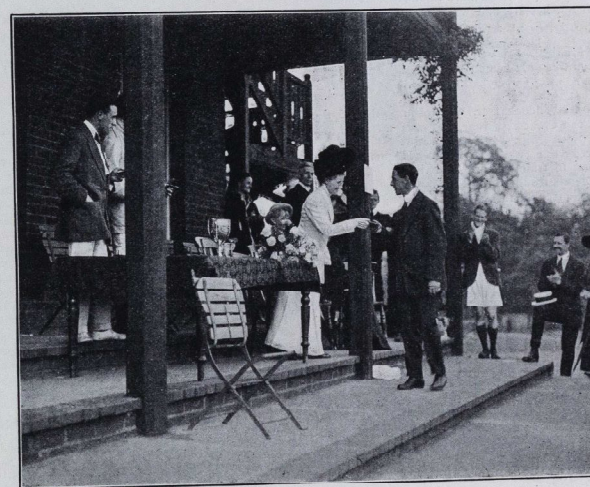
Sports Notes.

LONDON Hospital 1st: Bart's also ran. Cricket and rowing: senior and junior, Ichabod. 'Tis a sad tale, but alas, too true. It is a poor thing to make excuses for defeat, but there is little doubt that the results should have been reversed with perhaps the exception of the Cricket 2nd XI, which is a shadow of its former self. Bridgeman's bowling has been badly wanted this season, and his absence from the 1st XI had a great deal to do with our non-success in the Cup-tie. We hope he will be quite fit again next season. There is another melancholy fact to relate: the 2nd XI have had to scratch two matches in succession for

gate cup presented by Mr. Waring. It was a very fitting ending to his sporting career at the Hospital. He has represented the Hospital at soccer, rugger, tennis, and athletics, and incidentally been a most popular and capable 'H.-S.'

There has recently been a boom in the Shooting Club, several Freshmen making excellent scores in the Inter-Hospital competition, and we have great hopes of winning the cup. More details appear in another column.

We regret that we are not very well posted up in the doings of the Tennis and Swimming Clubs. They are two quiet clubs that go along without making any fuss or receiving any kudos. We have approached the respective secretaries for accounts of their doings, but at the time of writing have had no news.



ANNUAL SPORTS. DISTRIBUTION OF PRIZES BY MRS. WARING.

lack of players. It is more in sorrow than in anger that we ask "What are men doing on Saturday afternoons?" From statistics carefully compiled by Bacon we find that there is an average of ten students in the Hospital at 3 o'clock on Saturdays: so it cannot be work which prevents men from coming up to Winchmore. We know of no other reason. Perchance one of our readers may be able to solve the mystery, in which case will he take up his pen and write speedily to the Editor, so that it can be published far and near, that all may know.

But enough, even our clouds have their silver lining, and we are pleased to record the fact that the Sports were in every way a decided advance on last year. More visitors, more entrants, and, in consequence, better races. We must congratulate 'General' F. J. Gordon on winning the aggre-

The invitation to old Bart's men to play during the Cricket Week has not been followed by shoals of acceptances, as the Secretary has received no applications. We understand that they have "married wives, therefore they cannot come." We are sorry—they cannot come.

The Clubs.

ATHLETIC CLUB.

Annual Sports held on Wednesday, June 8th, at Winchmore Hill. The conditions under which the sports were held were perfect, both from the competitor's and spectator's point of view, with the result that the attendance was well up to the average.

Those responsible for the arrangements and carrying out of the programme are to be congratulated on the excellence of their labours.

The laying out of the track was a decided improvement on past years. The tedious rise before the straight was diminished, whilst the latter was considerably lengthened.

Mr. Waring, the President, presented a handsome cup for the best aggregate performance. This was won by F. J. Gordon with 27 points, J. van Schalkwijk being second with 24 points, T. H. Just third, 20 points.

The handicapping produced some exciting finishes, notably in the Half-mile and the final of the 120 Yards Handicap, T. H. Just in the former overhauling Mudge (rec. 60 yds.) in the straight, whilst in the latter the four finalists were within three yards, Slathers (11 yds.) winning by inches from Storer (9 yds.).

100 Yards (Scratch).—Gordon won this rather easily. A. Abrahams, the winner for the last three years, was unavoidably detained in town, and so had no opportunity of creating a record by winning this event for four consecutive years. Gordon 1, Ferguson 2.

Throwing the Hammer (Handicap).—J. van Schalkwijk (rec. 8 ft. 9 in., 10 in., 1; R. E. Burn (rec. 15 ft.), 7 ft. 11 in., 2; 120 Yards (Handicap).—Slathers (rec. 11 yds.), 1; Storer (rec. 9 yds.), 2; Ferguson (rec. 5 yds.), 3; Atteridge (rec. 11 yds.), 4; Time, 12 1/2 sec.

One Mile (Handicap).—Just (scr.) had more than he could manage in giving the winner so much start, and was beaten by about 100 yds. Slathers (rec. 270 yards), 1; Just (scr.), 2. Time, 4 min. 27 3/4 sec.

Putting the Weight (Handicap).—J. van Schalkwijk's performance of 35 ft. 9 in. from scratch was only beaten by Mudge (3 ft. 2 in. Mudge (rec. 3 ft.) 35 ft. 11 in., 1; van Schalkwijk (scr.) 35 ft. 9 in., 2; Ferguson (3 ft. 6 in.), 33 ft. 4 in., 3.

High Jump (Handicap).—Wilcocks (scr.) was not jumping with the ease which gained him the event last year, and was unexpectedly early out of the event. Schalkwijk's agility is wonderful when one knows his weight to exceed one twelfth of a ton. He deserves his successes, for he has been in training for some time past, and one has only to refer to last year's results to note his all-round improvement. J. van Schalkwijk (rec. 3 in.), 5 ft. 5 1/2 in., 1; B. Mudge (rec. 6 in.), 5 ft. 4 in., 2.

Long Jump (Handicap).—Gordon (scr.) 20 ft. 6 in., 1; Mudge (rec. 18 in.) 19 ft. 6 in., 2; J. van Schalkwijk (rec. 8 in.) 18 ft. 7 1/2 in., 3. 410 Yards (Level).—This was an excellent race, Abrahams winning from Just by half a yard. A. Abrahams, 1; T. H. Just, 2. Time, 58 sec.

120 Yards Hurdles (Handicap).—Van Schalkwijk overtook the field at the seventh hurdle and remained there to the last one, when Gordon, who was a foot or so behind, forged ahead and won by a foot. F. J. Gordon (scr.), 1; J. van Schalkwijk (oves 6 yds.), 2. Time, 20 1/2 sec.

Freshmen's Race (220 Yards Scratch).—C. F. Beyers, 1; J. B. Mudge, 2. Time, 26 sec.

Obstacle Race.—Last, the groundman, had made quite an interesting set of obstacles, the negotiation of which caused considerable amusement to the onlookers, and, en passant, not a little damage to the competitors. Storer, 1; R. E. Burn, 2; G. R. Lynn, 3.

Half Mile (Handicap).—An exciting race, just overtaking Mudge in the straight and winning by about 2 yards. Just (scr.), 1; Mudge (60 yds.), 2. Time, 2 min. 7 1/2 sec.

Junior Staff (80 Yards Handicap).—Six men turned out. Abrahams was allowing 18 yards to the limit man and finished second to Noble (12 yds.). J. A. Noble, 1.

Inter-Firm Tug-of-War.—Mr. Waring's "firm" won easily. The distribution of the prizes was gracefully performed by Mrs. Waring from the steps of the Pavilion. E. R. Evans returned thanks on behalf of the Club, the President replying in a short speech.

The Committee desire to thank the members of the Staff for the pains they took to make the meeting a sporting success.

CRICKET CLUB. CUP MATCH.

ST. BART'S v. LONDON HOSPITAL.

Bart's played London in the 1st round for the Cricket Cup at Honor Oak on May 27th, and lost by 2 wickets after a good game. With the exception of Wallis, who played a brilliant innings, none of our bats came off. Our score of 177 on a perfect wicket gave us no chance of winning against such a powerful batting side as London. The game was very even until Dew and Leney came together. They instantly got a grip of our bowling and soon passed our total. Leney also took 7 wickets for 56, and so played a great part in our defeat. Our most successful bowler was Grace, who took 5 for 71.

Table with columns for ST. BART'S, LONDON, and Scores. Lists players like J. J. Waugh, H. W. Barnes, and their scores.

Our Cricket Team journeyed to Aldershot on May 27th to play the R.A.M.C. We had the best of the game, which ended in a draw. Norman scored the first century for us this season; Barrow 75, Wallis 69, were the next best scorers.

Table with columns for ST. BART'S, R.A.M.C., and Scores. Lists players like A. J. Waugh, R. M. Barrow, and their scores.

This match was noted for the huge total of runs made during the day. We batted first and made 351 for 5, and declared. Our opponents had three hours in which to get the runs. They succeeded in so doing with five minutes to spare. Norman played a brilliant innings of 165 for us. For our opponents Knight and Rudd each took a century. The school took a great interest in the game and applauded every good stroke, and at the end of the game they bade us farewell with a cheer.

Table with columns for ST. BART'S, WELLINGBORO' MASTERS, and Scores. Lists players like A. J. Waugh, N. F. Norman, and their scores.

This match was played at Winchmore on May 21st and resulted in a win for us. Southgate won the toss, and electing to bat, made 176. W. G. Walker was top scorer, with 49 not out. Bart's replied with 226 for six. Norman with 66, Waugh with 51, Wallace with 45, were our best contributors.

Table with columns for ST. BART'S, SOUTHGATE, and Scores. Lists players like P. A. With, A. J. Waugh, and their scores.

ST. BART'S 2ND v. PORTERS.

This annual function has two aspects, the cricket and the social. The former, being the less important, will be dealt with first. Osmond lost the toss, and the Porters, no doubt with the excellent but perhaps somewhat unnecessary object of "raising a thirst," decided to field first. Rimington, though suffering from a poisoned finger, turned out as the Porters had brought twelve men, and obliged with a unorthodox innings of 50 not out. Osmond and Pavy Smith also contributed useful scores. We declared at 176, much to the indignation of those who had not had a knock. The variety of our bowling was too much for the Porters, though any of the early batsmen appeared good for runs, and as Rust, their last man, remarked, "it was a good job for us that he didn't have time to get set." After the match a merry evening was spent by the privileged few who stayed on, all of whom agreed that they would not have missed it for worlds. Songs and glasses of lemon-squash were plentiful, to say nothing of a conuring performance and a grand march past by the old brigade. Finally an excellent demonstration was given of the only method of treating a patient with hysterics. This, though perhaps somewhat drastic, was entirely successful.

Table with columns for ST. BART'S 2ND, PORTERS, and Scores. Lists players like W. C. Dale, R. T. Vivian, and their scores.

ST. BART'S 2ND XI v. J. W. NUNN, ESQ.'S XI.

In this match our batting broke down completely. After getting our opponents out very cheaply we were beaten by 27 runs. Dr. Nunn played well for his 32, while on our side Ferguson was the only man to make any show at all. We hope for better things in the return match at Wrotham Park.

Table with columns for ST. BART'S 2ND XI, DR. NUNN'S XI, and Scores. Lists players like T. Owen, S. D. Clari, and their scores.

ST. BART'S 2ND XI v. WINCHMORE HILL.

This match was quite an object-lesson in the uncertainty of cricket, especially as played by our versatile 2nd XI. Winchmore batted first and had five wickets down for 17, but we had not so soft a job as we thought, as the last five men brought the score to 134. Osmond and Ellis then gave us a real good start, the first wicket falling at 66, but Vivian headed the list of "rabbits," and our last nine men collected only 37 between them. We think the less said about this match the better.

Table with columns for ST. BART'S 2ND XI, WINCHMORE HILL, and Scores. Lists players like T. E. Osmond, R. Ellis, and their scores.

ST. BART'S 2ND XI v. SOUTHGATE 2ND.

Played at Southgate on May 21st, this match ended in an unexpectedly easy victory. Southgate had first knock, and though they had several useful bats, no one looked like making runs. The whole side was out for 56, the chief credit being due to Osmond, whose 5 wickets cost only 19 runs. We knocked off the runs for the loss of one wicket, thanks to Osmond and Rimington. The former of the latter in a sparkling 28, exhibited batted brightly for 38, while the latter in a sparkling 28, exhibited almost every variety of stroke, including his well-known "cow shot." The latter batsman hit out in light-hearted, but somewhat ineffectual style.

Table with columns for ST. BART'S 2ND XI, SOUTHGATE 2ND, and Scores. Lists players like R. Ellis, T. E. Osmond, and their scores.

LAWN TENNIS CLUB.

ST. BART'S v. REDHILL A.

At Redhill, May 21st. St. Bart's went down with a very weak team and sustained a crushing defeat. Scott and Davis lost to the first and second pairs, did not play the third. Meller and Douglass beat the third pair, and were beaten by the first and second. Gordon and Nash-Worham were beaten by the first and second pairs. The team was very short of practice. Meller played well.

ST. BART'S v. MIDDLESEX HOSPITAL.

At Winchmore, May 28th. Stathers and Meller won all three matches very easily. Scott and Davis won all three matches almost as easily. Douglass and Lewis beat the third pair, lost to the first and second. The Middlesex were very weak.

ST. BART'S v. TRINITY CAMBRIDGE.

At Cambridge, June 4th. Stathers and Davis beat the first and third pairs, drew with the second. Scott and Meller won all three matches. Hutchinson and Douglass beat the third pair, lost to the second, did not play the first. This was a very creditable performance, and the Bart's team all played very well.

ST. BART'S v. WATFORD.

At Watford, June 11th. Stathers and Dyas won all three matches. The match with the first pair was very keenly contested. Hutchinson and Gordon lost to the first and second pairs; did not play the third. Davis and Douglass beat the second and third pairs; lost to the first after a very good match.

ST. BARTHOLOMEW'S HOSPITAL SWIMMING CLUB.

On May 6th we had our first polo match against Ealing, one of the best teams we play. The result, 2 goals to 4 against us, made us hopeful for future matches.

On the 9th we had a most disappointing match with the "D" division of the Metropolitan Police. After beating them last year by 9-0 we hoped at least to have a good game. But after some play of a very indifferent character we lost by 2 goals to 7.

For our next match against the Water Rats we could only raise five men, but had an excellent game, getting 3 goals to our opponents' 5.

University College Hospital have scratched to us in the polo match and team race, and we now have to meet St. Mary's in the second round, with the prospect of being in the final if we should win.

On June 12th we lost an excellent team race, four a side, against the Royal School of Mines and Royal College of Science at Chelsea Baths, by a bare 12 in. However, we beat them at polo by 7 goals to 0.

On June 20th we play the Old Paulines, and on the 28th St. Paul's School.

Correspondence.

BRITISH MEDICAL ASSOCIATION.

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

DEAR SIR,—In view of the Annual Meeting of the British Medical Association in London in July next, from the 26th to 30th inclusive, a letter has been addressed to all medical practitioners who are not members of the Association, inviting them to join the Association in time to take part in the meeting.

It is recognised that recently qualified medical men, whose names are not in the Directory, will not receive this circular, and I would therefore venture to ask you to allow me to address an invitation to such men in your school, through the columns of your JOURNAL.

A very large attendance of members is expected, and the meeting is likely to prove an interesting one, both from the scientific and

social point of view. Full particulars of the programme and general arrangements will be found from time to time in the *British Medical Journal*.

It may not be out of place to remind your recently qualified students that, apart from the occasion of this Annual Meeting, membership of the Association is both a duty and privilege which should hardly be neglected by any member of the profession.

Enclosed are some forms of application for membership, which perhaps you would be kind enough to hand to some official of your school, informing your readers in a postscript to this letter whence they can obtain them.

With many thanks,

I am, yours faithfully,

LAURIE E. SHAW,

Hon. Local Secretary,

1910 Meeting.

[The application forms are in the JOURNAL office.—Ed.]

Bahere Lodge—No. 2546.

THE Annual Installation Meeting of this Lodge was held on June 21st in the Great Hall, Bro. Laming Evans, W.M., being in the chair. A large number of members and their friends were present, and several of the other medical and hospital Lodges were represented by their Masters.

Mr. G. E. Lynn and Mr. A. J. Gibson were admitted into Freemasonry, after which the W.M. elect, Bro. Maximilian Trechmann, was duly installed in the chair, W. Bro. Laming Evans acting as Installing Master.

The newly installed Master invested the following brethren as officers for the ensuing year: Bro. Morley Fletcher, H. J. Johnson, Rev. H. S. Close, Ernest Clarke (Treasurer), H. Austen (Secretary), Perram, Henshaw, Gripper, Boyle, Etherington Smith, Burns, Ogle, Gilmour, Anderson, Graham Forbes, Westbrook, Hayes, and Coughhlay.

A letter was read sent to the Lodge from the M.W. Grand Master, H.R.H. the Duke of Connaught, through the Grand Secretary, in reply to a vote of sympathy sent by the Lodge on the melancholy occasion of the death of His Majesty King Edward the Seventh.

In this reply allusion was made to the interest always taken in the Lodge by his late Majesty (the having been present at its consecration), and the noble institution with which it is connected.

A presentation of plate was made by the brethren of the Lodge to W. Bro. Clement Godson, the retiring treasurer, in acknowledgment of his long and valuable services. In making the presentation W. Bro. Samuel West pointed out how much of its success the Lodge owed to Bro. Godson, who was its first Master and has for the last eleven years acted as treasurer.

The dinner was subsequently held at Oddenino's Imperial Restaurant, when the usual toasts were honoured, and a musical entertainment followed in which W. Bro. Toimey, Mr. Wilfrid Cunliffe, and M. Jacques Renard took part.

Paper by Bart's Man.

The Hunterian Lectures on "The Evolution of the Pelvic Floor in Non-Mammalian Vertebrates and Pronograde Mammals," *Lancet*, May 21st and 28th, 1910, by R. H. Paramore M.D.Lond., F.R.C.S.Eng.

Reviews.

SYPHILIS. By SIR JONATHAN HUTCHINSON, F.R.S., LL.D., F.R.C.S. New and enlarged edition. Cassell & Co. 10s. 6d. net.

We heartily welcome the appearance of the new edition of this well-known work. In the twenty years that have elapsed since the publication of the first edition, many additions have been made to our knowledge of syphilis, especially the demonstration of the cause of the disease in the *Spirochaeta pallida* of Schaudinn and Hoffmann; yet, as is pointed out in the preface, "the discovery had been so confidently foreseen and had become by inference so definitely interwoven with the texture of our creed, that now that it has been actually made it brings us but little help." Similarly, other recent discoveries, such as the Wassermann reaction, concern the pathologist more than the clinician, and it is good to find that this book retains the almost exclusively clinical character which marked the first edition. Best of all, the subject-matter, which has been entirely re-arranged and largely re-written, is based almost entirely upon the distinguished author's vast clinical experience, and the conclusions that are drawn, especially as regards treatment, therefore acquire great interest and importance.

Sir Jonathan Hutchinson has seen no reason to alter his opinion that long-continued administration of the "small-dose grey-powder pill" is the best and surest means of cure of the disease. The dangers and disadvantages of treatment by injection are pointed out, and attempts to substitute atoxyl or soamin for mercury are emphatically condemned: "Why should the attention be wearied and the memory burdened with details as to soamin and atoxyl, when, after all, nothing is claimed as to their powers which has not been amply proved for liquor arsenicalis, and the probability is not disputed that, for general use, although efficacious, in comparison with mercury they are only second best?"

The printing of the book and the numerous plates are all that could be desired, and we strongly advise all senior students to study and pay heed to the teaching that it contains; to practitioners especially we recommend the book with the confident assurance that it will be of the utmost use to them.

THE MEDICAL ANNUAL, 1910. Bristol: John Wright & Sons. 6s. 6d. net.

This is the twenty-eighth year of publication of this excellent "treasury of knowledge." Such a book must be valuable chiefly to hard-worked practitioners, who will find in it sufficient of recent medical and surgical work to enable them to keep abreast of the latest teaching. To have the pith of so many articles one would like to read collected into one not too bulky volume is certainly a boon. In addition to abstracts from original papers, etc., there are a number of original articles, many of which we found to be excellent, as might be expected from the number of recent research articles that are included amongst the list of contributors. We are pleased to note that cognisance is taken of recent research abroad, and especially would we draw attention to the article, excellently illustrated by a number of remarkable photographs, on the results obtained by injections of sea-water into the subcutaneous tissues in various gastro-intestinal and skin diseases. The improvement in nutrition and general tonic effect is said to be very marked under this treatment. A useful and well-illustrated article on urinary deposits is included in the book. We feel we can confidently recommend *The Medical Annual*, 1910, to all general practitioners.

Royal Naval Medical Service.

The following appointments, etc., have been announced since May 20th, 1910:
Fleet-Surgeon H. X. Browne to the "Andromeda," to date June 18th, 1910.
Staff-Surgeon H. W. B. Shewell to the "Assistance," to date May 24th, 1910.

Surgeon G. Levick to the "President," additional, for the British Antarctic Expedition, to date June 1st, 1910.
Surgeon W. P. Yetts, to Royal Marine Barracks, Chatham, to date June 15th, 1910.

Royal Army Medical Corps.

The following having arrived home for duty are posted to the stations named:

Lieut.-Col. E. J. E. Risk to Belfast as A.M.O.
Major St. J. Killery to Jersey.
Captain F. H. Noke to Aldershot.
Captain G. E. Cathcart to Western Command.

The following have arrived home on leave:
Lieut.-Col. W. J. Baker from Egypt.
Major H. E. Smithson from South Africa.
Major M. Swabey from India.
Captain M. H. G. Fell from Egypt.

Appointments:
Lieut.-Col. F. H. M. Burton to charge of Military Hospital, Colchester.
Lieut.-Col. S. Westcott, C.M.G., to be Honorary Surgeon to the Viceroy of India.

The following will proceed abroad in the coming troopship season:
Lieut.-Col. F. W. C. Jones to India (Southern Army).
Lieut. H. Gall to India (Northern Army).
Major H. S. Thurston to Malta (as sanitary officer).
Major A. H. Morris to Malta.
Lieut. C. Clarke, F.R.C.S. to Malta.

Change of station:
Lieut.-Col. H. W. Austin from Scottish to Aldershot Command.
Major J. Girvin, Bombay to Deal.
Captain L. V. Thurston to Purree Hills.
Captain C. W. O'Diain from Peshawar to Aden.
Lieut. J. C. Reuslaw to Peshawar.

Captain A. J. W. Wells retires, receiving a gratuity, April 13th, 1910.

Major C. H. Hopkins is placed on temporary half pay, on account of ill-health.
Captain A. H. Hayes has obtained the membership of the Royal College of Physicians, London.

Appointments.

ECCLES, W. McADAM, M.S., F.R.C.S., appointed Examiner in Surgery to the University of Cambridge.

FULLER, A. J. S., B.A.(Cantab.), M.R.C.S., L.R.C.P., appointed House-Physician to the Leicester Infirmary.

OULTON, E. V., M.B., B.C.(Cantab.), appointed Assistant Inspector and Surgeon to the Travelling Ophthalmic Hospital of Egypt.

PHILLIPS, Llewellyn Powell, M.D., B.C.(Cantab.), F.R.C.P.(Lond.), F.R.C.S.(Eng.), has been appointed Professor of Medicine in the Egyptian Government School of Medicine, and Senior Physician to the Kasr el Aini Hospital, Cairo.

ROBERTS, W. E., appointed House-Surgeon to the S. Devon and E. Cornwall Hospital, Plymouth.

New Addresses.

BOYTON, A. J. H., Highdene, Penarth, S. Wales.
 CANE, Lieut. A. S., R.A.M.C., 114, Beaufort Mansions, Chelsea, S.W.
 CLAPHAM, Capt. J. T., R.A.M.C., 4, Homefield Road, Wimbledon.
 DYER, Staff-Surg. W. P., R.N., H.M. Dockyard, Portsmouth.
 FURBER, L. G. H., Twyford, near Reading.
 GIUSEPPI, P. L., Leopold House, Felixstowe.
 GREY, H. M., The Hospital, Walsall.
 MATTHEWS, Capt. E. A. C., I.M.S., 44, Hove Park Villas, Hove.
 MOSS, B. E., 343, Fore Street, Lower Edmonton, N.
 PATRICK, N. C., Glenavy, co. Antrim.
 REID, E. D. Whitehead, St. George's House, Canterbury.
 ROBERTS, W. E., South Devon and East Cornwall Hospital, Plymouth.
 SHEWELL, Staff-Surg. H. W. B., R.N., H.M.S. "Assistance," Home Fleet.
 SQUARE, W. Russell, Hotel Varela, Calle Real 173, Ferrol, Spain.
 WILLIAMS, R. T., Plasyard, Ruthin.
 YETTS, Surg. W. P., R.N., Royal Marine Barracks, Chatham.

Births.

BARRIS.—On Thursday, June 16th, at 4, Spanish Place Mansions Manchester Square, W., to Mr. and Mrs. John Davis Barris, a daughter.
 GKAC.—On Saturday, June 4th, at 2, Calverley Mount, Tunbridge Wells, the wife of Nathaniel Grace, M.D., of a daughter.
 HATNES.—On June 22nd, at King's Lane, Cambridge, the wife of George Scudican Haynes, M.D., of a son.
 STANGER-LEATHES.—On the 16th June, 1910, at Poona, the wife of Capt. H. E. Stanger-Leathes, I.M.S., of a daughter. (By cable.)
 WESTON.—On May 20th, at 2, East Ascent, St. Leonard's-on-Sea, the wife of Henry J. Weston, M.R.C.S., L.R.C.P., of a son.

Marriages.

FAWKES-FUNNELL.—On Saturday, June 11th, at St. Olave's, Finsbury Park, London, by the Rev. Wynn Healey, M.A., Marquidite Fawkes, M.B., B.S.Lond., M.R.C.S., L.R.C.P., of Midhurst, Sussex, eldest son of Mr. and Mrs. F. Atfield Fawkes, of "Hillside," Felixstowe, to Linda, elder daughter of Mr. and Mrs. Edward Funnell, formerly of Audisque, St. Etienne-au-Mont, France.
 TRAPNELL STEWART.—On June 7th, at St. Bartholomew-the-Great, Smithfield, by the Rev. M. G. Davis, Francis Cyril Trapnell, of Beckenham, to Ann M. J. Stewart, of Moffat, N.B.

Deaths.

BLACKWELL.—On the 31st May, at Rock House, Hastings, Elizabeth Blackwell, M.D., in her 90th year, after long illness, serenely borne.

CANE.—On June 20th, at Edmonton, London, Frank E. Cane, L.R.C.P., L.R.C.S. Edin., D.P.H. Cantab., Divisional Surgeon, Metropolitan Police, the beloved husband of Helen M. Cane.
 WETHERED.—On April 25th, at Kingswood, Surrey, Ernest Wethered, M.D., aged 34 years.

Books added to the Library during April and May.

The following was presented by Earl Howe:

The Imperial Yeomanry Hospitals in South Africa, 1900-1902 (Report of the Imperial Yeomanry Hospitals Committee). Edited by Countess Howe.

Vol. I. Organisation and Administration.
 Vol. II. Imperial Yeomanry Field Hospital and Bearer Company. By Charles Stonham, C.M.G., F.R.C.S.
 Vol. III. Medical and Surgical Reports arranged for the Committee by Raymond Johnson, B.S., F.R.C.S.; Surgeon-Major C. R. Kilkelly, C.M.G. (Grenadier Guards); H. D. Rolleston, M.D., F.R.C.P.; C. Stonham, C.M.G., F.R.C.S. (Secretary), and the late J. W. Washbourn, C.M.G., M.D., F.R.C.P. (Chairman.) Post 4to. Lond. 1902.

Acknowledgments.

St. Thomas's Hospital Gazette, Guy's Hospital Gazette (3), St. Mary's Hospital Gazette, British Journal of Nursing (5), Nursing Times (5), The Student (3), The Medical Review, L'Echo Médical du Nord (5), Journal of Laryngology, Rhinology, and Otolaryngology, London Hospital Gazette, The Preservation of Health in West Africa, Giornale della Reale Società Italiana d'Igiene, New Zealand Medical Times, National Health, St. George's Hospital Gazette (2), Archives of the Königin Ray (2), Vicious Circles Associated with Disorders of the Respiratory Organs, Practitioner, The Gambolier, Union Magazine, Magazine of the London (R.F.H.) School of Medicine for Women, The Hospital, Bulletin of the Johns Hopkins Hospital, The Stethoscope, The Middlesex Hospital Journal, New York State Journal of Medicine, Harveian Oration, The Swedish Exercise Treatment, The Treatment of Tuberculous Abscesses of Bony Origin by Conservative Methods.

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. II.]

AUGUST, 1910.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

Editorial Notes.

AUGUST 1st, 1910.

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

Calendar.

Mon., Aug. 1.—August Bank Holiday.
 Tues., „ 2.—Dr. Norman Moore and Mr. Bruce Clarke on duty.
 Fri., „ 5.—Dr. West and Mr. Bowlby on duty.
 Tues., „ 9.—Dr. Ormerod and Mr. Lockwood on duty.
 Fri., „ 12.—Dr. Herringham and Mr. D'Arcy Power on duty.
 Tues., „ 16.—Dr. Tooth and Mr. Waring on duty.
 Fri., „ 19.—Dr. Norman Moore and Mr. Bruce Clarke on duty.
 Tues., „ 23.—St. Bartholomew.
 Dr. West and Mr. Bowlby on duty.
 Fri., „ 26.—Dr. Ormerod and Mr. Lockwood on duty.
 Tues., „ 30.—Dr. Herringham and Mr. D'Arcy Power on duty.

AUGUST! Slowly, indeed, does the mind travel backward to review last month's deeds and endeavours and sift them for comment, and laggardly come words to a pen thus wrongly directed. For who thinks of work in this month of August?—except perhaps to calculate how little may be done before the holidays commence. If we could enjoy the same advantage as those who at this time deem it necessary to preface their contributions to various contemporaries with—"As I write, there lies before me a broad expanse of azure sea, etc.," we feel sure that these notes on past events would be full of lightness and graceful touches, and our dull prose acquire almost a lyrical quality from such enviable surroundings. Certain it is that if we wrote merely of what happened to be uppermost in our mind, the result would be all of the light-hearted times ahead, and little or nothing of the cares and events of the past or present.

THIS holiday spirit is a strange complaint, if physiological. The way in which it seizeth the sufferer at week-ends is remarkable. Some we wot of who are victims, are obsessed of a desire to travel many miles on the Sabbath to the sea-coast, and there spend some half dozen hours in heavy rain baiting their hooks for fish—and profitable and entertaining must this be, for almost invariably can these followers of the cult show you at least one fish which they have caught and put safely in their bait-tin, and tell you of many others, too large to be good eating, which were left behind. Nor are the fishermen the only class whose minds are so exhilarated by their day's aëration: those who rest during the week-ends are now frequently, towards the close of a quiet day, astonished by the irruption of several who relate having left the hospital at sunrise and walked many score miles through

Surrey and Sussex. The more adventurous spirits, we believe, hope shortly to give up one Sunday to a tour of the Midland Counties. These people are good geographers, and display a wealth of knowledge and accuracy, perhaps as great as one who, on waking, relates a vivid dream.

THIS is the time of year also when to find a *locum* is not less hard than the labours of Hercules; when the newly qualified man, rejoicing in his importance and monetary value, goes out, perhaps, to gain some experience of private practice, and to wonder—after a few short weeks—how any man can stand it for more than a year or so. Yet if he looks around the Hospital now at these few score general practitioners revisiting their old hospital—the “post-graduates”—he may be astonished to find how well they all look, and how lightly their cares seem to rest upon them. But perhaps some of them are not so very far removed from their old student selves; at any rate, most of them retain one student characteristic—they hate being asked questions in the wards!

DISCUSSION is still proceeding as to the exact form the Hospital Year-Book for 1910 shall take. A number of alterations and improvements have been suggested, and all these have been very carefully considered. The chief drawback militating against the introduction of improvements which involve any increase in size of the book is, of course, the consideration of expense. For example, it has been suggested that the year of qualifying should be inserted after each name, and also that *all* qualifications be printed: these alterations would mean a very considerable increase in size of the book and an increased cost of some £20. The Committee felt that as there is some doubt whether the Year-Book will pay its expenses or become a drain on the Students' Union, such extra expense is scarcely justifiable, this year, at any rate, though the question must be regarded as being merely postponed and not settled in the negative outright.

MOST of the Decennial Clubs have held their Annual Dinners during the past month. We are only able this month to publish the account of one of these, the eighth, but we hope the secretaries will forward their reports very shortly, in order that we may insert the remainder in our next issue. From what we hear the meetings were a great success again this year, and, indeed, it would be astonishing if they were not. For ourselves, we look forward to renewing friendships with men of our year at the Annual Dinner again in 1911, and every succeeding year, as long as the meeting-place is within a day's journey. Many thanks are due to the various secretaries for their efforts to make the gatherings so enjoyable.

As the British Medical Association's annual meeting has this year been held in London, this Hospital naturally has been an important object of interest to its members. Mr. H. T. Butlin, our consulting surgeon, is President of the Association, and he was entertained at a luncheon given in his honour in the Hospital great hall on Wednesday, July 27th. The same afternoon a garden party was held in the square, and there were present a large number of ladies and members of the Association. The square looked very gay, and many visitors took advantage of the opportunity afforded to view the various points of interest within the Hospital precincts.

During the week a number of parties consisting of members of the Association were conducted over the various departments of the Hospital, where special demonstrations were arranged.

WE congratulate Mr. C. B. Lockwood on being returned at the head of the poll in the recent election of members of the Council of the Royal College of Surgeons of England. As the voting resulted so satisfactorily it seems almost a pity that St. Bartholomew's did not have two candidates in the field, instead of only one. Most probably then we should have been able to congratulate two representatives from this Hospital on being elected.

AFTER the disasters that overtook the Kowing Club in the inter hospital meeting it is pleasant to be able to record a success: we very heartily congratulate J. S. Burn, who, partnered by T. Thompson, won the “Goblets” this year at Henley. We believe the challenge cup is to adorn the library table, which will doubtless need this extra clothing.

We congratulate the following gentlemen on having been nominated as Resident Medical Officers:

MI. DRUCE CLARKE	{	October . . . J. S. Burn.
	{	April . . . C. W. Archer.
MI. DOWLEY	{	October . . . E. G. Stanley.
	{	April . . . T. H. Just.
MI. LOCKWOOD	{	October . . . A. L. Candler.
	{	April . . . deferred.
MI. D'ARCY POWER	{	October . . . F. A. Roper.
	{	April . . . R. H. Mawhood.
MI. WARING	{	October . . . C. Noon.
	{	April . . . T. E. Osmond.
HOUSE-PHYSICIAN TO DR. MOORE—		October . . . P. C. Fowell.
HOUSE-PHYSICIAN TO DR. WEST—		October . . . T. S. Lukis.
INTERN MIDWIFERY ASSISTANT—		October . . . F. J. Gordon.
EXTERN MIDWIFERY ASSISTANT—		October . . . R. R. Armstrong.
		January . . . W. C. Dale.
OPHTHALMIC HOUSE-SURGEON—		October . . . S. S. Strahan.
HOUSE-SURGEON TO THROAT, NOSE, AND EAR DEPARTMENT—		October . . . J. Willmot Adams.

Epiphyseal Growth and Deformity.

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

ALTHOUGH the mode of growth of bones, by terminal addition at the epiphyseal lines, was known in the eighteenth century, it is to Humphry and Ollier that we are indebted for its more careful study. Humphry (1) fed young pigs upon madder at intervals, eventually killing the animal and studying the distribution of the pigment in the bones. Madder was found in regular layers parallel with the epiphyseal lines and in circular layers under the periosteum, the two methods of increase—in length from the epiphyseal line, and in thickness from the periosteum—being thus demonstrated. Further, the amount and distribution of the madder at the two ends of a bone showed their relative importance in growth.

Ollier (2) studied the same facts by driving two pegs into the shaft of a growing bone. The pegs remained equidistant, whilst the bone beyond them increased in length. Moreover, the pegs gradually receded towards one end, showing that the greater part of the growth was occurring at the other end.

Epiphyses are thus divided into active, at which much growth takes place, and inactive, at which the growth is small. In the upper limb the epiphyses at the shoulder and wrist are the more active, in the lower limb those at the knee grow most. The more active epiphyses as a rule commence to ossify first and unite to the shaft last. The nutrient artery enters its canal with an inclination away from the active epiphysis, a natural result of the mode of growth.

Studying the growing epiphyseal line of a long bone microscopically, it is seen that the process consists of the growth of cartilage and its subsequent absorption and replacement by bone. It will be remembered that the earliest stage of ossification of the shaft of a bone in the embryo is ushered in by the irruption of the periosteal osteoblastic tissue into the middle of the cartilage. It is this which forms the embryonic bone-marrow, and its cells proceed with the destruction of the primitive calcified cartilage, and replace it by the formation of bone, so that the osteoblasts of the medulla are probably derived originally from those of the periosteum.

Later, when growth is proceeding at the bone ends, vascular processes from the medulla, containing numerous osteoblasts and also a certain number of osteoclasts, giant-cells, whose function is to absorb bone or cartilage, advance continually towards the growing cartilage in parallel spaces between trabeculae of newly formed bone. Meanwhile the cells of the epiphyseal cartilage are continually dividing, and new cartilaginous matrix is being formed, a series of columns of flattened cells, each lying in its own space, being

thus produced. In this way the older cartilage cells are gradually pushed away from the region of proliferation and towards the bone, these cells becoming larger, rounder, and more irregular in shape, and the intermediate matrix being strengthened by the addition of salts (calcified cartilage).

At a line which in the normal bone is straight and lies transversely to the long axis of the bone, the vascular processes of the medulla break through into the cell-spaces of the cartilage, the intermediate matrix being probably absorbed by osteoclasts. The cartilage cells degenerate and are lost sight of, their ultimate fate being uncertain. There is thus seen at this region in a longitudinal section of a bone a series of parallel medullary spaces, separated by narrow areas of calcified cartilage, the latter showing an irregular outline, due no doubt to absorption by osteoclasts. A deposit of true bone by the osteoblasts of the medulla now commences, and leads up to the final growth of permanent bone. This intermediate area, lying between the epiphysal cartilage on the one side and the fully formed bone upon the other, forms the weak area of a growing bone. The cartilage has been weakened by partial absorption, the firm periosteal bone is not yet formed, and even the thin medullary bone is very small in amount. The whole structure is very vascular, and its arterioles are terminal, ending in capillary loops which must turn abruptly upon themselves. It is at this region that the lesion takes place in separation of an epiphysis, and it is here that the septic focus originates in acute epiphysitis. Further, the bone at this region is readily moulded by any undue strain as in the so-called static deformities, so that anatomically these have their seat close to the epiphyseal lines. And it must be evident that any slight impairment of the natural process of ossification, such as a delay in the deposit of bone, by widening this area will increase the liability to disease or deformity.

Growth at the epiphysal lines may be interfered with by injury or by acute or chronic inflammation. It may be lessened by disuse of the limb or increased by hyper-vascularity, and finally the newly formed bone may be moulded into some abnormal shape by pressure. This last constitutes the pathological anatomy of many of the static and rickety deformities.

Accident to this region may consist of a complete separation of the epiphysis with or without gross displacement, or of a juxta epiphysal sprain. In the latter there is no displacement and no clinical signs indicate an injury to the bone. It is not even known at present whether these injuries can be satisfactorily demonstrated at the time in a skiagraph. It is certain, however, that these slight injuries may lead to great subsequent deformity from their effect upon epiphysal growth. Their importance is most clearly seen in the development of adolescent coxa vara. In these accidents it is the weak area of bone already described which is injured. This can be clearly demonstrated in skiagrams

and is seen in museum specimens. Moreover, in some experimental work carried on by Cornil and Condray (3), these observers found that separations of the epiphyses produced in rabbits practically always occurred at this spot.

In acute epiphysitis, an acute septic infection commonly due to the *Staphylococcus aureus*, a separation of the epiphysis is often brought about at this spot by destruction of the young bone. Partial or complete arrest of growth of an epiphysis, when it occurs, is nearly always due either to injury to the epiphyseal line or to acute epiphysitis. But these latter are common, and arrest of growth is rare; in the large majority of cases an epiphyseal lesion has no effect upon subsequent growth. Further, when growth is affected there is usually a diminution rather than a complete arrest. Growth still goes on, but less rapidly than upon the sound side. The injury has not destroyed the conjugal cartilage, but it has disturbed the normal process of ossification, so that growth is slower than it should be.

Defective growth of the whole epiphyseal line of a single bone results in simple shortening. If one part of the epiphyseal line only is affected curvature may result, and if one of a pair of bones, such as the radius and ulna, is affected, considerable deformity may arise.

Excessive growth in length of a bone is not unusual. It is usually due to a chronic osteitis of the shaft, due to sepsis, tuberculous, or syphilitic disease. Humphry enunciated the law that inflammatory lesions of the epiphysis resulted in deficient growth, and that those of the shaft resulted in excessive growth. This is not quite true, for chronic inflammatory lesions in the neighbourhood of the epiphyseal line, especially if they are actually in the epiphysis, may result in excessive growth. Thus in tuberculous osteitis in the region of the knee it is the rule to find the limb a little longer than its healthy fellow, and diminution in growth in tuberculous disease of the knee, uncomplicated by operation, is so rare as to be almost unknown.

Diminution in growth of bones due to lack of use is well instanced in the shortening which arises in a paralysed limb, although here the possible effect of the loss of trophic nervous influences has also to be taken into account. The opposite condition—hypertrophy from excessive vascularity—is occasionally to be seen in limbs which are the seat of extensive œvoid conditions.

The Upper Epiphysis of the Humerus.

The upper end of the humerus is capped by a single mass of cartilage, which includes the head, both tuberosities, and in infancy a small portion of the upper end of the shaft. In this cartilage ossification commences in the head in the first year and in the great tuberosity in the third year. A separate centre for the lesser tuberosity is less constant, but may be seen about the fifth year. By fusion a single epiphysis is

formed, so that the cartilaginous line from which the shaft is growing retains its single nature and roughly transverse direction, differing in this from that at the upper end of the femur.

This epiphyseal line is of the greatest importance; from it the greater part of the growth in length of the humerus takes place, finally ceasing at about the twentieth year, when union with the shaft occurs. Yet instances of arrest of growth leading to shortening of the arm are uncommon. Poland (4) could only collect seven instances of this as the direct result of trauma, and five following suppuration, although separation of the epiphysis is not uncommon, and in infancy this joint is a frequent site of acute epiphysitis. Interference with growth is much more common than the literature would indicate; instances come within the experience of most surgeons. Though the shortening is often considerable, amounting to several inches, there seems to be as a rule diminution rather than arrest of growth, and this is unaccompanied by any curvature of the bone. The only recorded instance in which a definite bone deformity resulted is one figured by Poland, in which a fracture of the upper part of the shaft of the humerus followed by suppuration resulted in dwarfing of the bone, with a concavity inwards at the upper end of the shaft.

The simple shortening of the humerus is usually unaccompanied by any great disability and requires no treatment; probably for this reason many instances go unrecorded and even almost unnoticed.

The Epiphyses at the Elbow.

The epiphyses at the elbow are of little importance in growth, and consequently no severe deformity arises as a result of interference with their growth. Normally the bones of the arm and forearm make at the elbow an angle of 170° , opening outwards. Alterations in this angle are not uncommon, usually resulting in an angle which opens inwards (cubitus varus). Practically always cubitus varus results from a fracture in the neighbourhood of the lower epiphysis of the humerus, and inasmuch as the deformity often arises gradually after such a fracture in children, it is probable that it is then due to partial arrest of growth of the inner part of the epiphysis. The common fracture in this region in children is an oblique one from above the external condyle across the inner part of the epiphysal line into the joint. In this accident the inner part of the epiphyseal line may be considerably injured.

The Lower Epiphyses of the Radius and Ulna.

These epiphyses are of great importance; each ossifies from a single centre, that in the radius commencing in the second year and that in the ulna in the fourth or fifth. Growth from the epiphyseal line gives rise to most of the increase in length of the bones, and ceases in the radius at

the eighteenth, in the ulna at about the twentieth year, union with the shaft then occurring.

Arrest or diminution of growth in one of the bones may lead to curvature of the other, with lateral deviation of the hand and great consequent disfigurement. This may be congenital or may be the result of accident or disease. In addition two special deformities occur here—spontaneous subluxation of the wrist, and deficient growth of the lower end of the ulna co-existing with multiple exostoses.

Arrest of growth of the radius or ulna is more often traumatic than due to disease. After separation of its

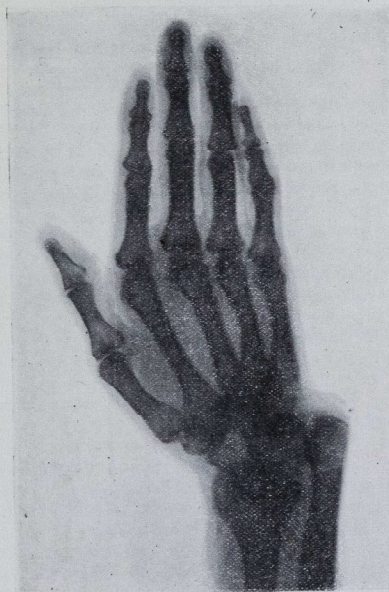


FIG. 1.—ARREST OF GROWTH OF LOWER END OF RADIUS FOLLOWING SEPARATION OF THE EPIPHYSIS.

lower epiphysis Poland collected eighteen cases of shortening of the radius, usually small in amount, and indicating delay rather than arrest of growth; the only clearly recorded case following disease appears to be one recorded by Ollier. Poland found six cases of arrest of growth of the ulna after separation of its epiphysis: of these, however, in the last there was no history of any injury, and the appearance accords more with that found with multiple exostoses. This applies to another case recorded by Poncet; here, again, only one case of shortening after disease is recorded by Curtillet. Doubtless more cases of these deformities have

occurred, but they must be accepted as very rare results of disease in this neighbourhood. The anatomical changes occurring in these cases are in two directions: the bone which continues to grow at its natural rate, becomes curved with a concavity towards its fellow, and may even push the latter round so as to make it curve in the same direction.

In addition or in place of this the longer bone may become separated at its end, and project upward or downward further than natural. Thus the radius may be dislocated at its upper end, the head lying in front of the humerus; this is seen in the form of congenital dislocation of the radius which co-exists with deficiency of the ulna. If the radius projects downward it carries the wrist and hand with it, the latter becoming deflected to the ulnar side; the lower end of the ulna is then left behind in the middle of the forearm, connected usually to the wrist by a fibrous band.

The ulna cannot, owing to its mode of articulation with the humerus, project upwards, it may, however, extend downward on the outer side of the hand which it pushes to the radial side. In a case mentioned by Roswell Park the styloid process of the ulna was opposite the middle of the shaft of the fifth metacarpal bone.

Deformities associated with Multiple Exostoses.

The association between the occurrence of multiple exostoses and deficient growth of the long bones was first pointed out by Volkmann in 1875; it received very little recognition, however, until Bessel-Hagen published an important article in 1890, collecting twenty-eight cases, of which fifteen were personal observations. Even now the condition seems to have attracted very little attention in England. Lenormant (5) has collected the literature of this condition, and has also called attention to the occasional deficiency of growth associated with enchondromata, as well as the co-existence of these with multiple exostoses.

The whole skeleton in the great majority of patients who bear multiple exostoses is dwarfed, full normal stature being rarely reached. This shortness is due to defective growth of the limbs, which have not their full length in proportion to the size of the body; although all the long bones are as a rule affected, there is usually an inequality in the distribution, the shortening tending to be noticeable in certain special bones. Thus in the upper limb the humerus and the ulna, in the lower the femur and the fibula, are generally the most affected. Actual bone deformity only occurs when one of the paired bones is shortened; hence that most usually observed is associated with arrest of growth of the ulna.

The exostoses occurring are of the ordinary cartilage-capped variety; they are often very numerous, and are situated chiefly around the region of the epiphyseal lines of the long bones. In some cases the growths have been at one period very large, and have later greatly diminished or

almost disappeared. They usually arise during childhood. The associated deformities, however, only become apparent with growth, and in the published cases the patients have usually come under observation during adolescence or in adult life. The growth of the exostoses, as well, of course, as the progress of deformity, ceases at the time of union of the epiphyses.

That region in which there are most exostoses seems to show the greatest degree of arrest of growth. It was formerly stated that the bone lost in length what it gained in "new growth"; this rule cannot be made to strictly apply, however, although it is roughly true.

The ulna is the bone which most frequently shows sufficient arrest of growth to cause deformity; of forty-six cases given by Bessel-Hagen or published since, in no less than thirty was this present. The resulting malformation may take one of three forms:

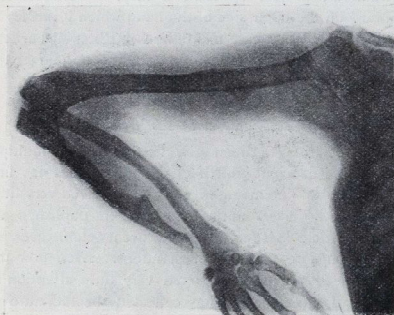


FIG. 2.—ARREST OF GROWTH OF ULNA, CO-EXISTING WITH MULTIPLE EXOSTOSES. (MR. ROBERT JONES'S CASE.)

(1) Curvature of the radius, with a concavity towards the shortened ulna.

(2) Separation of the lower ends of the radius and ulna. The former retains its natural position, and supports the wrist and hand, which is deflected to the ulnar side; the lower end of the ulna, however, is left behind in the middle of the forearm, and only connected with the wrist by a fibrous band.

(3) Luxation, partial or complete, of the head of the radius occurs, the ligaments being gradually stretched and giving way, and the head of the bone eventually resting on the upper and outer part of the external condyle.

These three varieties of deformity do not exist in the pure state; there is generally a certain degree of two of them or even of all three; it is impossible, therefore, to give the proportion of cases showing each variety, but the second, that in which the ulna ends abruptly in the middle of the forearm, is certainly the most common. The ulna itself is

normal at its upper end, the shaft has usually one or more prominences from its anterior surface, and its lower end tapers away without any distinct epiphysis being visible.

The radius is less often shortened, only nine of the forty-six cases showing deformity due to this cause; the result has in most cases been a curvature of the shaft of the ulna, but in a few cases this bone has projected downward by the side of the hand, which has thus been deflected outwards.

The fibula has become shortened in eight cases, the result always being retreat upward of the external malleolus, without bone deformity. The foot is liable, however, to fall over into the valgus position.

The tibia underwent arrest of growth, with resulting curvature of the fibula in only one case (Virchow).

Deformities with Enchondromata.

Lenormant has recently called attention to the occurrence of exactly similar conditions to those above described, with multiple enchondromata of the hands. Of fourteen cases collected from the literature by this author, in seven there were both enchondromata and exostoses, in the other seven only enchondromata.

The resulting conditions were in the main similar to those occurring with exostosis; where the enchondromata were unilateral, the defective growth occurred on the same side, and the ulna was the bone most commonly affected (ten cases out of fourteen). In addition, in several cases there was defective growth of the whole limb, and in one this was curved, with a concavity inward. The radius was shortened once, and in three cases genu valgum was present. The resulting deformities in the forearm were the same as those previously described.

The reason for the occurrence of both the exostosis and the deficient growth is, no doubt, some serious disturbance of the epiphyseal region of the long bones in early life. This seems to have led to a diminution of the natural proliferation of the epiphyseal cartilage, and probably in certain bones to its premature complete disappearance, whilst islands of cartilage cut off have continued to grow and give rise to the exostosis and possibly also to the enchondromata.

Of the origin of this process we are at present ignorant; remembering the great diminution of epiphyseal growth in rickets and the inclusion of cartilage islands in the bone occurring in this disease, it is natural that it should be blamed for these subsequent errors of development. This rachitic theory has been generally objected to owing to the absence of a definite history or signs of rickets in the patients, but the latter are usually seen in or after adolescence, when it is difficult or impossible to find signs of former rickets, which may, however, have been present undiagnosed and untreated. Until, therefore, the careful history and appearances of a number of children with multiple exostosis have been noted at an

earlier age, it is impossible to exclude rickets as a causative factor; indeed, this disease and a primary developmental defect are the only suggestions hitherto put forward in explanation of the condition.

Spontaneous Subluxation of the Wrist.

This condition often goes by the name of the deformity of Madelung (6), who first fully described it. It occurs most frequently in girls aged thirteen and upward; it may be unilateral or bilateral, and is rather more common on the right side. The patients have often some occupation in which much wrist-work is necessary, for example, washing, ironing, piano-playing, etc.

The affection commences with severe pain in the region of the wrist, sometimes with some swelling of the joint; such attacks occur specially after any heavy work. Later the deformity appears; the patients are usually seen only after the deformity is well established. The hand and carpus are displaced forwards, the lower end of the ulna projecting prominently on the dorsum. The lower end of the radius is found to be concave forwards, and an alteration is thus produced in the direction of the inferior articular surface. The styloid process of the radius is at a higher level than that of the ulna. There can be no doubt that the lesion is a partial arrest of growth of the lower radial epiphysis, probably resulting from a juxta-epiphyseal sprain. In some cases a definite history of an accident can be obtained.

The Upper Epiphysis of the Femur.

It is now clearly established that the majority of cases of adolescent coxa vara result from separation of this epiphysis, partial or complete (7). Whether there is in these cases any arrest of growth is uncertain, for the growth occurring at this line in adolescence is very small in amount. In addition coxa vara in younger children is also due in all probability to displacement of part of this epiphysis and subsequent disturbance of growth. The mode of growth of this epiphysis and the deformities resulting from injury to it are, however, too complicated for brief description.

The Epiphyses at the Knee.

The epiphyses at the knee are the most important in the lower extremity. That at the lower end of the femur ossifies from a single centre which appears just before birth; its epiphyseal line is about at the level of the adductor tubercle or a little below, lying at a slightly lower level on the inner than on the outer side; from this line the greater part of the growth of the femur in length takes place.

The upper end of the tibia commences to ossify at about the time of birth; the epiphysis is very shallow, being only about $\frac{1}{2}$ in. in thickness, and has a downward projection anteriorly into the tubercle. Rather more than half the

growth in length of the bone occurs at this line, but the lower epiphysis of the tibia is also of importance.

The upper epiphysis of the fibula ossifies from a centre appearing in the third or fourth year; the amount of growth at the upper and lower ends of this bone are about equal.

Separation of the lower epiphysis of the femur is common specially during adolescence, but cases of resulting arrest of growth are very rare. Poland could only collect eight cases of this in which shortening resulted; of these, in one genu varum, and in one flexion deformity occurred also, due no doubt to a greater interference with the growth, in the first case on the inner side, and in the second posteriorly. In both these cases the history of accident was very indefinite.

In the following case this epiphysis was affected. R. B—, aged 15, a baker's boy, was well until two years before, when his left leg began to bow outwards. When seen there was one and a quarter inches shortening in the thigh with genu varum deformity. A radiograph showed some irregularity of the lower epiphyseal line of the femur. There was no history of any accident and no indication of any disease.

Separation of the upper epiphysis of the tibia is extremely rare. Poland could only collect four cases of arrest of growth, and two of these were of doubtful nature. Humphry records a case of arrest of growth of this epiphysis in which the upper part of the tibia became concave forward immediately below the head.

After epiphyseal disease in this region deformity is even more rare. Tuberculous disease, apart from excision, if it affects growth at all, causes lengthening, and acute septic diseases, if sufficiently extensive to separate the epiphyses, are almost certain to infect the joint, amputation being then often necessary. When deformity does occur it is usually not great; the leg is shortened, and the fibula is either bowed outward, or its upper extremity becomes separated from the facet on the tibia and projects upward by the side of the knee.

Arrest of growth is so frequent after excision of the knee in young children as to be almost the rule. In a series of eighty-seven children with old excised knees recently observed, in fifty-nine there was considerable shortening from this cause, and in sixteen of these there was associated genu varum, due apparently to greater encroachment upon the inner part of the epiphyseal line. For these deformities to arise it is apparently not necessary for the epiphyseal cartilage to be removed or even directly injured.

The Epiphyses at the Ankle.

These epiphyses are of considerable importance; that in the fibula appears in the second year, that in the tibia a little later; the former unites to the shaft at twenty-one, the latter at eighteen to nineteen. At these epiphyseal lines rather less than half the growth in length of the bones occurs, so that arrest of growth is of importance.

Accident or disease of this epiphysis of the fibula are

very rare; apart from the few cases associated with multiple exostoses and congenital cases, arrest of growth is unknown.

Separation of the lower epiphysis of the tibia is not uncommon. Poland collected nine cases of subsequent arrest of growth; doubtless many cases go unrecorded. Arrest of growth after disease is probably more rare. The fibula as a rule grows downwards by the side of the foot, where it curves backward; the tibia also bends, it becomes

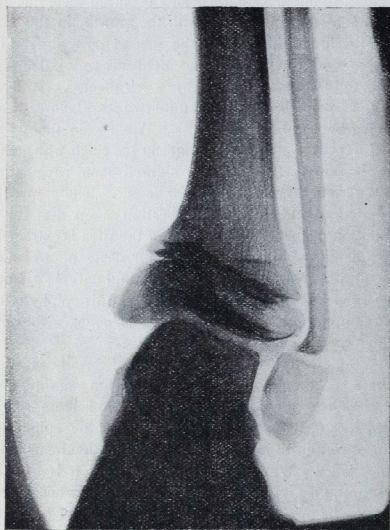


FIG. 3.—ARREST OF GROWTH OF TIBIA FOLLOWING SEPARATION OF ITS LOWER EPIPHYSIS.

convex outwards or forward and outwards, and the foot comes to lie in a position of equino-varus with shortening of the tendo Achillis.

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Luncheon to Mr. Butlin.

AN interesting gathering was held in the Great Hall of the Hospital on Wednesday, July 27th, when the staff and teachers gave a luncheon in honour of Mr. Butlin, President both of the College of Surgeons and of the British Medical Association, and invited several prominent members of the profession and of the Association to meet him. The guests included Sir William Church, Bart., K.C.B., Sir Lauder Brunton, Bart., Sir Victor Horsley, Professor Howard Marsh, Mr. Harrison Cripps, Professor Robert Saundby, Dr. Mary Scharlieb, Dr. E. Rayner, Mr. Sinclair White, Mr. H. A. Ballance, Mr. Patrick Blyth, Mr. H. L. Florence, and Mr. Thomas Hayes and also several distinguished foreign medical men who are staying in London at the invitation of the British Medical Association.

Dr. Norman Moore presided, and, when the toast of His Majesty King George V had been duly honoured, proposed in a short but characteristically happy speech the health of Mr. Butlin. After pointing to the portraits of Percivall Pott, Sir William Lawrence, and Sir James Paget—great predecessors of Mr. Butlin, painted by great artists of their time—he referred to Mr. Butlin's extraordinary success both as a specialist and as a general surgeon, and then dwelt upon the numerous honours which had been accorded him. As President of the Royal College of Surgeons—a noble institution with magnificent possessions which has greatly elevated the practice of surgery—as Dean of the Faculty of Medicine in the University of London and as President of the British Medical Association he had received the highest tributes which it was possible for his professional brethren to bestow upon him. Dr. Moore congratulated the Association upon choosing Mr. Butlin as President, and congratulated Mr. Butlin upon being chosen for that office.

Mr. Butlin, in his reply, said that he regarded Dr. Moore's speech as a veiled compliment to the British Medical Association, and reminded his hearers that only four of the Association's annual meetings had been held in London, and that in 1860, when the first of these took place, Sir George (then Doctor) Burrows was President. He then referred to the constant attempts made by public bodies to obtain the services of medical men for quite inadequate remuneration, or even without payment at all, and emphasised the impossibility of resisting such attacks without the support of a powerful and well-organised society like the Association. Affectionate references to Sir William Lawrence and Sir James Paget concluded a speech which everyone present listened to with great pleasure, and after Professor Saundby, on behalf of the Association, had thanked the staff for hospitality and proposed the health of the Chairman, the company left the Great Hall to enjoy the garden party in the Quadrangle.

Bunning Contraband Goods during the Russo-Japanese War.

FANCY that the majority of people in England are not aware of the extent to which contraband of war was smuggled during the late Russo-Japanese war. Though apparently attended with considerable risk of capture, it will be seen that the risk was not so great as might be imagined.

This, in conveying goods from Europe by sea, was reduced to the last week of the voyage, that is, from Hong Kong onwards, by the simple method of consigning the goods to agents in the latter port, and these agents re-consigning them to Japan.

During the first part of the voyage, therefore, the ships carrying such cargo were as immune from capture as in times of peace. Freights, of course, were raised high enough to make the business very profitable.

When the P. and O. s.s. "Malacca" was captured in the Red Sea by one of the volunteer cruisers, she was, I believe, carrying contraband of war actually consigned to Japan, but as the Powers refused to recognise the status of the Russian vessel as a war vessel, the court would not allow the "Malacca" to be seized as a prize.

The class of goods carried was manufactured as machinery, small arms, and ammunition.

Raw material, too, was shipped, and in the voyage I am about to tell of, the cargo taken was listed as Swedish pig-iron, to be used, according to rumour, for shell-making. This was put on board the ship in which I was sailing in the Albert Dock, transhipped from some small continental steamer.

We sailed from London for Bombay, first, with a general cargo, as well as the pig-iron. There we discharged the general cargo, and filled again with cotton bales, opium, etc., for Hong Kong and Shanghai.

We took some twenty or thirty passengers also, and at Colombo picked up the English mail from the Australian mail-ship. The voyage was uneventful as far as Hong Kong, after calling at Penang and Singapore.

At Hong Kong we heard the first news of the movements of Russian ships likely to come across our track.

We were told that two cruisers had been seen off the Island of Formosa, which lies just outside the track from Hong Kong to Shanghai.

There seemed a prospect of our spending the next six months or so in Vladivostock—if they did not think fit to sink the ship. The passengers, in happy ignorance of the nature of our cargo, were not much perturbed; the members of the crew, except the skipper, rather fancied the idea of a little excitement such as capture.

The fresh consignment papers of the Swedish pig-iron were taken out for Kure, the great arsenal of Japan.

On leaving Hong Kong the crew were told off to cover in the places where the iron cargo was exposed with bales of cotton, though I hardly know why, as the Russian secret service agents in Europe knew all about our cargo and its destination. From Hong Kong to Shanghai we hugged the coast of China, and kept a good look-out for any suspicious-looking craft.

By night we showed no regulation lights, so running a risk of being run down by other ships in our endeavours to keep out of sight. No Russian warships, however, came near us, and mixed feelings of relief and disappointment passed through our minds as we made the light at the mouth of the Yang-tse-Kiang without interference. Shanghai lies thirteen miles up the Wusung river, a branch which joins the Yang-tse-Kiang some forty miles from its mouth.

Ships calling usually anchor at the junction of the two rivers, and discharge their cargo and passengers into tenders. This we did.

Lying at this anchorage were some half dozen warships—American, French, and German.

These were there to safeguard their respective nations' interests in Shanghai and maintain the neutrality of the treaty port.

We had the good fortune while waiting in this place to see the entrance of the famous Russian cruiser "Askold," which made good its escape from Port Arthur after rather severe handling by the blockading Japanese ships.

She looked a very sorry spectacle as she steamed slowly past, with her topmasts shot away and several large holes in her sides and stern.

We were very entertained, too, a day after to see a Japanese destroyer come up the river and go on to Shanghai.

She came down the same evening, having assured herself that the "Askold" was safely in port.

After four days we sailed for Moji, a port in Japan in the Straits of Shimonooseki at the entrance to the Inland Sea.

The passage took some thirty hours, and once more our nerves were rather strained in our endeavour to dodge any Russian ships that might be about, but from what we saw of the "Askold" we thought we should not meet with much interference.

At Moji we coaled, and the Company's agent politely told the few passengers left that they would have to continue their voyage by land.

This was my first visit to Japan, and like most Europeans I was immensely interested in the people and country.

I cannot give here my impressions, but one thing amused me greatly at first: this was the sight of Japanese soldiers on the troopships which frequently passed through the straits, fanning themselves with paper fans.

We stayed about twenty-four hours and then entered the Inland Sea.

It was in June, and the passage through this place was like a dream.

After four hours' steaming we left the usual track and steered to the north, where lies Hiroshima, the port where the troops embarked, and Kure, the great arsenal and dock-yard for which we were bound.

We had a special pilot, who, strange to say, was an Englishman.

As a matter of fact, in former days all the Inland Sea pilots were English, and it is only lately that the Japanese have superseded them gradually by their own countrymen.

We found Kure stowed away behind various lovely islands and reached by a narrow approach between the latter, well guarded with huge guns in forts.

We steamed slowly into the bay and a small launch full of gold-buttoned officials came out and instructed us where to anchor. When the anchor was let go we completed our voyage as far as our risky cargo was concerned, and I think skipper slept better that night than he had done for a long time.

R. M. B.

Clinical Jottings.

No. XIV.

By SAMUEL WEST, M.D.

FORCIBLE MOVEMENT OF STIFF JOINTS.

THE forcible moving of stiff joints can do harm as well as good. The breaking down of adhesions, once so popular, is rarely practised now, for the violence necessary causes so much pain and does so much injury that the movements cannot be kept up—the adhesions reform, and the limbs simply becomes stiff and fixed in a new position. Instances of the immediate cure by the breaking of an adhesion—the stock-in-trade of the professional bone-setter—are very rare indeed.

Passive movements short of violence are often beneficial, yet they, too, may retard rather than accelerate progress. The stretching of stiff joints causes pain at the time, but the pain passes off so soon as the stretching is discontinued. If not, the treatment is doing harm.

It is wonderful what gentle movements patiently persisted in will do if they produce only the sense of stretching short of actual pain.

Pain which lasts after the movements are stopped is the indication that no good will come of the treatment, and the time the pain continues is the direct measure of the harm which is being done.

FORMS OF ARTERIAL THICKENING.

Arterial-sclerosis is merely the Greek translation of thickened arteries, yet it is often used as if it were a definite

pathological condition and not a general term. The two common forms of arterial thickening are due to atheroma and granular kidney, and they should be kept distinct and not confounded. Atheroma is a widespread degeneration occurring more or less in everyone as age comes on, affecting many vessels, especially the aorta, the coronaries, the arteries of the brain, and in general the large and medium-sized arteries. Though widespread, it is not universal. It is patchy and irregular.

The arterial changes in granular kidney are universal, affecting all the arteries of the body, large and small, and more or less uniform—that is, not patchy. They are met with frequently in middle life when atheroma is uncommon, or at a still earlier age when atheroma is practically unknown. Syphilitic disease of the arteries is essentially local; affects, as a rule, a few vessels here and there at the most; may occur, of course, at any period of life, but is chiefly met with in the young adult. Widespread syphilitic disease of the arteries is rare. The radial at the wrist is practically never affected, so that if that artery be found thickened, the thickening there is almost certainly not syphilitic, but due to some other cause.

There is another form of thickening in the young to which no reference is usually made, but it is important. It is met with in athletes, that is to say, in perfectly healthy persons of great muscular power. It is a hypertrophy of the vessels like that which occurs in such persons in the heart—a true muscular hypertrophy. After lecturing on thickened arteries, it has frequently happened to me that some fine specimen of muscular humanity among the students has come to me with great concern because he had found his own arteries thick. I have consoled him with the statement that if they did not hypertrophy he could not be the successful athlete he was. This hypertrophy of the vessels may come and go like that of the heart, according to the work demanded.

The Clubs.

CRICKET.

ST. BART'S HOSPITAL v. TRINITY HALL, CAMBRIDGE.

This match was only arranged during the previous week, and it was chiefly due to the efforts of Mr. Broughton-Alcock. Most of the Hall men were down, as term was over. Consequently men from other colleges were asked to complete the side. The match started at 2 p.m. as it was impossible for most of us to arrive at Cambridge earlier. We had a very strong side out, as many were only too delighted to renew our old connections with our Alma Mater. We were all out for the poor score of 123. The wicket was very fast and fiery, and the change from the sudden wicket of the previous match may have accounted for our small score. Norman contributed 35, and looked as if he was going to make a big score until Delius got past his defence.

Grace and Broughton-Alcock made a grand stand for the ninth wicket and put together 53, which considerably swelled our total.

Trinity Hall soon passed our score for the fall of only 4 wickets. Mainprice, the old Cambridge cricket and rugger blue, contributed a sparkling 62 not out. Whetham also batted well for 38.

After the match we were entertained to dinner, and finally we caught a train, 12.35, and got home in the small hours of the morning after a very enjoyable day.

ST. BART'S.		TRINITY HALL.	
P. A. With, c sub, b Delius	0	R. R. Cowley, c Waugh, b Norman	6
A. J. Waugh, b Whetham	1	J. H. Smith, b Norman	15
P. B. Wallis, b Whetham	6	H. Mainprice, not out	62
R. M. Barrow, b Delius	1	G. A. B. Whetham, b Neal	38
N. F. Norman, b Delius	35	S. M. Delius, c Wallis, b Neal	12
A. G. Turner, c Whetham, b Turner	7	D. M. Rawcliffe, c Barrow, b Waugh	3
H. W. Barnes, b Delius	7	J. M. Turner, b Waugh	0
J. Neal, b Turner	0	H. Forbes-Baker, run out	0
E. M. Grace, b Whetham	25	D. E. Jacou, not out	18
W. Broughton-Alcock, b Whetham	28	G. B. Beachbar, } did not bat.	
R. von Braun, not out	2	R. S. Nutting } did not bat.	
Extras	11	Extras	24
Total	123	Total (7 wks.)	178

ST. BART'S v. DR. CALVERT'S XI, Tuesday, June 21st.

ST. BART'S.		DR. CALVERT'S XI.	
P. A. With, c Lister, b Dixon-Spain	42	H. J. Pickering, ht wkt, b With	04
N. F. Norman, c Pickering, b Dixon Spain	66	H. C. Dixon-Spain, c Osmond, b Norman	0
A. G. Turner, b Lister	51	H. W. Barnes, b Baker	25
A. J. Waugh, c sub, b Barnes	05	D. L. A. Mesin, b Neal	19
J. P. Neal, b Lister	0	J. W. Nunn, run out	90
E. M. Grace, b Barnes	12	S. Claris, b Waugh	21
P. T. Vivian, b Barnes	3	A. Ferguson, c Norman, b Neal	6
J. M. Barrow	0	R. G. Lister, b Neal	0
T. Osmond } did not bat.		F. L. Nash-Wortham, b Waugh	2
H. G. Baker }		R. von Braun, b Waugh	0
Extras	11	E. D. Richards, not out	2
Total (7 wks.)	290	Extras	53
		Total	282

PAST v. PRESENT, Wednesday, June 22nd.

PRESENT.		PAST.	
P. A. With, c Boyle, b Elliott	2	G. Viner, c Neal, b Turner	0
A. J. Waugh, c Nash-Wortham, b Elliott	95	C. Noon, b Waugh	5
N. F. Norman, retired	102	L. Elliott, not out	04
A. G. Turner, not out	9	H. D. Gillies, b Turner	17
R. M. Barrow, c Lynn, b Elliott	5	G. Rankin, c Grace, b Turner	14
H. W. Barnes, not out	6	A. Ferguson, c Grace, b Barnes	14
W. Broughton-Alcock	5	G. R. Lynn, c Norman, b Barnes	0
E. M. Grace	6	H. E. G. Boyle, c Waugh, b With	23
J. Neal	1	R. Lister, c Norman, b With	1
T. E. Osmond } did not bat.		R. von Braun, c Turner, b Norman	1
H. S. Baker }		T. Nash-Wortham, c Waugh, b Norman	15
Extras	14	Extras	15
Total (4 wks.)	233	Total	140

ST. BART'S v. P. A. WITH'S XI, Thursday, June 23rd.

ST. BART'S.		P. A. WITH'S XI.	
A. G. Turner, b Bruton	16	C. C. Thicknesse, b von Braun	08
E. M. Grace, c Hayden, b Bruton	6	H. C. Dixon-Spain, run out	16
J. R. Neal, run out	66	E. D. Richards, retired	0
H. W. Barnes, b Bruton	33	C. L. Bruton, b Baker	5
P. T. Vivian, ht wkt, b Bruton	15	P. A. With, not out	7
T. E. Osmond, b Bruton	9	A. Ferguson, c Barnes, b von Braun	9
N. F. Norman, not out	58	A. B. Percy Smith, b Baker	6
A. J. Waugh, not out	40	Lister, c Osmond, b von Braun	8
R. von Braun	0	H. M. Gilbertson } did not bat.	
H. Baker } did not bat.		A. Douces }	
F. Thompson	26	Extras	15
Extras	26	Total (7 wks.)	134
Total (6 wks.)	299		

ST. BART'S v. R.A.M.C., Friday, June 24th.

ST. BART'S.		R.A.M.C.	
A. J. Waugh, b Keeble	14	Sgt. Steele, c Neal, b Turner	12
P. A. With, c Greenwood, b Keeble	2	Pte. Mack, c Barnes, b Waugh	13
N. F. Norman, c Parry, b Mack	15	Dr. Sheppard, b Owen	25
A. G. Turner, c Staff, b Keeble	7	Capt. Greenwood, run out	17
H. W. Barnes, c Bostock, b Keeble	2	Pte. Prince, not out	5
J. R. Neal, c Greenwood, b Mack	0	Capt. Bostock, b Neal	48
E. M. Grace, not out	6	Pte. Keeble, b Neal	48
T. Owen, c Stroud, b Mack	55	Pte. Parry, b Neal	2
A. Ferguson, b Stroud	23	Lieut. Kernaham } did not bat.	
H. S. Baker, c Steele, b Stroud	4	Pte. Staff	
E. D. Richards, not out	12	Pte. Stroud	
Extras	7	Extras	19
Total (9 wks.)	157	Total (7 wks.)	145

This was a new fixture arranged this year. The ground was very pretty, although a trifle small. This proved of great advantage to us, as many members of our team are big hitters. The wicket was very sticky in consequence of heavy rains during the night. Our opponents won the toss, but were all out for the total of 117. Mitchell was top scorer with 25. Welsh with a careful 23 was easily caught by Baker. Grace tempting him to have a go, he was very dead, the wicket suiting their bowling admirably. Bart's began none too well, the first 3 wickets falling with a large share of the bowling, soon put the issue beyond doubt. During his innings he hit thirteen 4's and one 6. Welsh was the most successful bowler for our opponents. At times he was unplayable, and he was rather unlucky in having a few catches missed.

ST. BART'S.		BUCKNALL'S C.C.	
P. A. With, c Sharpe, b Welsh	2	W. Fellows, b Turner	15
A. J. Waugh, c Gale, b Welsh	3	E. J. Mitchell, b Grace	25
N. F. Norman, b Welsh	108	W. Welsh, c Baker, b Grace	23
A. J. Turner, c Poppett, b Welsh	13	E. J. Bull, b Waugh	0
H. W. Barnes, c Bull, b Roffe	20	H. J. Watkins, b Waugh	4
J. Neal, b Welsh	1	J. Roffe, c Grace, b Waugh	0
E. M. Grace, c Mitchell, b Bull	11	J. G. Weall, b Waugh	0
W. Broughton-Alcock, c Watkins, b Welsh	5	C. Harrison, b Grace	17
H. S. Baker, c Harrison, b Bull	1	A. Poppett, c Neal, b Grace	7
F. Thompson, b Bull	1	R. Gale, c Norman, b Grace	17
R. von Braun, not out	0	E. J. Sharpe, not out	1
Extras	1	Extras	4
Total	106	Total	117

ST. BART'S v. CHIGWELL.

This was one of the most delightful matches that we have played this season.

We were favoured with tropical weather, and in consequence there was a grand display of ladies' frocks on the margin of the ground.

Mr. and Mrs. Waugh were kind enough to entertain us, to whom we owe our heartiest thanks for a most enjoyable day.

For Chigwell, Murray made 46 out of a total of 84. Barrow, with a well-played 47, won the match for us, and consequently was in great demand by the opposite sex after the match.

SCORES.

Table with columns for ST. BART'S and CHIGWELL, listing players and their scores. Total for St. Bart's is 152, for Chigwell is 84.

BATTING AVERAGES.

Table with columns for Innings, Not out, Highest score, Runs, and Average. Lists batting averages for various players.

CUP TIE.

ST. BART'S 2ND XI v. LONDON 2ND XI.

We played our one and only cup-tie on June 17th, at Hale End, as we lost the toss for ground. Our Secretary had suggested tossing over the telephone, but London had tried that before and preferred to come round in person.

SCORES.

Table with columns for ST. BART'S 2ND XI and LONDON 2ND XI, listing players and their scores. Total for St. Bart's is 103, for London is 209.

ST. BART'S 2ND XI v. HAMPSTEAD NOMADS.

Previous to this match on June 29th we had been obliged to scratch four times, once owing to the weather, once because the date clashed with the Past v. Present, and twice (two of the best matches) because we could not raise a team.

SCORES.

Table with columns for ST. BART'S 2ND XI and HAMPSTEAD NOMADS, listing players and their scores. Total for St. Bart's is 134, for Nomads is 131.

ST. BART'S 2ND XI v. ST. THOMAS'S 2ND XI.

The feature of this match was Wallis's fine century, which included fifteen 4's. He punched them uncommonly hard, as many of the Thomas side discovered.

SCORES.

Table with columns for ST. BART'S 2ND XI and ST. THOMAS'S 2ND XI, listing players and their scores. Total for St. Bart's is 182, for St. Thomas's is 142.

ST. BART'S 2ND XI v. STRATHEARN.

Table with columns for ST. BART'S 2ND XI and STRATHEARN C.C., listing players and their scores. Total for St. Bart's is 142, for Strathearn is 66.

ST. BART'S 2ND XI v. HORNSEY.

We won this match at Winchmore on July 10th, after a very close finish. Hornsey turned up in batches of three and four during the early part of the afternoon while we had a little net practice, and eight men was all they finally mustered.

SCORES.

Table with columns for ST. BART'S 2ND XI and HORNSEY, listing players and their scores. Total for St. Bart's is 125, for Hornsey is 118.

ROWING CLUB.

In reply to a challenge from the London Hospital, St. Bartholomew's (holders of both Senior and Junior Inter-hospital Cups) eventually turned out two fours.

Apart from these considerations, it must be admitted that both crews did themselves less than justice in the races on June 19th. The senior crew had the misfortune to be assisted by a stake-boat man, who, however gifted he may have been in holding the boat, showed lamentable indecision in letting it go.

The junior crew fared little better. They rowed a dignified and stately race, and but for the nervous and highly strung condition of their opponents, which enabled them to row about thirty-eight strokes to the minute as against the twenty-six of the Bart's men, they would doubtless have won the race.

It is regrettable that both Cups have left the Library table for this year, but it is hoped that next year we shall be able to get two fours out for at least a month before the races, and make a stern attempt to re-assert our lost supremacy.

Correspondence.

LAWRENCE SCHOLARSHIP.

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

DEAR MR. EDITOR.—On page 143 of the July number I read that it is your opinion that there would be more competition for the Lawrence Scholarship "if the papers set were not such as to require almost a specialist's knowledge in three different subjects at the end of only four years' clinical work."

I leave the other examiners to say what they like, but as the Examiner in Midwifery (this year for the twentieth time) I should like instances in which "the papers set required almost a specialist's knowledge," and especially reference to individual questions.

Of course the scope of questions is in the discretion of the examiner, and I do not care to defend myself. My object is of quite another kind.

I think, if you will refer to the papers of 1891 and following years, you will find that the questions deal with principles and elements, and not with abstruse matters, or what is called "small print."

In my opinion a teacher's object should be to lay foundations firmly, to deal with principles, and to let novelties take quite a subordinate part.

In these days, when subjects are multiplied, when examinations are incessant, and when it is difficult to find time to think, a man is tempted to imagine that the quickest way to learn a subject like Midwifery and Gynecology is to get up the newest thing and to let old and elementary matters take their chance. This is quite wrong, and it has been my endeavour in all my teaching, which is now in its thirtieth year, and is so soon to come to an end, to promulgate an entirely different treatment of my subject. This was also the method of my great predecessor, Dr. Matthews Duncan. He was full of scorn for those who began at the top instead of at the bottom, and included in his criticism men of great eminence, as "never having been grounded."

As a matter of experience, in an honourable examination, no question is so searching as an elementary question, nor does any advanced question find out the candidates so efficiently. The reason is simple; everyone thinks he knows it and perhaps easily writes half of what is to be said; here he stops, and the race is left in the hands of those who care to go more deeply, to think out reasons, and to search for causes. There are not too many of such persons.

My object is now plain to my readers; the traditions of our school since the days of Dr. Matthews Duncan have been to establish principles and to teach elements. Principles are practically everlasting, and so are elements. A man who has these has a firm foundation, on which any superstructure is easy to build; a man who has them not is like a man who attempts to build from the top.

There is a tendency among those who are being taught to despise elements and pay small heed to them.

It is told of the great Porpora that he kept an ambitious pupil at voice-production and exercises for several years to her great disappointment. At the end of that time he said: "Go, you are now the first singer in Europe," and so it turned out.

If I may be allowed to advise my pupils I would beg them to remember this, and perhaps we shall turn out some more who will be leaders—because they have been thoroughly grounded.

But I really should like to know what my specialist questions are supposed to be! The examination papers are kept in the Library.

Yours very faithfully, F. H. CHAMPNEYS.

[We publish with pleasure Sir Francis Champneys' letter. A careful perusal of the midwifery papers set for the Lawrence Scholarship the last ten or more years has not revealed any question to which exception could be taken on the score of its requiring a class of knowledge only to be expected of the specialist. We wish to state quite frankly that we think the questions are perfectly straightforward and practical, and do not involve theoretical considerations of only "small print" importance; we certainly do not find in the midwifery papers any justification for the remarks which Sir Francis quotes from last month's JOURNAL.—ED.]

Eighth Contemporary Club.

Forty-seven Members of this Club dined together at the Imperial Restaurant on Wednesday, June 29th.

Dr. Charles Buttar was in the Chair, and after making an amusing speech had his health proposed by Dr. F. E. Batten. The dinner did justice to Mr. Oddenino's reputation, and was the sixteenth held by the Club. The following list of those who were present is an indication of the interest taken in these annual re-unions.

J. H. Tomlinson.	C. E. West.
H. M. Fletcher.	E. W. Brewerton.
Huntley Clarke.	S. P. Huggins.
W. S. Darby.	F. L. Provis.
Crace-Calvert.	J. C. Powell.
H. Williamson.	F. T. J. Faulder.
Chas. Buttar (chair).	T. P. Legg.
E. V. Hugo.	J. S. MacIntosh.
F. E. Batten.	G. V. Worthington.
H. Thursfield.	W. McAdam Eccles.
E. Cautley.	J. D. Rawlings.
C. Powell-White.	A. M. Mitchell.
W. D. Harmer.	R. Storrs.
Laming Evans.	W. E. Sargant.
H. E. G. Boyle.	H. J. Waring.
Sydney Scott.	J. H. Drysdale.
H. G. Adamson.	C. G. Watson.
P. W. Robertson.	G. E. Gask.
R. D. Everington.	W. P. S. Branson.
H. C. Elmslie.	T. R. Hay.
G. W. Stone.	J. H. Willett.
H. W. Carson.	Stanley Bousfield.
P. A. Bambridge.	A. H. Hayes.
Langdon Brown.	

Books added to the Library during June and July.

Osler, William, M.D., F.R.S., assisted by McCree, Thomas, M.D., F.R.C.P., editors of a System of Medicine by Eminent Authorities in Great Britain, the United States, and the Continent.

Vol. VII. Diseases of the Nervous System. Royal 8vo. Lond. 1910.

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. Third edition, with 16 new coloured plates and many new illustrations in the text.

Vol. II. Operations on Head, Neck, Spine, Thorax and Breast, Arteries, Veins, Nerves; Amputations; Operations on Bones, Joints, Tendons. Crown 4to. Lond. 1910.

Turner, William Aldren, M.D. (Edin.), and Stewart, Thomas Grainger, M.B. (Edin.). A Text-Book of Nervous Diseases. Royal 8vo. Lond. 1910.

The following were presented by the Authors: Haig, Alexander, M.A., M.D. (Oxon.), F.R.C.P., assisted by Haig, Kenneth G., I.R.C.P., M.R.C.S. Uric Acid in the Clinic: a Clinical Appendix to Uric Acid as a Factor in the Causation of Disease. Medium 8vo. Lond. 1910.

Eccles, W. McAdam, M.S. (Lond.), F.R.C.S. (Eng.). Hernia, its Etiology, Symptoms, and Treatment. Third edition. Medium 8vo. Lond. 1908. (Second copy.)

Reviews.

CONTRIBUTIONS TO ABDOMINAL SURGERY. By the late HAROLD LESLIE BARNARD, M.S., F.R.C.S., Surgeon to the London Hospital. Edited by JAMES SHERREN, F.R.C.S., Surgeon to the London Hospital, Surgeon to the Poplar Hospital for Accidents. (Edward Arnold.) Pp. 391. 15s. net.

This volume is the result of a meeting of a small committee of the London Hospital staff, who decided that the most suitable way to commemorate Barnard was to publish his notes on "Abdominal Surgery," a section in which he was particularly interested and for

the advancement of which he devoted the whole of his time and energy after his appointment to the surgical staff of the London Hospital in 1900.

Dr. H. H. Bashford contributes a sympathetic introduction, which gives one an insight into the character of the man, and which makes one feel that anything he may have written is worthy of attention and will repay the closest study. To Barnard's men Barnard is probably only known as the inventor, with Dr. Leonard Hill, of a sphygmomanometer, which, in their early days, was merely another instrument to be remembered while wrestling with the mysteries of physiology, and the value of which was not fully realised until clinical work demanded their attention. To those who have taken up surgery this volume should fulfil completely the object of the committee, for its value can hardly be over-estimated, and for some years to come, at any rate, it will be regarded as the last word on the subjects with which it deals.

The first contribution is on intestinal obstruction, and this occupies rather more than two thirds of the book; it deals with the subject with a thoroughness and impartiality which one expects after reading Dr. Bashford's introduction to the author, and its value is greatly increased by the numbers of cases described and by the statistical tables. One feels that the dresser as well as the surgeon would be benefited by the perusal of the notes of these cases, because they furnish examples of what surgical notes should be, and one realises more fully the importance of accuracy and attention to detail, not only while the patient is under observation, but when the notes are wanted for the discussion of the subject of which the case is an example.

The notes on the progress and after-treatment of patients who were operated on are very valuable, and after reading the account of the case on p. 110 one will certainly hesitate before prescribing repeated small doses of calomel, as is so frequently done, to obtain an evacuation of the bowels in the post-operative treatment of cases of intestinal obstruction; in this instance the drug caused, apparently, acute gastritis and duodenitis, and the patient very nearly lost her life. Many cases illustrate the value of subcutaneous infusion, and in several instances Barnard ascribes the saving of the patient's life to its employment. The method adopted is somewhat different from that in use at this Hospital, and a brief abstract may be useful. A siphon with a T-piece and two needles are employed as usual, but the needles are inserted under the skin of the thighs, and as much as fifteen pints of saline can be safely given to an adult male in the twenty-four hours after operation. Barnard's statistics in cases of general suppurative peritonitis certainly justify the trial, if not the adoption, of this apparently heroic treatment.

The lecture on the anatomy and physiology of the stomach and gastric surgery and the chapter on the simulation of acute peritonitis by pleuro-pneumonic diseases are excellent, and the three lectures on acute appendicitis will well repay a careful perusal. In the treatment of general peritonitis due to acute appendicitis he draws attention to the necessity for a knowledge of the various peritoneal pouches, so that they may be properly drained, and the use of large subcutaneous infusions is again pointed out. In two cases gauze bags containing boric acid were placed in the peritoneal pouches when the source of infection was not shut off from the general peritoneal cavity, with excellent results.

The last chapter deals with the surgical aspects of subphrenic abscess, and this is by no means the least important part of the volume. A careful anatomical description and classification of this condition is given, and the value of the exploring needle and of surgical treatment is fully dealt with, attention being once more directed to the importance of accurate anatomical knowledge for successful operation.

It is instructive to note, from an aetiological point of view, that of seventy-six cases of subphrenic abscess at the London Hospital, twenty-one were due to gastric ulcer, twelve to appendicitis, and eight to suppurating hydatids of the liver.

RADIUM THERAPY. By DR. LOUIS WICKHAM and Dr. DEGRAIS. Translated by S. E. DORR, M.A., M.D. (Cantab.), M.R.C.P. 15s. 6d. net. (Cassell & Co.)

The last twenty years have witnessed an extraordinary and rapid advance in almost every branch of science, but notably in chemistry and electricity, and each fresh contribution which seemed to offer any prospect of utility has been eagerly seized upon and tested by the medical profession.

Many for a brief period enjoyed a vogue, but failed under the test of time and experience; others, again, with various modifications have been proved to be of value, though often not justifying the high hopes at first entertained.

The "discovery" of radium, marking, perhaps, an epoch in chemistry and physics, was the occasion of a tremendous outbreak of popular enthusiasm, and few indeed of the ills to which flesh is heir were to remain uncurd under its magic influence.

The actual results were at first so meagre, often so definitely harmful, that thoughtful physicians were inclined to err in the direction of dismissing the new metal, with its extraordinary properties, as a mere popular craze before its potentialities had been scientifically tested. Drs. Wickham and Degrais in *Radium Therapy* have given us the results of four years' work and experience gained at the Laboratoire Biologique du Radium at Paris, and their treatment of the subject, consisting as it does of careful clinical observation, accurately recorded dosage, and an impartial *résumé* of the results obtained, must convince even the most sceptical of the important place which radium will rightfully occupy among the therapeutic resources of the future.

A brief introduction, consisting mainly of the authors' preliminary work, is followed by a clear and lucid explanation of the physical properties of radium, as far as they are at present known, the nature of the three varieties of rays and the emanation, with a detailed description of the instruments in use at the laboratory and the methods by which the effective doses were determined.

It is, however, Part III of the book which will prove most interesting to the majority of readers.

Dr. Wickham commences with a general survey of the reactions of radium, laying especial stress on existence and importance of a non-inflammatory or "selective," as distinct from the more generally recognised inflammatory or "destructive" variety, and indicates briefly how each effect may be obtained at will by appropriate dosage and "screening."

The clinical results are presented under eight headings: (1) Carcinomata and other malignant growths; (2) cheloids and disfiguring scars; (3) angiomas; (4) pigmentary naevi; (5) muco-cutaneous tuberculosis; (6) analgesic action in pruritus, neuralgias, etc.; (7) various diseases; (8) gynaecological radium therapy.

In the case of malignant growths, the conclusion drawn from the cases seems to be that radium in hopeless cases will do much to ameliorate the patient's condition, sometimes bringing a previously inoperable lesion within the sphere of justifiable surgical treatment, but that it cannot be relied on as a "cure."

It is suggested that radium should be utilised in the post-operative treatment, the affected area being subjected to the rays for the purpose of destroying remnants of infiltrated glandular and lymphatic tissue, at the same time rendering extensive scarring more supple.

In the succeeding sections the results are much more encouraging, and the effects of treatment on cheloids, naevi, and skin diseases are strikingly illustrated by excellent coloured photographs of the recorded cases.

Sir Malcolm Morris has written an introduction to the English translation, and the whole book, well printed and bound, cannot fail to be of the greatest interest to all those interested in medical progress.

THE DISEASES OF CHILDREN. By JAMES FREDERICK GOODHART. Edited by GEORGE FREDERICK STILL. Price 15s. (London: Messrs. J. & A. Churchill.)

The first edition of this work, published some twenty-five years ago, filled a gap in the literature of that period; for at that time there were few books to guide the student in his study of the diseases of children.

The book at that time made a reputation which has been sustained throughout eight editions, and that it has reached the ninth is eloquent testimony of the appreciation of the medical profession.

Dr. Still has edited the work for Dr. Goodhart, and their collaboration has produced such a clear and concise account of each disease, illuminated by the great clinical experience of the authors, that the interest of the reader is held throughout the book.

The author gives a most excellent account of the wasting diseases of children, each cause being very completely discussed.

A most valuable account of the abnormalities of human milk is given, and having discussed the methods of modifying cow's milk and of administration of albumen-water, etc., he passes on to an enumeration of the chief proprietary foods, and discusses their merits and demerits somewhat fully.

His account of the infectious diseases from which children are liable to suffer is good, while in his discussion of the diseases of the respiratory tract he is particularly helpful. For instance, in his chapter on "laryngitis," in discussing the differential diagnosis of

diphtheritic and simple laryngitis, he says: "If no membrane be seen on the fauces, if there is no local inflammation, no enlargement or induration of the glands of the neck and no albumen in the urine, a fair hope may be indulged in that the laryngitis is simple."

The author closes with a few common prescriptions and a most valuable collection of recipes for making many of the articles of diet required in the sick-room.

The book forms a most complete and interesting account of the diseases of children. Its earlier editions have already caused it to be recognised as a standard work.

Royal Naval Medical Service.

The following appointments, etc., have been notified since June 20th, 1910:

Fleet-Surgeon H. Cliff to the "Venerable," to date July 2nd, 1910.
Staff-Surgeon A. Woolcombe to the "Astrea," on recommissioning, undated.

Surgeon K. D. Bell to the "Victory," additional, to date July 11th, 1910.

Staff-Surgeon W. S. Codrington has resigned his commission, May 19th, 1910.

Royal Army Medical Corps.

The following officers are due home from India—tour expired—next trooping season:

Brigadier-Lieut. Col. O. R. C. Julian, C.M.G.

Captain C. H. Turner.

Captain A. A. Meaden.

Captain H. T. Wilson.

Captain L. V. Thurston.

Captain W. S. Nealer.

Captain C. W. O'Brien.

Lieut. Col. W. H. Starr has been allowed to extend his service in India by one year.

Colonel W. G. Bedford, C.M.G., is home on leave from Hong-Kong.

Lieut. Col. T. H. F. Clarkson's name has been added to the list of officers proceeding abroad during the coming season.

Major E. M. Williams has been appointed specialist in midwifery and diseases of women and children in the 8th (Lucknow) Division.

Indian Medical Service.

Lieut. Col. Harold Hendley is granted two and a half months' extension of the combined leave granted him in July, 1909.

Captain J. McA. Macmillan, F.R.C.S., is posted permanently to the Central Provinces as a Civil Surgeon, and is stationed at Pachmarhi till June 30th.

Major E. V. Hugo, F.R.C.S., has been granted two and a half months' leave from April 1st, 1910.

Lieut. S. Sarker was appointed to hold Civil Medical Charge of Buxar Duar from April 1st, 1910.

The following are gazetted as Lieutenants with effect from July 31st, 1909: M. J. Holgate, M.B., I. L. Bomford, M.B., G. R. Lynn, M.B., and J. McD. Eckstein.

The Viceroy and Governor-General has been pleased to appoint on His Excellency's Personal Staff, to be an Honorary Surgeon, Major W. Selby, D.S.O., F.R.C.S.

Captain F. P. Mackie was granted privilege leave for two months with effect from 1st December, 1909.

Appointments.

GOW, A. E., M.B., B.S.Lond., M.R.C.S., L.R.C.P., appointed Pathologist and Registrar, Miller General Hospital, Greenwich.

MOSS, B. E., M.B., B.S.Lond., appointed Divisional Surgeon of Police at Edmonton.

PARAMORE, R. H., M.D.Lond., F.R.C.S., appointed Pathologist and Registrar, Hospital for Women, Soho Square, W.

Examinations.

UNIVERSITY OF OXFORD.

The following have completed the examination for the B.M., B.Ch.Oxford:

C. A. Binney, A. F. S. Sladden.

UNIVERSITY OF CAMBRIDGE.

Third M.B.

Part I—A. F. Cullen, S. Dixon, F. A. Roper, C. H. S. Taylor.
Part II—T. R. H. Blake, A. E. Cullen, G. C. Lim, C. G. H. Moore.

The degree of B.C. has been conferred upon C. W. Archer.

CONJOINT EXAMINATION BOARD.

A. Barber has passed the D.P.H. examination.

New Addresses.

BREMER, K., M.D.(Lond.), Cradock, Cape Colony, South Africa.

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

CUTCLIFFE, Dr. M., Hill House, Dawlish, S. Devon.

GEORGE, W. H., 2, Crofton House, 80, New Cavendish Street, W.

GRIFFIN, W. B., Pavilion Terrace, Scarborough.

HAYNES, H. E., The Retreat, Witham, Essex.

JONES, Dr. ROWLAND F. H., Sundon House, Church Hill, Waltham-stow.

MICKLETHWAIT, Dr., 57, Bootham, York.

PAGET, STEPHEN, 21, Ladbroke Square, W.

PLETTIS, J. M., M.D., Annandale, Reigate, Surrey.

PHILLIPS, L. L., Alma Place, Redruth, Cornwall.

SPENCER, W. G., M.S., 2, Portland Place, W.

WHITE, C. F. O., Broadley House, Broadley Common, Nazeing, Essex.

YOUNG, E. E., 6, Stoke Road, Stoke-on-Trent.

Births.

FRENCH.—On July 14th, at 23, Porchester Gardens, Hyde Park, W., the wife of J. Gay French, M.S.(Lond.), F.R.C.S.(Eng.), of a daughter.

HARRISON.—On June 30th, at 104, Marine Parade, Worthing, the wife of H. Leeds Harrison, B.A., M.B., of a son.

HILL.—On June 20th, at the London Mission, Peking, China, the wife of R. A. P. Hill, M.B., D.P.H., of a daughter.

KENDREW.—On the 22nd July, at 3, Newport Terrace, Barnstaple, the wife of A. J. Kendrew, M.B., B.S., of a son.

POYNDER.—On July 15th, at Bickington Lodge, Fremington, N. Devon, the wife of Lt.-Col. John L. Poynder, Indian Medical Service (retired), of a son.

ROBERTSON.—On June 21st, at Althorpe, *vid* Doncaster, the wife of J. F. Robertson, M.R.C.S., of a daughter.

SAMBON.—On June 24th, at Woodlawn, Shoot-up-Hill, N.W., the wife of Dr. Louis W. Sambon, of a daughter.

THORNE THORNE.—On the 20th July, at Greenheys, Woking, the wife of Richard Thorne Thorne, M.D., of a daughter.

TOOTH.—On July 16th, at 34, Harley Street, London, W., the wife of Howard H. Tooth, M.D., C.M.G., of a daughter.

WINTER.—On July 16th, at John-of-Gaunt's House, Lincoln, the wife of Edward Stuart Winter, M.R.C.S.(Eng.), L.R.C.P.(Lond.), of a daughter.

WRIGHT.—On July 21st, at 97, Victoria Road, Romford, the wife of Eric A. Wright, M.B., of a daughter.

Marriages.

LEDWARD—GIBB.—On June 28th, at St. Jude's, Tilstone Fearnall, by the Rev. H. R. Sherwen, M.A., Hugh Davenport Ledward, M.B., of Leichworth, Hertfordshire, second son of Hugh Davenport Ledward, of Bellerive, Buxton, to Lillian Grace, youngest daughter of Walter Gibb, of Hillbre, Tarporely.

MCLEAN—BYRNE.—On Wednesday, July 6th, at All Saints', Fulham, by the Rev. W. C. Muriel, vicar, William W. L. McLean, M.R.C.S., L.R.C.P.(Lond.), D.P.H., (to Margaret, younger daughter of the late John Byrne, of King's County, and of Mrs. Byrne, 18, Landridge Road, Fulham Park Gardens, S.W.

PICKERING—GREEN.—On June 29th, at Belton Church, Leicestershire, by the Rev. H. C. Deane, vicar, William Cowper Pickering, M.B., B.S.(Lond.), M.R.C.S., L.R.C.P., of Wellingborough, and son of Mr. S. Pickering, Northampton, to Francis Mildred, youngest daughter of the late Joseph Green and Mrs. Green, Spring Burrow Lodge, Belton.

TABOIS—TYDEMAN.—On July 21st, at St. Peter's, Brockley, S.E. by the Rev. C. H. Grundy, M.A., vicar, Alfred C. Tabois, M.D., to Mary Tydeman.

SILVER WEDDING.

GRIFFITH—KINDER.—On July 9th, 1885, at the Tower Church, Ipswich, by the Rev. Dr. Griffith, Vicar of Sandridge, father of the bridegroom, assisted by the Rev. Canon Furnock, Rector of the parish, Walter Spencer Anderson Griffith, of Harley Street, W., to Mary Anne, youngest daughter of the late Thomas Kinder, Esq., of Sandridge Bury, St. Albans.

Death.

PARKINSON.—On May 23rd, at Cannes, P. R. Parkinson, M.B., B.C.(Cantab.).

Acknowledgments.

The Student, National Health, The Eagle, British Journal of Nursing (2), Nursing Times (2), Practitioner, L'Echo Médical du Nord, The Medical Review, University College Hospital Magazine, London Hospital Gazette, Livingstone College Year Book, 1910, British Journal of Nursing (3), Nursing Times (2), Giornale della Reale Società Italiana d'Igiene, Journal of Laryngology, Rhinology, and Otology, School Hygiene, Guy's Hospital Gazette (2), Hospital, New York State Journal of Medicine, St. Mary's Hospital Gazette, St. Thomas's Hospital Gazette.

NOTICE.

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

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

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

St. Bartholomew's Hospital



JOURNAL.

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SEPTEMBER, 1910.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

SEPTEMBER 1st, 1910

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

Editorial Notes.

IN accordance with the usual custom the September number of the JOURNAL will be sent to all old St. Bartholomew's men whose addresses are known, subscribers and non-subscribers alike, serving as a reminder, if such could possibly be needed, of their Hospital's continued and flourishing existence.

It is a matter of regret that many who leave us do not subscribe to the JOURNAL, thus missing the opportunity of keeping in touch through the medium of its pages with the present life of the institution to which we all owe so much.

With the larger journals devoted solely to clinical work we do not compete, nor have we the same aims, but by recording current events in the Hospital, by announcements of the various dinners, etc., at which old friendships may be renewed, and, in short, by placing before our readers any facts likely to be of interest to past and present members of the Hospital we endeavour to do our share in fostering that feeling of *esprit-de-corps* for which St. Bartholomew's has always been noted.

The death of Miss Florence Nightingale has called forth world-wide expression of respect and appreciation, and has directed general attention to the immense development and progress of the movement of which she was one of the pioneers.

Step by step as surgical and medical science has advanced, greater demands have been made both for skill and experience from the nurses entrusted with the care of patients, so that, at the present day, our principal hospitals insist on three years' thorough training, in contrast with the dark days of the past when any ancient dame past active life was considered a fit and suitable person to act as "sick nurse." To Miss Nightingale and to those who followed her we offer our tribute of gratitude and admiration, in the sure expecta-

Calendar.

Fri., Sept. 2.—	Dr. Tooth and Mr. Waring on duty.
Tues., " 6.—	Dr. Norman Moore and Mr. Bruce Clarke on duty.
Fri., " 9.—	Dr. West and Mr. Dowiby on duty.
Mon., " 12.—	Examination for Matriculation (London University) begins.
Tues., " 13.—	Dr. Ormerod and Mr. Lockwood on duty.
Fri., " 16.—	Dr. Herringham and Mr. D'Arcy Power on duty.
Tues., " 20.—	Dr. Tooth and Mr. Waring on duty.
Thurs., " 22.—	Examination for Entrance Scholarships begins.
Fri., " 23.—	Dr. Norman Moore and Mr. Bruce Clarke on duty.
Tues., " 27.—	First Examination Conjoint Board begins.
Fri., " 28.—	Dr. West and Mr. Bowiby on duty.
Thurs., " 29.—	Michaelmas Day.
Fri., " 30.—	Dr. Ormerod and Mr. Lockwood on duty.

OCTOBER.

Sat., Oct. 1.—	Winter Session commences.
Mon., " 3.—	Old Students' Dinner. Mr. C. B. Lockwood in the Chair.
Tickets can be obtained from Mr. H. J. Waring, St. Bartholomew's Hospital.	

tion that the noble work which they helped to initiate will continue to advance towards the attainment of our common goal—perfection.

* * *

As the holiday season draws to a close the Square gradually loses its deserted appearance, and those who foregather around the fountain after lunch resume their own personalities, after weeks spent in representing theoretically two, three, or even four absent individuals.

It is a mental as well as a physical necessity occasionally to break the "hospital habit" and seek interests outside the daily routine, but there are few who do not experience a very real pleasure in recommencing the work which only a short time previously had seemed so dull and wearisome.


Country life has many advantages, but their continued enjoyment engenders a sense of stagnation, for which the strenuous and critical life of the hospital is a pleasant and effective antidote.

* * *

It is early yet to pronounce an opinion upon the new catering régime, but we gather that the general opinion is distinctly favourable.

Doubtless time and experience will remedy such minor faults as exist, and meanwhile the general support of the Hospital will do much to lessen the labours and anxiety of those responsible, and ensure the permanent success of the scheme.

Presentation to Mr. Harrison Cripps.


ARLY in the year a movement was made on the part of Mr. Cripps's former pupils at St. Bartholomew's with the view of making him a presentation on the occasion of his retirement from the Hospital. A committee was formed, consisting of Wilfrid Balgarnie, Frank Belhen, William J. Gow, C. O'Brien Harding, Albert Lucas, W. H. Maidlow, G. P. Newbolt, G. Drummond Robinson, B. B. Thorne Thorne.

A large number of gentlemen in all parts of the world subscribed. The presentation took the form of a solid silver bowl richly gilt, with caryatid handles, a copy of an old pattern of George II's time. On one side was engraved the well-known St. Bartholomew's crest, on the other the legend, "Presented to William Harrison Cripps, F.R.C.S., on his retirement from the office of Senior Surgeon to St. Bartholomew's Hospital, by members of his Surgical Classes, 1882 to 1909, as a token of esteem and regard, July, 1910." It will be remembered that a dinner was this year given to Mr. Cripps by the more recent men of the "yellow firm." In view of this fact, although many of the subscribers to the presentation would have liked to make it the occasion of another dinner, at the special request of Mr. Cripps the cup has been presented to him without ceremony.

St. Bartholomew's Hospital and Dr. Catus.

The Midsummer Address to the Abernethian Society, 1910.

By NORMAN MOORE, M.D., F.R.C.P.

HE removal of Christ's Hospital, and the digging necessary for the building of our new out-patient rooms and for the Post Office buildings, have made plain to our view the truth of what history relates, that St. Bartholomew's Hospital was built on vacant land outside the City wall, and that between the Hospital and the wall was the broad ditch which completed the fortifications of London.

The chief entrance into St. Bartholomew's Hospital from the very beginning was in the present position of our Smithfield Gate, the roadway through which is thus the most ancient feature of the Hospital. The original gateway was repaired in the reign of Henry VI, and the present gate was built in the eighteenth century, but no alteration in position was made on either occasion, and when we enter the Hospital from Smithfield our footsteps exactly follow the track of those of Rahere. We justly venerate Rahere as our founder, but should always remember that gratitude is due to Richard, Bishop of London, and to King Henry I: to the Bishop because he spoke to the King on Rahere's behalf, and to the King, because on the Bishop's representation he granted the land upon which the Hospital is built. The ancient life of Rahere does not mention that the Hospital ever received a royal visit in his time, but it is clear that the Bishop of London in 1123 consecrated the first chapel of the Hospital, and he no doubt entered by this venerable pathway. A fragment of a contemporary portrait of Bishop Richard preserved at St. Paul's shows him to have been a tall and dignified person. He came from Beaumeis, in Normandy. It is a village a few miles from the birthplace of William the Conqueror, and the river Dive flows through it, turning a mill, which records prove to have ground corn before the conquest of England. On some raised ground near the parish church the castle of Beaumeis is situate, and near it there is to this day a beautiful Norman church, which Rahere's patron probably saw. Numerous apple trees and thickets of spindlewood form the setting, out of which these buildings and the cottages of the village arise. The Lord of Beaumeis is believed in the village to have gone to the conquest of England. Richard probably followed in his train. He was a true Norman, a skilful leader and administrator, ready to act as a diplomatist, or as a judge, with a love of building and an eye for solidity and dignity in architecture. He became ruler of the Welsh border, and was a sort of viceroy in Shropshire, then almost a separate state. It is probable that besides French and Latin he was able

to speak Welsh, and he had most likely some knowledge of Anglo-Saxon. Latin was perhaps the language that he used most correctly. He had been in minor orders, and in 1108, having been elected to the vacant bishopric of London, was ordained priest at Mortlake by St. Anselm, then Archbishop of Canterbury, and was also consecrated bishop by him in that year. He devoted a large part of his revenue as bishop to the rebuilding and improvement of St. Paul's Cathedral. The fine cathedral he built perished by fire in later times, but the open space round St. Paul's, which he formed by buying the houses which stood against the cathedral, remains as a memorial of his liberality to this day. Towards the end of the year in which St. Bartholomew's was founded he had an attack of hemiplegia, and retired to St. Osyth's, in Essex, where he died on January 16th, 1128. I like to think that one who knew so great a man as St. Anselm has walked along that pathway under our Smithfield Gate. St. Anselm died April 21st, 1109, so he never saw St. Bartholomew's; but Richard of Beaumeis, when he aided Rahere, may well have remembered what active interest this great theologian, philosopher, and man of letters took in the care of the sick, and how he used to go to the infirmary of his monastery to investigate the illnesses of his brethren and to do all he could for their cure, sometimes bringing them round by frequent administration of food by his own hand.

The hospital chapel, consecrated by Bishop Richard, was somewhat further from the gate than the present church of St. Bartholomew the Less, which occupies the site of the Chapel of the Holy Cross, which was built in the reign of Henry II, and ever after continued the chief chapel of the Hospital.

It was standing there near the Smithfield Gate when some of the great men mentioned in Magna Carta walked into the Hospital. Five men whose names occur in that first statute of the realm and most ancient documentary security for the liberties of Englishmen were benefactors of St. Bartholomew's, so that we are in private duty bound to re-echo the encomium of Lord Chatham when he praised those iron barons, as he called them when comparing them with the silted peers of his own time.

"Their virtues," he said, "were rude and uncultivated, but they were great and sincere. Their understandings were as little polished as their manners, but they had hearts to distinguish right from wrong; they had heads to distinguish truth from falsehood; they understood the rights of humanity, and they had the spirit to maintain them."

William Longespée, Earl of Salisbury, was one of these, and moved by compassion for the poor sick men in the Hospital gave us eight oxen as a contribution to their diet. His chivalrous appearance is known to us, for his figure in chain armour is upon his tomb in Salisbury Cathedral. He was present when its foundation stone was laid.

Robert FitzWalter gave the Hospital a right of way in

Essex which increased the value of its land. He was chosen as their leader by the barons in their contest with King John, of which the termination was the grant of Magna Carta, and he rode at their head when they entered London on May 17th, 1215. He had a tower near the river and was a great man in London, and we may be sure that he had come to see its only hospital.

Richard of Muntfichet, who, like FitzWalter, was one of the barons appointed to see that the terms of the great charter were fulfilled, had delivered to our master six oaks for the fire in our hall. He also had a castle near the river, not far from the present Blackfriars Bridge, and may have come through our gate to visit the sick. This is the more likely, as a famous cure had been wrought upon a servant of his family in the reign of Henry II.

When there was the disturbance in London in the beginning of the reign of Richard II, and Wat Tyler's mob occupied part of Smithfield, it was opposite our gate that the young king showed such courage and rode up to the crowd with some of the aldermen and Sir Robert Knowles by his side. Knowles was a tenant of the Hospital, and had retired to a spacious house in Smithfield after many campaigns in France, where he had served in the battles of the Black Prince, and had taken many towns on his own account. Tyler was dragged into the Hospital through our gate, past the Chapel of the Holy Cross, and died, or was found to be certainly dead, in the chamber of the Master of the Hospital.

I am anxious to increase your respect for this old gateway and entrance to the Hospital, and first I wish you to realise that it has been the way in since 1123. London looks so modern a city that we are apt to forget the great antiquity of the general lines of its streets. When the first Mayor of London, Henry FitzAilwin, came from his house and grounds on the eastern bank of the Walbrook, near the present Salters' Hall, to St. Bartholomew's, which he knew well, he rode to St. Paul's along Candlewick, now Cannon Street, past St. Paul's, out of Ludgate and along the Old Bailey, called by that name, to our Smithfield Gate.

No geographical point in our history is more fixed than this gate.

The acme of prosperity of the Hospital in the middle ages was reached in the reign of King Henry VI, when John Wakeryng was master of the Hospital, and John Cok, one of the brethren, was rentar. He wrote all the rents of the Hospital down in a register, explaining the title to each estate and the value of the several rents. In his time a considerable part of the revenue of the Hospital was derived from the rent of houses within its precinct, for the Hospital itself occupied only a small part of that precinct.

Cok records that within the Smithfield Gate, on the right as you came in, was a house and garden, occupied in 1456 by Lady Joan Astley, once nurse of King Henry VI. It was an important tenement, and she paid forty shillings a

year for it. When she died this old lady was buried in the neighbouring church of St. Botolph, Aldersgate.

The Hospital staff at this time consisted of a master, eight brethren, and four sisters. One of the brethren was door-keeper, and opened and shut the Smithfield Gate, and was principally concerned with the admission of patients. They all looked after the sick, and those of the brethren who were in holy orders commemorated the benefactors and conducted religious services. London then had many religious houses and societies. Near us, besides the Augustinian Canons, were the ancient College of Secular Priests, of St. Martins-le-Grand and the Charterhouse, with its monks living in silence and isolation, each with a little garden of his own. There was the great priory of the Knights of St. John of Jerusalem, of which the gateway yet remains, and the Convent of the Benedictine Nuns of Clerkenwell. Close to the Hospital, but within the city wall, was the house of the Franciscans, the cloister of which remained till lately. On the south of the city was the Priory of St. Mary, and on the east the huge priory of the Holy Trinity at Aldgate. Its prior was *ex officio* an alderman, and Stow, the historian, remembered seeing him ride in his monastic garb in the Mayor's procession. Then there were many smaller foundations, such as the Hospital of St. Mary of Bethlehem, founded by Simon FitzMary in Henry III's reign, and the Austin Friars.

In a little more than eighty years from the date of Cok's writing of his Register in 1456 all these communities and many of their buildings were destroyed. The aspect of London was changed. Before the dissolution, when you walked from St. Bartholomew's to Clerkenwell, it was like a bit of Oxford—stately buildings with fine churches and libraries, green closes and noble trees. Business, and manufactories and houses, gradually replaced all these. St. Bartholomew's Hospital, altered in its constitution, survived.

There was still the Smithfield Gate, and within it were patients as of old. The Hospital was administered by a body of citizens, instead of by a master and brethren, and all the persons and forms of administration with which we are familiar at the present day were instituted.

There were a president, and a treasurer and almoners, a hospitaller, a clerk, a steward, a porter, a matron, twelve sisters, and eight beadles. There were also three surgeons, who had to appear before the almoners and say whether patients were curable or not, since it was not thought right to spend the resources of the Hospital on incurable cases.

Nearly the whole of the original landed estate of the Hospital had been restored to it, and the rents of this, with occasional gifts from individuals and from the city and its guilds, provided the funds for the support of the patients and the payment of the officers.

The Hospital still received a good deal from the rent of houses within it, and a regular record of the tenements and their rents was kept every year. This well-kept record

mentions the houses in the same order as in Cok's list of 1456, and we are thus enabled to know who lived in 1551 in the house which Lady Joan Astley occupied in 1456. It was JOHN CAIUS, and his rent was £4. He continued to be a tenant of the Hospital till his death in 1573.

This great man was born at Norwich on October 6th, 400 years ago, and it seemed appropriate to this meeting of the Abernethian Society to recall him and his surroundings to your recollection. He was admitted an undergraduate of Gonville Hall at Cambridge in 1529, and soon became deep in Greek, and in 1533 was elected a fellow of Gonville Hall. Six years later he went to the University of Padua and studied medicine.

He lived in the house of the great anatomist of the Renaissance, Andreas Vesalius, for eight months, and thus learned the modern anatomy based upon human dissection, and not upon the books of the ancient writers, who had only dissected monkeys and pigs.

I said that I was glad that a man who had known St. Anselm should have walked through our Smithfield gate, and I also feel that its dignity is increased by the fact that a friend of Vesalius often walked that way into the Hospital.

I wish that our lecturer on anatomy were here instead of being employed all evening at Westminster making laws and imposing taxes, so that I might sit down and listen with you while he enlarged, far better than I can, on the career and the merits of Vesalius, the founder of anatomical studies in modern times. He was born in the Netherlands, and educated at the University of Louvain, and left it knowing Latin and Greek and Arabic, the three languages which then opened to a man all the learning of the medical world. He studied, too, at Montpellier and at Paris, and at the latter he put together a complete human skeleton from the body of a robber which he took down from the gallows. He was professor of anatomy at Padua when Caius went to study there. It was later, when professor at Venice, that Vesalius published the magnificent illustrated book which placed him in the front rank of the anatomists of the Renaissance.

Titian painted his portrait. It was just that the greatest exponent whom the world had then known of the inner structures of the human frame should be so represented for posterity by the greatest delineator of the outward appearance of man that his country possessed.

Caius, who for years daily passed through our Smithfield Gate, had in his mind, from personal knowledge of him, an image of the fine head and resolute mien of Vesalius, which we know in the picture of Titian and the engraving from it.

Caius learned medicine from John Baptist Montana, of Verona. The *General Medicine* of this physician is a work of nearly a thousand pages folio. It is a book which shows much meditation on medicine in the widest sense, great reading, and extensive attainments in Greek. Montana

was interested in everything which bore upon his profession, but Caius was, perhaps, most drawn to him because of his Greek reading and his thorough acquaintance with Galen. Caius graduated M.D. at Padua in 1541. He examined every Greek medical manuscript which he could find in Italy, and returned to England in 1544. In 1547 he was elected a fellow of the College of Physicians, and five years later he wrote his treatise on the sweating sickness, an epidemic disease, called in Latin *Ephmera Britannica*. It was, perhaps, a pneumococcal or influenza infection, and the fatal terminations seem to have been due to pneumonia. He wrote one book on the subject in English to warn and instruct the public on the epidemic, and another in Latin for the medical profession. As the first work on clinical medicine, the first description of a disease drawn altogether from the writer's observation, this book is original, and was a great step in the study of medicine, although it is not full enough to be a very important addition to clinical knowledge.

Caius was a man of varied tastes: he translated from Greek several books of Galen, and wrote on the pronunciation of ancient Greek. He was proud of his university, and wrote a book on its antiquity. He had always been fond of natural history, and was a friend of Conrad Gesner, the naturalist. Gesner was bringing out a *History of Animals*, and Caius wrote for it two books on British dogs, which, owing to Gesner's death, were published as separate books, and were translated into English.

His accounts of the terrier, of the turnspit, and of the dancer are good examples of his treatment of the subject.

"Of the Dogge called Terrar, in Latine 'Terrarius.'—A nother sorte there is which hunteth the Foxe and the Badger or Greye onely, whom we call Terrars, because they (after the manner and custome of ferrets in searching for Connyes) creepe into the grounde, and by that meanes make a frayde, nyppe, and byte the Foxe and the Badger in such sort, that eyther they teare them in pieces with theyr teeth beyng in the bosome of the earth, or else hayle and pull them perforce out of their lurking-angles, darke dongeons, and close caues, or at the least through conceued feare, drieue them out of their hollow harbours, in so much that they are compelled to prepare speedy flight, and being desirous of the next (albeit not the safest) refuge, are otherwise taken and intrapped with snares and nettes layde over holes to the same purpose. But these be the best in that kynde called *Sagax*."

"Of the Dogge called Turnspete, in Latine 'Veruversator.'—There is comprehended under the curres of the coursest kinde, a certaine dogge in kytchen seruice excellent. For whē any meate is to bee roasted they go into a wheele which they turning rounde about with the waight of their bodies, so diligently looke to their businesse that no drudge nor skullion can doe the feate more cunningly. Whom the popular vort hereupon call Turnspets, being the last of all those which wee haue first mentioned."

"Of the Dogge called the Daunser, in Latine 'Saltator' or 'Tympanista.'—There be also dogges among us of a mungrell kind, which are taught and exercised to dance in measure at the musicale sounde of an instrument, as, at the iust stroke of the drombe, at the sweete accent of the Cyterne, and tuned strings of the harmonious Harpe showing many pretty trickes by the gesture of their bodies. As to stand bolte upright, to lye flat upon the grounde, to turne rounde as a ringe holding their talle in their teeth, to begge for theyr meate, and sundry other properties, which they learne of their vagabundicall masters, whose instrumentes they are to gather gaine, withall in Citie, Contry, Towne, and Village. As some which carry olde apes on their shoulders in coloured iackets to moue men to laughter for a little lucre."

Caius lived in St. Bartholomew's the whole of his time in London, and several of his books were written here. In 1555 he was elected President of the College of Physicians, and held office, though not continuously, during nine years. The plan of our College of Physicians was drawn from Italy, and Caius, imbued with the same spirit of learning that had animated Linacre, the founder of the College, had great influence in continuing his tradition. It was not far from this, in Linacre's house in Knight Rider Street, on the upper part of the slope between St. Paul's and the river, that the first meetings of the College were held. Linacre gave the house and his library to the College, and here is one of the books which belonged to him. It is the first edition of the Greek text of Plutarch, and was published in 1517.

It was in September of the following year that the College was founded by the grant of a Charter from King Henry VIII.

Thomas Linacre, its founder, was born in 1460, and in 1484 was elected a fellow of All Soul's College at Oxford. Soon after he went to Italy with the Prior of Canterbury, and stayed in Florence to study Greek under Demetrius Chalcondylas, a Greek scholar from Constantinople, who was teaching it to Giovanni de Medici, afterwards Pope Leo X. Then he went to Rome and read Plato in the Vatican library, and afterwards Aristotle and Dioscorides. He went to Venice, and became a friend of Aldus the great printer. He took his M.D. degree at Padua, and, after about six years, came home well learned in Greek. He became tutor to the King's eldest son Arthur, and physician to the King in 1509. Cardinal Wolsey, Archbishop Warham, Bishop Fox, Colet, Sir Thomas More, and Erasmus were his patients. He translated several medical books of Galen from Greek, one of which, on the pulse, is dedicated to Cardinal Wolsey; and he wrote much on Latin grammar, which seems to have had great interest for him. He toiled unceasingly at it, and Robert Browning has turned into a poem a passage in the *Praise of Folly*, in which Erasmus describes him, but not unkindly, as a physician who was sixty, and had studied the problems of grammar for twenty years, and hoped to live long enough to define correctly the

eight parts of speech. That fine poem "The Grammarian's Funeral" is one of the least obscure of Browning's writings, and is applicable to Linacre, except that his whole life yielded more work than grammar, for he was the first physician of his time, and the centre of a literary circle.

Yea, this in him was the peculiar grace
That before living he'd learn how to live—
No end to learning:
Earn the means first—God surely will contrive
Use for our earning.
Others mistrust and say, "But time escapes:
"Live now or never!"
He said "What's time? Leave now for dogs and apes
"Man has forever."
Back to his book then: deeper drooped his head:
Calculus racked him:
Leaden before, his eyes grew dross of lead:
Tussis attacked him.
"Now, master, take a little rest!"—not he!
Not a whit troubled
Back to his studies, fresher than at first,
Fierce as a dragon.
He would not discount life, as fools do here
Paid by instalment.
He ventured neck or nothing—heaven's success
Found, or earth's failure:
"Wilt thou trust death or not?" He answered "Yes:
"Hence with life's pale lure!"
That low man seeks a little thing to do,
Sees it and does it:
This high man, with a great thing to pursue,
Dies ere he knows it.
That low man goes on adding one to one,
His hundred's soon hit:
This high man, aiming at a million,
Misses an unit.
That, has the world here—should he need the next,
Let the world mind him!
This, throws himself on God, and unperplexed
Seeking shall find him.
So, with the throttling hands of death at strife,
Ground he at grammar:
This man decided not to live but know—
Bury this man here?
Here—here's his place where meteors shoot, clouds form,
Lightnings are loosened,
Stars come and go! Let joy break with the storm,
Peace let the dew send!
Lofty designs must close in like effects:
Lofely lying,
Leave him—still loftier than the world suspects,
Living and dying.

Linacre retired from practice about 1515, and took priest's orders. He wished for more time for study, and read hard till his death on October 20th, 1524.

Linacre desired the members of his college to be not only profound in medicine but addicted to learning of all kinds, and desired that the college should encourage that magna-

nimity and that superiority to all sordid or merely worldly motives which are proper to a society of scholars.

He was not narrow in his regard for learning. Dr. Chambre, who was named first (no doubt at Linacre's desire) in the charter of the College of Physicians, was a student of the mediæval physicians as well as of those of the Renaissance. Here is his well-read and annotated copy of John of Gaddesden's *Rosa Anglica*.

Chambre built the cloisters of St. Stephen's at Westminster.

These physicians wished to be learned themselves and to do all they could for their time. They were imbued with a high sense of public duty, and with a regard for every part of learning as well as for their own subject and art. Nor were they careless of artistic beauty.

Caius was their worthy follower in all these ways. In 1556 he gave the first feast of the College of Physicians at this hospital within our Smithfield Gate and presented to the college the silver cadeuceus which the President has ever since carried into the meetings of the college, which rests on a cushion before him, and the taking up of which is the sign that the business is at an end. He had the statutes beautifully bound with silver ornaments.

His life, like Linacre's, was one of prolonged private study and public service. He died here, July 29th, 1573, and his body was taken to Cambridge and buried in the chapel of the college which bears his name there.

He left a bequest to St. Bartholomew's, where he had lived so long. He re-founded Conville Hall, in which he had been educated, by adding munificently to its endowment and building a new quadrangle. The fellows elected him their master.

Let us remember with pride in our profession that the aspect of each of the ancient universities is improved by a building due to the munificence of a physician. At Cambridge the court which we enter under the archway of the Gate of Wisdom and Virtue and leave by the no less picturesque Gate of Honour, is a monument of the generosity of Dr. Caius. At Oxford the dome of the Radcliffe Library reminds the traveller as he approaches the University of the gifts to learning of another fellow of the College of Physicians. In London itself the greatest library and museum owe their origin to Sir Hans Sloane one of the successors of Caius in the office of President of the College of Physicians. Thus nobly have physicians who benefited mankind in their lives endeavoured to improve learning in times after their own. The life of Dr. Caius shows the noble characteristics of the English physicians of the Renaissance, and we must all be glad to remember that he long lived within St. Bartholomew's Hospital and is one of its benefactors.

"Vivat post funera virtus."

The New Messina, and the Condition of the Earthquake Area To-day.

By REGINALD J. DOUGLAS, M.B., M.R.C.S.

THE recent outbreak of Mount Etna has brought once more to the public notice that much disturbed region bordering the Straits of Messina. Earthquakes, tidal waves, whirlpools, and thunderstorms of extraordinary violence have, besides creating a wealth of mythological literature, combined to destroy man's handiwork and wipe out large numbers of the population. No wonder, then, that the present occupants of this restless region are full of superstition, and ever seeking for signs and omens from the sea, the heavens, and the mountains. For generation after generation they have occupied a land unrivalled for its beauty and fertility, but with ever the fear before them of some overwhelming disaster suddenly rushing upon them without warning, destroying life and property, and leaving them battered and sadly reduced in numbers, to start once more farming their lands and building their homes. The last great disaster that crushed them, and, perhaps, the greatest in history, was the earthquake of the morning of December 28th, 1908. It is not generally understood how large an area this involved, in fact, it was not properly known until many weeks afterwards, owing to the difficulty in traversing the broken up paths and tracks in the mountainous country lying back from the sea on either shore. At a rough computation an area twenty-five miles long and nine miles wide was involved in the Italian or Calabrian side, and ten miles long and five miles wide on the Sicilian side.

On the Italian side Reggio and Villa San Giovanni, towns of 40,000 and 15,000 inhabitants (of which 15,000 and 5000 respectively were killed), and on the Sicilian side the large seaport of Messina, of 350,000 people (of which 100,000 at least were killed), were the chief towns involved. It will be seen, therefore, that the area of destruction was very much greater in Calabria than in Sicily.

Messina, by reason of its size and importance and its huge death-roll, claimed most of the attention. But on the other side the shock was every bit as bad. Whole towns were laid low, and villages perched up in the mountains suffered severely, very often being buried under huge landslides. One village could not be found! It was reported that it had been swallowed up in a fissure and buried in falling earth. I scarcely think this was true, and certainly never heard the name of this mysterious lost village, but I can conceive it possible.

Help was slow in reaching these remote places, and sometimes never arrived. A numb terror seized on some of the survivors left among the desolate scenes of their former home, from which most of them who could had fled towards

the coast. One instance of this I remember: A man was found dead in the ruined basement of his house, where he had been some eight or nine days. He was apparently uninjured. It was said he had refused to eat since the night of the disaster and had simply remained in a resigned state, having given up all hope. The appearance of this village certainly looked hopeless enough. Half of it was buried thirty feet deep in a landslide from an overhanging cliff—in which a Saracenic castle 600 years old had come thundering down 300 feet in lumps weighing twenty tons or more. The rest was crumbling ruins with a piece of wall standing here and there. It was to such places as this in Calabria that the British men-of-war brought relief. At Queen Elena's suggestion their work immediately opposite Messina, and H.M.Ss. "Exmouth," "Duncan," "Lancaster," "Sutlej," to mention some, and the Duke of Connaught's finely equipped field hospital from Malta of over 200 beds proceeded to this shore, and worked to such effect that they literally saved the population in an area of some five miles square from starvation. (The ships went away, I believe, with barely enough beef and biscuit to last them into Malta Harbour.)

At the same time the Medical Departments were working night and day with the wounded. Rescue parties penetrated to remote villages in the Aspromonte Mountains, digging out scores of people from the ruins and sending them down to the base camps for treatment.

It was a fine piece of work throughout, and as a result the warm-hearted Calabrian peasants speak of the "Marinai Inglese" (as they generically call the Englishmen who came to their relief) in terms of the greatest affection and gratitude. I mention this work of the English as it is not only of interest to their fellow countrymen, but to Bart's men in particular, for there were two old Bart's men and a former Bart's nurse in the hospital from Malta.

And now as to the present state of affairs in Messina and the earthquake area in general: Messina of the present is a collection of wooden huts and ruins of what was once a beautiful city, these latter a huge monument to indecision and lack of organisation, as they ought long ere this to have been pulled down and space cleared for the much-talked-of re-building. It is said on good authority that a well-known English engineer made the town council an offer to pull down and clear away the ruins of the whole city—provided he had an absolutely free hand. The sum mentioned was ridiculously small, and probably has been expended by the authorities months ago; the time allowed for this work was one year! This generous offer fell through because it was thought that the "free hand" asked for might mean appropriating all the valuables and treasures that would be unearthed! So there are the ruins and treasures(?) practically untouched to this day.

Walking through ruined Messina is inadvisable, if not

impracticable. A broken-down cab of antique pattern and a pony that just hangs together is the alternative; and off one goes, rocking and lurching, splashing through inches of mud if wet, surrounded by a "pillar of cloud" if dry and dusty. The roads are really tracks; the sidewalk or a front garden are all the same to the cabby if a slight block occurs—in fact, in most places the broad side-walk is the rule. The humble pedestrian, therefore, does not have much of a time of it.

Here and there one sees a "navvy" standing on the top of a ruined palazzo picking off bricks and kicking them down into the street below, where his mate keeps a sort of lookout that they do not fall on someone's head. The rubbish may be cleared away or may not. In time perhaps some of the ruins may be demolished; meanwhile they are much as they were one and a quarter years ago, and provide a good soft job for the house-breaker and his mate.

Practically no one lives in the central part of old Messina, but during the day the above-mentioned house-breakers appear, and parties of sappers and carts for the removal of rubbish; but the results do not seem to be good.

At night, viewed from the water under a full moon, the central town presents a unique and melancholy appearance, and the real sadness of this huge disaster is brought vividly to the mind.

On the outskirts of the old city people are still living in the same squalor and dirt as immediately after the eventful day. Their primitive shanties ought to have been cleared away long ago. The impression created in one's mind of the city to-day is that very little has been done and that future prospects do not seem bright. Very little is said about the old Messina in the papers. There is considerable talk about great designs for a beautiful city on the latest lines, but so far it ends there. At the present rate of progress the ruins will not be demolished in time to clear the space for the great re-building in less than ten years. It is to be hoped that when they come to a decision as to money and plans they will really get to work and pull down the tottering walls with some show of haste, and clear up the huge piles of *debris* by some organised scheme.

It is a relief to jog on towards the new Messina, which has lately been much talked about.

The new Messina reminds me of the diagrams in the text-books of "multiplication by budding." In this case the parent is dead or just about so; and there are several "buds," consisting of villages of groups of wooden huts laid in some definite order, with fairly commodious streets and some system of drainage.

The villages are mostly the work of foreign committees, of which the "Americans" have done by far the most. There are besides the Swiss, the "Regina Elena," German, Danish, and English huts.

The Regina Elena village, erected under the personal supervision of Queen Elena, is the model type, consisting of

about 150 houses, of which some twelve English bungalows provide the chief architectural features. The majority of the huts are about five yards square, with a small garden space in front; they are placed in rows or in clumps, with neat gravelled roads between. A church is in the centre, with a hospital, a mortuary, a row of shops, a laundry, and several factories (which yield a good profit). Schools and clubrooms are provided. The drainage system was provided at considerable expense, but the sanitary methods are not quite all that could be desired. The village, therefore, is a complete self-supporting affair and in a most flourishing condition, being managed by a capable committee, of which our English Consul is one. At night-time, with its white walls, gravel paths, and numerous electric lights, it looks very like a model village of the Earl's Court type on a large scale.

The other villages, each of the type peculiar to the country which supplied the material, are very similar in appearance, but the committees have been content to erect the houses and leave the streets and drainage to the Government engineers. These houses are mostly detached, one storey huts, placed in rows or clumps. The engineers then came along with a plan, which they have adopted all over the affected area. For surface-water shallow cement channels running round each clump and eventually running into a main drain, and for a sanitary system a "pozzo nero," or cesspool placed adjacent to every clump; over this pit is erected a wooden shafty divided into two compartments—one side the men's closets, the other for the women. The cost of making these cemented pits was considerable; now the time is coming when these pits must be cleared with the special pumps provided for that purpose. If things do not work quite up to expectation, as is now suspected, some other system will have to be adopted, involving a huge further expenditure.

The roads are of the broad main avenue type with lateral branches; they are patchy and unfinished. The Government engineers have also erected in various towns and villages wooden huts of a type designed by themselves. They are of poor material, and in places one can put one's fingers through the walls. They will be the first to wear out. One of the useful purposes they served was that they could be easily and quickly erected, and provided shelter in the early days when people were sleeping under trees or rough tents. The life of the average "hut" in these various villages is, perhaps, ten years; by that time it is hoped the central portion of Messina will have been cleared sufficiently to permit more permanent dwelling-houses to be erected.

On the whole the people are happy and well off; at present they are free of taxes. Trade is brisk, and the mass are in a much more civilised condition than they were before; many of them, instead of having lost money, find they have come into quite affluent circumstances, and some are even wealthy where before they were poor.

Little mention has been made of the English relief

measures. The system adopted was to form local sub-committees composed of English people in various parts of the earthquake zone; these sub-committees had a central committee in Rome, which in turn received funds from London. By this means huge quantities of blankets, clothes, and necessities of life were distributed over the entire affected area. Money grants were also made for relief of distress. Just outside Messina, on a beautiful site on the lower slopes of the hills, are a number of British survivors living in a cluster of English bungalows; these are altogether more permanent structures in iron and wood, and having some architectural merit the whole forms a very pleasing picture.

On the Calabrian side of the Straits in the centre of the area of the work of the British men-of-war is a complete village of nearly one hundred houses, also of the same serviceable and permanent type. The Queen of Italy has graciously consented to accept this village, and henceforth its future will share the success that the Regina Elena village in Messina has had.

In the centre of the "Piazza Londra," a square measuring eighty yards in length, the inhabitants have erected a memorial tablet "recording the generosity of the English people."

Reviewing the work accomplished since the earthquake in the whole afflicted area, it is, unfortunately, a fact that most of the relief and re-building (so-called) has occurred along the fringe of the coast bordering either side of the Straits of Messina. The difficulties of transport up the mountains alone has been enough to deter the not over-zealous authorities from sending adequate material for huts up to the inland villages. Lately this has improved a little, but still many places are practically neglected. A state of affairs like this, if it occurred in England, would long ere this have raised a storm of protest, but it is of little good for these people to protest; they are always protesting uselessly against something. And it must be remembered that their previous mode of living did not reach a very high state of civilisation in the inland districts. They are mostly peasants, and dirty hovels and complete lack of sanitation have been, are, and probably will be for many years the rule.

Washing is not fashionable. My tin bath was laughed at as a curiosity by such educated men as the parish priest and town councillors (so-called) of a town of 4000 inhabitants.

Life is of a primitive kind, and most people are up before the sun, and, in fact, thousands owe their lives to this fact, as they were up and out before 5:17 a.m., the time of the great shock. It therefore happened that the stay-a-beds, such as professional men, wealthier business men, visitors, foreign residents, and elderly people, were caught by the earthquake sleeping peacefully in their beds, and amongst these was the greatest death-roll.

These same country people, who rise so early, retire with

the sun, and as space in their huts is limited, as many of them as can find room to do so retire to rest on a huge feather bed (peculiar to this country), where they all sleep till morning. The sight of a whole family lying in a bunch on one of these beds is not only interesting but amusing. These beds are fine affairs, but it is better to keep at a respectful distance.

As regards the future, particularly of the towns of Messina and Reggio, the so-called re-building is a myth. One cannot call these collections of wooden huts a re-building. The huge and handsome stone palaces that came crashing down in thirty seconds will never be rebuilt. Some type of low earthquake-proof house, such as those used in Japan, seems the most favourable type, but it remains for the authorities to hasten the work of demolition and their plans for the new city; and it is to be hoped that the present shelters will not also be in ruins before the day arrives when things will be really ready to start genuine re-building.

Meanwhile fire and fever seem to be the greatest dangers: the former already has been somewhat in evidence, but given a favourable opportunity whole rows of huts might be wiped out by fire without a chance of stopping it. The latter so far has mercifully kept well within bounds, chiefly owing, I believe, to the freedom from contamination of the water supply.

Sore throats and low fever occurred a good deal last summer from the dust, but this is not at all surprising, as dust, which was inches thick in every street, was stirred up all day by large motor trolleys and other vehicles.

Etna is now grumbling. So it was with Vesuvius after the first destruction of Pompeii by earthquake. Let us hope Etna will not emulate the feats of Vesuvius at that epoch, and bring further disaster on this unhappy country and its long-suffering inhabitants.

The Clubs.

SWIMMING CLUB.

On July 11th we swam against London Hospital in the final round of the Inter-Hospital Team Race.

We were very fortunate in having J. Fiddian, the Cambridge half blue, to swim for us. We lost a good race by about seven yards.

Our team was: W. T. Dobson (capt.), K. J. Davis, J. Fiddian, G. Stanger.

On July 16th we played Guy's Hospital, at Southwark Baths, the final round of the Inter-Hospital Polo Match. Our opponents were too strong for us, and played well together, scoring a goal in the first two minutes' play. Fiddian, Dobson, and Davis all worked hard, but we lacked combination, chiefly owing to insufficient practice, and were beaten by 7 goals to 0.

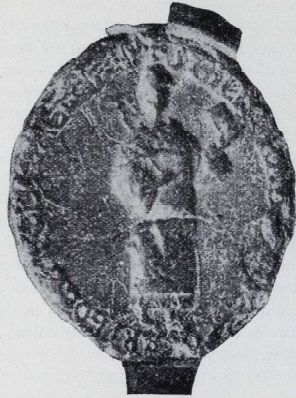
The Hospital was represented by C. F. Beyers (goal); K. J. Davis, W. B. Wood (backs); J. Fiddian (half-back); W. T. Dobson, J. B. Mudge, G. Stanger.

May I make another appeal for more support next season. We rarely had as many as six at any practice this season. If only ten or a dozen men would come regularly to practices, whether they have played before or not, we could get quite a good side together. Practices will start again next April if possible.

The Ancient Seals of the Hospital.

By NORMAN MOORE, M.D.

RAHERE, as master of St. Bartholomew's Hospital, used a seal of which only one impression has come down to our times. It is affixed to the grant of St. Sepulchre's Church to Hagno, which was made, as stated in the charter itself, in the year 1137, the second year of King Stephen. The kings of England before Richard I in their own charters mentioned both the year of our Lord and the year of their own reign, while Richard I and his successors usually mentioned only the regnal year. It is interesting to observe that the royal usage as to date is followed in this charter of a private individual. Rahere's charter has already been printed in this JOURNAL with a



precise reproduction. The standing figure upon his oval seal is perhaps a representation of Rahere himself holding an alms box in his hand. Other seals of this period, such as those of the Bishops of London, are obvious likenesses, and the usage of portraiture is continued to this day on the great seals of our kings. In the year 1198 brother Stephen, then procurator or master of the Hospital, used a seal of which impressions survive at St. Paul's Cathedral and in the Public Record Office. It is oval ($3\frac{1}{2}$ in. by $2\frac{1}{2}$ in.), and bears a standing figure of St. Bartholomew. The Apostle holds a staff in his left hand and his right is raised in benediction. The inscription, which is contained in a border bounded by a single line, is "*Sigillum Hospitalis Sancti Bartholomei*," and is in well-formed Roman capitals. It is affixed to a document in which William, Master of the Hospital (1224-1246), grants to John of Woburn, who was

Sheriff of London in 1230, land in the parish of St. John Zachary, which belonged to the Hospital by the gift of Walter, son of Algar. The land lay between the land and garden of the Dean of St. Martin's on the south and the land, once that of Abel the goldsmith, on the north. John of Woburn was to pay the Hospital a mark of silver every year, forty pence each quarter, and was not to sublet to Jews or to any other religious house. John gave the master and brethren twenty-two marks of silver as a bounty (*in gersumam*). The witnesses of the grant were Michael of St. Helen's, then alderman, William Juvenal, Ilgar the goldsmith, Henry of Edmonton (*Edelmeton*), Gerard Bat, Richard Abel, William, son of Adam, Richard, son of Ilgar, Bartholomew, his brother, Richard Derkin, Adam the goldsmith, William de Ripa.



Abel and Ilgar and Adam the goldsmiths lived near the present site of the Goldsmiths' Hall, which stands just east of the land once held by the Dean of St. Martin's, and still called St. Martin's le Grand. While retaining its name it has changed from a college of secular priests into the General Post Office. Michael of St. Helena was sheriff in 1231. This date and that of William the Master show to what period the charter belongs. It is in the handwriting of William de Ripa, a chaplain of the Hospital.

This seal is also affixed to a charter at St. Paul's Cathedral, in which Bartholomew, master of the Hospital (1247-68), grants to John of Braynford, chaplain, certain land with houses upon it, which had been formerly let to Simon, son of Lebert, in the parish of St. Mary Magdalene in the fish market. John was to pay the Hospital eight shillings sterling a year, two shillings a quarter, and on conclusion of

the agreement he gave the master and brethren six marks sterling as a gersuma or bounty. The witnesses of the transaction were Sir John de Gisors (Gisors), then Mayor of London, John Adrian, Robert of Cornhill, then sheriffs of London, Adam Bruning, then alderman of that ward (*i.e. Castle Baynard*), and eight others who are named. The names of the Mayor and Sheriffs show that the year was 1258.

The same hospital seal is affixed to a charter of Adam of Rothling, the master (1305-11), to Robert of Thelnothan, written on August 10th, 1308.

Soon after this a new seal was made, on which St. Bartholomew, in a somewhat stiff attitude, is holding aloft a flaying knife, the implement of his martyrdom. He stands upon a lion and under a Gothic canopy, and on each side



are shields with the three lions passant guardant of the royal arms, suspended from the branches of a tree. This seal is attached to a charter in which William le Rous, the Master (1324-37), grants to Nigel of Whate, and Cristina, his wife, a tenement in the parish of St. Botolph, outside Aldersgate, at an annual rent of fifteen shillings.

John of Pulteney, the Mayor, whose name survives in Lawrence Pountney Lane, was the first witness, and is followed by the sheriffs, Robert of Ely and Thomas of Horwold. The date of the charter is July 4th, 1331.

The same seal continued in use as long as the old order of a master and brethren and sisters remained in St. Bartholomew's.

Rahere's seal has only one surface with impression, but the reverse of the seal used in 1198 bears a smaller seal made from a classical gem on which was cut an eagle with extended wings. The gem is surrounded by a simple linear

border, bearing the words, "*Sigillum hospitalis S. Bartholomei*."

Classical gems occur in a good many mediæval seals. Alan, who became master of St. Bartholomew's in 1182, and continued in office till 1198, obtained bulls from Lucius III, Clement III, and Celestine III, granting and confirming privileges to the Hospital, and it seems probable that he may have visited Rome and may have brought thence this eagle gem which appears on the reverse of the Hospital seal in 1198, and on the reverse of the newer seal used from Edward III's reign to that of Henry VIII. It is on the reverse of the last example I have been able to discover of this third seal: an impression in red wax affixed to a deed "Given in our Chapter House, the twenty-fifth day of the month of June in the year of Christ 1531," by which John Brereton, Doctor of Laws, Master of the Hospital, and three of the brethren, John Chewny, Richard Lemyng, and Thomas Hyclyng, acknowledged the royal supremacy.

What Thomas the eagle gem after that Thursday in June on which so small a part of the usual chapter, with



one consent, professed absolute faith and obedience towards "Our Lord King Henry VIII and towards Anna, his dear wife the Queen, and towards her offspring," is not known.

Such is the history of the three seals, which in succession from 1137 to 1534 were used to express the assent of the Corporation of St. Bartholomew's Hospital to written documents.

The *History of St. Bartholomew's Hospital* makes steady progress towards its completion. The first volume will contain the period from the reign of Henry I to the year 1399, the end of the reign of Richard II. An unfortunate mistake as to the quality of paper has made it necessary to reprint about 360 pages of this volume, but the whole is written, and 554 pages have been set up in type. The second volume will begin with an account of the time of John Cok, the writer of the *Hospital Cartulary*, which will bring the history up to the first years of King Edward IV. One other chapter will conclude the mediæval history, and the rest of the volume will contain the Hospital life from Tudor times to the present day and an account of our famous men since Henry VIII.

The two volumes will be issued together.

An Unusual Case of Dermoid Cyst Causing Dyspepsia.

THE man who said "What the three N's, nursing, nature, and the knife, cannot cure, nothing can," would consider that the following case proved his point, but apart from this individual's satisfaction there is, I think, sufficient interest in this case to publish it.

Nellie A—, æt. 20, a parlourmaid, came to me in December, 1909. She brought with her her history written out on three foolscap sheets (still in my possession), which, carefully analysed, amounted to the fact that she had had sickness of a "bitter" character after every meal for six months, and that she had been treated for hysteria. The remainder of her remarks can be considered journalistic, descriptive, or hysterical, according to the attitude you choose to take.

She was very pale, emotional, and in addition to the above I found that she had pain immediately after taking food, and was very constipated. There had been no hæmatemesis.

Considering it to be a case of chlorosis and dyspepsia, I treated her upon the following lines.

I ordered a moderate amount of exercise, with as much rest as possible and plenty of fresh air.

She had to drink a glass of cold water on rising in the morning and a glass of warm water on going to bed at night, and, in addition, four or five cups or glasses of either milk, water, or cocoa during the remainder of the day. Previously, three cups of strong tea were all the fluid she had taken. She ate very little, her diet consisting of milky foods, bread and butter, and vegetables (no potatoes). She could not manage meat at all.

Her medicinal treatment was as follows:

December 4th.—Bis. oxycarb., gr. x; sod. bicarb., gr. x; tr. calumb., ℥xx; sp. chlorof., ℥v; inf. aurantii ad., ʒiiss, 20" a.c.; pil. al. c̄ nux vom., i.o.n.

December 11th.—The sickness had stopped but the gastric pain still continued, and the constipation, although present, was not so bad as before. Mist. bism. c̄ peps-co (B.P. Codex) 20" i.d.s., a.c. Phenolphthaleine gr. v. o.n.

December 8th.—The pain and sickness having gone. I added a little iron to her medicine as follows: Rep. hst. and phenolphthaleine; Pil. ferri i.d.s. p.c.

December 28th.—The pain and sickness having returned, the Pil. Blandi was stopped.

January 3rd, 1910.—The patient at this date complained that the pain and sickness were as bad as at the beginning of her illness. She affirmed that the sickness always gave her relief, so that she tried to be sick, and found the act of vomiting did not distress her. In addition to her other medicine she was told to take ZnSO₄ gr. xx in a glass of

hot water every morning, and this acted effectually as an emetic.

I made a second examination of her abdomen in company with the visiting surgeon, and we agreed that there was nothing abnormal to be felt beyond a slight tenderness over the stomach. For two months after this I treated her, ringing the changes upon the various bismuth mixtures, purgatives, and adding peptogenic powders to her milk, but although she improved for a time she always relapsed. Towards the end of March I again examined her, and this time found a small lump, which I should say was about the size of a walnut.

Mr. Gordon Watson agreed with my opinion, and she was admitted under his care into President Ward on April 7th, 1910.

April 14th.—Mr. Gordon Watson operated on the patient.

An incision three inches long was made down the middle of the abdomen, beginning about four inches above the umbilicus and extending down to about an inch above it.

The aponeurosis of the rectus muscle was cut through and the peritoneum opened. A tumour of a spherical shape and about the size of a tennis ball was found on the anterior surface of the posterior wall of the abdomen, lying close to the spleen and greater curvature of the stomach, with an attachment apparently close to the aorta. It was freely movable, soft, and had thin walls. It was removed, and the peritoneum and anterior abdominal wall were closed by sutures.

The Pathological Department reported that it was "a retro-peritoneal dermoid," consisting principally of fibrous tissue.

After an uneventful and uninterrupted recovery from the operation she left the Hospital on May 1st, 1910, and spent three weeks at a convalescent home.

From that date to this (August) she has not looked back, but is now free from pain and sickness, and shows no trace of having, as she so aptly described it, a "ghastly" ulcer.

A. S. W.

Acknowledgments.

The Student, National Health, The Eagle, British Journal of Nursing (2), Nursing Times (2), Practitioner, L'Echo Medical du Nord, The Medical Review, University College Hospital Magazine, London Hospital Gazette, League News, British Journal of Nursing (3), Nursing Times (2), Giornale della Reale Società Italiana d'Igiene, Journal of Laryngology, Rhinology, and Otolaryngology, School Hygiene, Guy's Hospital Gazette (2), Hospital, New York State Journal of Medicine, St. Mary's Hospital Gazette, St. Thomas's Hospital Gazette, Local Government Report on Hernia, The Stethoscope, National Bulletin St. Louis, U.S.A.

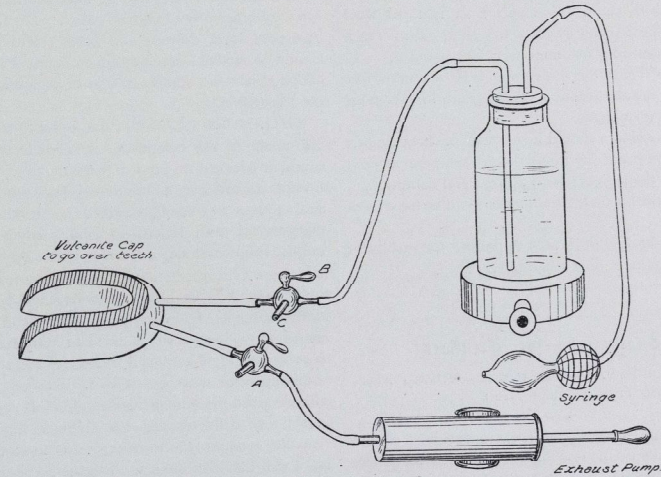
An Improved Treatment of Pyorrhœa Alveolaris.

By C. R. WOODRUFF, M.R.C.S., L.R.C.P., L.D.S.

PYORRHŒA alveolaris, as a disease, has in the past been much overlooked; it is now, however, coming to be recognised as the chief though not necessarily the only causative factor in a number of pathological conditions of varying importance. For example, oral sepsis is now usually quoted as a cause of lassitude, headaches, and slight attacks of gastritis among minor illnesses, and even of such graver conditions as pernicious anemia, gastric ulcer, arthritis, and appendicitis.

in all cases where milder measures do not cure the toxic condition, extraction should be advised without hesitation.

For the slighter cases of pyorrhœa alveolaris the following is a form of treatment which, though in its infancy, has given very satisfactory results up to the present time: Mr. J. F. Colyer, at the Royal Dental Hospital, has for some time been applying Bier's passive congestion treatment to these cases by means of an apparatus consisting of two padded bars attached to a spring, which, when adjusted to the gums (one bar on the lingual side and the other on the labial), will impede the local circulation sufficiently to cause engorgement. This treatment, I believe, can be more efficiently carried out by means of the appliance described below, which will cause engorgement of the gums, empty



Many patients suffering from pyorrhœa do not complain of anything except the local condition, *i. e.* bleeding and recession of the gums, discharge, foul breath and tongue; but on questioning the patient more closely a history that he is not so "fit" as formerly, tires easily, has a poor appetite, is losing weight and becoming slightly anæmic can usually be elicited. All these symptoms are most probably due to the constant swallowing of small quantities of pus, and if no treatment be instituted a much more serious condition will undoubtedly ensue.

In the early stages of the disease much can be done to delay its progress and to counteract any toxic effects which may arise. In more advanced cases where the disease has spread to such an extent as to cause much absorption of the alveolus, and where marked toxic symptoms are present, extraction of the teeth is the only correct treatment. Again,

the pockets of pus, and irrigate them with some antiseptic solution.

In the first place an accurate impression of the patient's mouth must be taken, and from this a vulcanite cap is made, which covers over the teeth and gums without being actually in contact with the teeth.

The cap only fits on to the gum at its free edge, which is covered with rubber in order that a tight fit may be obtained without damage to the mucous membrane. Two tubes are fitted to the cap, one in connection with an exhaust pump, the other with a bottle of disinfectant fluid, to which is attached a syringe, as illustrated in the accompanying diagram.

The bottle of fluid is first disconnected, and a three-way tap is turned so that no air can be drawn in or out. The cap is now put over the teeth and gums and retained in

position by the patent biting on it. The tap at A is now turned so that the air can be exhausted by the pump; this exhaustion is stopped directly it becomes at all painful. The tap is now turned to shut off the pump from the cap, which is left in position for five minutes. On removing the cap at the end of this time the gums are seen to be well engorged, and all the pus is round the necks of the teeth. The mouth is then rinsed out with a disinfectant, such as dioxigen.

The bottle of disinfectant is now connected and the fluid squirted up the tube until it comes out at c; then turn tap so that it neither comes out at c nor runs on into the cap. The syringe is then again squeezed to put the fluid under slight pressure. Now place the cap in the mouth as before and exhaust the air with exhaust pump, and then disconnect pump by means of tap A. Now turn B so that the fluid rushes up into the cap and irrigates the gums; turn B as it was before and leave for five minutes before removal.

The patient will now for some time have a mouth free from pus and a healthy reaction taking place in the gums and periodontal membrane.

Ideally this procedure should be carried out three times a day, but if done twice a day there should soon be marked improvement in the patient's local and general condition.

Before using the apparatus the teeth should be freed from all tartar.

I hope at a later date to be able to publish the results of a trial of this treatment on a series of cases.

Two Suggestions for Treatment.

By WILLIAM P. S. BRANSON, M.D., M.R.C.P.,
Assistant Physician, Royal Free Hospital.

ENURESIS.—A well-known therapeutic index gives a list of twenty-one drugs calculated to benefit this ailment. Almost everyone has a specific for it, and almost any drug will appear capable of curing it at times. But every specific will come to grief on occasion except one, and it is not a drug. It is nothing other than confinement to bed. Every case of nocturnal enuresis not dependent upon organic disease (in which qualification is included the presence of crystalline deposits in the bladder) can be cured, temporarily, by confinement to bed for three or four days. This at least has been my hitherto unbroken experience. Anyone who has had much to do with the outpatient department of a children's hospital will be able to recall a few inveterate cases of the type described. In despair he has probably had them admitted as in-patients, only to find, to his surprise, that there is nothing to treat. The confinement to bed has effected a cure, usually by the second night.

In explanation of these observations the following con-

siderations may be advanced. Sufferers from enuresis may be, and often are, on the whole healthy, but they are usually afflicted with a "poor circulation." They are very liable to have cold hands and cold feet. Now it is a matter of common experience that coldness, especially of the feet, increases the inclination of the bladder to empty itself even when it is not full—a consequence, it must be supposed, of some nervous inter-relation. This relation is interrupted when the patient is kept warm in bed, and the response disappears. If this be true it affords a guide for subsequent treatment, since relapses are common, and confinement to bed a drastic remedy if long continued. The indication is that an attack should be made upon the circulatory defect. For example: On rising, a hot bath, really hot, say 105° F., for five minutes, followed by a douche at 85° F., and a brisk rubbing with a roughish towel. Then, warm clothing, especially warm drawers and warm stockings, with a sufficiency of active exercise out of doors. To this may be added wisely the administration of belladonna, the best of the "specifics."

CHILDREN BELOW PAR.—There is no name at all distinctive of the condition here alluded to, but it is very common between the ages of three and five. It is marked by a vague disturbance of well-being (more noticeable to the mother than to others), signified by unwonted irritability, captiousness with regard to food, ready susceptibility to fatigue, sometimes slight anaemia, and always by a general flabbiness. There are no gross evidences of disease, but the belly tends to be unduly prominent and tympanitic, even in the absence of obvious alimentary disturbance. There are no bony changes which can be referred to with certainty as evidences of rickets, and quantitatively, so to speak, the bodily nutrition may be excellent. I think all practitioners will recognise the ailment I describe. It lasts for months in spite of cod-liver oil, iron, chemical foods, and all the remedies commonly so serviceable for the debility consequent upon well-defined illnesses. I have no precise knowledge of the cause of this condition, but am led by the results of treatment to consider it as allied to rickets and induced by an undue proportion of starchy food. At all events it can be cured by the exclusion of starches from the dietary, but even so takes a matter of two months to disappear, unless of very recent origin. It is well to warn the parent to this effect in order to ensure the necessary perseverance. It is known that the amylolytic function of the pancreas is late in making its appearance, and clinical considerations render it likely that this function is more slowly established than people imagine, at least in some children.

The reconstruction of the dietary on the suggested basis is not free from difficulty, for children accept restriction in the matter of starchy foods with a very ill grace indeed. The necessary limitations leave available the following items in chief: Milk, alone or with tea or cocoa, meat, fish, eggs, butter, cream, jellies, puddings made with eggs

and milk, green vegetables, stewed fruits, and a number of others less important which will suggest themselves. It is well to interdict specifically the commoner starchy foods, for mothers know little of the composition of foods, and are inclined to assume that nothing is starchy which is not bread or arrowroot. This warning applies particularly to rice, sago, tapioca, potatoes, porridge, and bananas. If some vehicle for butter, jam, or potted meat be demanded urgently, it can be supplied in the shape of a diabetic bread, cut thin. Of these there are numbers on the market more or less starch-free, and all probably applicable to the purpose in hand, since nothing like rigid exclusion of starch is called for. A good one is the "Cellulon" bread of Callard and Co. in Regent Street, which in thin slices is a very fair imitation of brown bread.

G. T. C. Camp, 1910.

THE second annual camp of the Engineer and Medical Units of the L.U.O.T.C. was held at Camp Nursery, Aldershot, from July 30th to August 13th.

"A" section was represented by three officers and fifty-one men during the first week, but in spite of many attractions the majority were unable to stay the full time. Compared with last year this camp was an unqualified success, and should bring the corps many recruits for next year.

The usual daily routine was as follows: Reveillé at 5.30 a.m. At 6.15, after a cheering cup of most excellent coffee, an hour's work at company or stretcher drill gave one a hearty appetite for breakfast. Tent inspection at 8.30 a.m. (on Sunday "A" section were complimented by the Commandant for the smartness of their lines), and at 9 a.m. parade for a field exercise in the tactical handling of a field ambulance, demonstrating the various methods of dealing with wounded in the field. Great energy and rare ingenuity were displayed in erecting temporary shelters for wounded, bracken, branches of trees, spare blankets, etc., being cunningly arranged. A squad of "Bart's" men on duty at the operating tent, having received a patient with a (supposed) laceration of his lower limb, were about to amputate when the inspecting officer came in. (The patient, by-the-by, was beginning to think it a bit too realistic.) One feature of the work was the transport, which was worked by volunteer drivers, and proved highly successful, so much so that there usually seemed to be more than the proper complement of "waggon orderlies," but as many of the brakes worked stiffly it was, perhaps, better to be on the safe side. It is impossible to mention all the various episodes that occurred, but the last day's outing must not be overlooked. It took the form of a staff ride to inspect and report on the accommodation in the surrounding villages in case of war. Major Herringham most kindly

provided cycles for all who wished to go, and Colonel James gave the party an excellent tea at Odeham after the day's outing. The heartiest thanks of all are due to Colonel James and Major Herringham for what was undoubtedly the most interesting and enjoyable day in camp.

The unanimous opinion was expressed that camp in 1910 was most enjoyable, and everyone who went joined heartily in the chorus—

"There's none so fair as can compare
With the London O.T.C."

Correspondence.

LAWRENCE SCHOLARSHIP.

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

DEAR MR. EDITOR.—The remarks upon the conduct of the Lawrence Scholarship, which appeared in the July number of the JOURNAL, so far as they related to the Midwifery papers do certainly seem to be unjustified. They have, however, served an excellent purpose in drawing from Sir Francis Champneys a letter on the principles of teaching and examination, which if read by those in authority cannot fail to tend to the improvement not only of those scholarship examinations, but also of teaching in general. I feel, however, that the subject should not be allowed to drop without some allusion to the medical and surgical sections of the examination.

During my career as a student I was fortunate enough to secure several of the Hospital Scholarships and Prizes, and of these I have always felt that the Lawrence Scholarship was that which I least deserved. At that time (1902) the examination was by papers only. There was no practical examination, and, barring accidents, the prize went to him who possessed the "gift of the gab." Since then, I believe, as the result of a general dissatisfaction with the award in a subsequent year, a considerable improvement has taken place, particularly in the initiation of practical examinations.

I take it that the Lawrence Scholarship is intended to pick out that student who in his first four years' clinical work has attained the widest and most complete knowledge of all his subjects, who is able moreover to show that he possesses a sound judgment, and that he is grounded in those principles which will render him successful if he elects to enter into general practice, or which will serve as a basis upon which he can build a speciality. It is impossible, or at least improbable, that in this time he should have held a responsible appointment in more than one of his three subjects, therefore his actual practical experience must necessarily be limited.

Sir Francis Champneys has shown in his letter, and even more clearly in the examination papers that he has set during the last twenty years, that he realises that it is the proper grounding in principles into which he has to examine. Do the other examiners realise this also? To take the section of the examination which I am most competent to criticise, do the surgery examiners realise it? This year two surgery questions were set, three hours being allotted for answering each. The first dealt with pulsating tumours of the neck, the second with cystic tumours of the breast. Now such questions may well serve as subjects for essays in an honours examination, where a test of the powers of expression of the writer and of his personal experience and opinions are desired. But in a scholarship examination, as a test of his grasp of the principles of surgery, they entirely seem to me to be very inadequate. It is quite conceivable that the best candidate might chance upon two of his worst subjects. Perhaps he is rather doubtful as to the pathology of cysts of the breast, as many of us are, but could have given very sound views on the principles of treatment of fractures or of abscesses, on the diagnosis of abdominal emergencies, or on the treatment of head injuries. It is unfair to test a man in two small subjects and consider that we are testing his knowledge of surgery. In fairness it must be conceded that at times the questions have been very wide in their range, and have been admirable subjects for an essay, but even so they hardly constitute a trial of a candidate's full surgical knowledge, and judgment.

Of the medicine papers I do not presume to speak, they certainly cover a wider ground. Yet to an outside observer the questions

appear at times to fall short of the excellent ideal set by Sir Francis Champneys. There have moreover been indications of a lack of consultation between the examiners, as in 1909 when one of the two surgery questions dealt with congenital syphilis, and this same subject appeared in the medicine paper.

Whilst in some ways the Lawrence Scholarship examination is much more satisfactory than it was formerly, I, and I believe many others, feel that there is room for further improvement, and that the line of such improvement should be that so admirably expressed in Sir Francis Champneys' letter. For half a century our School has been renowned for its teaching of Midwifery; we have only to read his letter to understand why. It is to be hoped that the admirable principles laid down therein will be read and digested by those responsible for all sections of the teaching of the School.

I am, sir, yours very faithfully,

R. C. ELSMLIE.

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

DEAR SIR,—If, as you suggest, the cause of the paucity of candidates for the Lawrence Scholarship is due to the type of questions set, then the remedy would appear to be an easy one. But I do not think the cause is that the examination is a specialist's one, for essentially it is not. If a specialist is one who, after qualifying, aims at devoting the major portion of his time to one branch of professional knowledge, then the would-be specialist will probably become a candidate for the Brackenbury Scholarship or Matthews Duncan Prize; these examinations may perhaps justifiably include questions designed to test a candidate's special knowledge on the one subject he has chosen. But the Lawrence is not a specialist's examination; it requires an all-round knowledge.

Take the case of a man who wishes to specialise in surgery. He qualifies, wins the Brackenbury Scholarship in surgery, and becomes house-surgeon. During his year's appointment he will, if a keen man, be spending spare time in working for the final F.R.C.S. examination; and this will occupy his whole attention. So that when the Lawrence Scholarship examination comes round again, he will probably conclude that though in his own subject he might score heavily, yet in the other two his knowledge cannot be up to scholarship standard, and he therefore does not enter. He has—rightly I think—judged the final F.R.C.S. to be more valuable than the Lawrence Scholarship. Cases such as this are numerous, and, in my opinion, account for the fact that the average number of candidates for the Lawrence Scholarship varies between one and one and a half. Probably the most brilliant men of the year will have decided to specialise before they reach this examination, and so he who wins it can scarcely be credited with having beaten the best, though he may be a good all-rounder.

In my opinion the prestige attached to this Lawrence Scholarship should be increased—it is not great at present—by altering the conditions in such a way as not to exclude those who may be the most brilliant scholars, though specialists. For example, it might be awarded for the best piece of research work sent in; not, as in the case of the Luther Holden, awarded before the work is done. Something should, at any rate, be done to secure more competition.

Yours faithfully,

BYSTANDER.

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

DEAR SIR,—In the August number of the JOURNAL Sir Francis Champneys protests against your assertion, in the July number, that the lack of competition for the Lawrence Scholarship is due to the exacting nature of the examination, which requires almost a specialist's knowledge in three different subjects; you, in a comment upon his letter, withdraw this opinion in agreeing with Sir Francis.

You may be somewhat embarrassed by my rash and impulsive championship, and others may possibly be scornful of my deviation from our great gynaecologist, who speaks *ex cathedra*; but I venture to ask you to reconsider your decision and to resume your original opinion.

It is probable that my interpretation of "specialist" may differ from that of one who is himself an eminent specialist, but I certainly do not regard the specialist as a man who excels his more humble colleagues only in his devotion to "abstruse matters," the importance of which is in direct proportion to the size of the type employed.

It does not take a house-man, of ordinary observation and modesty, a very long time to discover that the diagnosis which has "foxed" him is decided rapidly by his (specialist) chief, not because the latter is acquainted with some fresh knowledge brought to light during the

past month—in most cases the junior is more *au courant* with the latest literature—but because his clinical experience at once suggests some fundamental which the "young doctor" has omitted to observe.

I regard Sir Francis's statement, that the papers set for the Lawrence Scholarship deal with principles and elements, as a complete vindication of your opinion—that they are set for specialists. The man who has reached the Finals stage of his career has learned that the severity of an examination is measured, not by the questions, but by the examiner behind them. Almost any mediocrity can score 40 per cent. (50 per cent. even if he is happily gifted with the capability of manufacturing bricks without straw) on the most difficult question, but it takes a "specialist" to make 75 per cent. on the simplest.

Well known to the would-be surgical "specialists" is the insidiously simple nature of the questions set for the Final Fellowship; whilst even the candidate for the Colleges sufficiently appreciates his position to welcome the "abstruse" case in his clinical examination, and to dread the straightforward simple one in which he will be expected to display a "specialist's" knowledge.

In conclusion, Sir Francis's letter was aimed to point a moral; mine aspires very humbly to adorn a tale. Those of us who have had the privilege of knowing some past winners of the Lawrence Scholarship are prepared to accept the circumstances of their having been awarded the prize as a convincing endorsement of your original opinion.

Yours faithfully,
"YOUNG DOCTOR."

Royal Army Medical Corps.

The following were successful at the recent Entrance Examination: G. O. Chambers (fourth), L. F. K. Way (ninth).

Indian Medical Service.

Entrance Examination, July, 1910.—N. C. Davis (fourth), R. C. Clifford (fifth), M. H. Khan (seventh).

Appointments.

BURRA, L. T., M.R.C.S., L.R.C.P., M.B., B.Ch.Oxon., appointed Senior Assistant Medical Officer at the King Edward VII Sanatorium, Midhurst.

REID, L. D. WHITEHEAD, M.R.C.S., L.R.C.P., appointed (i) Surgeon to the Kent and Canterbury Hospital; (ii) Medical Officer to the King's School, Canterbury; (iii) Lecturer in Surgery, St. Augustine's College, Canterbury.

VAN SCHALKWIJK, J., M.R.C.S., L.R.C.P., appointed Resident Medical Officer at the British Lying-in Hospital, Endell Street.

NOTICE.

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

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