

ARMSTRONG, R. R., M.R.C.S., L.R.C.P., B.C.(Cantab.), appointed House Physician to Hospital for Sick Children, Great Ormond Street, W.C.

GRAEVES, H. G., M.R.C.S., L.R.C.P., appointed Resident Medical Officer, Boscombe and West Hants Hospital, Bournemouth.

KEBBELL, C. V., M.R.C.S., L.R.C.P., appointed House Physician to Queen's Hospital for Children, Hackney Road, Bethnal Green, E.

KEMP, C. G., M.B., B.S.(Durh.), appointed House Physician at the Radcliffe Infirmary, Oxford.

THURSFIELD, R. M., M.R.C.S., L.R.C.P., appointed House Surgeon (from March 12th) to Evelina Hospital, Southwark Bridge Road, S.E.

WALLIS, P. B., M.R.C.S., L.R.C.P., appointed Resident Medical Officer at the British Lying-in Hospital, Endell Street, Long Acre, W.C.

WOOD, W.B., M.R.C.S., L.R.C.P., appointed House Surgeon to Victoria Hospital for Children, Chelsea, S.W.

New Addresses.

ARMSTRONG, R. R., Hospital for Sick Children, Great Ormond Street, W.C.

BAILEY, SELBORNE, Claytons, Bourne End (Tel. 94, Bourne End; 112, Woodhuff).

BIRFIELD, J., Thorpe Hamlet Lodge, 11, Thorpe Road, Norwich.

CARMODY, E. P., "Mayaro," Armour Road, Tilehurst, Berks.

DALLEY, J. F., HALLS, 16, Lower Seymour Street, Portman Square, W.

DRAKE, C. H., 1, Leigham Avenue, Streatham, S.W.

HARRISON, L. K., Holmleigh, London Road, Leicester.

HARTILL, S., Abbots Langley, Herts.

HOSKYN, C. R., 69, Clifton Road, Rugby.

JULIAN, Lt.-Col. O. R. A., R.A.M.C., c/o Messrs. Holt & Co., 3, Whitehall Place, S.W.

KEBBELL, C. V., Queen's Hospital for Children, Hackney Road, Bethnal Green, E.

KEMP, C. G., Radcliffe Infirmary, Oxford.

LEONARD, Capt. W. H., I.M.S., c/o Messrs. T. Cook & Son, Ludgate Circus, E.C.

MAPLES, E. E., A.B.O.H., Central Province, Southern Nigeria.

MILNER, S. W., The Mount, Malton, Yorks.

NEWMAN, Sir GEORGE, 218, Ashley Gardens, S.W. (Winter).

SALT, A. P., Wingham, Canterbury.

SMITH, Sir T. R. H., Bart., Blytheholme, Stockton-on-Tees.

THORNE, W. BEZLEY, 16, Harley Street, W.

THURSFIELD, R. M., Evelina Hospital, Southwark Bridge Road, S.E.

WALKER, K. M., Hospital Británico, Buenos Aires.

WALLIS, P. B., British Lying-in Hospital, Endell Street, Long Acre, W.C.

WOOD, W. B., Victoria Hospital for Children, Chelsea, S.W.

Births.

CARMODY.—On February 8th, at "Mayaro," Tilehurst, Berks, the wife of Ernest P. Carmody, M.R.C.S., L.R.C.P., of a son ("Patrick"). Trinidad papers, please copy.

LATHBURY.—On January 7th, at Nasirabad, Rajputana, the wife of Captain E. B. Lathbury, R.A.M.C., of a son.

MAXWELL.—On February 7th, at Tainau, Formosa, the wife of Dr. J. L. Maxwell, of a daughter.

PERKINS.—On February 18th, at "Comberton," Tonbridge Wells, the wife of Dr. Philip Perkins, of a son.

THOMPSON.—On January 28th, at "Highlands," Newbury, the wife of Arthur Thompson, B.A.(Cantab.), M.R.C.S.(Eng.), L.R.C.P. (Lond.), of a daughter.

TURNER.—On February 13th, at 18, Harley Street, W., the wife of William Aldren Turner, M.D., of a son.

WARD.—On February 9th, at 10, Tophill Avenue, Plymouth, the wife of Mr. J. P. Stephens Ward, M.R.C.S., L.R.C.P., of a daughter.

Marriages.

ELLIS—ANDREWES.—On January 25th, at Cape Town, Francis Heygate Ellis, M.R.C.S., L.R.C.P., youngest son of the late Col. C. H. Fairfax Ellis, Royal Artillery, and Mrs. Fairfax Ellis, of 59, Lee Park, Blackheath, to Muriel Floyd Andrewes, youngest daughter of the Rev. John Floyd Andrewes, Rector of Bonchurch, I.W.

GOVER—TURNBULL.—On February 14th, at St. Joseph's Catholic Church, Penarth, Glam., by the Rev. Stephen Rossetti, Dr. J. M. Gover, Roxburghe House, Gosforth, Newcastle-on-Tyne, to Olive Gwendoline Turnbull, eldest daughter of Lewis Robert Turnbull, "Raisdale," Penarth.

HATFIELD—JAMES.—On 16th February, quietly, at Lewisham, Henry Francis Hatfield, L.R.C.P., M.R.C.S., only son of William Henry Hatfield, M.R.C.S., of Forest Hill, to Helena Emily James, widow of the late Charles James, and third daughter of Alexander Hunter, L.R.C.S.Edin.

Notice.

We have received from Messrs. G. Norris, 8, Holborn Viaduct, E.C., a specimen of their arch support, for flat feet and weak ankles. It is well made, with a light and pliable spring. The shape is good, and the appliance should fulfil the function of supporting those slighter degrees of flat foot which are suitable for its application. The price is 4s. 6d.

Acknowledgments.

The British Journal of Nursing (10), The Student (5), The Nursing Times (10), L'Echo Médical du Nord (5), Giornale della Reale Società Italiana d'Igiene (4), The Journal of Laryngology, Rhinology, and Otolaryngology (2), The London Hospital Gazette (2), The Middlesex Hospital Journal (2), The St. Thomas's Hospital Gazette (8), The St. George's Hospital Gazette (2), The Magazine of the London School of Medicine for Women, The Eagle Magazine, The Hospital (3), The Stethoscope, The St. Mary's Hospital Gazette (2), Guy's Hospital Gazette (4), University College Hospital Magazine, Local Government Journal and Officials' Gazette, U.C.L. Union Magazine, The Medical Review, Paris Médical, The Child (2), The Practitioner, The Gambolier, The Treatment of Ringworm.

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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St. Bartholomew's Hospital Journal,

APRIL 1st, 1911.

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

Calendar.

Mon.,	April 3.—2nd Exam. Society of Apothecaries begins.
Tues.,	4.—Dr. Norman Moore and Mr. Bruce Clarke on duty. Final Exam. Conjoint Board (Medicine) begins.
Wed.,	5.—Exam. for D.P.H.(Cantab.) begins. 1st Exam. Society of Apothecaries begins.
Thurs.,	6.—Final Exam. Conjoint Board (Midwifery) begins.
Fri.,	7.—Dr. West and Mr. Bowly on duty. Final Exam. Conjoint Board (Surgery) begins.
Sat.,	8.—Oxford Lent Term ends.
Tues.,	11.—Dr. Ormerod and Mr. Lockwood on duty.
Fri.,	14.— Good Friday. Dr. Herringham and Mr. D'Arcy Power on duty.
Sun.,	16.— Easter Sunday.
Tues.,	18.—Dr. Tooth and Mr. Waring on duty. Cambridge Easter Term begins.
Wed.,	19.—Oxford Easter Term begins.
Thurs.,	20.— Summer Session begins.
Fri.,	21.—Dr. Norman Moore and Mr. Bruce Clarke on duty.
Tues.,	25.—Dr. West and Mr. Bowly on duty. Exam. for Part II of 3rd M.B.(Cantab.) begins.
Fri.,	28.—Dr. Ormerod and Mr. Lockwood on duty.

Editorial Notes.

IF the pen be mightier than the sword, then, *à fortiori*, must the pen be mightier than the lancet; and it is with legitimate self-complacency that we seat ourselves in the editorial chair and take up the editorial pen still warm from the fingers of its recent possessor. We would fain indulge in a Gilbertian autobiographical lyric expressive of our appreciation of the honour which has been granted us, but the difficulty of rhyming in the plural has proved insuperable.

We have a three-fold duty to perform.

OUR first duty now, as always, is to our readers. We hasten to declare our earnest intention to serve their interests well, to utilise our columns, whenever required, to ventilate any subject of interest to the Hospital, and in general to maintain the standard of dignity for which THE JOURNAL is so famed. If there is one feature in which, more than in any others, we aspire to emulate our immediate predecessor it is in the commendable regularity with which, under his leadership, THE JOURNAL has appeared at the beginning of every month. The conventional season for good resolutions is now past, but we desire to express our determination to be first and foremost, punctual and regular. The appearance of this issue a few days late merely indicates our reluctance to couple it with the traditional associations of the first of April.

OUR second duty is to the late editor. During his year of office Mr. Biggar has held simultaneously three of the most important positions in the Hospital: he has been House-Surgeon; President of the Abernethian Society; and editor of THE JOURNAL. We do not know if this trinity of distinctions constitutes a record, but when in

addition we are able to state that in spite of the many claims upon his time and energies, Mr. Biggar was successful in obtaining the first place on the list in the examination for entrance into the R.A.M.C., we feel confident in asserting that this complete record can never have been surpassed. Whilst congratulating Mr. Biggar on his new appointment as House Surgeon for Throats and Ears we congratulate ourselves that thereby he is still kept with us, and we hope to welcome many contributions from his pen.

OUR final duty is to ourselves. We feel it a duty to ourselves to appeal to our readers for the assistance without which THE JOURNAL cannot maintain that degree of excellence which has been deservedly claimed for it in the past. We are fortunate in possessing within our midst a wealth of talent for the production of clinical literature, and this part of THE JOURNAL naturally occupies the greatest prominence, more especially as the bulk of our readers are old Bart.'s men who can look to THE JOURNAL for instruction as well as diversion. But we have often heard it stated that a little more leavening with contributions in lighter vein would be much appreciated, not only by the junior members of the Hospital, but also by the seniors, to whom we have already alluded; for it is in this way that the latter would be enabled intimately to be kept *en rapport* with the atmosphere of their Alma Mater.

It is far from our ambition to risk criticism by the introduction of any sweeping reforms, but we may once and for all express our conviction of the catholicity of tastes and ideas of medical men, and, on this assurance, we shall heartily welcome contributions of any kind.

It is with the deepest regret that we have to chronicle the death of Mr. J. R. Neal, one of our students. To those who only a few days earlier had seen him playing football in his full health and vigour, the news came as a terrible shock. Elsewhere we publish an account of his athletic career, from which it will be seen that he had before him a future of very great promise. We beg to offer, in the name of all St. Bart.'s men, our sincerest condolences to Mr. Neal's family.

We heartily congratulate the Association Team on their overwhelming victory over London in the Final for the Inter-Hospital Cup.

Relentless fate appears to dog the footsteps of the Rugger Team, and has apparently decided that they shall never go further than the Semi-final. We were regarded this year as favourites for the Cup, but influenza decimated our ranks so that we were obliged to take the field against Guy's (the ultimate winners) in the Semi-final with a three-quarter line composed almost entirely of forwards. We compliment our modified fifteen on the splendid fight they made, and feel that in the circumstances such a defeat was a victory.

We have to congratulate Mr. J. Ernest Frazer, F.R.C.S., on his appointment as Lecturer on Anatomy in the Medical School of St. Mary's Hospital. His work as Demonstrator of Anatomy at St. George's and King's College has fitted him in a peculiarly efficient manner for his new post.

It is with very great pleasure that we publish Mr. Butlin's Mid-session Address before the Abernethian Society. We wish we could reproduce also the charm of delivery which characterises all Mr. Butlin's orations; but we feel confident that those who have had the privilege of knowing Mr. Butlin as a teacher will easily recall with affection his intonation and mannerisms, and when reading his lecture they will feel, in a measure, that they were actually present to hear him speak.

It is always a great advantage to receive instruction from a master of his art, but to be able to learn from a speaker of Mr. Butlin's fame a few hints on public speaking appeals to us as indeed a privilege.

We welcome also Mr. Gauvain's contribution to this issue. Mr. Gauvain has unequalled opportunities for observation upon the work about which he writes, and every word bears the stamp of authority. His paper, which is one of great interest, is also one of exceptional value to us. He is to give a special demonstration at the Hospital on Monday, May 1st.

MR. JESSOP, who was a candidate in 1909 for the Council of the Royal College of Surgeons of England, is again competing at the forthcoming election in July for the honour which he so nearly secured on the previous occasion.

It will be remembered that last year Mr. Jessop and Mr. D'Arcy Power, who were prospective candidates, withdrew in order that Mr. Lockwood, who was applying for re-election, might solicit the undivided support of St. Bartholomew's men.

This self-denying policy met with the unanimous approval of the Fellows of the College on the Staff of the Hospital, and was rewarded by the return of Mr. Lockwood at the head of the poll.

If the full weight of the St. Bartholomew's vote falls to Mr. Jessop's lot, we confidently anticipate a similar result in his favour at the next election.

We feel that every one will endorse the opinion expressed last year that if there is only one candidate from St. Bartholomew's the chances of success will be far greater than if two or more competed. At the same time we have to announce that Mr. D'Arcy Power has expressed his intention of offering himself as a candidate.

On Public Speaking, particularly in relation to Medicine.

By HENRY T. BUTLIN, F.R.C.S.,
Consulting Surgeon to the Hospital.



R. PRESIDENT, LADIES AND GENTLEMEN,—I have received permission from your Secretary to devote the Mid-Sessional Address to a subject which can scarcely be claimed to be within the range of those to which your learned Society is limited by its rules (Note: "This Society meets in the Abernethian Reading Room each Thursday evening during the Winter Session, and papers of medical and scientific interest are read and discussed"). But, seeing the gravity of your discussions on all the other nights and the arduous work which you perform throughout the winter, I thought that you might not object to an evening spent in a somewhat lighter vein. You may wonder what led me to choose this particular subject. The truth is, I have been interested in it ever since I came to St. Bartholomew's Hospital, for at that period our staff was fortunate in the possession of two of the most brilliant speakers in the medical profession—Mr. Paget and Mr. Savory. I had never heard but one good speaker in my life before, and the impression which the speaking of those two men made on me was, as you may imagine, very great. They instilled in me the liking to hear good speakers, and I went to hear various celebrated speakers and preachers during my student days. I had not at that time the least intention of trying to become a public speaker. I never thought I should need to do so, but I took the same kind of interest in public speaking as other men do in painting or in music.

I. Division of Speakers.

At a later period I made a rough division of public speakers for my own use. Setting aside the bad or indifferent speakers I divided all the other speakers into three classes: (1) Good speakers; (2) eloquent speakers; (3) orators.

A good speaker was to me a man who could express himself clearly and without hesitation, could describe what he wanted to do in plain words, could state his case in such a manner that it would present itself to other persons as it looked to him. An old friend of mine, who is a medical man, but has risen high in politics, may be taken as an example. At the annual dinner of the British Medical Association, which is often a noisy function, I heard him many years ago accomplish quite a difficult feat. He is a Radical; there was at that time a political crisis in the country; the feeling of the guests was distinctly Conservative, and, when he rose to speak, he was very unfavourably received and found it difficult to obtain a hearing. Perceiving the situation, however, he at once turned to matters

connected with State medicine. In a few minutes, speaking clearly and well, he had the ear of the room, and at the end of a quarter of an hour sat down amid loud applause. You may think this an easy thing, but I assure you it requires tact and confidence and practice. At the present time there are upon the staff of our hospital several men who are excellent examples of this division of good speakers.

The eloquent speakers may be illustrated by the two men whose names I have mentioned—Paget and Savory. Each clothed his thoughts in beautiful language, so that there was a pleasure in listening to him quite apart from and beyond the pleasure of the subject. I have often thought that Mr. Savory was really more gifted than Mr. Paget of eloquence by nature. Under the influence of excitement his face lighted up, his gesture was appropriate, and his words followed rapidly on each other, and were exactly and beautifully adapted to the subject and the occasion. He almost reached the level of oratory. But Mr. Paget, although I never remember him to have been moved by excitement in any of his speeches, was happy in the most exquisitely tempered mind that I have ever known in my profession. His mind teemed with beautiful thoughts, and he clothed them in a language peculiarly his own. He was not only famous as a speaker in our profession, but had the reputation of being one of the most eloquent and cultivated speakers of his generation.

Of orators I have only heard, so far as I can judge, two in my life—Mr. Gladstone and Mr. Gough (the "Temperance orator"); but I am not sure of Mr. Gough, for I heard him when I was quite a child, and had never heard any fine speaker in my life before. My experience of Mr. Gladstone is limited to a single speech. In the time of the "Bulgarian atrocities" I happened to have some orders for the House, where I had never been. One afternoon, in the early summer, having nothing particular to do, I thought I would go down and hear what took place. I had no difficulty in finding a seat, for there was no business of interest, and the son of a nobleman was making his maiden speech. But before he had finished the benches became filled with members, and the Strangers' Gallery was soon filled to overflowing, and my next neighbour said to me: "Something is going to happen; I should not wonder if Mr. Gladstone is coming down to speak." And, presently, Mr. Gladstone entered and took his accustomed place. When the young man sat down Mr. Gladstone rose, and his first act was to compliment the previous speaker. It was delightfully done. If I had been provided with pen and paper and sat for hours in a quiet room I could not have produced a more graceful or beautifully worded compliment. He then began to speak on the Eastern question. He described the cruelty of the Turkish soldiers and the sufferings of the Christians, and in such terms and with such power of language that we who listened could almost see the soldiers at their work, and hear the cries and groans

of the wounded and dying. He summed up what the European countries had done for the Christians, what "Holy Russia" had done. And when he stood silent for a moment, then asked in deep and tragic tones, "And what has England done?" we lowered our heads, and were ashamed, and each one said to himself, "What has England done?" I think, at that moment, we should have been ready to follow him even to Bulgaria; and, I am sure, if I had then been summoned to vote, I must have voted in whatever manner he had ordered me. For three hours and a quarter Mr. Gladstone spoke. Until then I thought I could never have listened to mortal man for more than an hour without fatigue and *ennui*. But, during all that time I never wished that he should cease, and when he had finished I should have been content for him to have spoken longer. Few great orators are given to the world, and when there is one in this country by all means hear him if you can.

II. The Bartholomew's Method.

There are different ways in which men prepare their speeches, for you must know that nearly all good speeches are, in some sort, prepared beforehand. You will sometimes hear persons in our profession speak of the "Bartholomew's method," and even speak slightly of it. It is said that our speakers learn their chief lectures and addresses by heart, and the custom is attributed to the example of Sir James Paget. It is quite true that he did learn by heart most, if not all, of the great addresses which he delivered. But I have heard him say that Sir William Lawrence was the first person to introduce the custom among us, and that he went to the extent of learning by heart all his lectures on surgery. Sir William Savory, also, I have no doubt, learned his great public speeches and lectures, but it was easy for him to do so, on account of his remarkable and rapid memory. I have myself on a number of occasions adopted this course—in my lectures at the College of Surgeons, for instance, where I desired to be as accurate as I could be, and not to make any statement which I was not prepared to support afterwards. It seems as if this were almost an unfair way of delivering an address, an attempt to impose on the audience as impromptu an address which has been committed to memory from end to end. And it has seemed to many persons to be a very easy method. I can only advise you not to attempt it on any account unless you have had considerable experience of speaking in public, and have acquired that confidence which a speaker in difficulties must have in himself if he is to avoid disaster. A mistake in a single paragraph, forgetfulness of a single sentence, a slight modification may throw the whole speech out of gear, and only a tried and experienced hand can ever hope to regain the thread and carry the matter through. Once, and not so long ago, I was in this dilemma. It was during one of the most important lectures I ever gave.

There were in it two paragraphs which commenced much in the same fashion. I was on the point of beginning the second paragraph instead of the first, when I was conscious of my error and stopped. But I had no notes upon me, and for the life of me I could not recall the wording or form of the first paragraph. My hesitation and loss of memory did not last really a minute, but during that minute I wished the floor of the theatre would open and swallow me up, so horribly did I suffer.

III. Speech-fright.

Within the last two years attention has been drawn, I think in one of the daily papers, but certainly in the *British Medical Journal*, 1909, to a condition allied to "stage-fright," which has been named "speech-fright." The correspondence on it was most interesting, and proved how widely it is felt. The ordinary form is characterised by restlessness for some time before the speaker rises, quickening of the pulse as he rises, clouding of the intelligence and of the memory, trembling at the knees, dryness of the mouth, to the roof of which the tongue adheres, and sometimes inability to utter a single sentence. It is, of course, far more commonly experienced by young speakers than by those who are experienced, but it is by no means confined to the young and unpractised. Yet I had never believed that the real orator could suffer from it. It always seemed to me that to him the exercise of the voice in speech must afford pure and unmixed delight, and that he must feel the same pleasure in speaking as a greyhound does in running or a nightingale in singing. I was therefore quite surprised when I read De Amicis's account of the Spanish Orator of the Cortes in the seventies (*Spagna Firenze*, 1885). Castelar was then reputed one of the greatest orators in Europe, and the members of the Cortes and many of the citizens of Madrid flocked to hear the Liberal speak, even when they were not of his opinion. But to him the ordeal was a terror. He must make an arrangement with the President to speak on a particular day at a fixed hour, so far as this was possible. The fact that he would then speak must be spread abroad so that he might have the Cortes full, and that ladies might be present. On the day of his speech he was restless through the morning, went down to the House early in the afternoon, wandered into the Chamber and again left it, strolled into the library, and turned aimlessly over the pages of a book, walked into the restaurant and sipped a little water, rolled and smoked a cigarette, then passed out into the corridor, where his friends, meeting him, and knowing exactly his condition, would call out to him, "How is the pulse?" Again he entered the Chamber and took his seat until the moment had arrived. Then he rose and walked slowly towards the tribune. His face was pale, his features contracted, his head hung down, he had lost all

recollection of what he had to say, and he thought to himself, "It is the last time. You will be received with ridicule and groans. All your reputation will be ruined by this disaster." And, as he stood upon the tribune his attitude and face expressed such terrible dejection that even his enemies (and he had scarcely any) felt deeply for him. He lifted his head, and, in a trembling voice, said "Senores!" and at the sound of his own voice the distress fell from him, his brain cleared, the audience—the very chamber disappeared from his sight, he was alone with his thoughts, and he spoke hour after hour without effort, and in a voice and language which Amicis compared to the most perfect harmony of music and of poetry. He moved his audience now to laughter, now to tears, sometimes exciting, sometimes soothing, drawing word-pictures of the country as he would have it, and would have them believe it would become. And no person desired to leave the Chamber or that Castelar should cease to speak, until at the finish of his peroration, that great sigh was heard which heralds the relax of long and profound tension in great assemblies, and the room resounded with applause.

I have spoken of this "speech-fright" in order to encourage those of you who suffer from it not to give way to it, but to fight through it. And, on no account, to follow that abominable and pernicious advice which was given in several of the letters in the *British Medical Journal* to take a little stimulant or opium before making a speech in public. No practice could be more dangerous. The relief obtained by the nervous individual in public speaking would be again and again purchased by similar means under every circumstance which strain the nerves, and the effect would be deplorable. If a man has not the courage to fight his battle of fright without such means, let him give up the attempt to speak in public.

IV. My Personal Experience.

I now come to my personal experience. You will see in the medical papers allusions made to the eloquence of the President of the College of Surgeons, and the College was congratulated a year ago, last July, on having elected a president so gifted as a speaker. It was not so a dozen years ago. At that time I thought the comments of the press were not too complimentary. Now I find them too strong and shudder when I read them. The truth is, I belong to my own Class I, the class of good speakers, and I have great reason to be proud of it, for, surely, no man ever suffered under greater disabilities than I did. Hearing me now you will probably think that I was born with a certain faculty of speech, and that I took an active part in the debates of this Society nearly fifty years ago. But it was not so. As a child I could not describe what I knew or had seen or tell a simple tale, partly from nervousness, partly from want of the proper words. But I did not know how bad I was until I returned to London with the deter-

mination to fight my way up to a place upon the staff of this or some other hospital. At that time I thought I ought to be able to demonstrate and lecture and take part in the discussions at the medical societies, and that I must, therefore, practise speaking. So I used to stand solemnly in a corner of my room and try to speak to an imaginary audience, to tell them something which I had seen or to repeat in other terms what I had just read. But, to my distress, I could not do it. I lost the thread of my discourse, stopped again and again for want of a word, hummed and hawed as if I had been a country gentleman speaking at an ordinary. And this went on time after time and week after week until I became hopeless of ever being able to express myself in public. It was only by the exercise of a determination rising to piggyish obstinacy that I persevered with the attempt and reached the stage at which you find me. For, I would not be beaten. But, I am bound to confess that I have scarcely ever in my life spoken in public with pleasure, and that I have suffered cruelly again and again, even quite lately, from a certain degree of speech-fright.

V. Is the Game Worth the Candle?

Seeing how very poor a place I have attained with all my labour and that I have had always to keep myself in some kind of practice, you may well ask: "Was the game worth the candle?" Yes, I think so. It is a great thing, much greater than most of you are aware, to gain a moral victory over oneself. Whatever the cause or nature of the fight, it is a great thing to have fought and to have won. I admit there is nothing of which I am so proud, nothing which has given me greater pleasure in my later life, than the faculty of speech which I have acquired in the face of the greatest drawbacks. And there is the pride of achievement, not in making a brilliant speech and drawing forth loud plaudits, but in knowing that the manner in which a subject has been presented has had a great influence on the adoption of a policy, and in feeling that that very art is the result of the work and practice of many years. Twice, in the course of last year, I have reason to believe that speeches which I made, which were neither long nor brilliant, were the turning-point of a debate. And I am satisfied that my time and pains were not ill-spent.

VI. How to Learn to Speak in Public.

You will naturally want to know how the victory is achieved. This is the age of interviews, when the world, and particularly the world of young persons, desires to be told how it is done, so that every one, if he chooses, may follow the example and achieve success. I do not recommend that every young man in my audience should determine to become a successful speaker. It is not needful, and it may cause far more trouble than it is ever likely to be worth. But there are sure to be some of you who will

have to speak or lecture or demonstrate, and it is to those men that I address myself. The usual advice is, of course, "Practise and, again, practise." That is quite true, and is very good advice. But there are different ways of practising, and some of them are far better than others. I will give you some of the chief rules which have guided my own practice:

(1) It seems absurd to say that the speaker must "know" his subject. But it is a very necessary piece of advice. He must know it in such a manner that he can, so to speak, see it in his mind in every detail. He may not see it from every side, for that is only given to few persons, but he must see it as he intends to teach it. It is extraordinary how often this first rule is only in part observed and on what fragmentary knowledge men are content to speak.

(2) The headings of the subject must be clearly arranged. They may be written down as I have written them for my address this evening. Yet, you see that I have not needed to consult the paper, for they are all fixed in order in my mind. But it is well to write them down, as the speaker can thus review his speech before he makes it. And he may think well to add the headings or to take some heading out, or to alter their order.

(3) Lack of vocabulary is best remedied by learning paragraphs and pages of good writers. As my own vocabulary was very deficient I had to supplement it by this method.

(4) Men who are not naturally gifted with the faculty of speech must certainly practise speaking—in public if they have the chance; in private if they are only now and again obliged to speak. I am sure it would surprise you to know what trouble some of the best speakers and lecturers take over their lectures and addresses. I have read that Humphrey Davy, who was a most brilliant lecturer at the Royal Institution, used to deliver those parts of his lectures which he thought might be difficult for a lay audience to understand first to his laboratory attendants and assistants. If they could not at once grasp the meaning of them, he would alter and repeat them until they were quite easy to follow. I have been told that Prof. Huxley, the clearest of teachers, used in the same manner to rehearse those parts of his lectures which he thought might puzzle his hearers. It was not enough that *he* knew the meaning of what he said. It must be said in such a manner that *they* should know as well as he. Sir James Paget, assuredly one of the most beautiful speakers I ever heard, says in his *Memoirs* (1901, p. 133), "the habit of careful preparation for lectures or addresses is of the highest importance for the cultivation of accuracy and clearness of expression."

(5) The best cure for speech-fright is the habit of speaking in public. Habit and confidence are the two great antidotes. But, do what you will, if you are of a nervous temperament you will suffer from an attack of the malady from time to time. Fight through it, and each victory will diminish the liability to attacks, and render each attack less grave. Once more, I say never, on any account, resort to

artificial means or stimulants or opium to cure what should be cured by pluck and practice.

(6) Finally, I would warn you never to under-estimate your task or to think that your audience is not worth the trouble of so good a speaker as yourself. I have known more than one good reputation ruined by this error of judgment. I would venture to alter the text which stands over the entrance to our school in one word, and to say, "Whatsoever thy tongue findeth to do, do it with thy might." In other words, "Speak your best, or do not speak at all."

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Observations on the Prevention or Correction of Deformity in Tuberculous Disease of the Spine and Hip.

By H. J. GAUVAIN, M.A., B.C. (Cantab.), M.R.C.S. (Eng.),
L.R.C.P. (Lond.),
Medical Superintendent, Lord Mayor Treloar Cripples' Hospital
and College, Alton, Hants.

HERE are few diseases common to this country the treatment of which has been considered more tedious than that of tuberculous affections of the bones and joints.

It is, and has long been, well recognised that the course of the disease is slow, that deformity, unless the greatest possible care be taken, is inevitable, that complications in the form of abscess formation are common, that radical treatment of these abscesses is unsatisfactory, leading very commonly to sinus formation and subsequent added infection.

Perhaps the most serious tuberculous condition resulting from bony infection is tuberculous disease of the spine, or, as it is most commonly called, spinal caries.

This disease, first effectively studied by Pott, is commonly followed in untreated, or inefficiently treated cases, by crippling resulting primarily in angular curvature of the spine, and secondarily, in deformity in other parts owing to displacement, compensation or muscular spasm or contraction. So common, indeed, is this deformity in Pott's disease that the term "angular curvature" of the spine is by some regarded as synonymous with spinal caries. The deformity is particularly marked and unsightly when the upper dorsal region is attacked.

Deformity as a result of spinal caries is not only preventable, but even when it has occurred it may often be largely corrected if adequate treatment be adopted at a reasonably early date. When we consider the number of hunchbacks, crippled from spinal caries, who may be seen all over the country, and who especially crowd our infirmaries and work-houses, this may be deemed a bold and unwarranted assertion, but it is a statement which the confidence derived from experience in their treatment justifies. It is true that the prevention of deformity is often difficult, correction even more so, but given proper conditions it may be safely and certainly effected.

The causes of primary deformity in spinal caries are:

- (1) Destruction of the attacked bone; (2) the effect of gravity acting upon the weakened spine; (3) muscular spasm secondary to the inflammatory process; and (4) alteration in the intermuscular balance, leading to certain muscles acting at an unduly great or diminished mechanical advantage, and ultimately becoming permanently contracted or attenuated.

It is these two latter causes which I would especially emphasise, because, while the two former are almost self-obvious and are well recognised, the two latter have, to an extraordinary degree, escaped attention. The effects of muscular spasm are more pronounced owing to the natural curves in the spinal column which allow the investing epinal muscles to act at greater mechanical advantage.

TREATMENT (3), (4).

General.—The importance of fresh air, good, suitable, and easily digested and assimilable food, attention to bowels, tonic drugs, etc., is well understood, and needs no further mention. Vaccine therapy in the form of tuberculin or by autogenous vaccines when added infection occurs, as after sinus formation, has its advocates. It also has its limitations. It may, certainly, in unsuitable cases, do harm; in carefully selected cases, and with suitable precautions, it may be of service. At best I regard it only as an aid to general treatment.

Local mechanical treatment.—It is this which is of fundamental importance, and on the skill with which it is applied will depend the result as far as the prevention of deformity is concerned.

In the treatment of a tuberculous bony lesion, rest is by most regarded as essential, and in acute spinal caries that rest can only be obtained by maintaining the patient in a recumbent position. Mere recumbency is, however, insufficient, as witness the frequency with which the disease advances and deformity appears when an early case of spinal caries is treated, as in this country it commonly is, in the ordinary Phelps's box. Perfect rest can only be secured by obtaining immobilisation. Rest combined with immobilisation will usually result in arrest of the disease, but even this is not sufficient if deformity is to be prevented. Muscular spasm about the inflamed spine still persists; the eroded vertebral body under the constant strain of its investing irritated muscles is gradually compressed and at length gives way. Deformity once commenced proceeds more rapidly as the mechanical advantage at which the anterior of the muscles investing the spine act becomes more pronounced, whilst the opposition offered by the posterior muscles simultaneously decreases.

In tuberculous disease of the hip-joint muscular spasm is at once recognised, and is treated as a matter of course by the application of suitable extension. In precisely the same way muscular spasm about a lesion in the vertebral column should be treated by extension, or rather by progressive hyper-extension about the site of the lesion, assisted, if necessary, by traction extension. In this way the progress of the disease may be most speedily checked and deformity prevented. To recapitulate, then: the essentials for the treatment of active spinal caries and the prevention of resulting deformity are obtained by keeping the patient recumbent,

immobilised and hyper-extended, the hyper-extension being in some cases aided by traction extension.

Forms of apparatus designed to meet these requirements.— Many varieties of spinal boards have been employed, but without discussing their respective merits or demerits the

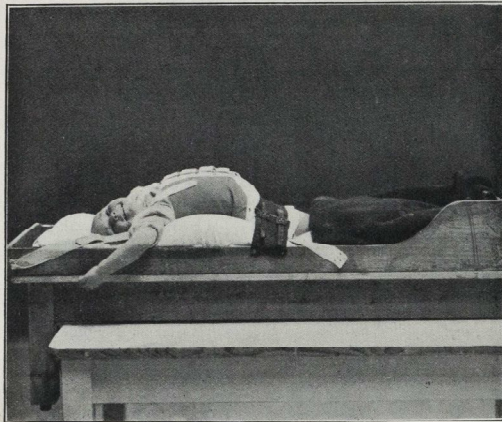
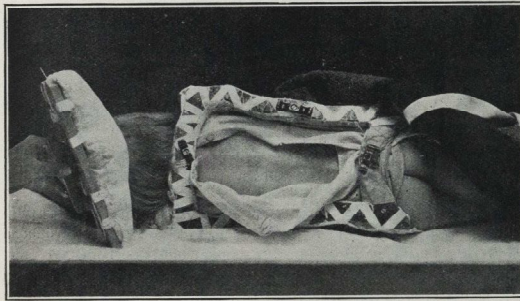


FIG. 1.—Patient suffering from spinal caries immobilised and hyper-extended on spinal board.



(From the Lancet.)

FIG. 2.—Back-door splint with patient. The splint is so designed that the patient may be permanently immobilised and hyper-extended, while the back is readily accessible. On this splint the patient can lie in comfort for an indefinite period, and increasing deformity is impossible. The "back-door" may be re-padded from time to time as circumstances dictate.

board used at the Hôpital Maritime, Berck-sur-Mer (Fig. 1) may be taken as an example of a highly efficient apparatus which fulfils the requirements demanded. The patient is

strapped in the desired position on this board, fixation being provided by means of a fitted jacket made of jean, into the back of which is let two pieces of webbing which are inserted in the form of a St. Andrew's cross. These pieces are strapped to the sides of the board and immobilisation is in this way secured. Should head or leg extension be required it may be applied in the ordinary way, and the traction thus produced will not move the patient from the position in which he has been placed, even though the board is not tilted. The jacket is buckled on the ventral surface of the patient. On this apparatus the patient may be nursed comfortably and conveniently. He is kept hyper-extended by means of a suitable cross-piece under the site of the disease. The disadvantages are the movements necessary in attending to the back of the patient, which will quickly become sore unless treated assiduously and at frequent intervals. These repeated movements interfere with the desired immobilisation and may retard the arrest of the disease or even provoke a further spread of the inflammation, and, moreover, there is always the danger of the patient not being replaced in exactly the position required, and in that case the deformity may not only be not corrected but even increased. To overcome these defects I have designed splints, which are here illustrated, and which fulfil the essentials in treatment which I have indicated. The manner in which they are constructed and the way in which they should be used will be found fully described elsewhere (1) (2) (Figs. 2, 3 and 4).

By these means, then, the patient is enabled to make a fair fight against the progress of the disease. His spine is completely at rest; it is immobilised, hyper-extended to any degree required, or to varying degrees, as may be indicated. The two conditions of interosseous pressure and muscular spasm which Professor Marsh has described as "acting and reacting on each other, and so concurring to promote the advance of the disease," are abolished, deformity is prevented or gradually corrected, and the lesion becomes shut in by a zone of healthy fibrous tissue, which confines the infection, and protects the individual from its further progress. The effect on the patient's general health is speedily apparent: pain is abolished, appetite improved, and usually the tuberculous

facies, which is so common that it has been described as characteristic, is replaced by the robust expression of a healthy individual.

How long should this form of treatment be continued? This is a question which requires much consideration before it can be answered. The time which must elapse before it may be abandoned must be decided for each individual case. This much may be said, that so long as evidence of active disease persists so long should recumbency be enforced. Spinal rigidity (the manifestation of muscular spasm), pain, excessive temperature, abscess formation, paraplegia, or involvement of the spinal cord or spinal nerves, occurrence of new tuberculous lesions elsewhere, and cachexia are all indications for the continuation of the treatment already described. And when, in addition, we remember that active tuberculous germs are still in the spinal lesion, shut in, it is true, by the fibrous tissue which imprisons them, and which is the natural defence their attack has provoked, it behoves us to be wary lest undue haste should re-activate the disease and should allow further dissemination of the bacilli. X-ray photographs are sometimes of service in aiding one's judgment, but great care must always be exercised in arriving at a decision. Commonly a year is required, often more, rarely less of combined recumbency, immobilisation, and hyper-extension. During this period no deformity should have occurred; and any deformity which may have existed, and which was not of the nature of a fixed deformity, should have been corrected.

The time having arrived when it is felt that the recumbent position may be safely abandoned, the next stage in treatment may be undertaken, and now our object should be still to keep immobilised the attacked spine, still to protect the patient from dissemination of the disease, and encourage the shutting off of the lesion by the further formation of reactionary tissue. The weight of the patient should, as far as possible, not act through the lesion, but be transmitted through the vertebral spines in the affected region, and not through the diseased vertebral body or bodies. The object, then, of the spinal jacket which is now to be applied is to maintain immobility about the site of the disease, protect the lesion from extraneous injury, and relieve the lesion as far as possible from the strain of superincumbent weight. No appliance with which I am acquainted is, in my opinion, more suitable for this purpose than a properly applied jacket made of plaster-of-Paris. The value of this material in the treatment of spinal caries and the manner in which it should be applied I hope to demonstrate at another

time. In most cases the jacket should be applied with the patient suspended in the erect attitude. One point of great

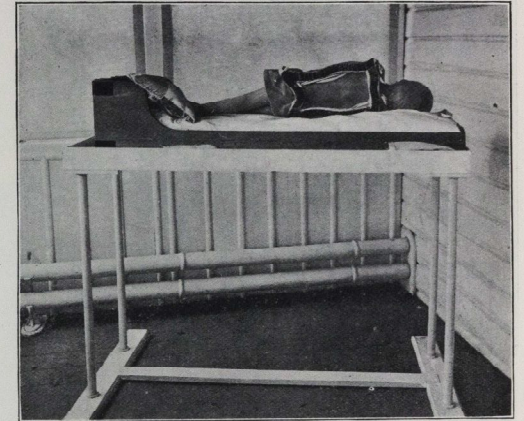


FIG. 3.—Patient with back-door splint on spinal board. The board is mounted on a special stand designed to facilitate the nursing.

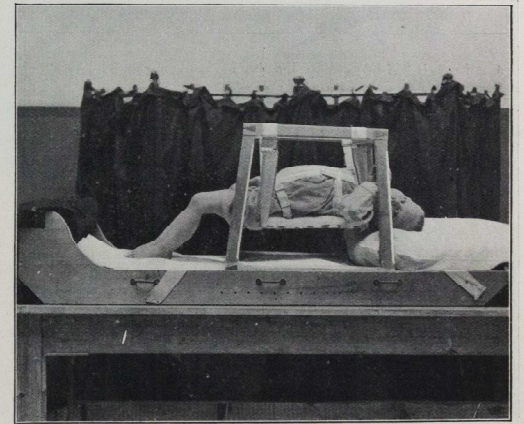


FIG. 4.—Swinging back-door splint. The head and legs here form a natural means of extension. The height to which the splint is raised can be adjusted at will.

importance must be remembered before the application of the jacket. The patient has been treated recumbently for a prolonged period, and the sudden transition from the

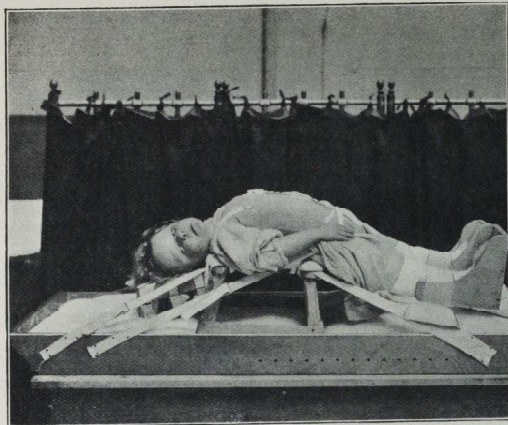


FIG. 5.—Wheel-barrow splint. Especially indicated where there is spasm of the psoas muscles or psoas abscess. The legs are immobilised and hyper-extended. They may be abducted, adducted, or hyper-extended to any degree desired. They cannot be flexed, everted, or inverted.



FIG. 6.—Portable stand for use with spinal board. The patient is fixed absolutely in any position required and can be placed in a horizontal or vertical plane with the greatest ease. A modification of this contrivance is in use, on which the patient can be placed in any position, in any plane—face downwards if necessary—and is of particular value in the drainage of abscesses. (Manufactured by Messrs. Maw, Son & Sons, Aldersgate Street, E.C.)

horizontal to the erect attitude is likely to be accompanied by great discomfort and, indeed, some danger. The sudden alteration in the circulation commonly produces faintness; hence the transition should invariably be effected gradually, and this can be conveniently ensured by means of the stand illustrated, which has been kindly made to my design by Messrs. Maw, Son & Sons, of Aldersgate Street (Figs. 6 and 7). On this stand the patient may be tilted conveniently into any position desired. The transition from the recumbent to the erect attitude is gradually made—commonly one to three weeks is occupied in this process. The patient is still kept hyper-extended in whatever plane and at whatever angle he may be tilted.

Immobilised in plaster-of-Paris the patient may remain in comfort for a prolonged period (Fig. 8). One jacket will commonly last for from three to six months, and if the jacket has been properly applied, when it is removed the subjacent skin should be sweet and fresh and free from sores. If the jacket has been efficiently applied no deformity should occur during its use, and, indeed, it is stated that some deformity may be corrected. Calot has attempted this correction by cutting a window in the plaster over the angular curvature, and applying pressure directly to the curvature. I have imitated this method, but not with marked success. Certainly, in cases of scoliosis, not due to tuberculous disease, marked diminution in the deformity may be obtained by the repeated application of efficient plaster-of-Paris jackets, but in ankylosed tuberculous spines but little correction of deformity is likely to be obtained by this means. Of first importance in the application of an efficient plaster jacket is the moulding. The jacket must be most carefully moulded around the pelvic brim, and obtain support from the fixed bony pelvis. From this fixed base adequate support may be given to the injured spine, and the process of repair allowed to continue. Very numerous arguments have been advanced against the employment of the plaster-of-Paris jacket, but a careful examination of these will show that these objections are largely theoretical, and betray lack of knowledge of the proper technique of application. A novice cannot hope to apply plaster-of-Paris jackets with any chance of success—long and constant practice in the application is of first importance, but when once the technique has been mastered and experience obtained in their use then their very real value is fully appreciated. It is stated by some that they are unsuitable for

children, because in the child the pelvis is so ill-developed. On the contrary, in no patients are they of greater service, provided always the plaster be properly moulded, for the weak abdominal muscles of the child who has lain recumbent for a considerable time render them particularly easy subjects for the application. The wide pelvis of adults, especially women, affords an excellent base for support, even though the moulding is here more difficult owing to the greater resistance offered by the abdominal muscles.

The jacket may, if necessary, be renewed or re-polished from time to time, and only when permanent immobilisation



FIG. 7.—Stand as used for reading and feeding. It is of especial value preparatory to the application of a plaster jacket to the patient, if the patient is to be suspended.

can be dispensed with should a removable jacket be substituted.

The removable spinal jacket.—The essentials for this jacket may be summed up as follows: It must give efficient support, therefore it must act from a firm base; it must keep the spine immobile, therefore it must fit the patient accurately; it must act in the right manner, *i.e.* protect, as far as possible, the area of the disease from the pressure of superincumbent weight, or, in other words, allow this weight to be transmitted through the spinous processes, and not the affected bodies. It must be light, but rigid, it must maintain its shape and be unaffected by the heat or moisture of the body, it must not interfere with respiration and digestion, it must permit ample ventilation of the skin.

I would almost add, it should be made by the surgeon who understands the purposes for which it is designed, and should never be left to the instrument maker, who is merely a skilled mechanic, innocent of all knowledge of the pathology of the condition being treated. To make such a jacket satisfactorily an accurate cast of the patient's trunk must be obtained, this cast being moulded in the manner experience dictates, and on the moulded cast the jacket must be built and fitted perfectly. The most serviceable material to employ in the manufacture of such a jacket is celluloid. A celluloid jacket properly made fulfils all the conditions I



FIG. 8.—Patient suffering from cervical caries immobilised in a plaster-of-Paris jacket. The weight of the head is taken directly from the pelvis. Note the large window, which facilitates respiration and digestion.

have indicated (Fig. 9). The manner in which it should be made I shall describe later.

To one point in the manufacture of removable spinal jackets I shall refer. Not uncommonly jackets are supplied with an axillary crutch, the idea being that the spine will not only be relieved of the weight of the shoulder-girdle but will also be straightened by the tension produced. From both anatomical considerations and clinical experience I have abandoned the use of the axillary crutch.

The prevention or correction of deformity in tuberculous disease of the hip-joint.—Space prevents me from more than merely referring to this most important subject. The principles on which I have already laid stress equally apply.

Rest, immobilisation and abolition of muscular spasm are of paramount importance. Consider an acute case with lordosis, flexion at the hip-joint and abduction or adduction. The patient being recumbent, lordosis should first be abolished by further flexion of the femur. Extension from the femur on the affected side should then be applied bearing in mind this rule: With the patient recumbent the two anterior superior spines of the ilia should be on the same horizontal plane. An imaginary straight line joining these spines should be bisected at right angles by the long axis of the trunk. Extension of the leg on the affected side in the long axis of the femur will then act efficiently. If



FIG. 9.—Patient convalescing from cervico-dorsal caries, immobilised in a celluloid jacket. This jacket, made at the hospital at Alton, fulfils the requirements which should be possessed by a removable spinal support.

the deformity is simply due to muscular spasm the most rapid way of correcting it is to administer a general anæsthetic. As the spasm of the muscles passes off the deformity can be instantly corrected without danger. No forcible manipulation is required; that, indeed, should be avoided, because of the danger of dissemination of the tubercle bacilli which may follow its employment. My practice is, then, to incorporate extension webbing with a plaster extending from the toes to the middle of the thigh, the foot being flexed to a right angle with the leg, and the plaster carefully moulded round the condyles of the femur. A separate plaster adequately moulded is then applied from the knee on the affected side to the nipple line with the leg

slightly hyper-extended at the hip, abducted and inverted. The hip-joint is thus simultaneously extended and immobilised and all deformity corrected and prevented from recurring (Fig. 10). When spasm has been finally abolished the affected hip may be immobilised in a single plaster, the plaster extending from the toes to the nipple (Fig. 11). The deformity in hip disease is very complex, but treated in the manner suggested all associated deformities may be simultaneously corrected or prevented and the necessary immobilisation secured. Later a removable celluloid splint made on a cast may be substituted for the plaster (Fig. 12).

Should the condition be such that deformity cannot be

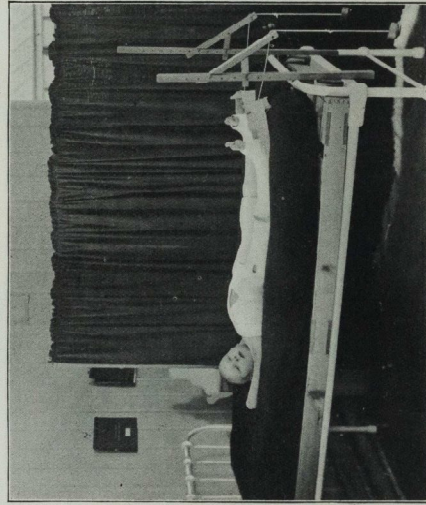


FIG. 10.—Patient suffering from a tuberculous disease of both hip-joints. Deformity has been corrected; the hip-joints are immobilised, and simultaneously extension is abolishing muscular spasm. An abscess which was present has become absorbed. Its evolution or absorption may be observed through the window shown in the illustration.

immediately and painlessly corrected as already described, then gradual correction must be attempted. This may nearly always be obtained by patient treatment, on the lines already indicated, unless bony ankylosis has already occurred, when nothing less than osteotomy will correct the deformity. Adduction sometimes presents great difficulty in correction, and it is particularly undesirable, as it magnifies any real shortening which may have occurred.

Two forms of deformity in connection with hip disease may exist to which I have not yet alluded. One is foot-drop, which can only be present as the result of careless

nursing. It is with certainty avoided if the form of plaster extension already advocated be employed. The other is eversion of the foot, which causes deformity subsequently to be very pronounced. It is very common after the employment of a Thomas's hip-splint.

If it has already commenced when the patient comes under treatment, it may usually be corrected by employing the plaster extension already described with additions. Two elastic bandages are passed once round the plaster extension, and fixed to it by drawing-pins. They are so adjusted that when traction is placed upon them the leg tends to invert $\overline{\text{e}}$. These bandages are attached one on

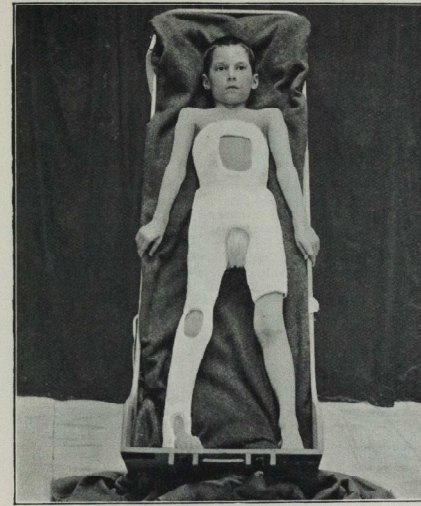


FIG. 11.—Patient suffering from tuberculous disease of the right hip and knee-joint immobilised in plaster-of-Paris. The deformity has been corrected.

each side of the bed, and their continuous combined action usually results in the desired correction being obtained.

It is usually not sufficient when correcting deformity due to hip disease to bring the leg straight down in line with the trunk. Subsequently slight flexion, lordosis and adduction is very likely to occur. It is desirable to obtain slight hyper-extension at the hip-joint, slight abduction, which is especially important if ankylosis and shortening occurs, and slight inversion. If the foot is got straight more or less eversion usually follows, and that causes an unsightly limp. Slight inversion obviates this. If when the disease is arrested and there is firm bony ankylosis at the hip-joint in the position suggested there is little apparent deformity, unless

much shortening has been allowed to occur. If much shortening has occurred then an O'Connor boot is recommended. Of great importance in the avoidance of shortening is the conservative treatment of complicating abscesses.

With in-patients I deprecate the use of a Thomas's hip-splint as strongly as I advocate the use of plaster-of-Paris, provided plaster technique has been mastered.

Treatment of abscesses (5) (6).—One detail in treatment, perhaps apparently hardly bearing directly on the prevention of deformity I nevertheless would mention, and that is treatment of abscesses complicating the disease. Such abscesses will sometimes spontaneously absorb with adequate immobilisation; if absorption does not occur their evacuation by

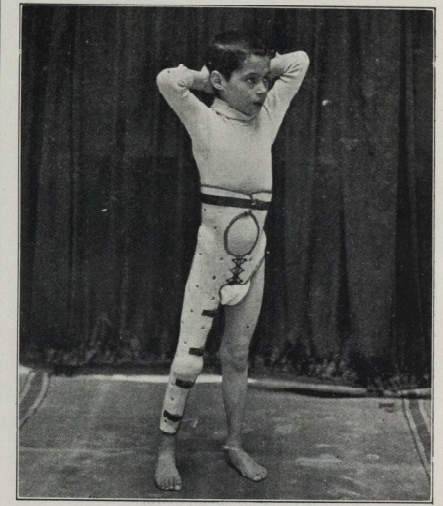


FIG. 12.—A stage further in the treatment of hip disease. The same patient with a celluloid hip and knee-splint.

aspiration with due regard to technique is recommended. In this way only can sinus-formation be avoided with reasonable certainty. I have not opened a pure tuberculous abscess the result of disease of the spine or hip for nearly two years; during that period I have employed aspiration with excellent results between 500 and 600 times. Where sinuses occur, not only is the life of the patient in much greater danger, but deformity is far more difficult to prevent.

I have in this paper only been able to deal very briefly, and, I fear, very dogmatically, with the prevention or correction of deformity in tuberculous affections of the spine and hip. I crave indulgence for this, and hope that in spite of its defects this paper may arouse some interest in a

neglected branch of surgery. The work is indeed fascinating, the results encouraging, and worth the labour they entail.

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Obituary.

J. R. NEAL.

JOHAN NEAL died on March 17th from cerebro-spinal meningitis; he was not yet twenty-one. The suddenness of his death is particularly affecting when it is remembered that he was playing football, in his very best form, against the London Welsh only four days before his death.

He had been at the Hospital three years, and in that time he had created for himself an athletic record almost unsurpassed. One had only to glance at Neal's splendid figure and physique to expect an athletic capability far above the ordinary; one had only to witness the vigour of his every action to realise the energy which characterised him above all other features.

His acquaintance with Rugby football extended over no more than a couple of years, but even with this comparatively short experience he had developed into a wing three-quarter magnificent in attack and improving daily in defence. With the added strength of age and the experience of another season or two, Neal would have been one of the leading exponents of the game, for already he was described by authorities as “the most promising of the London medics.” He represented the Hospital in the Rugby cup-ties for two years, and he had played for the first and second elevens in the Association cup-ties.

As a cricketer Neal was, indeed, an all-round man; he was a fine left-hand bowler, a brilliant bat, an indefatigable field. He was one of our best shots, and Secretary of the Rifle Club. He had promised to take to the running-

track this coming season to secure for Bart.'s more inter-hospital honours, and his well-known raking stride would surely have brought him to the fore in this as in other branches of athletics; in fact Neal was a man whose natural capabilities would have been evident in any sort of sport he undertook. That he was a born athlete and a sportsman in the best sense of the word in everything he did, is his epitaph, than which no man could desire a better.

An intimate friend says that, in all circumstances, Neal was cheery and full of vim. His death causes a gap indeed hard to fill, for he was a man who would have done credit in any sphere of life to this Hospital which mourns his loss.

The Clubs.

ASSOCIATION FOOTBALL CLUB.

INTER-HOSPITAL CUP.

Final.

ST. BART.'S v. LONDON.

For the first time since 1896 we won the Inter-Hospital Cup on Wednesday, March 22nd. The game was played at Chiswick v. the London Hospital, and a record score for the final was set up by our beating them 6 to love. It was an ideal day, and there were a fair number of spectators. London were playing short of Paget-Tomlinson and Herman, but even their presence could not have altered the final result as Bart.'s played excellent football, and were much superior to their rivals. Rarely have we seen the team put so much keenness into the game at a final cup-tie, for in the past years we can remember that, with some exceptions, the remainder of the team seemed to be possessed with the idea that they were out to lose. It is hoped that after this excellent victory the teams will in future play real “cup-tie” football.

The game started fairly evenly until Barrow put on two goals, the first by a rush, and the second from a long pass by Wippell; after this there was only one team in it. Waugh scored the third, a lovely passing movement by the forwards, and Dyas notched a fourth.

London started off the second half with more determination, but were gradually hemmed in, and Wippell and Dale, by very fine individual efforts, scored the remaining two goals.

RUGBY FOOTBALL CLUB.

INTER-HOSPITAL CUP.

Semi-Final.

GUY'S v. ST. BART.'S.

This match was played at Richmond on March 9th. We were very unfortunate, in that our four best men, Beyers, Pocock, Bower, and Adams, were unable to play owing to injuries and illness. This made it necessary to weaken the forwards by taking Evans and Ferguson out of the scrum to play three-quarters. Dive played back instead of Beyers, and Marshall and Waddington came into the forwards. Guy's won a finely contested game by 6 points to nil.

H. R. Dive (back); J. Neal, A. E. Evans, E. D. Richards, A. Fergusson (three-quarters); F. H. Robbins and R. H. Williams (halves); R. S. Wallington, J. V. Friddian, J. van Schalkwijk, J. Mudge, H. M. Gilbertson, J. M. M. Marshall, F. G. Smythe, and R. L. Kitching (forwards).

HOCKEY CLUB.

INTER-HOSPITAL CHAMPIONSHIP.

Final.

ST. BART.'S v. GUY'S.

This match was played at Richmond, and resulted in Guy's retaining the championship. We certainly ought to have won the

match, but Sylvester became crooked early in the game, which upset the forward line. At the start we did all the attacking, but Guy's defence held out, and then a quick break-away gave them a goal. Brash immediately made the scores equal, but half-way through the second half Guy's again took the lead with a second goal after a scramble in the goal mouth. The game was from this point played in ding-dong fashion, but neither side scored again, and Guy's ran out winners by 2 goals to 1. The result is distinctly disappointing. We were in our opponents' circle nearly all the game, and it was only from occasional break aways that Guy's became aggressive. If only our men had realised that the more forceful tactics of our opponents are preferable in inter-hospital contests the result of the match would certainly have been in our favour. Team: P. U. Mawer (goal); C. S. Arkin, M. T. W. Steedman (backs); C. J. Nicholson, J. Ackland, C. A. Weller (halves); G. N. Stathers, C. K. Sylvester, H. E. Robinson, E. J. Y. Brash, and R. T. Vivian (forwards).

[Owing to great pressure upon our space, we are compelled to hold over any more detailed reports of the clubs.]

Reviews.

CLINICAL PATHOLOGY IN PRACTICE. By T. J. HORDER, M.D., F.R.C.P. (London: Messrs. Henry Frowde, Hodder & Stoughton.) Demy 8vo. p. 215. Price 7s. 6d. net.

This series of essays gives a brief but adequate account of the most up-to-date methods of clinical pathological investigations, their objects, uses, and limitations. Most of the contents will be to a certain extent familiar to the present-day student at this hospital. But the advances along this line have been so rapid that the student or resident or but a few years back now in practice will find very much that has developed since his time. For him this account of the laboratory methods that he can adopt and of the way in which he should set about to adopt them will prove valuable.

The book is in no sense a manual—it is rather a series of essays, each complete in itself. It deals with clinical pathology mainly from the bacteriological standpoint, and for the most part chemical methods are omitted. To a large extent it is naturally a statement of the methods of the author himself. The chapters include “The Collection of Materials,” “Blood Culture,” “The Histological Examination of the Blood,” “The Sputum,” “Pleural Puncture,” “Lung Puncture,” “Lumbar Puncture,” “Infective Conditions of the Nose, Mouth, and Throat,” “Joint Puncture,” “Examination of the Faeces,” “The Diagnosis of Tuberculosis and its Specific Treatment,” “On Certain Specific Serum Tests,” “On Fever without Physical Signs,” and “Vaccine Therapy.” The last-named chapter is written in conjunction with Mr. W. Girling Ball.

Throughout the detailed account of micro-organisms found is omitted, and stress laid rather upon the methods of demonstrating them and the significance of their presence or absence. For the practitioner with a sufficiently inquiring mind to wish to know the nature and life-history of the micro-organisms mentioned it will be necessary therefore to read the book in conjunction with a text-book on bacteriology for purposes of reference. But for the majority this omission of points which are of interest and importance to the laboratory worker rather than to the practitioner is an advantage. What the latter requires is rather to know what investigation will assist him; in certain instances he can then carry it out with the aid of Dr. Horder's description; in others he must rely upon the assistance of the pathologist or physician pathologist to do this for him.

As is perhaps natural there is some inequality in the various sections, and a few important omissions are noticeable. The chapter upon “Joint Puncture” is meagre, and the important question of the diagnosis of a tuberculous joint by puncture is barely mentioned. In this connection, also, it is somewhat remarkable that the important method of diagnosis of tuberculosis by inoculation of a guinea-pig obtains no mention. However, such omissions are the exception, and as a whole the book is sufficiently complete to serve its purpose, and not so lengthy as to be tedious or difficult of reference.

HANDBOOK OF THE SURGERY OF THE KIDNEYS. By W. BRUCE CLARKE, M.A., M.B. (Oxon.), F.R.C.S., Senior Surgeon to St. Bartholomew's Hospital; formerly Surgeon to the West London Hospital, and to St. Peter's Hospital for Stone and other Diseases of the Urinary Tract; Member of the Council and of the Court of Examiners of the Royal College of Surgeons of England; formerly Examiner in Surgery to the University of Oxford. With 5 plates and 50 illustrations. (London: Henry Frowde and Hodder & Stoughton, Oxford University Press, 1911.) Pp. 193. Price 10s. 6d. net.

This book is one of the practical manuals published by the Oxford University Press, and the author has carried out very successfully the scheme which the publishers had in view when they commenced this series, namely, to supply to the busy practitioner a means of keeping himself in touch with the present-day practice in medicine and surgery. Without going into too much detail, the book presents a very clear account of the commoner diseases of the kidney which are amenable to surgical interference.

Perhaps one of the most attractive features of the work is the appreciation of the author's own personality which one derives from reading it, and if his views, here and there, are not quite in accordance with the usual teaching on the subject, this only serves to make the book the more valuable, and distinguishes it from the ordinary dry text-book, the contents of which the student is expected to cram.

Drawing upon what is perhaps almost an unique experience in this class of surgery, and amplifying the text, here and there, with a detailed account of some of his own cases, the author has contributed a valuable addition to the literature of modern renal surgery.

Commencing with a short account of the anatomy of the kidney and ureter, so far as they relate to surgical procedures, the book then goes on to deal with the details of the examination of a patient supposed to be suffering from some form of kidney disease, and under this heading is included a brief reference to the various methods of estimating the condition of the renal functions. With regard to the methylene-blue test, no mention is made of the eversion of colourless chromogen derivatives and their detection in the urine—an omission which will, no doubt, be remedied in a future edition. We would suggest that the use of indigo-carmin instead of methylene-blue obviates this difficulty, and affords a more reliable guide as to the exact time at which the pigment first passes through the kidneys.

Chapter III deals with the actual technique of operations upon the kidneys and ureter, and is perhaps one of the best sections of the book. The only criticism we have to offer here is that not enough stress is laid upon the difficulty of making at all certain of the condition of the apparently sound kidney by palpation, even when the peritoneal cavity has been opened.

The succeeding chapters deal with the pathology, symptoms, and general lines of treatment to be adopted in the various diseases of the kidney.

Chapter IX expresses the latest views on pyelo-nephritis and other infective renal conditions, and the last section, Chapter X, is devoted to a consideration of tumours of the kidney and supra-renal body.

Here hypernephroma is given the place of honour, and receives the attention its frequency of occurrence merits, instead of being referred to as a rare tumour and dismissed in a few lines, as one usually finds in the ordinary text-books. Seeing, however, that the exact origin and nature of this particular form of new-growth is at the present day still somewhat under discussion, and that the clinical characteristics of hypernephroma and tumours of the supra-renal capsule differ so widely, we feel that the author would have been wise if he had drawn a sharper line of demarcation between the two conditions than he has actually done.

The illustrations, many of them reproductions of actual photographs, are a special feature of the book, and St. Bartholomew's men will recognise amongst them many old friends at present residing on the shelves of St. Bartholomew's Hospital Museum.

Royal Naval Medical Service.

The following appointment has been announced since February 20th, 1911:

Surgeon P. Rivaz to the “President,” additional for three months' course at a London Hospital, to date from April 5th, 1911.

Royal Army Medical Corps.

From the *London Gazette*:
 Lieut.-Col. E. J. E. Risk from the R.A.M.C. to be Colonel.
 Lieut.-Colonels J. M. Reid and W. J. Baker retire on retired pay.
 Major A. Pearce has been granted pay at the higher rate.
 Captain H. K. Palmer to be Major.
 Lieutenants G. O. Chambers and L. F. K. Way are confirmed in their rank.

Appointments.

ADAMS, BASIL, M.B., B.Ch., D.M.(Oxford), appointed Tuberculosis Medical Officer to the Municipality of Durban, Natal.
 HARRIS, H. A., M.A., M.R.C.S., L.R.C.P., appointed House-Surgeon at the Huntingdon County Hospital.
 LANDER, H. D., M.R.C.S., L.R.C.P., appointed House-Surgeon, Miller Hospital, Greenwich.
 LEA-WILSON, B. H. C., M.R.C.S., L.R.C.P., appointed House-Surgeon at the West London Hospital, Hammersmith Road, W.
 MILNER, S. W., M.R.C.S., L.R.C.P., appointed Surgeon to S.S. "Dacia."
 SCOTT, W. H., M.R.C.S., L.R.C.P., appointed Principal Medical Officer to His Highness the Rajah of Sarawak.
 SOWRY, GEO. H., M.D., B.S.(Lond.), F.R.C.S.(Eng.), appointed Honorary Assistant Physician to the North Staffordshire Infirmary and Eye Hospital, Stoke-on-Trent.

New Addresses.

ADAMS, BASIL, Public Health Department, Town Hall, Durban, Natal.
 ADAMS, E. G. B., 21, Welbeck Court, West Kensington, W. (temporary).
 ANDREWS, Dr. F. W., 1, North Grove, Highgate, N.
 BEADLES, H. S., 38, Silverdale, Sydenham, S.E.
 COOKE, MARTIN, Rossy Lodge, 12, Central Hill, Upper Norwood, S.E.
 FIELDING, Lieut. C. H., I.M.S., c/o 9th Bhopal Infantry Fyzabad, India.
 FOWLER, W. E. L., 7, Magdalen Road, Norwich.
 GEACH, R. N., 5, Victoria Road, Kensington, W.
 GREGORY, C. H., Aylesford, Kent.
 HAMILTON, Capt. W. G., I.M.S., Superintendent, Presidency Jail, Calcutta.
 HARRIS, H. A., The County Hospital, Huntingdon.
 HAYNES, H. F., Littleton Hall, Brentwood, Essex (additional address).
 JONES, E. SHIRLEY, Kingscliffe, Wansford, Northamptonshire.
 LANDER, H. D., Miller Hospital, Greenwich.
 LEA-WILSON, B. H. C., West London Hospital, Hammersmith Road, W.
 NALL, J., c/o Dr. S. Grose, Teign view, Teignmouth, S. Devon.
 PARKER, HERBERT, Saragossa House, New Street, Henley-on-Thames.
 TEICHMANN, O., Aldermaston, near Reading.
 WALDO, H. C., London County Asylum, Colney Hatch, New Southgate, N.
 WENHAM, H. V., 11, Beauchamp Avenue, Leamington (temporary).
 WILLIAMS, C. O. O., 102, Lansdowne Road, Clapham, S.W.

Births.

ARMSTRONG—On March 20th, at Singleton House, Monmouth, the wife of A. Keith Armstrong, M.R.C.S., L.R.C.P., of a son.
 CANE.—On March 16th, 1911, at 3, Fawley Mansions, West Hampstead, N.W., the wife of Arthur S. Cane, Royal Army Medical Corps, of a daughter.
 DURWARD-BROWN.—On March 11th, 1911, at Norfolk Lodge, Leeds Road, Harrogate, Yorks, the wife of D. Durward-Brown, M.R.C.S. (Eng.), L.R.C.P.(Lond.), of a son.
 FAIRLIE CLARKE.—On February 24th, at Horsham, Surrey, the wife of A. J. Fairlie Clarke, M.C., F.R.C.S., prematurely, of twin sons (one stillborn).
 MÁSINÁ.—On February 15th, at Jamshed Hall, Nepean Sea Road, Malabar Hill, Bombay, India, the wife of H. M. Másiná, F.R.C.S., of a son.
 PETERS.—On March 24th, the wife of A. E. Peters, M.R.C.S., Petersfield, Hants, of a son.
 SEWELL.—On March 5th, 1911, at 2, Ormskirk, Alexandra Gardens, Belfast, the wife of Captain E. P. Sewell, Royal Army Medical Corps, of a son.
 STUBBS.—On March 7th, at Highfield, 126, Tulse Hill, S.W., the wife of John D. Stubbs, M.B., B.C.(Cantab.), of a son.
 WOOD-HILL.—On February 26th, at Beccles, Suffolk, the wife of Henry Wood-Hill, of a daughter.

Marriage.

MOORE—BARKER OGDEN.—On February 28th, at St. Stephen's, Hampstead, by Rev. C. Bate, Vicar of the Parish, C. Gordon H. Moore, B.A. (Cantab.), M.R.C.S., L.R.C.P., elder son of the late W. H. Moore and of Mrs. Moore, of Moorelands, Malvern Wells, to Mrs. Barker Ogdén, of Hampstead.

Deaths.

CUTHBERT.—On March 16th, William Wood Cutlibert, of Penweris, Marchmont Road, Wallington.
 HENSLEY.—On March 18th, at The Ark, Farlham, Marie, wife of Philip Hensley, M.D., F.R.C.P.
 NEAL.—On March 19th, at 22, Highbury Quadrant, suddenly, of meningitis, John (Jack), the dearly loved and only son of John and Ada Neal, in his 21st year.

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. XVIII.—No. 8.]

MAY, 1911.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

MAY 1st, 1911.

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

Calendar.

Mon.	May 1.	Exam. for M.B., B.S.(Lond.) begins. Special Lecture. 12.30 p.m. Mr. Eccles.
Tues.	" 2.	Dr. Herringham and Mr. D'Arcy Power on duty.
Wed.	" 3.	Clinical Surgery. 12.45 p.m. Mr. D'Arcy Power.
Thurs.	" 4.	Primary F.R.C.S. Exam. begins.
Fri.	" 5.	Dr. Tooth and Mr. Waring on duty. Clinical Medicine. 12.45 p.m. Dr. West.
Mon.	" 8.	Special Lecture. 12.45 p.m. Dr. Adamson.
Tues.	" 9.	Dr. Norman Moore and Mr. Bruce Clarke on duty.
Wed.	" 10.	Clinical Surgery. 12.45 p.m. Mr. Bowlby.
Fri.	" 12.	Dr. West and Mr. Bowlby on duty. Clinical Medicine. 12.45 p.m. Dr. Ormerod.
Mon.	" 15.	Special Lecture. 12.45 p.m. Mr. West.
Tues.	" 16.	Dr. Ormerod and Mr. Lockwood on duty.
Wed.	" 17.	Clinical Surgery. 12.45 p.m. Mr. Bowlby.
Thurs.	" 18.	Final F.R.C.S. Exam. begins.
Fri.	" 19.	Dr. Herringham and Mr. D'Arcy Power on duty. Clinical Medicine. 12.45 p.m. Dr. Herringham.
Mon.	" 22.	Exam. for Matthews Duncan Medal. Special Lecture. 12.45 p.m. Dr. Fletcher.
Tues.	" 23.	Dr. Tooth and Mr. Waring on duty.
Wed.	" 24.	Clinical Surgery. 12.45 p.m. Mr. Bruce Clarke.
Fri.	" 26.	Dr. Norman Moore and Mr. Bruce Clarke on duty. Clinical Medicine. 12.40 p.m. Dr. Tooth.
Mon.	" 29.	Special Lecture. 12.40 p.m. Mr. Harmer.
Tues.	" 30.	Dr. West and Mr. Bowlby on duty.
Wed.	" 31.	Exam. for Brackenbury Medical Schol. begins. Clinical Surgery. 12.40 p.m. Mr. Bruce Clarke.
Thurs.	June 1.	Exam. for Brackenbury Surgical Schol. begins. Oxford Easter Term ends.
Fri.	" 2.	Dr. Ormerod and Mr. Lockwood on duty. Clinical Medicine. 12.45 p.m. Dr. Norman Moore.
Sat.	" 3.	Sir G. Burrows' Prize Skyner Prize.

We regret that owing to a playful printer's variation, the calendar of last month contained a serious error, giving April 25th as the date of the beginning of Part II of the Camb. 3rd M.B. This, of course, should have read 2nd M.B. The mistake, we are aware, has caused not a little alarm and, we fear, inconvenience. We wish to emphasise that the 3rd M.B. Part II does not begin until Tuesday, June 13th.

Editorial Notes.

ALK of the weather is proverbially a *dernier ressort*, but it would require a pen laden with a genius for description to do justice to the varying, reasonable and unreasonable items to which we have been treated during April. The primrose, according to the poet, is the sweet harbinger of spring, but mere prosaic man is more inclined to regard spring-cleaning as such. Even a hospital is not left undisturbed by this concomitant of the season; and during the early parts of the month it was a sight indeed to observe work continued in the Surgery among the unfamiliar distractions of ladders, scaffolding, and all the other paraphernalia of the dirt-disperser.

But, after all, does not the organism of spring cleaning, so far from becoming attenuated in a hospital, seem to display an exalted activity? Does not each "firm" indulge in its annual spring cleaning, discharging its jaded, exhausted, senior house-man, promoting its impatient junior, and welcoming a new junior bursting with health, energy, and good intentions?

A gifted predecessor has cleverly described the spectacle of the house-man just out of a job. Surely there can be few greater tragedies in life! Yesterday—a power in the land, whose very whereabouts are the concern of many: to-day—*quantum mutatus ab illo!* he is nobody, he is less than nobody, for he is that awful being, a "has-been." We have seen such a one return to spy out the land as it were, convinced that now the mainstay of the "firm" has gone the "firm" must have perished. But, to his amazement, he finds that things are humming along very merrily without him, and if he is a wise man he will realise that his new experience is good for him: it makes him feel both big and little; big to find that he has been able to get along very well without the Hospital, little, because the Hospital can get along very well without him.

We congratulate Mr. Etherington-Smith on again coaching the Cambridge boat, but we commiserate with him in his failure yet to place the seal upon his wonderful career by coaching a winning Varsity crew, for (as is now ancient history) Oxford won by two and three quarter lengths, beating the previous record by eighteen seconds.

This means, of course, that Cambridge were also inside record and we sympathise very much with Mr. Etherington-Smith, for it would have been singularly appropriate had the Light Blues been successful this year under a coach who was a member of the magnificent 1900 crew which shared the previous record with the '93 Oxford eight.

STIMULATED by boat-race reminiscences, we are encouraged to conjecture how far it is realised what an extraordinary record is held by St. Bart.'s men in the rowing world. Although we can recall no rowing Blue from the older University, no fewer than eight Cambridge Blues belong to this Hospital, and we have thought it of interest to include an article on the subject which gives an accurate historical account of the feats of our rowing giants. Anyone with little more than nodding acquaintance with these names—names, indeed, with which to conjure—will readily acquiesce in the sentiment that our eight placed upon the water under favourable conditions would be a combination fit to race against the finest crew that the rest of the world could produce. The favourable conditions to which we allude include the extreme improbability of persuading gentlemen to abandon their consulting and general practices or their exacting duties as house-men in order to train together for the necessary period. Such a Bart.'s eight is but a phantasy, but at least it has educed the sentiment of which any of us may well be proud—Bart.'s against the world!

We have no intention of making this number exclusively an athletic one, but it is only fitting that we should now continue with a reference to Dr. Michell's paper, which we publish. To all Cambridge men Dr. Michell needs no introduction, and it is almost supererogatory to introduce him to anyone interested in athletics. He has had an unequalled experience with the medical side of sport at Cambridge, and it is gratifying in these days, when so much is heard of the abuse of athletics, to meet with a counterblast from one well qualified to speak *ex cathedra*.

Whatever his sphere, almost every medical man is certain at some time to be called upon to pronounce an opinion upon the advisableness of athletics; whatever his prejudices, he will at least be in a position, after careful perusal of Dr. Michell's paper, to know what to look for as the first signs of relatively excessive athletics, and when he will be justified in peremptorily forbidding further exertions.

The paper we publish is also an interesting introduction to other things, such as "weak-heart," physical neurasthenia,

and the after-effects of strain, wrongly, and therefore unsuccessfully, treated. We look forward with pleasure to publishing at some future date the completion of this subject, which Dr. Michell has very kindly promised us.

WE congratulate Mr. R. M. Vick on his being elected to the Luther Holden Research Scholarship in Surgery.

The following awards have also been announced: Hichens Prize, Mr. W. Cooke; Kirkes Scholarship and Gold Medal, Mr. C. T. Neve; Junior Scholarships in Anatomy and Biology, (1) Mr. G. C. Linder, (2) Mr. F. G. L. Barnes; Foster Prize, Mr. J. E. Pearce; Treasurer's Prize, Mr. G. C. Linder.

WE are requested to announce that the sons of two old St. Bartholomew's men are candidates for Foundation Scholarships at Epsom College, and to ask for support on their behalf.

Their names are: Charles Eskrigge Carruthers, aged 10 (son of the late Dr. Alan Eskrigge Carruthers, M.A., M.B., B.C. Cantab.), and John Field Fraser Oakeshott (son of the late Dr. Wm. Oakeshott), aged 11 years 5 months, whose present application is his only chance owing to age limit.

WE desire to call particular attention to two important athletic fixtures. The annual Sports will take place on Wednesday, June 14th, the annual Past v. Present Cricket and Lawn-Tennis matches on Wednesday, June 21st. Both will, as usual, be held at Winchmore Hill.

MR. F. H. Robbins is the new Junior Secretary of the Students' Union; Mr. T. H. Just, the late Senior Secretary, has been elected a Vice-president.

WE understand that neither Mr. Jessop nor Mr. D'Arcy Power will compete at the forthcoming election to the Council of the Royal College of Surgeons of England, because they do not wish to oppose the two retiring members, Mr. Makins and Mr. Dent, who are both seeking re-election.

Stress and Distress of the Heart.

A Paper read before the Abernethian Society.

By ROBERT MICHELL, M.D., F.R.C.S.



HIS evening I shall try to bring to your notice some aspects of a subject which will be present with you to the end of your working life.

I begin with the features of the heart of the young and healthy man, who is in the habit of taking hard and often violent exercise. And I go on to deal with certain affections which may befall him.

Some of you may know already that the healthy athletic heart has definite characters which distinguish it from the healthy heart of the ordinary man, who has either done no athletics at all, or has given them up for some time past. Its beat is relatively infrequent, both before and after exercise, and the difference in rate caused by exercise is noticeably smaller.

Its first sound differs in pitch, in volume, and in length; it is lower in pitch, greater in volume, and much lengthened. And the length of the interval between the beginning of the first sound and the beginning of the second sound is greater.

To be able to satisfy safely the demands made upon it the heart of a persistent athlete must have all these characteristics, and must also be hypertrophied.

And the longer his athletic life the more marked must be these characteristics. For instance, it is not sufficient for the purpose to have a heart-beat which is merely infrequent or one which has a first sound of great volume, or one which has hypertrophy of the muscle as its only characteristic.

These are the characters which show the existence of good and highly developed nutritive power in the heart, with the existence in consequence of a large margin for safety in the amount of the reserve of strength available to meet higher degrees of the varying demand.

When you come to palpate the chest one other difference will strike your attention—the increase in the length of time during which the impulse is sensible to the hand.

Of all the alterations the heart makes in its own running which is the most striking? I think we should all say the great slowing of speed. That is to say, it has substituted length of contraction for frequency of contraction.

This points to the beginning of the contraction of the cardiac muscle as being the expensive part of this movement. And the heart lessens the work to be done in contracting and in driving the blood by doing away with as many "beginnings" as it can. I say "as many as it can" because the number eliminated is continually increasing while the man remains a hardworking athlete, and while

the cardiac muscle is given intervals of rest to enable it to remain healthy.

This process is one which is self-limited; a heart will not continue in this way year after year and remain healthy. If it be not given rest it begins to fail, and shows this by beginning to quicken.

I would remind you that the problem of the food supply to a cell and the conversion of the food into you and me has not yet been made the subject of dogma.

Carrying these signs in your mind you will examine your patient.

After a time you will find the conviction borne in on your mind that the value to be attached to them cannot be exaggerated, because it is their alteration which gives you early warning of the approaching failure of the heart-muscle to keep up its power of answering to the calls which are being made on its ability to do its work day by day, which, to put it another way, tells you plainly that the cardiac muscle-cell has ceased to be able to feed itself fast enough to make up by night what it uses by day in growth exercise and the performance of the functions of the brain and body.

I now come to the first case I propose to read to you. It illustrates the slow disappearance of the infrequent beat and the substitution for it of a more frequent one.

Quickening of the beat.—First seen in July, 1902. Pulse 63-71; blood-pressure fell from 125-110 after five minutes. Nothing unhealthy about him.

November, 1902: Pulse 74-59; blood-pressure 135-125. Sent to bed at 10 p.m.; told to sleep through. Pulse 64-(66-72), regular for each minute. Warned to rest until the summer. Disregarded this advice, and sculled, besides being tried for the "Varsity "Eight" up to February. Then ran about coaching a college boat.

May 28th: Pulse 69-76, regular.

June: Rowing in his first boat. Pulse 70-79, regular.

Then he rowed at Henley and at up-river regattas (passed as sound by someone else) until the end of August, 1903. Went on a bicycle tour all September. Arrived in Cambridge in October, and at once began to row in a four for the races; then he rowed in the University Boat Club trial eights up to November 25th, when his resting rate on a Monday morning was 68. After exercise it was 113, dropping and grouping, and the apex-beat was 1½ in. to the left of the nipple line, *i. e.* half an inch further out.

(2) November, 1898: Quickening of the beat. First seen in January, 1898. Pulse 66-78.

May, 1898. Pulse 68-80; warned to sleep through.

November, 1898: Pulse 72-64-98, in three successive minutes, regular, rejected. Bad colour.

He was passed on the following morning by another medical man, who at that time disbelieved in the value of the sign I am talking about. On the following day he again rowed.

I do not know his morning rate. In the evening, one and a half hours after he had finished his exercise, the rate was 113, dropping and grouping.

In 1904 I met him, and he told me it took him two years to regain his feeling of being well.

I have dwelt on these changes in the rate of beat because the earliest sign of impending weariness of the muscle is to be seen in their gradual disappearance.

This quickening of the pulse-rate without any other alteration of the condition of the circulatory system is confined to patients who have been doing hard physical exercise for too long a time—patients who have gone on from month to month without resting more than one day in seven, and who have tired their heart muscle in spite of that muscle having hypertrophied to meet the increase in the amount of work it had to do.

It is not met with in the ordinary man who does some one violent and exhausting action and suffers for his sins.

It is a very early sign, and in its *youngest stage a flooding one*; it disappears after one good night's rest to return as the next day goes on, and often remains for weeks at about the same amount with at most a slight increase while the patient is taking moderate exercise, and there is no discomfort attached to it. But if the exercise be increased in amount, especially if the increase take the form of something violent, even though it be merely one of the many efforts which can be made by the ordinary man without ill-effects following, this stage of quickening becomes more marked and passes on to the next, where with great rapidity and irregularity, especially after exercise, of the pulse, there is also a rise of blood-pressure—for example, to 160 mm. Hg., and the patient becomes uncomfortable. He comes to be examined. When you go into the case you find a pulse-rate of, let us say, 74, a blood-pressure of 160 mm. Hg., hypertrophy of the heart. Not much to go on, is it, if you compare him with the accepted normal? Yet he is uncomfortable, or was so. His discomfort takes the form of shortness of breath, which is very slight, paleness and *hubbiness* after exercise. Well, he has got a pulse of 74 and his heart is regular with clear sounds, and the book says the normal rate is 72.

True, there is hypertrophy, but not more than you often see in men who have been taking exercise, and there's a blood-pressure of 160 mm. Hg. Well, what of that? Does not the book say that the limits of variation of blood-pressure for a healthy man are up to 160, and hint at its being even higher at times?

What are you going to say to yourself then? I believe you should say to yourself, this man's pulse should be well below 70, somewhere about 60 in the resting state; his blood-pressure should be not higher than 130 and the first sound booming and low-pitched—he's tired; while to him you say, "nothing more violent than walking at three miles an hour for at least two months; take no stimulant. Take

great care not to overwork your digestive power; particularly take care not to go to bed feeling that you have 'done yourself well.'"

It is during this next stage of the progress towards exhaustion of the heart muscle and its consequences that most of the patients who suffer from any form of enfeeblement of the heart come to their doctor to be examined for the first time. This group is marked, as was the first which I have just described to you, by quickening of the heart but not by quickening alone.

Some fresh features have appeared.

The quickening is *very* marked now.

The apex-beat forces itself on your attention; it is sudden, short, pushing, and *not always in the same place*.

This is its usual character, which only changes when the heart is rested as much as it can be rested, to a gentle short tapping which is so dependent on the present condition of the body for its continuance that one deep breath will often cause a return of the more pushing, almost kicking impulse, which is variable in position, bumping now one side and now the other of the examining fingertip gently resting with its pad on the chest-wall.

And there is a definite further rise of blood-pressure to a point, which can leave no doubt in your mind that it is above the normal for an ordinary man, and when you go into the subject, far away above the normal for the healthy athlete.

It will be 160 mm. Hg., or even 180 mm. Hg.

I wish to draw your earnest attention to this feature.

Perhaps you will allow me to consider it here and now. If one of us here who *has not smoked to-day*, or taken any stimulant this evening, were to lie down flat, what do you think would be the behaviour of the blood-pressure?

It would rise, and rise a good deal—10–15 mm. Hg. (unless you had freed the chest by raising the head and shoulders), and it would remain raised for some time, say fifteen minutes, when it would begin to fall if our man continued at rest, and it would fall for about twenty minutes. If instead of one of ourselves we took an athlete in rude health, but not necessarily in full training, and asked him to lie down and examined him, we should find that his pressure began to fall sooner and faster, and that it fell lower.

If, now, we examine our patient in the same way, do we find that his blood-pressure behaves like that of either of our companions chosen here and now, or our rudely healthy athlete? Not at all; nothing of the sort occurs.

His raised high blood-pressure continues raised and high; position does not affect it in the least. The circulatory mechanism has ceased to be able to accommodate itself to change of position and work. And not only so, but it remains in this "refractory" state for hours, and even two or three days.

The importance of this sign is real; it is not merely

clinical curiosity. It can hardly be over-rated, because it keeps up the quickening of the beat by bringing about more rapid filling of the auricle with blood, causing the cavities to act more as a pump and less as a reservoir, and so to start a series of more frequent beats.

Clinical experience has shown every one of us that shortening of the interval between the beats is emphatically tiring to the heart.

Starling has shown experimentally that this clinical observation is capable of proof, and that the inefficiency of the hearts which show this change of beat from infrequent to frequent is due to the actual amount of blood pumped by the heart being less, and the residual amount of blood being more.

From the purely clinical point of view this infrequent and slow rhythm of hard muscular work assumes increased importance by being retained for some days after the patient falls ill with a high temperature.

For instance, a healthy young athlete, whom you know to be possessed of a pulse-rate of, for example, 58, gets influenza, and his temperature rises to 104° F., while his pulse rises to 80. He looks to you very ill. But suppose you did not know that the heart-rate of the healthy young athlete had this marked slowing as its cardinal feature. What then? Probably you would think that the pulse-rate of 80 meant a good deal less than it really does mean, because you would have argued that it was merely an increase of eight beats a minute on the normal rate of the healthy man, whereas it was really one of twenty-two on the rate of the healthy athlete.

After a few days—three or four—the infrequency of this pulse disappears and the heart beats at the rate usually seen with a high temperature, say 110 or more a minute. Suppose this rise in pace has taken place between one examination of the patient and the next, what will you think of the condition of the patient? I can tell you: you will think he is worse than he was and worse than he actually is. I have seen much alarm caused by the failure to realise that this rise in rate occurs under such circumstances as I relate.

As the temperature falls this rate of pulse falls too, but not to its previously existing infrequency. The progression of beats is now at a rate closer to that of the ordinary healthy man; the impression on the circulatory mechanism made by the hard exercise has been lost.

I retrace my steps a little way in order to say that I would not have you think that the behaviour of the blood pressure I have referred to shows that any one *particular* way has been used to bring about this irresponsive condition of the circulatory system. It is not, for instance, hard exercise too long carried on which is the *only* cause of the trouble; it may, for example, be acute indigestion.

A case in point is a man who came to see me on August 9th, 1908. His age was 19½ years, his height 6 ft., his weight 10 st. 3 lb.

History.—Well until August 6th, when he felt tired.

August 7th, short of breath. August 8th, tightness across the chest; feeling in the left side of the chest. Slight head-ache after movement. All present to a slight degree.

Examination.—Præcordial waviness marked. Dulness 2½ in. along the left fourth rib. Apex in fifth space, 3 in. from the left edge of the sternum. Note changes 3¼ in. from the left edge of the sternum. Systolic murmur audible at the apex, over the præcordium and at angle of scapula. Pulse 90. Blood-pressure 165. No change after thirty minutes lying down. Stomach distended 2 in. to the right of the mid-line, half-way between the costal arch and the umbilicus; fifth rib in parasternal line; fourth rib in the mid-axillary line.

The whole of the symptoms and signs of anything being wrong disappeared after purgation, pepsin, and regular walking exercise for two days.

Or it may show that the work of what would be an ordinary day for the ordinary man is, for the man under examination, a day of hard work relatively to the strength of his circulatory mechanism; and that after the day's work, or after any slight increase in work, his vessels behave as do those of the healthy man after hard exercise—that is, they dilate and thus let down the intra-ventricular pressure.

The decrease in the intra-ventricular pressure acts by causing a decrease in the stimulus due to tension of the cardiac muscle-fibre; therefore following on this decrease the heart contracts less often and more gently.

I give you another case in point.

Case of low blood-pressure due to "weak heart." I saw him first in June, 1908.

Been feeling faint. Acute epigastric pain while in bed in the early morning. Got up later on.

Felt faint again when he went into the bath-room.

Sounds.—First weak, second short and sharp. Raised in pitch. Lost suddenly to the right of sternum.

Impulse, fifth space, 3¼ in. from left edge of the sternum.

Pulse 68 sitting, 59 standing. Blood-pressure 120, falling to 100 on lying down five minutes.

He disbelieved in the weakness of his heart and put everything down to indigestion, of which there was no other sign, for which he took some gentle continued exercise for a month which made him much better. Then he resumed his sedentary life. Four months later he felt faint on arising in the morning, and scarcely reached his dressing-room because of feeling progressively worse. Returned to bed.

Pulse 68 sitting, 58 standing. Blood-pressure 120–100–90–85 in four successive minutes.

There was no irregularity in pace of the pulse, but there was a slight irregularity of force of beat. Again he took exercise, but the old Adam was too strong for him and he relapsed to a sedentary life after two months. Eight months later he had another and similar attack as the result of great excitement.

The diagnosis of weak heart was confirmed by two eminent consultants, one in Edinburgh the other in London.

In a second case, whose notes I will spare you, the symptoms were much the same, but there was one sign which was obvious, viz. the great increase in the size of the vessels; for example, the temporal artery stood out as a ridge, the radial could be *seen* as it pulsed, the aorta seemed to shake the abdominal wall and the pressure fell away at once.

Let us go back to our main subject—quickenings with high blood-pressure. If this condition be not discovered or the patient deliberately takes the risk of disregarding its warning he becomes worse, and, indeed, arrives at the stage of exhaustion of the cardiac muscle in which some part of the heart-wall, not, I believe, always the same part, fails, and, like other muscle-fibres—as seen in the laboratory lengthens, contracts less strongly and less regularly, giving rise to an irregular sequence of beats, which may, and most often do, include the whole heart, or may be beats of the ventricles alone.

This yielding most frequently occurs on the right side, and may be sudden and very marked, and include both auricle and ventricle or auricle or ventricle. The signs are quickening of the rate of beat, irregularity of beat in time, rise, amounting in many cases to bumping, of the area of chest-wall lying over the heart, and great rise of blood-pressure. The shortness of breath which is present is enough to prevent the patient from moving strenuously or quickly, but I have not seen it prevent him from wishing to move at all. There is pain along the sternal end of the left third and fourth spaces, variable in amount. The displacement is outwards to the left of the nipple line, and along the third rib, and also slightly upwards when the right ventricle is involved, more rarely to the right of the sternum. The apex-beat continues to be that of the left ventricle.

With further yielding of the right ventricle an inconstant condition ensues, as is shown by the tracing of the "apex-beat" varying from day to day during the earlier days, being now a systolic depression, now a systolic rise.

The occurrence of a murmur having all the characters of a tricuspid murmur adds nothing to the seriousness of the case. It will pass away with the distension which allows of the regurgitation of the blood which causes it.

Again, I must mention that I am talking of young men in an early stage of illness due to exhaustion and not to disease.

At times patients come who appear not to have not gone through such a deliberate course of failure as here described. Their condition is worse, but not in the way I expected to see.

I thought that the right side would, so to speak, blow up like a penny balloon and bring the man to a standstill. Such cases have been described. But it didn't. The effect of exhaustion was next seen on the left side. The apex

moved outwards, and the impulse became diffuse, the lower part of the diffusion area being *below* the usual level of the "apex-beat"; the pulse was *much* weaker and less frequent, the heart *less* riotous; the pressure was lower although still raised above the normal for a healthy young man, and the patient came to a standstill from sheer unwillingness to move himself. As one of them said, "I don't feel ill, you know, but I can't get going."

There is generally no pain, but an indefinite, uncomfortable, very tender area about the "apex"; sometimes there is nothing at all unusual, but oftentimes there is a sensation which is, I think, of great diagnostic value, described by the patient thus—"I feel as if I had something in the left side of my chest which there isn't in the right."

At times there occurs another valuable sign, viz. a zone of crepitations at the upper and outer limits of cardiac dulness, indicating not only pressure of the lung, but irritation as well.

The cases I have seen have been those in which the left ventricle was involved—not necessarily alone at the beginning—and the explanation I have given myself was that dilatation of the left side is of longer duration than dilatation of the right side, which may very much decrease in twenty-four hours and disappear in two days, and is present long enough to give rise to "pressure effects" in the lung, such as increased secretion.

The position assumed by a dilated left ventricle will conduce to this result, seeing that it, as it were, dives into the lung in a backward and outward direction, as you can frequently see for yourselves. At other times there occur at the bases of the lungs areas of crepitations which can only be removed by deep inspirations repeated two or three times.

These areas are not due to the patient persistently lying on his back, as anyone may observe for himself. They show marked disturbance of the blood-flow.

For a passing condition which is at its height but a few days, it seems to me to be worthy of notice how profound must be the disturbance of the blood-stream before the blood-supply of the lung would be affected enough to cause the appearance of a zone at the base where crepitations can be heard on inspiration.

PAIN.

There is one symptom which I will ask you to allow me to deal with by itself because it is of variable character and of very great importance.

I warn you that I am reporting to you only my personal experience.

This symptom is pain.

And first as to its situation. It appears to occur anywhere, alongside the sternum, at the apex, all over the cardiac area. In character it is definite or indefinite, constant or inconstant, and of different degrees of intensity.

As far as I have observed pain which is definite and in a

certain place which can be indicated by the young patient means dilatation of something or other, and, I think, *sudden* dilatation. For instance, it occurs alongside the sternum when the right ventricle has yielded as the result of one prolonged effort; it occurs at the apex accompanied by excessive tenderness when a man who has been slowly tiring himself for some time does himself up and is found to have undoubted dilatation of his left ventricle; yet you will detect dilatation of the left ventricle in which there has never been any pain at all, and you will find there has been no sudden failure but a slow onset.

These varieties of pain are acute and can be localised. The pain which is felt over the cardiac area is not acute, but on the other hand, frequently amounts to a feeling of something unusual, and just enough to make you conscious of the fact that you have a heart in your chest. It seems to me not to be associated with dilatation, but to be associated with the fatigued condition of the heart in which the weariness of the muscle has gone far enough to lead to the disappearance of the tone of the muscle, as is shown by the cessation of the daily excursion of the "apex-beat," which in these cases remains at its further point.

It disappears on rest, but reappears at once if your patient sits up in under forty-eight hours, and it has for a variable time an unpleasant habit of returning whenever "I do the simplest thing," the simplest thing in this case being the feat of getting on a low chair and hanging a small picture five days after beginning to rest.

The other characters go together; a constant pain has a strong tendency to be definite in place, but a definite pain is less often constant, it may be, e.g., an acute stab. Indefiniteness and inconstancy attend one another more closely; although the patient may think that he can localise the pain you will find, when you ask him to use a finger instead of his hand, he cannot.

I have left to the last, consideration of pain along the left side of the sternum which does not mean dilatation of the right ventricle.

It only occurs on exercise; it increases while exercise is continued, and it has always caused the man to give up exercise in the cases I have seen, although some half-dozen of us have assured the sufferer that nothing unusual could be found. It is part of the complete progress of a certain kind of case which you will be certain to see.

The patient I go on to describe started in life as a cricketer, player of football, racquets, and anything else that came his way, and appeared to be firmly under the impression that his continued existence, much more his health, depended on his sweating a certain number of pints a day. He led this life all his school-days, and finally came up to the University.

Here he led a similar life, until one fine day he looked so ill that he was sent to me. I found nothing. I was wrong; I ought to have.

Three days later I met his captain, who said, "If there's nothing up with So-and-so, why does he go green?" I said, "Send him along after playing this afternoon." He came. He now had a whispering, constant short murmur up the left side of the sternum rather like a low-pitched whistle.

For a moment I stop to tell you that the character of this murmur is of great diagnostic importance, because murmurs occur in this situation and in others with nervous men whose healthy hearts are hammering.

This was all I could hear or find, and I did not think much about it, or of it; but retribution came quickly. The very next day he suddenly stopped playing, and sat down for a time, and then walked gently home wheeling his bicycle.


He sent for me, and told me that he had had a pain continuing ten to fifteen minutes, definite, and having the characters described above; and he said, "It went into my neck and shoulder here," putting his spread-out fingers over the affected area.

Again I failed to find anything in the way of heart alteration, and came to a conclusion based on the distribution of the phrenic nerve. I thought he must have over-distended his aorta.

Since then I have been shown reason to believe in the truth of this diagnosis, although at the time I feared it was "sporting."

My reason for writing this at length is the failure of five men, of whom three did not live in Cambridge, to find out anything. I think we failed because we did not attach due significance to the murmur.

The Bart's Eight.

 HAVE no idea how I got there, but I found myself wandering along the tow path at Cambridge; with the habit engendered by custom I crossed in the "grind" and landed near the Goldie boat-house. Although I knew quite well that only Blues can dress there, I walked inside and crept, with unpardonable impertinence, up the stairs to the room above. As I advanced stealthily I caught the scraps of an animated conversation, and I immediately gathered that "the Belgian style," "the Jesus style," and "the sculling style" were all being weighed in the balance and found wanting. Finally, as I reached the top of the stairs, I heard the clenching of an argument, uttered in a well-known voice, "Well, of course, if you estimate the extent of a man's work by the size of his puddle you're—" and the aposiopesis was as eloquent as aposiopeses usually are.

One glance at the company and I saw with a thrill that I

had thus stolen unbidden into a rowing conclave. I held my breath, my heart stopped beating, for might not death be the penalty for intrusion here?—death or else tubbing upon fixed seats, for I had not been even a boat captain!

But for a man of my size to hide in the midst of such giants is easy; and concealing myself behind a couple of rudders I determined to stay, come what might.

A rap on the table, and a young Hercules, whom I recognised from his portrait upon postcards, rose and stated that he had called an extraordinary meeting of the C.U.B.C. at the request of the Editor of the ST. BARTHOLOMEW'S HOSPITAL JOURNAL. He did not know the gentleman, but had no doubt it was all right. He had been informed that the Hospital, justly proud in the possession of eight *alumni* who had rowed for Cambridge against Oxford, was desirous of forming them into a crew to challenge the world. He had discovered after a great deal of unnecessary trouble, which he really must resent, that the eight Blues were as follows: Messrs. R. B. Etherington-Smith, H. D. Gillies, E. P. Wedd, J. S. Burn, M. Donaldson, J. E. Payne, H. G. Baynes, and C. H. S. Taylor. As President of the C.U.B.C. it was his duty to form a crew; but as there were only eight men from whom to select he was spared the usual labour of weeding any out. He understood that the eight would row under the extraordinarily unepithetic title of the Barsclopbridge B.C., and all that now remained was to choose a captain.

Mr. E. P. Wedd at once rose and reminded the President that when he rowed against Oxford in 1905 he was the only Cambridge man who weighed thirteen stone. He begged, therefore, to propose himself as captain. If any further reasons were required, he must point out that, considering the remarkable association of Caius with medicine, the captain ought to be a Caius man. In this particular instance no fewer than three men of the eight (or, in round numbers, 37½ per cent.) were Caius men. As a final reason, he was the only man present who possessed a respectable monstache.

Mr. M. Donaldson hurriedly succeeded the last speaker. As winner of the Colquhoun sculls in 1904 he considered that he certainly ought to be captain. Furthermore, he had won two races from Putney to Mortlake in one year, viz. 1906, against Oxford and against Harvard. But he desired to stipulate that if he was elected as captain the eight must train on modern scientific lines. For example, the importance of half-hourly estimations of the blood-pressure—

(Enormous uproar; as it subsided Mr. C. H. S. Taylor entered the room.)

Mr. Taylor, on being greeted with an unanimous cry of "You're late," indignantly put it to the meeting that, as a stroke, it was impossible for him ever to be late. He took the opportunity, now that he was on his feet, of proposing himself, the only gentleman present who had ever stroked a Varsity crew, as captain.

Mr. H. G. Baynes said that there were excellent reasons why he should be captain. To begin with, since they would be a crew which meant to challenge the world they would certainly have to meet Americans, and during the race against Harvard he had had excellent opportunities of observing the Americans' methods, knowledge of which would be invaluable to him in his capacity as captain. As personal evidence of his suitability, he was the only man present who weighed fourteen stone (derisive denials, during which Mr. Baynes explained that he ought to have said, "had rowed at fourteen stone"). He might incidentally plead that to have got a First in the Natural Sciences Tripos ought not to count against him.

Mr. H. D. Gillies stated that he was quite as much at home on any green in England as in any position in a boat. This he considered to be a fundamental requirement for captaincy. When he beat Oxford in 1904 he won by seven holes—no, he meant that he rowed at ten stone five, and was the second lightest "seven" in the history of the race. Furthermore, he was one of the three (or, to accept Mr. Wedd's figures, a third of the 37½ per cent.) present who were Fellows of the Royal College of Surgeons of England, and—(Mr. Gillies subsided amid thundering roars of "shop," muttering something about the unfairness of putting a fellow off his stroke).

Mr. J. S. Burn, who had from time to time been displaying signs of uneasiness, at this point made a bolt for the door. Returning, he apologised, saying that a con-founded bell kept ringing somewhere, and it had just made the signal for house-surgeon on duty. He continued that he thought the arguments of his predecessors all absolutely rotten. Not one of them (the predecessors, not their arguments) was fit to sit in a pair, and a captain ought to be good at any sort of rowing, except, perhaps, sculling; as he was a present holder of the Goblets why need they look further for a captain? One of the gentlemen who had spoken appeared to have been an excellent spectator as well as an oarsman; if he had wanted to boast he could have said something about the view he had had of the Oxford crews in 1907 and 1908. He knew a great deal more about foreign crews than anybody else, as when he rowed in the Cambridge eight at the Olympic regatta—

(Mr. Burn rushed to the door as a bell sounded, and his interesting reminiscences cannot be recorded.)

Mr. J. E. Payne admitted frankly that although he volunteered as captain he could not claim any of the qualifications which his colleagues possessed. In reply to an interruption, he did *not* see why a Peterhouse man should *ipso facto* be captain. To return, he regretted he had not been able to make useful observations upon the style and habits of his adversaries, for when he won the Grand in 1900 and 1901 he had to hang on by his eyelashes, and although he had won against Oxford in '99 and 1900, on the first occasion they were all so overjoyed at being in a

winning Cambridge crew after nine successive Oxford victories that they could not see at all; and in 1900 they could not see Oxford as nobody in the boat had had the foresight to provide himself with field-glasses.

The President then said that he had listened very carefully to the eloquence of the seven who had addressed the meeting: he was unable to decide between them, but as the eighth man (Mr. Etherington-Smith) had not spoken he nominated the last-named as captain. But he did so with great reluctance. He considered Mr. Etherington-Smith to be a most unsuitable man, for even if he was not entirely unknown in the rowing world what were his qualifications? Passing over a multitude of races he came to sculling. Mr. Etherington-Smith had won the Colquhouns in '97 and the London Cup in 1902. Had he won the Diamonds or Wingfields? No! Next, he had never won the Silver Goblets: did he presume to think that victories in the Magdalene Pairs in '98 and '99 and in the Lowc Double Sculls in the same years compensated for this deficiency? It was true, also, that one could get tired out when trying to count the sheaf of oars which decorated Mr. Etherington-Smith's rooms, but he thought a too-confiding public ought to be informed that two of these corresponded merely to victory in the Stewards in 1905 and 1906, two also to victories in the Cambridge University Fours in '98 and '99, and two (two, mind you!) just for having been in the head boat in '98 and '99.

He understood that Mr. Etherington-Smith was stroke in the Leander boat which beat the Pennsylvanians in 1901; as he appeared also among the Leander Grand winners in 1903 and 1905, pray, what was he doing in 1902 and 1904?

Some people might be partial towards Ethel (ahem! Mr. Etherington-Smith) because he won against Oxford in '99 and 1900, being President on the former occasion. He certainly did not feel thus, for he regarded it as a very serious indictment that he should have been so apathetic as to allow Oxford eight consecutive victories before coming up. He was also reminded that Mr. Etherington-Smith was an Olympic oarsman; but, after all, it was common knowledge that he was selected for the United Kingdom eight which won, simply because the other fellows refused to consider an eight without him to be representative of the United Kingdom. This was a flagrant instance of favouritism which could not be too strongly condemned.

However, he nominated and appointed Mr. Etherington-Smith as captain, but he wished it to be understood that this was merely as a *pis aller*.

Mr. Etherington-Smith then announced that the eight would seat themselves as follows: (Bow) H. D. Gillies; (2) J. S. Burn; (3) E. P. Wedd; (4) H. G. Baynes; (5) M. Donaldson; (6) J. E. Payne; (7) R. B. Etherington-Smith; (stroke) C. H. S. Taylor.

The names of several "Trials" and college oarsmen were then submitted for the honour of spare man—one Oxford "trials" cap creeping in among the Light Blues. Mr.

Etherington-Smith selected Mr. H. U. Gould, winner of the Colquhouns in '96 and member of the Leander Grand crew of 1900; the coxswain's seat was temporarily to be left unoccupied.

* * *

I followed the eight downstairs for they were to weigh themselves before going into training: I cannot publish the weights as the official machine collapsed very quickly.

Clinical Gleanings.

No. XVII.

By SAMUEL WEST, M.D.

THE SIGNIFICANCE OF ALBUMINURIA.



LBUMINURIA is a symptom, and not a disease.

Its significance depends upon the disease of which it is a symptom.

In treatment it is the disease or cause which is to be treated, and not the albuminuria.

Even if the albumen could be made by treatment to disappear from the urine while the cause that produced it persisted, the patient would not necessarily be better. But this can rarely be done, and the albuminuria continues till the disease upon which it depends is treated, and then it may diminish or disappear.

To attempt by diet to starve, as it were, the albumen out would starve the patient too, who might easily suffer more from the want of food than from the loss of his albumen.

The actual amount of albumen lost in the twenty-four hours is at the highest not more than an ounce or two, and usually it is not many grains. The body is not likely to feel such a loss much, and if the health suffers it is not the mere loss of albumen which explains it.

THE SHAPE OF THE THORAX DUE TO MUSCULAR ACTION.

The rounded shape of the normal chest is due to muscular action. It is the position of equilibrium between the pull of the opponent muscles, those which expand and those which contract the chest.

This is proved by the peculiar change in shape which occurs in some cases of hemiplegia, for the paralysis may affect the muscles of the thorax, just as it does those of the face and extremities (*cf.* West, *Diseases of the Respiratory Organs*, vol. ii, p. 658). Then, as the patient lies upon the back in bed the affected side becomes curiously flattened.

A similar explanation may apply to the flattening which is

observed after acute pleurisy or pneumonia. This flattening is often referred to adhesions which have formed between the two layers of the pleura. But it is too marked to have developed in this way, and occurs too soon after the attack, and, again, it disappears too quickly after convalescence. Where the pleura is adherent, of course flattening would be produced, but it would last longer and be more difficult to cure. The true explanation would be that the inflammation has spread from the pleura to the intercostal muscles. And just as in the early stage they are inhibited and do not move, so in the later stage they become directly involved, and do not act in the normal way again until some time after the acute inflammation is past.

The flattening of the side which follows ordinary pleurisy or broncho-pneumonia is best seen from the back, when the patient is sitting or standing up, and may be very obvious there when it is not so easy to detect in the recumbent position from the front.

The Chronicles of Christopher.

I. CHRISTOPHER INTRODUCES HIMSELF.

MY name is Christopher Columbus Chesterfield. I will not condescend to explain my lineal descent from the great earl, nor will I encourage the inevitable speculations why those responsible should have burdened me with my other names. I was born of rich but honest parents, and educated at Harrow and Trinity College, Cambridge.

At this hospital I am almost obscure, and this despite the comparative brilliance of my career in fields other than medicine. On the one hand, I am a Master of Arts, a Bachelor of Medicine and of Surgery of the University of Cambridge, a Licentiate of the Royal College of Physicians of London, and a Member of the Royal College of Surgeons of England. On the other hand, I am a Fellow of the Society of Antiquaries of Scotland and a Doctor of Philosophy, *honoris causa*, of the University of Calcutta. I have also acquired other distinctions too numerous to mention; but to exhibit the many-sidedness of my interests I may finally state that I am an Associate of the Society for the Diffusion of Useful Information, and a Life Governor of the Metropolitan Institute for Befriending Young Footmen.

I am encouraged to chronicle some of my experiences in this hospital in the hope, not so much that they will prove of enthralling interest, as that they may serve to stimulate others more capable to write and amuse. Bear in mind that from me you will obtain nothing whatever that is

original, unless you regard eccentricity of conduct as implying originality of thought. In me there is no more music than in a broken drum, or, to continue the parallel, I am as a conductor of an orchestra who, himself incapable of producing one note, can, by inspiring his instrumentalists, interpret the sweet melody of others.

I consider myself to be a veritable Autolycus, a snapper-up of unconsidered trifles—trifles, indeed, which have been dropped and swept away as worthless, but gems in my eyes revealing the mine, whose existence it is left to me to demonstrate. So much for my pretensions, but that you may understand my chronicles in the right spirit a little more personal explanation is desirable. You would condemn me as a snob if you knew me, but you do not; you would condemn me as a pedant knowing me solely through my writings if I were not able to publish my defence before I am accused. I am one of those to whom expressiveness is a charm, amounting almost to a grand passion. I refuse to permit the wealth of our language to be hoarded within the covers of dictionaries, and to rest content with the battered coinage of common-place phraseology eked out by the counterfeit of slang. How I despise the ridiculous paucity of the modern young man's vocabulary! His powers of expression! For the most part, in order to describe he has only one adjective—good, qualified by quite—quite good! It does not matter if the thing he is approving is good, excellent, elegant, refined, brilliant, magnificent, sublime, artistic, superb, or even perfect; it may actually be only passable, moderate, feeble, mediocre or indifferent to him, but invariably it is "quite good."

This is the individual who calls me a pedant, the man to whom a word of more than three syllables is anathema, to whom sesquipedalianism is a greater crime than forgery, whose brain is incapable of that degree of concentration which is required to grasp a sentence of more than ten words, and who finally utilises ridicule to cloak his ignorance.

Candidly, I like long words. Had I time and space I would plagiarise Herbert Spencer to defend long words—get his essay on the subject and read it. But that does not make me a pedant; a pedant uses gratuitously long and unusual words and complicated expressions. The pedant has no sense of proportion; that is the situation in seven words. Do you want an example? Let me render that very familiar apothegm, "The best laid schemes o' mice and men gang aft agley," pedantically.

I have heard it stated that Spencer would have said: "As with the interior rodents so with the highest vertebrates, the most admirably organised procession of causes will frequently be diverted to undesirable results, due to the interference of unpredictable factors."

I do not describe a patient's history of his present condition as his anamnesis, nor, although in this case the meaning

might more probably be guessed, do I talk of edulcorating solutions or advise nursing mothers on the subject of ab lactation.

Fine as the word sounds I do not convict a patient of monobolepsis when all I wish to explain to him is that one of his eyes is a non-starter; and I should not be surprised at the evident signs of incomprehension on the faces of my audience if, in describing my capabilities, I announced myself as a chirologist whom they would fail to recognise as one able to talk the deaf and dumb language, or as a specialist in the correction of balbutients when I meant to pretend merely that I had a cure for stammering. Yet, although I have intentionally exaggerated, I want you to realise how hard it is to draw the line, for whilst nobody would quarrel with my usage of the word "ichthyosis" as a generally accepted scientific comparison (albeit far-fetched in most cases), yet I am perfectly sure that I should call down on my head a torrent of abuse and ridicule if I were to inform you that a patient was suffering from the results of ichthyophagy. So there is no law in the matter of length of words except your own law, and I must leave it at that. As for you who loudly proclaim your requirement as "plain English," I want to know what you understand by that term. Will you describe your "plain English" as one in want of "plain food" would describe the viands on Whitechapel barrows and stalls? Plain English, indeed!

Finally the employment, not the abuse, of exotic phrases is, in my eyes, praiseworthy, although to use an appropriate classical quotation in these days is almost as much wasted as a firework display would be to a blind beggar.

So after all, *vox multa et nihil preterea*, I have probably wasted your time and mine in all my endeavours to bring you to a sense of proportion.

At any rate, we are sufficiently well introduced, and there is left only one final word of explanation. To obviate even momentary misunderstanding, I hasten to say that I have the greatest admiration for all those in authority in this hospital, and that if I aspire to limn them in their quiddities it is out of affection and not from malice or impertinence.

Modern Diagnosis in the Land of Iricenna.

IT is often difficult, even for the most elect, to put a diagnosis on paper in a succinct and accurate manner. This is especially so when confronted with one of those vague cases, of the nature of whose trouble it is possible to form a correct mental impression, but which it is hard to set down in black and white. From what I read, however, of the magnificence of the new surgery, I have no doubt that every diagnosis made there is not only accurate, but clearly and shortly written down!

I am nevertheless sure that the "Duty" books of its venerable predecessor (now, I am told, a boxing saloon) would bear evidence to what I have tried to express above. If this was so with us who worked there, and who presumably had some facility in our mother as well as the dead tongues, what must it be with the Asiatic, who ventures to write down a diagnosis on paper in a language that is not his own, and with but a smattering of pathology, and no knowledge of Latin or Greek, or of their most modern combinations. Such is the position of the medical student and native "Lakins" in Persia to-day. I have collected a number of diagnoses written by some who have learned English, and set a few down here. Some are amusing by reason of their spelling; others are merely laconic; others call up vivid pictures of the condition of the patient, and show that the difficulties of diagnosing certain conditions are the same in the East as in the West, whatever Kipling may say! The list shows, too, the variety of medical work at Teheran, includes the most important diseases met with, suggests the severity of our winter climate, and hints broadly at the state of our internal politics.

Broken with the two ribs.
Cyst on his lid.
Bloody diarrhoea.
Bitten by a bear.
Tuberculous on his patella.
Melanopolic. Treated him eternally. Jew converted into a Christian.
Frost of the feet.
Hæmorrhoid from the uterus, *i. e.* peritonitis.
Puss in the eye.
Cancer on the upper lip but it proved to be gumma.
Small intestine came out by shots.
Got a hemorrhage on the brain and nose by going under a carriage.
Tuberculis near his abdomen.
Had glands.
Scare in his eyes.
His right eye was spoiled.
Pneumonia of lung.
Colon came out by shots.
Bleb on both feet.
Let us laugh by all means, but who will throw the first stone? Let us rather look into our own methods, and call to mind the rules for successful and accurate diagnosis.

A. R. N.

Obituary.

HENRY EUGENE TRACEY.

THOSE who were students at the Hospital in the eighties will remember Henry Eugene Tracey, and will regret his early death at the age of forty-four on Good Friday, April 14th. His fine presence, his engaging manners, his kindly sympathy, and his love of sport all told to make him a personality among his fellows and endeared him to many.

Graduating at the University of London, he settled in Willand, near Cullompton, in Devonshire, having married during his student days.

Here for eighteen years he had a practice, which, although not large, was widely spread, and he became a very sincere friend to many of his patients. He was an ardent Conservative, and in many of the stormy times of election periods he was in the thick of the fray, and once or twice narrowly escaped personal injury in the cause. A fine tennis player, he was in request at most of the county matches, and had some well-known courts on his own domain. He was sincerely religious, and yet full of the strength which should be associated with belief. Although a strong temperance advocate, he intensely disliked anything which savoured of unfairness in temperance legislation. For many years he had shown symptoms of renal calculus, and apparently in both renal organs. An impacted calculus in the right ureter necessitated operative interference, but he succumbed nine days after its removal. A good man, a firm friend, and a reliable practitioner, his loss will be felt by many, and not the least by those who knew him when he was at St. Bartholomew's.

Reviews.

GYNÆCOLOGICAL THERAPEUTICS. By I. JERVOIS AARONS. (London: Baillière, Tindall & Cox.) Price 5s.

The majority of gynecological text-books are written by men practising in hospitals, and incline to emphasise the operative rather than the therapeutical side of treatment. In private practice many of the measures advisable and legitimate in a large institution are quite impracticable, and a palliative and conservative line of treatment must be adopted. All who have to treat gynecological complaints will find much of interest and value in this book, the result of the author's practical experience, but it will be of especial assistance to general practitioners, to whose notice we strongly recommend it.

ESSENTIALS OF HISTOLOGY. By E. A. SCHÄFER. 8th edition. (London: Longmans Green & Co.) Price 10s. 6d. net.

Schäfer's *Essentials of Histology* is so widely known and so extensively read that no detailed criticism is required in welcoming the enlarged eighth edition. It is no common experience in the schools to hear a particularly clear and typical section described as

being "just like Schäfer," a remark more than ever justified in the present edition owing to the inclusion of a number of excellent coloured photo-micrographs. The author and publishers have combined to maintain the high standard which has made this work the recognised histological authority of the medical student.

SHIP-SURGEON'S HANDBOOK. (London: Baillière, Tindall & Cox.) Price 5s.

The literature dealing with the duties and special requirements of the medical man at sea is exceedingly scanty. To those who require such information we can warmly recommend the above volume, written from a very practical point of view and combining two great virtues—lucidity and compactness.

The author's experience of the various treatments of sea-sickness—drug, postural, etc.—cannot fail to interest all who go down to the sea in ships, whether they occupy the position of sufferers or are among those who strive to alleviate the pangs.

THE MEDICAL ANNUAL, 1911. (Bristol: John Wright & Sons, Ltd.) Price 8s. 6d. net.

No better recommendation is possible for this well-known annual (it is now in its twenty-ninth year) than to endorse the publishers' claim that to read the *Medical Annual* is to read practically the medical journals of the world, and to pass without even momentary criticism the statement that this volume is indispensable to any medical man who wishes to be up-to-date.

To practitioners removed from their medical school the value of such a work is self-evident; whilst even the senior student with every opportunity to remain *au fait* with current literature cannot fail to appreciate the advantages of a dictionary, which presents in a convenient and attractive form the collected articles upon new treatment and methods of diagnosis which have appeared in the preceding year, not to mention the inclusion of foreign literature, which in the majority of cases is either inaccessible or incomprehensible to him.

The claim that the *Annual* gives the latest information is easily investigated. We have found diversion in testing the *Annual* by half a dozen references selected at random upon subjects in which we had taken particular interest during the past year, and with the literature of which we possessed fairly extensive acquaintance. In all cases we arrived at an unqualified opinion that the details included were as exhaustive as a book of this size could permit. A final section deals with a mass of miscellaneous information of a kind which is often needed. The type, illustrations, arrangement and indexing alike leave nothing to be desired. In a word, we heartily recommend the *Medical Annual*.

General Meeting of the Students' Union.

The General Meeting of the Students' Union was held on Friday, March 12th, in the Abernethian Room, the President, Mr. Waring, in the Chair.

The Secretaries' Annual Report was read by Mr. Mawer and adopted.

The Treasurers' Report was read by Mr. Etherington-Smith and adopted.

It was proposed by Mr. Mawer and seconded by Mr. Wedd that Mr. Waring should again be elected by the Students' Union as their President. This was carried with acclamation. A vote of thanks was then given to Mr. Waring for all the excellent work that he had done for the Union during the past year.

Mr. Waring then accepted the Presidency, and suitably replied. It was proposed, seconded, and carried unanimously that Mr. G. E. Gask and Mr. Etherington-Smith should be the Treasurers for the forthcoming year if they would be so good to take on their onerous duties again. Mr. Etherington-Smith replied.

It was proposed, seconded, and carried that Rule 10 should read—"The President, Treasurers, Secretaries, and three other members," instead of "The President, Treasurers, one of the Secretaries, and four other members."

The meeting was then adjourned.

The Clubs.

THE WINTER CLUBS.

The winter season has been, from the sports point of view, a series of hopes and disappointments. Never were our prospects for winning the Rugby Championship brighter than this past season, yet at the last moment ill-luck dogged our footsteps, and that Inter-Hospital Cup proved as elusive as ever. The Hockey Club has turned out a good team; yet, after a brilliant season, we were robbed of the Hospitals' Championship when we ought to have won comfortably. We must, however, heartily congratulate the Soccer Club on its victories. They have won two competitions, and the prospect of a third is in view. The Boxing Club has also proved itself to be a worthy constituent of the Union by the keenness it has shown throughout the winter.

The *Rugby Club* has had a really good XV. Out of eighteen matches played 13 were won, 3 lost, and 2 drawn. Our chief victories were over the O.M.T.s. and Stratford-on-Avon. In the Inter-Hospital Competition we defeated Charing Cross and King's, but lost to Guy's by 6 points to nil after a hard game, in which five of our first team were absent. An attractive list of matches has been drawn up for next season. The list includes Cambridge University, Rugby, and Coventry, which are new fixtures.

The *Soccer Club* has had a most successful season. It has won the United Hospitals' Championship and the London University A.F. Cup. We are also in the final for the Middlesex Senior A.F.A. Cup, which is to be played on Saturday, April 29th, at Ealing. We have had a good pair of backs in Stretton and Norman, the former being a tower of strength in himself. Dyas at half, Barrow, Waugh, Jameson, and Wippell (forwards) have played consistently well throughout the season. Dale has given us one or two spasmodic efforts of brilliancy.

By only losing three matches out of twenty-three games, we must congratulate the Hockey Club on retrieving the position which it has held for the past few years. We had a really good team, but our losing the final to Guy's in the Inter-Hospital Competition by the odd goal in three was a great disappointment. Had we only put a little more bustle in our play on that occasion we should have reversed the result. Our backs, Steedman and Atkin, gave great strength to the defence, while Weller, Brash, and Acland, also freshmen, proved useful acquisitions.

Mention should be made of the Boxing Club, which this season has been run by the individual subscriptions of its members. In the previous season, 1909-10, the grant given to this club was wasted from lack of support, but owing to the efforts of its Secretary, R. E. Waddington, this condition has been changed, and the keenness of its present

members recognised, so that it will be helped again financially by the Students' Union next season.

PROSPECTS OF THE SUMMER CLUBS.

The outlook of the Cricket Club is promising. Most of last year's team will be available. We welcome R. O. Bridgman after his absence last season, and hope he will do many great feats with the ball this year. An attractive fixture list has been arranged, including a cricket week. The wicket at Winchmore Hill has been entirely re-turfed. The captain is A. J. Waugh, and the secretaries E. M. Grace and R. O. Bridgman.

We hope to have a good shooting eight. With practice we ought to win the Armitage and Inter-hospital cups. E. L. Dobson is the Secretary.

The Secretaries of the other Clubs are:

Tennis Club	...	...	C. Dyas.
Athletic Club	...	...	T. Just.
Swimming Club	...	...	J. V. Fiddian.
Rowing Club	...	...	H. G. Baynes.

All freshmen who are interested in any of the above clubs are requested to give their names to the club secretaries as soon as possible. P. U. M.

CLUB NOTICES.

We were reluctantly compelled to abridge the notice of "The Clubs" in our last issue through pressure of space. In view of the great interest which attaches to the victory of the Association team in the Inter-Hospital Cup Final—the first time for fifteen years—we publish below a full account of the match, and, in addition, reports which were last month entirely omitted.

HOCKEY CLUB.

INTER-HOSPITAL COMPETITION.

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

Played at Richmond on February 16th. Thomas's won the toss and started playing downhill. Soon after the start Bart's began to press, but for some time were unable to score. The first goal was scored by Stathers, and almost immediately afterwards Brash scored again. Thomas's were very seldom dangerous in the first half and only twice got near our goal. At half-time the score was 4-0, Robinson and Sylvester both having added a goal. Immediately after changing ends Thomas's began to press and soon scored. Sylvester scored again for us and then Thomas's added two more goals by rushes. The game thus ended 5-3 in our favour. The whole team played well but were inclined to slack in the second half. Unfortunately we were without Hepper, who is unable to play again this season; Ackland was a good substitute at centre half.

Team: A. Langton (goal); M. T. Steedman, C. S. Atkin (backs); C. Weller, G. Ackland, J. Nicholson (halves); R. T. Vivian, J. Brash, H. E. Robinson, C. Sylvester, and G. N. Stathers (forwards).

ASSOCIATION FOOTBALL CLUB.

INTER-HOSPITAL COMPETITION.

Final.

ST. BART'S v. LONDON.

For the first time since 1896 we won the Inter-Hospital Cup on Wednesday, March 22nd. The game was played at Chiswick v. the London Hospital, and a record score for the final was set up by our beating them 6 to love. It was an ideal day, and there were a fair number of spectators. London were playing short of Paget-Tomlinson and Herman, but even their presence could not have

altered the final result as Bart.'s played excellent football, and were much superior to their rivals. Rarely have we seen the team put so much keenness into the game at a final cup-tie, for in the past years we can remember that, with some exceptions, the remainder of the team seemed to be possessed with the idea that they were out to lose. It is hoped that after this excellent victory the teams will in future play real "cup-tie" football.

The forwards gave some excellent exhibitions of combination, which were largely responsible for several goals. Dale and Wippell, on the wings, showed excellent pace and determination, and impressed one with the idea how useful an outside forward can be. Barrow, by his usual vigorous play, gave us a useful lead of two goals early in the game, and a great deal of praise is due to him for his example of bustling football.

Waugh played a solid game in the centre, and has a way of pushing himself past his opponents, but is a little slow, and should try and get off the mark a little quicker.

Jameson knows the game to a nicety; he was very clever with his passing, but gave no demonstration of those lovely shots we saw earlier in the season.

The halves and backs had not much against them, but completely broke up any idea of combination by the opposing forwards.

Dyas, as usual with his long stride, was all over the field, and Taylor played well for a little man, and stuck to his outside with great tenacity.

Soutter appeared to tire soon after half-time; he is a skilled half when on his day, but lately has been in rather bad health.

Norman played better than we have seen him do for some time, and put much more dash into his play. He is a very safe kick, but at times a little too strong.

Stretton is a great back; he fed his forwards beautifully with his short kicks. He knows the game thoroughly, and his tackling is as plucky as it is good.

Brock was not much tested in goal, but what he had to do he did with great coolness.

The game started fairly evenly until Barrow put on two goals, the first by a rush, and the second from a long pass by Wippell; after this there was only one team in it. Waugh scored the third, a lovely passing movement by the forwards, and Dyas notched a fourth.

London started off the second half with more determination, but were gradually hemmed in, and Wippell and Dale, by very fine individual efforts, scored the remaining two goals.

LONDON UNIVERSITY CUP.

Semi-Final.

ST. BART'S (HOLDERS) v. EAST LONDON COLLEGE.

This match, played at Leyton on Saturday, February 11th, resulted in a win for us by 2 goals to 1.

The result seems to point to hard play on both sides, but in reality Bart.'s had much the best of the game, especially in the second half, when they seemed to settle down more. We missed Dyas at half, but With was a very able substitute and played a good hard game. East London College had many supporters on the touch-line, chiefly of the fair sex. Play was very even for the first ten minutes of the game, but Bart.'s were ill at ease, and it was some time before they really settled down to the attack. After some even play a penalty was scored against us going to Waugh unfortunately handling from a corner.

From this point East London attacked vigorously, but our defence was equal to the occasion, until Norman was disabled owing to an eye injury. He soon returned, however, our forwards in the meantime having maintained a constant hail of shots over and round our opponents' goal, none of which succeeded in drawing us level. There were several very dangerous moments in our goal mouth from corners and other attacks, but half-time came with no further score, East London being 1 point to the good. From the re-start Bart.'s, with With at centre-half, at once seemed to pull together more, and from a very pretty run down by Wippell, Barrow added our first point with a good shot. This brought the score level. Play was again fairly even, but East London were beaten from that moment, and Jameson gave us the lead by a very clean shot soon after. However, no further score was forthcoming on the part of either side, Bart.'s shooting wide and East London never giving our defence much anxiety. This win put us in the final. Team:

E. A. Brock (goal); N. F. Norman, H. Rimington (backs); N. Soden, P. A. With, J. Soutter (halves); W. C. Dale, R. M. Barrow, A. J. Waugh, E. D. Jameson, and W. P. Wippell (forwards).

Final Tie.

ST. BART'S v. ROYAL COLLEGE OF SCIENCE.

This match, played at Winchmore Hill on Thursday, March 30th, resulted in our winning the above cup for the third year in succession by 3 goals to 1. We were lucky to win by this margin, as the College were a very strong team, and were ably assisted by some two hundred supporters arrayed in "harem" skirts and other instruments of torture. Against this formidable army we had four supporters for the Hospital, to say nothing of a friendly dog. Barrow opened the score for us with one of his splendid individual efforts, which was thoroughly deserved, after some ten minutes evenly-contested play. The College then attacked in earnest, and Brock had to save several times; but the game gradually worked into their half, and we crossed over with a lead of one goal, having had much the best of the first half. Ten minutes from the re-play Jameson scored our second point after a fine run down by the forwards. The College then scored their one and only point from a fierce scrimmage on our goal line. Several times after this they looked like equalising, but Dale gave us a further lead ten minutes before the end with a fine shot, and we won 3 to 1. The game called forth some fine efforts on the part of every one, Stretton, Dyas, and Norman especially. The forwards gave some fine displays of combined efforts, and were well backed up by a strong defence. We should do fairly well against Civil Service in the Middlesex Senior. Team:

E. A. Brock (goal); J. W. Stretton, N. F. Norman (backs); C. R. Taylor, G. E. Dyas, P. A. With (halves); W. C. Dale, R. M. Barrow, A. J. Waugh, E. D. Jameson, A. Ferguson (forwards).

RUGBY FOOTBALL CLUB.

ST. BART'S v. CHARING CROSS.

This was the first round in the Hospital Cup Competition, and was played at Richmond on February 14th.

Evans won the toss, and Rosher kicked off for Charing Cross. Play was fairly even at first, but soon our backs got going. Neal, however, spoilt a promising movement by failing to take his pass. Our forwards were at this stage continually beaten for the ball and the backs had few chances, but at length Richards got Bower away, and after a strong run he was brought down almost on the line. Charing Cross were forced to touch down, and Fiddian marked the drop out. Neal made a splendid shot at goal from half way. A little later the same player kicked a magnificent goal from a mark. Soon after Richards and Bower broke away, and the latter scored after a good run. Neal failed to improve. Bart.'s by this time were having all the game, and Richards dropped a beautiful goal. Our forwards rushed the ball to the Charing Cross line, and Evans scored from a pass by Fiddian. Neal converted, and half-time arrived with the score 15 points to nil in our favour.

For a time the play in the second half was very scrambling. Charing Cross attacked hotly, but Beyer's defence was very sound. Eventually Johnstone scored for Charing Cross from a line-out. Brewster converted. This seemed to rouse our men, and after Williams, Richards, and Pocock had handled, Neal scored a nice try by kicking over the full back's head and securing the touch down. He failed with the place kick. This score was quickly followed by another, this time by Williams, after a run by Richards and Neal. Again Pocock got Neal away, and he scored in the corner. He failed to convert both the last tries. "No-side" was called shortly afterwards, and we were left winners by 3 goals (1 placed, 1 dropped, and 1 from a mark) and 4 tries to a placed goal (24 points to 5 points).

The forwards were very ragged, particularly in the first half. They failed to get the ball in the scrum, and their work in the line-out was far from satisfactory. In the second half they improved greatly, but the heeling was still poor. In the loose they more than held their own, and at times they brought off some excellent rushes. Evans, Adams, and Fiddian were the best. The halves were both good. Robbins did well with limited chances, and Williams improves with every game, and he was quite at his best. Richards and Pocock at centre were also good. Richards made some splendid openings, while Pocock particularly distinguished himself in defence. Bower on the left wing was very sound. He ran well and his defence was good. Neal on the other wing was excellent in attack, but his defence was lamentably poor. He must learn to mark his

man and to tackle him low. Beyers, at full-back, was grand; he never made a mistake. Team:

C. F. Beyers (back); H. J. Dower, E. D. Richards, W. A. Pocock, J. R. Neal (three-quarters); R. H. Williams, F. H. Robbins (halves); A. E. Evans, J. W. Adams, A. Ferguson, J. V. Fiddian, H. M. Gilbertson, T. Mudge, J. H. Marshall, and K. L. Kitching (forwards).

Books added to the Library during April.

Bland-Sutton, J., F.R.C.S. Tumours, Innocent and Malignant: Their Clinical Characters and Appropriate Treatment. With 360 illustrations. Fifth Edition. Medium 8vo. Lond. 1911.

Cunningham, D. J., F.R.S. Text-book of Anatomy. Illustrated with 926 wood engravings from original drawings, 406 of which are printed in colours. Third Edition. Royal 8vo. Lond. 1909. (Additional copy.)

Cunningham, the late D. J., M.D., D.Sc. Cunningham's Manual of Practical Anatomy. Fourth Edition, revised by Arthur Robinson. Vol. I: Upper Limb, Lower Limb, Abdomen, with 237 illustrations, 101 of which are in colour. Vol. II: Thorax, Head and Neck, with 226 illustrations, 81 of which are in colour. Crown 8vo. Edinburgh and Lond. 1910. (Additional copy.)

Gray, Henry, F.R.S. Anatomy: Descriptive and Applied. Seventeenth Edition. Edited by Robert Howden, M.A., M.B., C.M. Notes on Applied Anatomy revised by A. J. Jex Blake, M.A., M.B., M.R.C.P., and W. Fedde Fedden, M.S., F.R.C.S. With 1032 illustrations. Royal 8vo. Lond. 1909. (Additional copy.)

Marsh, Howard, M.A., M.C. (Cantab.), F.R.C.S. Diseases of the Joints and Spine. New and enlarged edition, thoroughly revised by the Author and by C. Gordon Watson, F.R.C.S. With 4 coloured and 8 black and white plates, and upwards of 100 illustrations in the text. Crown 8vo. Lond. 1910.

Porter, Charles, M.D., B.Sc., M.R.C.P. Sanitary Law in Question and Answer; For the Use of Students of Public Health. Crown 8vo. Lond. 1910.

Walker, Norman, M.D., F.R.C.P. An Introduction to Dermatology. Fifth edition, with 43 coloured plates and 79 illustrations in the text. Medium 8vo. Edinburgh and Lond. 1911.

The following were presented by Dr. Bernard Myers:

Caillé, Augustus, M.D. Differential Diagnosis and Treatment of Disease. A Text-book for Practitioners and Advanced Students. With 228 illustrations in the text. Royal 8vo. Lond. 1906.

Myers, Bernard, M.D., C.M., M.R.C.S., L.R.C.P., L.M. The Care of Children from Babyhood to Adolescence, for the Use of Mothers and Nurses, with a Preface by George F. Still, M.A., M.D., F.R.C.P. Second edition, revised and enlarged. Crown 8vo, swd. Lond. 1910.

Goodhart, James Frederic, M.D., LL.D. (Aber.), F.R.C.P. The Diseases of Children. Seventh Edition, with the assistance of George Frederic Still, M.A., M.D., F.R.C.P. Medium 8vo. Lond. 1909.

Coats, Joseph, M.D. A Manual of Pathology. Second edition, revised and mostly re-written, with 364 illustrations. Medium 8vo. Lond. 1899.

Pearmain, T. H., and Moor, C. G., M.A. (Cantab.). Applied Bacteriology: An Introductory Handbook for the use of Students, Medical Officers of Health, Analysts, and Sanitarians. Second Edition. Medium 8vo. Lond. 1898.

Richardson, Benjamin Ward, M.D., M.A., F.R.S. Diseases of Modern Life. Fifth edition. Crown 8vo. Lond. 1878.

British Medical Association.

SEVENTY-NINTH ANNUAL MEETING AT BIRMINGHAM, JULY 23TH TO 28TH, 1911.

OLD St. Bartholomew's men are again prominent as officials in the Sections at the forthcoming Annual Meeting of the British Medical Association.

Mr. H. T. Butlin, who is President of the Association this year, and who has shown such energetic work during the period of his office, will be followed by Prof. Robert Saundby, a graduate of the University of Edinburgh.

In the Section of Anatomy, Mr. J. Ernest S. Fraser, whom we recently congratulated on his recent appointment as Lecturer on Anatomy at St. Mary's Hospital Medical School, is acting as one of the Secretaries.

Dr. H. G. Adamson, our Physician for Diseases of the Skin, is a Vice-President of the Dermatology Section.

Mr. George Heaton is a Vice-President in the Section for Diseases of Children.

In the Section of Electro-Therapeutics and Radiology, Dr. Hugh Walsham will be the President, and Mr. Deane Butcher one of the Vice-Presidents.

Mr. H. W. Armit is a Vice-President in the newer Section of Medical Sociology, while Dr. G. A. Auden is acting as one of the Secretaries of the same Section.

Dr. Harold Pritchard is one of the Secretaries of the Section of Medicine.

In the Section of Obstetrics and Gynaecology, Dr. J. T. Hewitson is holding the office of Secretary.

The Pathological Section has two of its Vice-Presidents St. Bartholomew's men, Dr. J. H. Thursfield and Dr. W. D'Este Enderby.

In the Therapeutical Section, Dr. H. W. Gardner is one of the Vice-Presidents.

There are four Honorary Local Secretaries, upon whom devolves a great mass of work, and, of them, two come from St. Bartholomew's, namely, Mr. Albert Lucas and Dr. A. W. Nuthall. The latter is also acting as the Secretary of the Pathological Museum.

Seventh South African Civil Surgeons' Dinner.

The seventh of these dinners, now held every third year, is fixed for Thursday, June 1st, at the Criterion Restaurant, at 7.45.

Mr. Cheate, C.B., will take the Chair, and Field-Marshal Viscount Kitchener has accepted an invitation to be the principal guest.

We hope a special effort will be made by all those who served as civil surgeons and dressers in the South African War to attend and give a warm welcome to our former Commander-in-Chief.

Notices will be issued by the end of the month to all on the list. Those who do not receive any communication are requested to write and inform the Hon. Secs., Mr. C. Gordon Watson and Mr. F. E. Fremantle, of the fact.

Royal Naval Medical Service.

The following appointments have been announced since March 20th, 1911:

Staff-Surgeon J. Boyan to the "Africa," additional, to date April 25th, 1911.
Surgeon K. D. Bell, who was appointed to the "Niobe" on September 6th, 1910, has been lent for duty under the Canadian Government, and has been granted the local acting rank of Staff-Surgeon.

Appointments.

ALLNUTT, E. B., M.R.C.S., L.R.C.P., Surg. S.S. "Orotava," R.M.S.P.
JACKSON, F. W., M.R.C.S., L.R.C.P., Hon. Surgeon, Denbighshire Infirmary.
PRINGLE, K. D., B.A., M.B., B.C.(Cantab.), M.R.C.S., L.R.C.P., Assistant Resident Medical Officer, British Hospital, Buenos Aires.
STATHERS, G. N., M.R.C.S., L.R.C.P., House-Physician, Royal Free Hospital, Gray's Inn Road, W.C.
STURDY, A. C., M.R.C.S., L.R.C.P., Resident Medical Officer, Royal Free Hospital, Gray's Inn Road, W.C.
TUCKER, S., M.B., B.S.(Lond.), M.R.C.S., L.R.C.P., House-Physician, Tunbridge Wells General Hospital.

New Addresses.

BLACK, P., The Laurels, Thames Ditton, Surrey.
BLOUNT, A. B., Chesterfield, 24, Cromwell Road, Hove.
COATES, H. H., Kintail, Butler Road, Harrow.
GRIMOLBY, J., Brewery House, Burford, Oxon.
HAMILTON, Capt. W. HAYWOOD, I.M.S., 36th Sikhs, Lucknow, U.P., India.
HENDLEY, Col. HAROLD, I.M.S., Principal Medical Officer, S. and J. Brigades, Kasauli, Punjab.
JACKSON, F. W., Grove Place, Denbigh.
PRINGLE, K. D., The British Hospital, Buenos Aires.
SMITH, Maj. F. A., I.M.S., c/o Messrs. Grindlay, Groom & Co., Bombay.
STOCKER, E. G., Carn Brea, S.O. Cornwall.
TUCKER, S., General Hospital, Tunbridge Wells.

Marriage.

GRIFFIN—BIRD.—On April 22nd, at Holy Trinity, Formby, by the Rev. C. Richardson, Vicar of the Parish, Walter B. Griffin, F.R.C.S., youngest son of the late James Griffin, J.P., and of Mrs. Griffin, of Southsea, to Agnes Mary, only daughter of the late Thomas Bird and of Mrs. Bird, of Meols, Cheshire.

Deaths.

RINGER.—On April 14th, Beverley Stewart Ringer, M.D., of Stockbridge, Hants, aged 66.
TRACEY.—On April 14th, in Exeter, Henry Eugene Tracey, M.B. (Lond.), M.R.C.S., of Willand, Devon, aged 44.

DOWN BROS. Ltd., of St. Thomas's Street, London, S.E., have followed up their recent successes at the Brussels and Buenos Aires Exhibitions (Grand Prix Brussels, 1910, and Gran Premio Buenos Aires, 1910) by securing the Gold Medal (highest award) for Surgical Instruments and Aseptic Hospital Furniture at the United Provinces Exhibition at Allahabad, 1910.

We have received from The Peat Products, Limited, a number of their preparations of Sphagnol.
Sphagnol Medical Soap, 15 per cent. strength, we find to yield an excellent lather, and the smell it imparts, although distinctly "medical," is by no means excessive or obtrusive. A Toilet Soap (5 per cent.) is also made, and both of these should be very useful as deodorants after dissecting or the performance of "dirty" operations.
A shaving soap (5 per cent.) and a toilet cream of the same strength are both elegant preparations, and at the same time antiseptic. The therapeutic uses of Sphagnol ointment and suppositories for chronic skin affections and hemorrhoids have been very widely endorsed.

Acknowledgments.

The British Journal of Nursing (10), The Student (5), The Nursing Times (10), L'Echo Médical du Nord (5), Giornale della Reale Società Italiana di Igiene (4), The Journal of Laryngology, Rhinology, and Otolaryngology (3), The London Hospital Gazette (3), The Middlesex Hospital Journal (2), The St. Thomas's Hospital Gazette (8), The St. George's Hospital Gazette (9), The Magazine of the London School of Medicine for Women, The Eagle Magazine, The Hospital (3), The Stethoscope, The St. Mary's Hospital Gazette (3), Guy's Hospital Gazette (4), University College Hospital Magazine, Local Government Journal and Officials' Gazette, U.C.L. Union Magazine, The Medical Review, Paris Médical, The Child (2), The Practitioner, The Gambolier, The Treatment of Ringworm.

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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JUNE, 1911.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

JUNE 1st, 1911.

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

Calendar.

Thurs., June 1.—Exam. for Brackenbury Surgical Schol. begins.
Oxford Easter Term ends.
Fri., " 2.—Dr. Ormerod and Mr. Lockwood on duty.
Clinical Medicine. 12.45 p.m. Dr. Norman Moore.
Sat., " 3.—Sir G. Burrows' Prize
Skinner Prize.
Mon., " 5.—Whit Monday.
Tues., " 6.—Dr. Herringham and Mr. D'Arcy Power on duty.
Wed., " 7.—Clinical Surgery. 12.45 p.m. Mr. Waring.
Thurs., " 8.—Mid-Sessional Address, Abernethian Society,
by Dr. Robert Jones.
Fri., " 9.—Dr. Tooth and Mr. Waring on duty.
Clinical Medicine. 12.45 p.m. Dr. West.
Mon., " 12.—Special Lecture. 12.45 p.m. Dr. Fletcher.
1st, 2nd, and 3rd (Pt. I) Exams. for M.B.(Cantab.)
begin.
Exam. for Matriculation (London) begins.
Tues., " 13.—Exam. for Pt. II of 3rd M.B.(Cantab.) begins.
Dr. Norman Moore and Mr. Bruce Clarke on duty.
Wed., " 14.—Clinical Surgery. 12.45 p.m. Mr. Waring.
Annual Athletic Sports at Winchmore Hill.
Fri., " 16.—Dr. West and Mr. Bowly on duty.
Clinical Medicine. 12.45 p.m. Dr. Ormerod.
Mon., " 19.—Special Lecture. Dr. Lewis Jones.
Tues., " 20.—Dr. Ormerod and Mr. Lockwood on duty.
Wed., " 21.—1st and 2nd Exams. for M.B.(Oxon.) begins.
Clinical Surgery. 12.45 p.m. Mr. Lockwood.
Annual Past v. Present Cricket and Lawn Tennis
Matches at Winchmore Hill.
Thurs., " 22.—Coronation.
Fri., " 23.—Dr. Herringham and Mr. D'Arcy Power on duty.
Sat., " 24.—Cambridge Easter Term ends.
Mon., " 26.—Special Lecture. 12.45 p.m. Dr. Adamson.
Tues., " 27.—Dr. Tooth and Mr. Waring on duty.
Wed., " 28.—Clinical Surgery. 12.45 p.m. Mr. Lockwood.
Thurs., " 29.—2nd Exam. Conjoint Board begins.
Fri., " 30.—Dr. Norman Moore and Mr. Bruce Clarke on duty.
Exam. for Shuter Scholarship begins.
Clinical Medicine. 12.45 p.m. Dr. Herringham.
Tues., July 4.—Final Exam. Conjoint Board (Medicine) begins.
Thurs., " 6.—Final Exam. Conjoint Board (Midwifery) begins.
Fri., " 7.—Final Exam. Conjoint Board (Surgery) begins.

Editorial Notes.



HATEVER happened to the weather on May 10th? View-Day and glorious sunshine! Ridiculous inconsistency! Frankly, we had prepared in advance to indulge cynically in the usual spiteful digs at the Clerk of the Weather and his interference with our annual function, fortified by the recollection of many View Days, but never a fine one. In fact it has always seemed to be a pretty safe indication to avoid all out-door arrangements for the particular day the authorities have selected.

We believe that some change in the personnel of the Meteorological Department took place last year, and this may account for the phenomenon. Is it a precedent invariably to be followed? We think not. Tradition dies hard, and we are pessimistically more disposed to regard 1911 as an *annus mirabilis* to be eulogised in years to come by "the oldest inhabitant" in his best *laudator temporis acti* style.

We were very glad to see so large an attendance at Mr. Gauvain's special demonstration of the application of plaster-jackets on May 1st. Mr. Gauvain had taken a great deal of trouble to make his demonstration complete and useful, and it was only fitting that he should have received so appropriate a sign of appreciation as a large and enthusiastic audience. He must have been glad to realise that, in this hospital at any rate, a prophet is not altogether without honour.

We know from many bitter experiences that to make a plaster-jacket satisfactorily is not "so easy as it looks": but to watch Mr. Gauvain deftly applying and moulding bandages into an artistic creation, as elegant as it was serviceable, enforced the conclusion that *he* must find it, not the irksome toil of our experience, but positively a delightful recreation.

* * *

It is hardly necessary ever to draw special attention to the clinical articles in the JOURNAL, the names of the contributors are usually efficient finger-posts: but Mr. Hepburn's paper in this number has particular features which appeal to us, and to which we refer, in the hope of inducing others to follow his example.

We have often thought that teaching in the Special Departments is always most profitably applied when it aims at emphasising to students (the great majority of whom are general practitioners in embryo) those elementary details which will enable them to distinguish between the conditions which they may themselves legitimately treat, and those for which they ought to seek the advice of a consultant.

If this system could be carried out in all the Special Departments, the "G. P." who hails from Bart.'s, would be what a idealist conceives him to be—a "specialist" in all branches.

Mr. Hepburn's article is a striking endorsement of our meaning. He shows clearly how any man, whilst possessing neither special ability or knowledge, nor access to special instruments, can, by mastering ordinary fundamental principles, acquire an acquaintance with the diseases of the eye amply to suffice for general practice. We sincerely hope that other specialists will follow suit, and provide articles on their particular subjects. We realise that it is by no means easy to write such articles (comprehensive in detail, yet elementary in tone), but the appreciation which they would receive should be a handsome return for the time and trouble expended.

It is pleasant once more to perambulate and traverse a square which has resumed its customary simplicity. No doubt it was highly diverting to watch the antics of a horse and vehicle which had got entangled in the queer contraption that had been erected (a sort of cross between the maze at Hampton Court and the intricacies of a gymkhana); but one's personal sensations were other than amusing on realising that the passage from the Medical School to Little Briton gateway meant the negotiation of stern, forbidding barriers, which have perhaps afforded a training ground for the hurdlers and obstacle racers at the forthcoming sports, and occasional sundry platforms of timber at which the high-jumpers need not have scoffed.

We are delighted again to congratulate the Association Eleven on their uninterrupted career of triumph. Victory over London in the Inter-Hospital Cup Final having whetted their appetites, they proceeded to win the London University Cup, beating the Royal College of Science; and then appropriately brought their magnificent season to a close by winning the Senior Cup in the Middlesex Senior Amateur Association Football Competition, their competitors in the final being the Civil Service. Three Challenge Cups in one season! Well done!

May their victories spur our other athletic heroes to similar deeds. For although we are not avaricious, we should like to remark that there are other Inter-Hospital trophies for which there is ample accommodation in the Library.

There was a time when the Athletic Shield scarcely knew any other resting-place; it had worn a little groove for itself upon the Library table and was disturbed only once a year to be exhibited at Stamford Bridge and to have the benefit of some fresh air. There was a time, too, when the Inter-Hospital Rowing Cup was equally comfortable by its side; but this year it was retained by London, who, we much regret to say, were unchallenged so far as this Hospital was concerned.

We should like to see that beautiful shield on the Library table once again—and we will magnanimously say no more about the Rowing Cup for the present.

CONSTANT readers will remember the controversy which was waged last year in the columns of the JOURNAL on the subject of the "Lawrence Scholarship." We, in our turn, re-introduce the topic, but we do so with the greater confidence that on this occasion our remarks will be greeted with a unanimity of approval.

The Lawrence Scholarship and Gold Medal was instituted in 1873 by the children of the late Sir William Lawrence, Bart., who was surgeon to the hospital between the years 1834 and 1865.

We have now very much pleasure in announcing that, by the generosity of the Misses Lawrence, the value of the Scholarship has been greatly increased, and in consequence of its new value an opportunity has been afforded entirely to change the system of the award. We publish elsewhere a full account of the regulations of the new Lawrence Scholarship, from which it will be seen that it is no longer awarded on an examination, which was never regarded as satisfactory, and which attracted a very scanty entry; but that it takes the form of a Research Scholarship in Pathology on the lines of the Luther Holden Research Scholarship in Surgery.

In the name of all St. Bartholomew's men we offer our heartiest thanks to the Misses Lawrence for their generosity, and we feel that they are not only to be thanked, but congratulated on providing a means for the advancement of science, and, perhaps, for opening the way to invaluable medical discoveries.

In our digest of the Treasurer's Report, which we include in this issue, we have comprised only those details which we think will prove of general interest. It may not come as a surprise to energetic labourers in the Surgery to be confronted with the colossal figures relating to the number of out-patients treated in 1910; but the statistics relating to

the *tons* of wool and the *miles* of bandages they helped to distribute among the London poor must, we are sure, stagger even the most reckless wasters among them.

There is one item in the Report to which we would especially refer, and that is Lord Sandhurst's statement relating to a Nurses' Home. We greatly regret that our Treasurer has to state that "much as we desire to see the Home built, it is obviously not possible to enter upon an expenditure of that magnitude (£80,000) in the present state of the Hospital finances."

We have an Out-patient department of regal splendour; Resident-staff Quarters second to none in the kingdom; a Pathological block which must be the envy of all other medical schools; and a Nurses' Home—which baffles description! We cannot find words to express our dissatisfaction with the inadequacy of our Nurses' present Home, but we are not over-stating the case by asserting that a new Home is to be regarded in the light not merely of a necessity but of an urgent necessity.

We cannot shut our eyes to the condition of affairs represented by Lord Sandhurst: is this one of those situations in which the only thing to do is to ask what is to be done?

We have a splendid Honours List this month. Dr. Williamson and Dr. Adamson have been elected to the Fellowship of the Royal College of Physicians of London. Mr. K. E. Walker has written the Jacksonian Prize Essay of the year—the Jacksonian Prize seems to be a little perquisite of St. Bartholomew's. Mr. A. E. Stansfeld has passed the examination for the Membership of the Royal College of Physicians of London.

The following have passed the Primary Fellowship Examination of the Royal College of Surgeons of England: Captain Whale, Messrs. Marsh, Pearce, Stretton, and Vaile; and the following have passed the Final Examination: Messrs. Finch, Haigh, Roy, Talbot, and Woodward.

It is gratifying to chronicle the achievements of St. Bartholomew's men in spheres of activity other than medicine and surgery; and we observe, with much pleasure, that the Prime Minister has appointed Dr. Addison to the Committee of the City Parochial Foundation, in succession to the Earl of Lytton.

THE Mid-Sessional Address before the Abernethian Society will be delivered by Dr. Robert Jones, F.R.C.P., on Thursday, June 8th, at 8.30 p.m., in the Anatomical Theatre. The subject is: "Temperaments: Is there a Neurotic Temperament?" The address will be illustrated by lantern slides.

The Condition of the Iris as a Means of Diagnosis in Intra-ocular Disease.

By MALCOLM L. HEPBURN, M.D., F.R.C.S.

It is a matter of common knowledge amongst those engaged in the rush of general practice that it often becomes a necessity under certain circumstances to be able to diagnose quickly by means of the fewest possible clinical signs. Diseases of the eye form no exception to this rule, but my own experience has taught me that the busy general practitioner prefers not to have the trouble and responsibility of ophthalmic practice, surrounded as it is by so much minute specialised technique; and for those who have not been able to avail themselves of the advantage of some months' attendance at an Ophthalmic Hospital it is hardly worth while to undertake such cases at all. The proper use of the ophthalmoscope and the examination of a cornea, iris or lens require such constant practice that, without a large amount of time at one's disposal, and plenty of clinical material, the difficulties are almost insuperable. Yet it is often essential that an ophthalmic condition should be, as far as possible, recognised early, and the gravity of an erroneous or incomplete diagnosis may be of such paramount importance that, in order to facilitate the investigation of this class of case I have selected for my subject a part of the eye which is easily visible without the aid of any special instruments, where the changes can be readily observed, and when once the method of examination is grasped, affords the clue to so many different varieties of disease of the eye.

I. *The reaction of the pupil.*—One of the most important aids to diagnosis is the careful examination of the pupil reaction; but the value of this observation is often lessened, owing to the employment of a faulty method. I shall therefore describe the ordinary routine in full detail.

Normally each pupil ought to act to light both directly and consensually. Arrange the patient in front of a window, so that an equal amount of illumination is thrown on both eyes, and examine each eye separately in exactly the same way, commencing with the right. Cover the left eye completely with the right hand, so as to exclude all light; then shade the right eye with the left hand in such a manner that although the light is almost entirely shut out the pupil is still visible to the observer; when thus shaded the pupil of the right will dilate somewhat, owing to the partial withdrawal of light stimulation. On removal of the left hand, the pupil, if normal, ought to contract immediately and briskly (— *direct action to light*), indicating that the reflex arc from the right retina through the right optic nerve to the centre and back through the right third nerve to the

iris is intact. The right hand, which has up to the present been covering the left eye, should then be removed, when the right pupil ought to make a still further slight contraction, showing that the reflex arc from the left retina and optic nerve to the centre and back through the right third nerve to the iris is also intact (= consensual action to light).

Sometimes we may notice that, at the commencement of the examination, immediately the left eye is covered the right pupil dilates fully, or almost fully, showing that whatever contraction existed before was sustained by the light stimulus acting through the left eye, and, therefore, that the light-conducting mechanism to the brain of the right eye is faulty in some part of its course (= disease of retina, optic nerve, or tract). This conclusion is confirmed when we find that the direct action to light is also absent.

If the right pupil acts directly to light, but fails to respond consensually, it indicates that there is some defect in the light-conducting elements of the left eye (i. e. retina, optic nerve, or tract), which is confirmed when we come to repeat the examination on the left eye which has just been carried out on the right.

Perhaps the right pupil fails to act both directly and consensually, remaining permanently in a state of dilatation; in this case it signifies that the right third nerve is paralysed, and perhaps the light-conducting elements of the same or both eyes (i. e. mydriasis, glaucoma), and is known as "the fixed dilated pupil," so valuable a sign in ophthalmic diagnosis.

Finally, the reaction of the pupil to accommodation should be tested, since it the pupils act to accommodation but not to light we have the Argyll-Robertson pupil, and our suspicion of some defect in the light-conducting elements of both eyes is confirmed.

One of the most valuable and, at the same time, delicate tests is the presence or absence of maintenance of contraction when light is thrown obliquely on to the iris by means of a convex lens; under these circumstances a few oscillations in the pupil take place as a normal process, but the general tendency is for the pupil to keep up its state of contraction so long as the light remains concentrated on the eye; if such is not the case, but the pupil tends to become and remain dilated in spite of the presence of light, then we may assume that there is some commencing defect in the light-conducting elements of the eye under examination, thus confirming our observation on the same point mentioned already.

Another reaction, though an extremely rare one, must also be mentioned, viz. the presence of pupil reaction with no perception of light in the same eye. This indicates that the defect is situated higher up in the brain (i. e. the visual centre) beyond the point where the third nerve is given off, and that therefore this reaction exists purely as a reflex act.

We have therefore five abnormal reactions of the pupil:

- (1) No reaction directly, but only consensually.
- (2) No reaction consensually, but only directly.
- (3) No reaction either directly or consensually.
- (4) Failure to maintain contraction when strong light is thrown obliquely into the eye by means of a convex lens.
- (5) The Argyll-Robertson pupil, viz. acting to accommodation but not to light.

All these observations are repeated on the opposite eye.

It is as well to bear in mind, in making a diagnosis, that the reaction of the pupil may be mechanically prevented by iritic adhesions when the signs simulate those belonging to paralysis of the third nerve, except that in this case we have a fixed contracted pupil. It may assist us also to remember that branches from the third nerve supply some of the extrinsic muscles of the eye.

II. *Inequality of the pupils* must always be carefully investigated, and is almost invariably pathological. It is often a matter of difficulty to determine whether the smaller or the larger pupil belongs to the affected side, and the matter can only be definitely settled by referring to their action as described in the last section. Apart from this, we may say that, speaking generally, dilatation denotes either paralysis of the third nerve or irritation of the cervical sympathetic, and contraction of the pupil indicates either paralysis of the sympathetic or stimulation of the third nerve.

It may be that the smaller pupil is mechanically prevented from assuming its normal shape compared with that of the opposite side, in which case this obviously belongs to the affected eye.

In some instances no cause can be found for inequality of the pupils, when it must be regarded as of congenital origin; but this conclusion must only be arrived at after most careful examination.

III. *The shape of the pupillary border of the iris* is of value in some cases, and should be carefully noted. An irregular margin shows the existence of old or present iritis, which has united certain parts of the iris, to the capsule of the lens; and an imperfect circle, though even margin, and especially a tendency to pear-shaped pupil, is often a strong indication of the presence or likelihood of glaucoma.

IV. *The colour of the iris* is a leading feature that should be specially investigated; and when we notice that the colour of the iris is different on the two sides a similar inference may be drawn, as in the case of inequality, viz. that it is almost always pathological, and must never be decided as a purely congenital condition until a most searching examination has been made.

The commonest abnormality is that one iris is considerably lighter in colour than the other; and we often see a brown iris on one side and a light grey one on the other; in this case the lighter coloured iris is the diseased one, owing to the atrophy of stroma pigment. This is always an evidence of old or present cyclitis, and the diagnosis can be verified by finding spots of keratitis punctata after inspection

with a corneal magnifying lens. This difference in colour may be well marked, unaccompanied by obvious injection of the eye; but in acute inflammations of the iris the affected eye shows a dull muddy colour, associated with contracted, irregular, or immobile pupil, together with much ciliary injection. A semi-translucent appearance, with little injection, regular inactive pupil, and shallow anterior chamber, often points to some serious intra-ocular disease (e. g. glioma of the retina, some forms of choroidal inflammation, etc.).

Sometimes the pigment layer, which is normally present at the back of the iris, encroaches on the pupillary border, and in extreme cases may eventually form quite a broad dark-coloured band on the anterior surface of the iris, presenting an additional evidence in favour of old cyclitis.

V. *The actual size of the pupil*, apart from the inequality already referred to, in the affected eye may be a matter of some importance; and, speaking generally, the pupil is dilated in glaucoma and contracted in iritis, besides those cases where we have contracted pupil combined with increased tension, indicating secondary glaucoma as a result of iritis.

Both pupils are usually contracted during sleep, owing to the withdrawal of sensory stimuli normally conveyed through the sympathetic system, which are always tending to produce dilatation; this tendency, however, is overcome during waking hours by the light stimulation. This is manifestly not a complete explanation, since we should expect the pupils to dilate in the absence of light, which is obviously the case when the eyes are closed; but, at any rate, it is sufficient for our purpose. A similar reason accounts for the prevalence of small pupils in old people.

VI. *Other macroscopical appearances* should be carefully inspected as they are of immense importance in supplementing other observations. Irregularly shaped gaps in the iris, colobomata (which are usually congenital), and the iridectomies produced by operative interference, all guide us in forming an opinion in any particular instance. Roughly speaking, a broad iridectomy situated above indicates an operation for glaucoma, while a small or medium-sized one in the same situation is usually present after cataract extraction; a small iridectomy in any part of the circumference suggests an operation for purely optical purposes. Clinically these facts are of value in the following way: The broad iridectomy noticed in one eye puts us on our guard in any disease associated with the opposite eye, since we know that, when glaucoma has attacked one eye, in all probability the other will become affected sooner or later; consequently we are forewarned and can deal with the condition immediately it arises, much to the advantage of our patient.

A small optical iridectomy leads us to inquire into the cause for which this operation was performed, and thus we observe a lamellar cataract or a corneal opacity, though

the latter is often only represented by a faint haze, owing to a good deal of absorption having taken place subsequently to the performance of the operation.

Inflammatory nodules are occasionally present on the iris either at the pupillary border or at the periphery in the angle of the anterior chamber, and these are an indication of a special type of iritis. These localised swellings of the iris tissue are not so difficult to make out as one might suppose if our attention is specially directed to the point.

Again, the iris may have a dull blotting-paper appearance accompanied by loss of lustre compared with that of the normal eye, which generally indicates some atrophy as a result of chronic irido-cyclitis, especially if, as already mentioned, it is combined with a difference in colour. A blotting-paper appearance is not uncommon naturally in dark eyes, so that in any given case a comparison with the normal eye is advisable, when this can be done.

VII. *The depth of the anterior chamber* (i. e. the distance of the plane of the iris from the back of the cornea) is a matter of considerable importance. For instance, a shallow chamber is usual, though not invariable, in cases of glaucoma, and is also present as a normal condition in some elderly people; while a deep chamber may mean one of several things, e. g. myopia, cyclitis, absence of, or dislocation of, the lens. Occasionally we meet with a chamber that is shallow at the periphery and deep in the centre; this, combined with a small non-dilatable iris, is a condition known as "bombed iris," and signifies a total posterior annular synechia (= binding down of the whole of the pupillary border of the iris to the anterior capsule of the lens), causing increased tension and bulging forward of the periphery of the iris.

Again, the periphery of the iris may be in contact with the back of the cornea at one part only of its circumference, the rest of the chamber being of normal depth; this may either mean the presence of a new growth pressing the iris forwards, or fibrous adhesions tying up the iris tissue at this particular spot.

The anterior chamber is deep in myopia when the appearance is symmetrical on the two sides, but it is fairly common for one eye to be myopic while the other is normal or even hypermetropic, and in this case the difference in depth is often quite noticeable. In cyclitis the deep anterior chamber is accounted for by long-continued inflammation leading to the formation of fibrous tissue behind the lens, which by its subsequent contraction draws the iris and lens backwards. Absence of, or dislocation of, the lens also produces an increased depth of the anterior chamber, and in the latter condition there is in addition some tremulousness of the iris on movement of the eyes. This phenomenon is best elicited by causing the patient to make small rather than gross movements of the eyeballs upwards and downwards and from side to side. When a lens has been extracted by operation there is usually sufficient

adhesion of the margin of the iris to the remains of the capsule to prevent any tremor, but it occasionally is present, when, I think, it denotes tenuity of the vitreous.

In conclusion, we have those rare examples of an entire absence of the iris, when the whole of the space behind the cornea is occupied by a large black area, consisting of, as it were, one enormous pupil.

Enough has been said to show that by critical examination of the condition of the iris we are enabled to distinguish a large number of serious affections of the eye, *i. e.* glaucoma, iritis, iridocyclitis, retro-bulbar neuritis, optic atrophy, disease of the retina and choroid, absence of, or dislocation of, the lens, refractive errors, etc., and if to our observations on the iris we add the question of tension, there are few intra-ocular diseases of an urgent nature which even the busiest general practitioner can easily overlook.

The Application of Plaster-Jackets.

ON May 1st, at the special invitation of Mr. McAdam Eccles, Mr. Gauvain gave a demonstration of the application of plaster-jackets in the treatment of spinal caries before a large audience: one hundred and ten gentlemen were present.

Mr. Gauvain began by quoting a famous French orthopædic surgeon to the effect that when plaster-of-Paris was thoroughly understood Pott's disease would be cured, and said that, although this might be an exaggeration, yet there was no doubt that in this country we were markedly behind the Continent and America in our skill in the application of plaster.

The varieties of plaster to be used were next considered. The time of setting is of importance: the introduction of alum, salt, or potassium sulphate, accelerates the setting; sand, glue, starch, or sugar, similarly act as retarders. Generally speaking, pure plaster is the best. The addition of 10 per cent. of finely ground Portland cement is said to cause a stronger cast, but its advantage is problematical and the setting is thereby much slower.

The objections that have from time to time been urged against plaster were next treated in detail. It has been said that a plaster-jacket is too heavy: this fault, when it occurs, denotes simply bad technique in application; a perfectly made plaster is conveniently light.

Next it was repeatedly objected that plaster-jackets were unclean, but this was necessarily so in the case of out-patients for whom the application of plaster was always to be deprecated.

Finally, the reputed interference with respiration and digestion was easily met by removing a large "window" over the abdomen and chest to permit free movements of the anterior abdominal wall whilst retaining perfect rigidity.

To secure the best results the following points should be carefully considered:

First, the patient should be carefully selected, and only those cases so supported which have undergone the necessary period of recumbency and are no longer acute.

Next, the patient should be very carefully prepared. The preparation of a patient for an application should be considered as quite as important a matter as the preparation of one for an operation.

The *skin*, therefore, should be perfectly cleaned—far more than is generally attempted. The *prevention of shock* should be carefully considered, and the position of a patient who has been recumbent for many months should be altered *gradually* to the vertical by a special stand. For several days before the application the *bowels* should be kept well open, and food which is liable to cause flatulence avoided.

Finally, the confidence of the patient should be secured. To be partly suspended by the head may well strike terror into a child, and even into an adult. The position is quite painless, even if it is not very comfortable.

At Alton special tight-fitting vests are used, with particularly long necks, which are useful if a very high (Minerva) jacket is needed. The vest is put on inside out, so that the irregularity of the seams is avoided.

A cotton-wool pad is put over the lower part of the abdomen; but there is no need to pad the iliac crests, as is often recommended, if moulding—which is the key-note of application—is properly achieved.

It is not beside the point to mention that the *raison d'être* of a plaster jacket is not entirely to support the spine, but to alter the distribution of the weight of the body, and relieve the strain at the site of the lesion by putting the weight on to the spine elsewhere.

A detailed demonstration of the application of plaster on a little patient with dorsal caries was then carried out. In this connection Mr. Gauvain advised that one's 'prentice hand should be tried on a dummy or a healthy subject, and that a low jacket should be mastered before a high one is attempted.

The patient is slung by a "bridle," made out of a stout calico bandage, which goes round his chin and occiput. He is gently suspended by a pulley until his heels are off the ground, whilst the toes still touch; this causes sufficient stretching. (The special "gallows" exhibited was a model of convenience; the patient could be rotated at will, and the back, front, or sides of him alternately treated.)

Wide (6-in.) bandages are used, made of *cheap* wide

meshed muslin, the *edges* of which are frayed so as to avoid tags, and they should be soaked in *cold* water.

Bandaging should be begun below; reversing should never be performed, but at each turn a pleat should be made. The shoulders should be bandaged separately.

As the plaster sets, *moulding* should be done. The shoulders should be pushed well back and the clavicles moulded; the plaster must be carefully moulded around the pelvic brim from which all support is obtained.

After two days a "window" is cut out over the abdomen, and one also over the site of the deformity. The vest, which lies underneath, should then be turned over the cut edges, and a plaster "cream" rubbed in to finish.

In the case of a high (Minerva) jacket the head and face are covered with plaster, excluding the eyes, nose, and mouth. After two days it is all cut away above the chin, mastoid, and occiput. The high jacket is far superior to any sort of jury-mast. It leaves the patient with his head slightly extended, and some education in the act of eating in this new position is necessary.

With a plaster-jacket thus made with the necessary precautions sores should not occur. Sores in fact should be anticipated before they occur, and an indication is the characteristic smell (strongly reminiscent of a hospital out-patient department) which denotes multiplication of the germs of the skin. It is very curious that plaster sores, even with extensive sloughing, are generally quite painless.

To remove the plaster Mr. Gauvain uses a special (French) pair of shears with long handles and short jaws. The best material for a removable jacket, when the permanent plaster one may be discarded, is celluloid.

Mr. Eccles, who presided, proposed a hearty vote of thanks to Mr. Gauvain, which was received with acclamation.

Treasurer's Report for the Year 1910.

To the GOVERNORS OF ST. BARTHOLOMEW'S HOSPITAL.

On the death of His Majesty King Edward VII, a General Court of Governors of this Hospital was specially convened for the purpose of recording resolutions of sympathy with His Majesty King George V and with Her Majesty Queen Alexandra. The Court was held on the 19th May, 1910, when it was unanimously resolved that the following addresses be presented:

"TO THE KING'S MOST EXCELLENT MAJESTY.

"May it please your Majesty,

"We, your Majesty's most dutiful and loyal subjects, the Governors of the Ancient and Royal Hospital of St. Bartholomew, in General Court assembled, 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, King Edward VII, of blessed memory, our Patron.

"We also most humbly and respectfully beg to assure your Majesty of our devoted loyalty to your Royal Person and Family, and to congratulate your Majesty upon your accession to the Throne.

"May the blessing of God be upon your Majesty, and may your reign be long, happy and prosperous.

"SANDHURST,

"Treasurer.

"Dated this 19th day of May, 1910."

"TO HER MAJESTY QUEEN ALEXANDRA.

"May it please your Majesty,

"We, the Governors of the Ancient and Royal Hospital of St. Bartholomew, in General Court assembled, beg most respectfully to tender to your Majesty, the first elected Lady Governor of this Institution, an expression of our deepest sympathy in the irreparable loss your Majesty has sustained in the death of your beloved and revered Husband, our late Sovereign and Patron, King Edward VII, of blessed memory.

"We share the profound grief into which 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 slight degree, comfort and sustain your Majesty in your bereavement.

"On behalf of the Governors of the Royal Hospital of St. Bartholomew,

"SANDHURST,

"Treasurer.

"Dated this 19th day of May, 1910."

His Majesty King Edward's association with St. Bartholomew's Hospital extended over a period of upwards of forty years, and during the whole of that time he manifested a keen interest in its welfare.

On the 20th March, 1867, as Prince of Wales, he was appointed President, and in April of that year attended a

General Court of Governors and received the "Charge" of that office.

In the years following, His Royal Highness visited the Hospital on numerous occasions, frequently in company with Her Royal Highness the Princess of Wales.

Upon his accession to the Throne, King Edward honoured the Governors by becoming Patron of the Hospital and was succeeded in the Presidency by His Royal Highness the Prince of Wales.

His Majesty's last visit to the Hospital was on the 6th July, 1904, when, accompanied by Her Majesty the Queen, he laid the Foundation Stone of the new Out-Patients' Block. It will be remembered that the new Block was formally opened on the 23rd July, 1907, by our present Sovereign, King George V, who, since the lamented death of his revered Father, has most graciously accepted the post of Patron of the Hospital.

PATIENTS.

The following figures show the numbers of patients treated at the Hospital during the year ended 31st December, 1910, as compared with the year 1909:

	1909.	1910.
<i>In-Patients</i> —		
Under treatment on 1st January	590	508
Admitted during the year	7325	7302
Total	7915	7870

Daily average of patients in Hospital 579.69 567.5

	1909.	1910.
Midwifery cases attended at their homes	1,141	1,253
New cases (first attendances)	130,289	128,691
Subsequent attendances	206,675	221,889
Total attendances	336,964	350,580

During the year 1515 cases of street accidents or illness were brought to the Hospital by the electric motor ambulance belonging to the City of London.

DISPENSARY AND PHARMACEUTICAL LABORATORY.

During the year the following number of out-patients prescriptions was dispensed:

Total number	305,973
Average weekly number was	5,884
" daily " " "	980
Maximum weekly " " "	8,881
" daily " " "	1,453

The following figures are interesting as giving an idea of the large quantities of dressings (*inter alia*) used during the year:

Wool	7½ tons
Lint	1½ "
Bandages	984,960 yards
Gauzes	153,930 "

ELECTION OF MATRON AND SUPERINTENDENT OF NURSING.

At an Election Committee held on the 26th May last, Miss Annie McIntosh was unanimously elected Matron and Superintendent of Nursing.

Miss McIntosh was for thirteen years on the Staff of the London Hospital, for the last seven of which she held the post of Matron's Senior Assistant and so had unique opportunities of becoming familiar with the organisation of a large institution.

RE-ARRANGEMENT OF WARDS.

The need for the provision of additional beds for the reception of patients with suppurating wounds, to which reference was made in my last report, has received very careful consideration, and it has been decided to supplement the existing accommodation for these cases by appropriating Radcliffe—at present the Diphtheria Ward—for their reception, and transferring the diphtheria cases to the ground floor of the Isolation Block, which is being suitably adapted for the purpose.

This arrangement will give twenty additional beds for septic cases, the accommodation for which, in future, will be as follows, viz.:

	Male.	Female.
West wing—3rd floor—Coborn	20	20
" " " Radcliffe	—	20
Surgery wing—Basement—Casualty	6	6
Totals	26	26

LYING-IN WARD.

At the General Court held on the 28th July last, it was decided, upon the recommendation of the House Committee, that provision should be made for the admission to the Hospital of ordinary maternity cases, and that Elizabeth Ward, hitherto a Medical and Obstetrical Ward of twenty-eight beds, should be utilised for the purpose.

Steps were accordingly taken to give effect to that decision, and the necessary structural and other alterations have been carried out to render the arrangements of the ward adequate for the reception of sixteen lying-in cases.

The medical and gynaecological cases displaced from Elizabeth Ward have been transferred to Charity, formerly

a surgical ward, but which, in the re-distribution of the surgical beds, consequent upon the retirement of Mr. Harrison Cripps, was rendered available for other purposes.

CATERING FOR RESIDENT MEDICAL STAFF, ETC.

An important change has been made in the system of catering for the Resident Medical Staff and Students residing in the College.

Until last year it had been the custom to appoint a Manciple, who supplied all meals at a fixed tariff of charges and who was subject to the control of the College Committee.

This arrangement not having giving general satisfaction, it was decided to terminate the agreement with the Manciple, which was accordingly done on the 24th June last, and the catering was taken over by a private joint stock company, all the original shareholders being members of the Medical Staff of the Hospital.

The Company has entered into a formal contract with the Governors to undertake the whole of the catering, and so far the arrangement has, I believe, been an unqualified success.

Before concluding, I must again refer to the financial needs of the Hospital.

The liquidation of the capital debt would, as I have pointed out, relieve the income of charges which account for practically the whole of the annual deficiency, and I venture to urge the importance of attaining this end.

The necessity for a new Nurses' Home is constantly before us, but for this purpose a large sum of money is required. I expressed myself upon this subject in a previous report, and endorsed the view of my predecessor, whose words I may here quote:

"The present buildings are in no way adequate for their purpose, they provide but scant accommodation for the ladies who are engaged in the arduous duties in the Wards, and owing to the homes being situate in so many different parts of the Hospital, it is most difficult to supervise them with due efficiency or to conduct them with proper economy."

A self-contained and properly equipped home for the nurses is the most urgent need of the Hospital. The cost of erection of such a home has been estimated at not less than £80,000, but, much as we desire to see the home built, it is obviously not possible to enter upon an expenditure of that magnitude in the present state of the Hospital finances.

Having now dealt with all matters of chief importance and interest relating to the work of the Hospital during the year 1910, it only remains to express my appreciation of the confidence you have been good enough to repose in me in

again re-electing me your Treasurer, and to record an expression of my thanks to the Almoners, to the members of the various Committees, and to the Medical Council for their assistance in the administration of the Hospital.

SANDHURST,

Treasurer.

April, 1911.

Case of Strangulated Hernia at Seventy-five; Operation under Local Anæsthesia; Recovery.

By SYDNEY J. O. DICKINS, M.D.(BRUX.), M.R.C.S.(ENG.),
L.R.C.P.(LOND.)

THE patient, a feeble old man who had suffered from mitral disease for some years, was subject to right inguinal hernia, for which he was wearing a badly fitting truss.

Owing to a severe attack of bronchitis from which he was just recovering the rupture came down and he failed to get it back; vomiting commenced, and as he was suffering considerable pain he sent for me in the night.

Upon arrival I found he had a very tight strangulated hernia which could not be reduced, and was causing him great pain and frequent vomiting.

I decided to operate at once and single handed, instead of sending for my partner, as it was six miles away from home and the night was terribly rough.

The operating theatre was not ideal! an old feather bed, and by no means cleanly surroundings or patient either.

I cleaned him up, shaved, and thoroughly swabbed all over the operating area with Tr. Iodi, and then prepared instruments and again swabbed with Tr. Iodi (which I find an adequate sterilising application which I have used for a long time with very excellent results). Owing to the patient's age and general condition cocaine was used as a local anæsthetic.

My light was provided by candles and motor acetylene headlight directed by my chauffeur, who promptly felt faint at the sight of a little blood.

I had, fortunately, foreseen this possibility, and an old woman came to the rescue until he was able to return to his post.

I found upon opening the sac a tight band at the neck which was nicked in several places and the gut returned; the sac was cut through and the ring closed with silkworm-gut sutures, the wound being stitched up with the same. The patient stood the operation very well considering his feeble state of health and hardly complained of feeling any pain.

I injected liq. stryeh. $\frac{1}{10}$ before and after the operation, and these were continued every six hours for a week.

A small pocket of pus formed under the skin, which was relieved by removing a suture and syringing with chinosol solution, after which healing was not long delayed.

The remaining stitches were removed on the eighth day, when the wound had quite healed.

The patient, I am glad to say, made a very good recovery.

The great advantage of being able to operate early, and the use of a local anæsthetic, especially in old and feeble subjects, are points one would like to emphasise.

"El Curandero."

DURING the past twelve months I have heard many wonderful stories of the doings and sayings of the native "curanderos" in the Argentine. The "curandero" may be of either sex, and the profession is often hereditary: his functions seem to be a blend of those of a herb-doctor, a bone-setter, and a witch-doctor or medicine man. It is from this last aspect that I have been trying to get together some notes that might be of interest to the readers of the JOURNAL.

Very broadly speaking, the "curanderos" may be divided into two classes—the (more or less) honest and the rogues.

So far as I can judge the former class predominates, and among them may be found many skilful bone-setters, and others who have a very varied assortment of "remedios" made from wild herbs, many of which are of undoubted value. In the treatment of "campacho," a severe form of entero-colitis, which is very prevalent in this country, the "curanderos" have a great reputation, and are much sought after by the educated natives, and not infrequently by English people too. Two English doctors in the "camp" have told me that "curanderos" had succeeded in curing this condition where they themselves had failed.

Most of the practice of the honest "curandero" is practically the same as that of a country herbalist at home: the tendency to the use of dung and urine, human and animal, when it is desired to apply moist heat to the body, is common, I believe, to native doctors the world over.

The two following are the most glaring examples which I have come across of the customs of the dishonest practitioner:

An old woman came to consult a friend of mine, telling him the following story: She had suffered for two years

from some internal growth (she had inoperable carcinoma of the colon), and had latterly consulted a "curandero," who had done her much good, but alas! just as the cure was about to be concluded, he had been obliged to move to a far-distant camp town. Did my friend think he could complete the cure for her? The "curandero" had said that the swelling of her abdomen was due to a devil inside her, and that he could exorcise the devil by means of his "remedios." The progress of the case was to be watched by weekly examinations of the patient's urine, for which, needless to say, a stiff fee was charged. This scoundrel continued to rob the old woman until he saw that his game was nearly up, and then fitted to another part of the province! The patient died three weeks after he left.

Another woman was assured that she would infallibly cure her child of epileptic fits by administering to him soup made in such a way that the shadow of the body of a black hen, hung over the stove, fell on the pot while the soup was boiling!

A thread of any red material, wool, etc., placed on the forehead is almost universally believed to stop hiccough at once, and adult natives of the fairly educated classes (domestic servants) stick a small piece of burnt paper on the skin where they have any neuralgic pain.

It is strange to find that there exist among some of the oldest and wealthiest native families women who are identical with the honest "curandero" among the poor. They take their profession most seriously, an introduction has to be obtained to them, and they charge no fee. The latter practice prevails, too, among the poorer "curanderos," and it is almost a case among the honest class of "no cure no pay."—C. S. H.

The Chronicles of Christopher.

II. I DRESS FOR MR. CUTLER.

WHO are you coming on to dress for?"

I gulped down the solecism (after all a friend is a friend, and Lascelles is a very old friend), and stated civilly enough that I had decided to honour Mr. Cutler with my services for the next six months.

"You'll"—but no, I will not offend your eyes with the vulgar phraseology of my informer. Suffice it to say that he gave me clearly to understand that during the next six months, although there might be beer days, and even

occasional champagne nights, yet (emphatically) my life was not going to be *entirely* beer and skittles.

I followed my new master round the wards the day before my duties began, to acquire local colour, so to speak. I must admit that I began to believe a little more in what Lascelles had said. I admired Mr. Cutler's sartorial excellences equally with his rapidity of diagnosis and concision of language, yet I was impressed by what to me appeared frequent irrelevancies *sub specie logica*: and no matter how far scientific exactitude is to be applauded, yet, to fall foul of your dresser over a decimal point in a temperature struck me as exceeding the limit.

On the following day I was introduced to patients of my own, and, in accordance with regulations, I attended in the theatre to perform "such duties as might be allotted to me." These did not appear to be of a very exacting nature, and I did not find that I was remarkably useful. In fact, I chiefly distinguished myself by getting in the surgeon's way, and being unceremoniously bundled on one side to reflect upon the eccentricities of the great.

I did not meet Mr. Cutler again until the following Monday. It was "full-day" in Augusta, and number one was occupied by a patient of mine, a sweet young lady, who had parted with her appendix, and who, to my inexperienced eyes, seemed amazingly fit.

"Who's her doctor? Let's see, you are? Mr.? Chatterton? Chatterfield? Ah! Chesterfield—Well, Mr. Chesterfield, what's happened to this patient since her operation?"

"The patient seems to have stood the operation remarkably well," said I, sentimentally.

The great man frowned: "I will not have slang in my wards; you may keep *that* for your Mayfair duchesses."

My heart warmed to him. At last! at last, I had met a man who would appreciate my epeolatry, and hastily I searched in my mind for something appropriate, sadly realising that one's extempore utterances are ever so much better for a little preparation. Nevertheless, it was not long before I opened fire.

"As regards—" "Do speak up," he interrupted. "I'm getting old, and all animals when they get old get deaf; you fellows speak as if you were paid for the sound you make, and don't get a good price for it."

It is very exasperating to get well off the mark, and then be hauled back for a fresh start, and to be compelled to "speak up" discounts the effect of your carefully modulated accents. I scowled, and resumed, *fortissimo*:

"As regards the sequelæ of the operation, I am gratified to inform you that nothing undesirable appears to have supervened."

Reader, you have doubtless known what it is like to tread upon stairs which are not in existence; to find your pockets empty at a particularly critical moment; to slap old

familiar friends enthusiastically upon the back and find that they have evolved into furious protesting strangers—you know the specific epigastric sensations to which I allude; well, add them all up, and you may grasp some idea of my feelings as I watched the effect of my speech. Mr. Cutler's face ran the gamut of all the emotions, and finally assumed the appearance of a composite photograph taken from persons in various stages of sorrow and scorn.

And then he gave tongue.

I do not profess to remember all that he said to me; nay, I did not hear all of it. I only know that through his speech ran a *leit motif* of reproach, from which I could disentangle such words as "gas" and "pulpit rhetoric." It is years since that afternoon, but there are moments even now when I hear that voice. I have heard it, lying awake under skies of all countries; I have paused half-way up the Matterhorn more clearly to catch the accents; I have tossed in my bunk in the throes of *mal de mer* of the worst kind, indifferent to everything, even to the spectacle of members of the crew ostentatiously girt in sea-belts, but not indifferent to the recollection of that afternoon. I hear that voice, and I believe I shall hear it so long as this clay endures.

I cast a veil over the rest of the afternoon. Shattered and broken I staggered round the wards displaying abysmal ignorance about every one of my patients.

It is not too much to say that for the next month we never met without having a row. Looking back at those days, I can well imagine that we must have caused no little amusement to the onlookers, and our encounters, no doubt, resembled contests between a very active bantam and a powerful good-natured heavy-weight. The former's activity enabled him to get in a light smack occasionally; one whack from his opponent and he took the floor for the rest of the afternoon.

But gradually we grew towards one another. There was something about my frank assertiveness which evidently pleased him. He would call me "the scholar," and pay me ostentatious deference as a final appeal on most matters of lore.

"Category" was a word he once used. "Do they say 'cat'egory' or 'cat e' gory' at Cambridge, Mr. Chesterfield?" he asked. I answered instantly that I could not assume the responsibility of expressing the opinion of an entire University, but that my personal predilections were in favour of "cat'egory."

And, again, in the theatre one day, he asked me some elementary anatomical question, which I answered. "You're not sure," he challenged, "your voice wobbled." "If it wobbled, sir," I retorted, "it shook, not with uncertainty, but with the emotion of righteous indignation at being asked so simple a question."

If he grew to like me, I, on my side, grew to worship him. I realised that if he called me a fool, he was right

ninety-nine times out of a hundred, and the hundredth didn't matter. And when he was kind, oh, he *was* kind! When I was ill and warded, there was no mistaking the sincerity of his solicitude.

In my eyes he was infallible. And his memory! He would spot old patients and tell them the minutest details about their cases: not merely whence they came, but the name of the doctor who sent them up; not only the most exact circumstances of their diseases and previous operations, but the numbers of the beds they had previously occupied. I remember one very stupid patient, who came from a county which, without further specifying, I will call the Bœotia of England. Mr. Cutler looked at her. "You were here with gastric ulcer four years ago," said he, "in number three bed in the front ward of Dora; you are a dairymaid, and your mistress' name is Mrs. Pentwhistle." And the patient thought nothing of this; and why? Because in the meantime she had changed her mistress and her occupation, and had graduated through the stage of still-room-maid to become a cook, and she evidently thought that as Mr. Cutler had known the rest he ought to have known all this as well!

* * * * *

Did I emerge from my six months' dressing chastened and less self-opinionated? Rather not; I was puffed up with overweening conceit at having worked under such a man!

Complimentary Dinner to H. T. Butlin, Esq., F.R.C.S.



COMPLIMENTARY dinner is to be given to Mr. H. T. Butlin to commemorate the unique position he holds this year as President of the Royal College of Surgeons of England and President of the British Medical Association. The dinner will be held at the Connaught Rooms, in Great Queen Street, on Tuesday, June 13th, at 7.30 p.m. The price of the tickets is half-a-guinea, exclusive of wine. A special feature of the dinner is that it will be served at separate tables, and that anyone who chooses to make up a party of ten can reserve a separate table for them by sending their names to "The Honorary Secretaries of the Butlin Dinner Committee, 429, The Strand," on or before June 8th. It is hoped that there will be a large attendance of Bartholomew's men to show the affectionate regard in which Mr. Butlin is held, for it is very rarely possible for one individual to rule with equal success in two such different spheres.

Regulations concerning the Lawrence Research Scholarship and Gold Medal.

- (1) Value £100 and a Gold Medal.
- (2) The Scholarship shall be awarded by election. The electors shall be the Lecturers on Medicine, Surgery, Midwifery, and Pathology, and the Dean of the Medical School of the Hospital for the time being.
- (3) The conditions of award shall be as follows:
 - (a) Candidates must be of British Nationality and descent, and possess a British qualification to practise Medicine and Surgery.
 - (b) Candidates must have studied for at least two years in the Medical School of the Hospital.
 - (c) The Scholarship shall be held for one year, but the holder may be re-elected for a second or for a third year.
 - (d) The scholar cannot be elected for the first time later than three years after obtaining his qualifications to practise.
 - (e) The scholar must carry on research work in pathology (in any of its branches approved by the electors) in the Pathological Department of the Hospital.
 - (f) Six months after the date of election the scholar shall send to the Dean of the Medical School an abstract of his work, and one month before the expiration of the year he shall send to the Dean of the Medical School a full report of the work which he has carried out.
 - (g) The Gold Medal shall be awarded to the scholar at the end of the period of his tenure or extended tenure of the scholarship if his work is considered by the electors to be satisfactory.
 - (h) In making any award the Electors may at their discretion invite expert opinion on the candidate's applications or on the report of the scholar's research.
- (4) Candidates in their applications for election to the Lawrence Research Scholarship must give particulars of their age, degrees, course of education, appointments held, and any research in which they may have been engaged as well as the research they propose to carry out if elected.
- (5) Publication of the results of the work done by the Lawrence Research Scholar shall be at the discretion of the electors.
- (6) The Scholarship may be withheld in any year in which in the opinion of the electors there is no suitable candidate.

Books added to the Library during May.

- Crandon, L. R. G., A.M., M.D. Surgical after-Treatment. A Manual of the Conduct of Surgical Convalescence. With 265 original illustrations. Royal 8vo. Philadelphia and Lond. 1910.
- Eden, Thomas Watts, M.D., C.M. (Edin.), F.R.C.P. (Lond.), F.R.C.S. (Eng.). A Manual of Gynecology. With 272 illustrations in the text. Royal 8vo. Lond. 1911. (Additional copy.)
- Green, T. Henry, M.D., F.R.C.P. A Manual of Pathology and Morbid Anatomy. Eleventh Edition, revised and enlarged by W. Cecil Bosanquet, M.A., M.D. (Oxon), F.R.C.P. With 360 illustrations. Medium 8vo. Lond. 1911.
- Howell, William H., Ph.D., M.D., LL.D. A Text-book of Physiology for Medical Students and Physicians. Third Edition, thoroughly revised. Royal 8vo. Philadelphia and Lond. 1910. (Additional copy.)
- Taylor, Henry Ling, M.D., assisted by Ogilvy, Charles, M.D., and Albee, Fred H., M.D. Orthopedic Surgery for Practitioners. With 254 illustrations. Royal 8vo. New York and Lond. 1909.
- The following were presented by the author:
- Tillmanns, Heimann, Dr. Med. et Sc.: Lehrbuch der Speziellen Chirurgie. Zweiter Band. Erster Teil: Chirurgie des Kopfes, Des Halses, Der Brust, Der Wirbelsäule, Des Rückenmarks und Beckens.

- Neunte, Verbesserte und Vermehrte Auflage. Mit 647, zum teil Mehrfarbigen Abbildungen im Text. Royal 8vo. Leipzig 1911. The following were presented by Dr. W. H. Kesteven.
- Boll, Franz. Die Histologie und Histogenese der Nervösen Centralorgane. Mit 2 Tafeln. Berlin 1873.
- Buzzard, Thomas, M.D. Clinical Aspects of Syphilitic Nervous Affections. Lond. 1874.
- Davy, John George, M.D., M.R.C.S. The Ganglionic Nervous System; its Structure, Functions, and Diseases. Lond. 1858.
- Bell, Sir Charles, F.R.S. The Nervous System of the Human Body. Embracing the papers delivered to the Royal Society on the Subject of the Nerves. Lond. 1850.
- Ball, William Platt. Are the Effects of Use and Disuse Inherited? An examination of the view held by Spencer and Darwin. Lond. 1890.
- Kingzett, C. T., F.I.C., F.C.S. Nature's Hygiene: A Systematic Manual of Natural Hygiene, containing a Detailed account of the Chemistry and Hygiene of Eucalyptus, Pine, and Camphor Forests, and Industries connected therewith. Third edition. Lond. 1888.
- Lewis, George Henry. The Physiology of Common Life. In two volumes. Vol. I. Lond. 1859.
- Maudsley, Henry, M.D. The Physiology of Mind. Being the first part of a Third Edition, revised, enlarged, and in great part re-written, of The Physiology and Pathology of Mind. Lond. 1876.
- Maudsley, Henry, M.D. The Pathology of Mind. Being the Third Edition of the second part of the Physiology and Pathology of Mind, recast, enlarged, and re-written. Lond. 1879.
- Mitchell, S. Weir, M.D. Fat and Blood, and How to Make them. Second edition, revised. Philadelphia and Lond. 1882.
- Calderwood, Henry, LL.D. The Relations of Mind and Brain. Lond. 1879.
- Ellis, Thomas S. The Human Foot; its Form and Structure, Functions, and Clothing. Lond. 1886.
- Beale, Lionel S., M.B., F.R.S. On the Structure and Growth of the Tissues, and on Life. Ten Lectures delivered at King's College, London. Lond. 1865.
- Gibbes, Henneage, M.D. Practical Histology and Pathology. Second Edition. Lond. 1883.
- Ralfe, Charles Henry, M.A., M.D. On the Morbid Conditions of the Urine Dependent upon Derangements of Digestion. Lond. 1887.

The Clubs.

ASSOCIATION FOOTBALL CLUB.

Saturday, April 29th, was a memorable day in the history of Association football at St. Bartholomew's, as the final of the Middlesex Senior Amateur Association Football Competition was to be played at Ealing, and we had successfully negotiated the preliminary rounds and were to meet the Civil Service for the cup.

Knowing that the team had already secured two cups for the Library table I felt sure that a well-fought game would reward anyone who went to see it, and so I made my way to the ground prepared to do what I could to help Bart.'s to win if possible.

The game was preceded by an amusing incident. There is a short cut to the ground from Ealing Station, which necessitates that one should pass across a cricket ground belonging to another club, who refuse to allow the way to be used; when time approached to kick off, and the referee had blown his whistle for the line up, it was found that Scutter had not arrived, and our hopes began to fall rapidly, but before they had quite reached zero a shout was heard from the neighbouring ground and the missing player was seen racing across it pursued by the ground staff and most of the cricketers; he managed to reach the fence separating him from us, and encouraged by the shouts of our team, who had left their places on the field and were lining the fence, he managed to clear it with quite a creditable high jump.

A few moments later the teams were drawn up again, and we kicked off favoured by having the sun at our backs; the wind blew across the ground and so was of no advantage to either side.

Bart.'s immediately began to press, but the game had to be stopped to a few moments owing to a slight accident to one of their men. On resuming an exciting *melee* took place in their goal: one of our men sent in a shot, which was stopped by the goalkeeper who had farlaoze his charge to the centre; Scutter shot again, but the ball hit Waugh, who was offside in goal and who made a desperate effort, by falling flat on the ground, to allow the ball to pass over him; this, however, it refused to do, and from the rebound their forwards obtained possession and quickly transferred the play to our end, where they forced a corner. A fierce bombardment of our goal followed, and three hard shots in rapid succession were ably kept out by Brock.

Play was very even until half-time, but after this our men seemed to go to pieces and after severe pressure our opponents scored, but fortunately for us the referee disallowed the goal for an infringement of the off-side rule.

Rain now began to fall, but curiously enough as the ground and the ball became wet and slippery, our play improved. Once Waugh got away by himself, but was ably tackled by one of their men in the Rugby fashion; this was unfortunately missed by the referee. Time arrived with no score, so it was decided to play an extra half hour, and this extra time proved most exciting, not only to the spectators, but to the players themselves.

In the first quarter of an hour Jameson, who was apparently going to pass to Whipple, decided to shoot instead, and sent in a high dropping shot from about twenty-five yards out; this was misjudged by the goal-keeper, who jumped too soon and allowed the ball to pass between his fingers, much to the delight of the six representatives of Bart.'s, who were looking on.

After change of ends we again pressed, and Jameson scored a lucky goal, the ball rebounding from their left back. This shot, the goal-keeper had no chance of stopping, as the back neatly turned it into the extreme left corner of the goal.

Soon after this the whistle blew for time, and we were left victorious by 2 goals to nil.

The game was most exciting to watch, and was played throughout in the true football spirit, in fact no free kick for a foul was awarded by the referee, and, with the single exception previously mentioned, no fouls were noticed by the spectators.

The most noteworthy feature about our play, to one who once played for the Hospital, was the excellent tackling; there was no waiting to see what an opponent was going to do with the ball, and our victory was undoubtedly due to the fact that their forwards were not allowed to play the neat passing game which is a feature of the Civil Service side.

It is impossible in a short space to criticise each player individually, but Brock played an excellent game in goal, always contriving to meet shots wherever they were placed, and on two occasions saving repeated efforts from close range. The backs were very sound and ably dealt with many ugly rushes by the opposing forwards; the halves tackled well, and came out of the ordeal with great credit, especially as their opponents were much bigger and heavier and the forwards, except for a brief period in the second half, played better football than has been seen in hospital cup-ties for years. Barrow was a tower of strength at inside-left, and Whipple played an excellent game at outside-right. Scutter, who again filled a vacancy in the team, played quite a good game in a position to which he is unaccustomed, and much credit is due to him for the sportsmanlike way in which he has turned out whenever wanted.

It was very unfortunate that so few Bart.'s men considered it worthy of themselves to turn up and support a team which had already won two cups, and of which one would have thought the Hospital might be justly proud. This team is the only one to bring any cups given for winter sports to the Hospital this year, and yet only six Bart.'s supporters turned up to see the match, and two of these were Last, the groundman at Winchmore Hill, and Bridle.

D. W. H.

CRICKET CLUB.

ST. BART'S v. SOUTHGATE.

Played at Winchmore Hill on May 20th, resulting in an easy win for Southgate. Vivian and Williams batted well for us.

SCORES.

SOUTHGATE.		ST. BART'S.	
F. S. Lewis, b Turner	25	A. J. Waugh, lbw, b Pearce	20
L. Niederheitman, c Brash, b Turner	6	A. G. Turner, b Cranfield	12
E. J. Mann, Bridgman	0	E. Brash, b Bashford	14
H. Milton, c Williams, b Bridgman	0	E. G. Dingley, b Cranfield	0
H. E. Pearce, run out	22	R. H. Williams, c Bashford, b Lewis	39
A. M. Bashford, not out	73	H. J. Dower, c Bashford, b Hudson	3
A. Cranfield, not out	70	R. T. Vivian, run out	50
G. N. Cranfield		T. E. Osmond, c and b Hudson	9
W. G. Walker } did not bat.		F. H. Robbins, b Hudson	0
J. R. Hudson } bat.		R. O. Bridgman, b Hudson	4
H. C. Isner		D. F. Moore, not out	0
Extras	16	Extras	13
Total (15 wickets)...	316	Total	164

ST. BART'S v. WANDERERS.

This match was played at Winchmore Hill on May 13th, and resulted in a win for the visitors by 3 wickets. Barrow batted well for the Hospital.

SCORES.

ST. BART'S.		WANDERERS.	
A. J. Waugh, run out	12	S. Colman, st Alcock, b Waugh	41
R. M. Barrow, st Behrend, b Wells	46	A. G. Parsons, c Dingley, b Turner	11
A. G. Turner, c and b Crawford	12	L. S. Wells, b Turner	7
E. Brash, c Parsons, b Crawford	26	P. S. Gale, run out	0
R. H. Williams, c Stafford, b Crawford	12	S. Stafford, not out	28
R. T. Vivian, b Crawford	0	R. T. Crawford, c Williams, b Bower	46
E. G. Dingley, c Parsons, b Smith	20	A. L. Sloper, lbw, b Turner	4
H. J. Bower, b Crawford	0	N. M. Smith, b Bower	3
W. B. Alcock, b Smith	15	G. Taylor	
R. O. Bridgman, st Behrend, b Crawford	5	H. Behrend } did not bat.	
T. Owen, not out	0	O. F. Moore	
Extras	19	Extras	24
Total	167	Total (7 wickets)...	173

SWIMMING CLUB.

St. Bart's v. Ealing, on May 5th. For this match we had largely an experimental side and lost by 5 goals to nil. Our chief defect seemed to be general ignorance of the rules and tactics of the game. Plenty of vigour was shown, especially by Mudge in defence.

The team was: Kitching (goal); Mudge and substitute (backs); Fidclian (half-back); Beyers, Stanger, Parry (forwards).

Reviews.

A MANUAL OF PHYSIOLOGY, WITH PRACTICAL EXERCISES. By G. N. STEWART, M.A., D.Sc., M.D.(Edin.), D.P.H.(Camb.). (Baillière, Tindall & Cox, 1910.) Sixth edition. Pp. xx and 1064. 18s. net.

The issue of six editions of this text book since 1906, when it first appeared, is good evidence of its value. The same arrangement as before is adhered to, *i.e.* practical exercises are given at the end of each chapter of formal exposition. The student will find that many of these exercises have to be performed on the living animal; the explanation is that the work was devised in the first instance for use in America, where, as the author says, a somewhat wider range of experiment is open to the student. Those exercises, however, which cannot be performed in this country without a licence form a useful series for demonstration to a class.

The manual has been extensively revised and brought up to date, with the result that it has been necessary to enlarge the book. It is now rather bulky as a text-book for medical students, for whom it is primarily intended, yet it is difficult to suggest how it could be shortened without losing clearness of exposition. For example, the section on the secretion of urine occupies twenty pages. In these the arguments in support of the vital and mechanical hypotheses are admirably summed up, and a concise account is given of the position of the question at the present day; yet no space is devoted to a description of the experiments on which these conclusions rest.

In such a polemical branch of science as physiology it is impossible to agree with the author on all subjects; for example, we cannot accept the explanation given of bronchial breathing. If the question is to be considered at all in such a text-book it should have been gone into a little more fully.

The book is well bound and fairly free from printer's errors, with the exception of quadrats, which appear with irritating frequency throughout its pages, and the diagram on p. 45, which is upside-down.

A MANUAL OF MEDICINE. By THOMAS KIRKPATRICK MONRO, M.A., M.D. (Baillière, Tindall & Cox, 1911.) Third edition, Pp. xxii and 1023. 15s. net.

The value of this edition can be best estimated by considering a few of the subjects in it which have been specially revised.

The diagnosis and treatment of syphilis in the text and further in an addendum at the end of the volume have been brought into line with the latest views. While the author mentions the use of dioxidiamidarsenobenzol, he omits to state that a Wassermann test should always be done before using this drug. The production of optic atrophy by the arylarsonates is noted, yet it is stated that there is reason to hope that these compounds may act as specifics where mercury is unsatisfactory. We think it safer to discourage the further use of these compounds.

Under diseases of the circulatory system the subject of arrhythmia receives attention, and Mackenzie's classification is followed.

In the section giving a general account of the cerebro-spinal fluid there is no mention of the presence in it, under certain conditions, of globulins, and it was not until we came to general paralysis that we found a reference to this condition.

Among the accounts of other subjects which have undergone alteration in this edition may be mentioned dysentery, epidemic anterior poliomyelitis, enteropositis, and certain affections of the skin and food poisoning.

The book is written in agreeable style, although a few sentences are not as clear as they might be, *e.g.* p. 19, line 17, and the statement of Landolt's first rule, p. 645.

In conclusion, it may be said that the manual can be recommended as giving a succinct account of medicine in accordance with the latest authorities; whilst the section on diseases of the nervous system, which occupies about a quarter of the volume, is especially good.

THE MEDICAL DISEASES OF CHILDREN. By REGINAUD MILLER, M.D.(Lond.), M.R.C.P. (Bristol: John Wright & Sons.) Price 12s. 6d. net.

The volume under review is one of the latest additions to the increasing literature dealing with the manifestations of disease in children, a subject whose complexity and interest can hardly be exaggerated. At the same time the author has no easy task to fulfil, for no branch of clinical work depends more on the personal experience and powers of observation of the medical man than the diagnosis and treatment of children's diseases, the patient usually not only failing to render any assistance, but actually opposing all efforts on the part of a stranger to make a full examination.

The opening pages dealing with this difficulty contain many practical hints, and are followed by a clear and concise chapter on feeding and general development, from which the reader can readily gather the principles underlying the dilution, etc., of cow's milk, the employment of artificial foods, and the control of feeding both as regards quantity and frequency in order to obtain the best results. The arrangement of the infective diseases under the headings of the causative organism where known is both novel and useful, and the arrangements of the digestive system are fully dealt with in a separate section. Of less vital importance, but of great interest, is the chapter on nervous diseases, with well-illustrated descriptions of Mongolian imbecility, cretinism, and those complaints in which habit and physical cause are so perplexingly mingled. The volume concludes with two appendices, one of therapeutic measures, and the other containing a list of the various institutions which aid sick children. Some of the photographic illustrations are very good, and in the case of those which do not attain such a high standard the difficulties attendant on the photography of young children must be remembered. We can recommend this book, which is well printed and bound, to all interested in the subject.

LANDMARKS AND SURFACE MARKINGS OF THE HUMAN BODY. By L. BATHER RAWLING, M.B., B.C.(Cantab.), F.R.C.S.(Eng.). Fourth edition. Pp. 96. With 31 illustrations. (London: H. K. Lewis.) Price 5s.

The early appearance of a fourth edition of this text-book is proof that it is firmly established in popularity among students and teachers of anatomy and surgery. The larger anatomical manuals have always been markedly deficient in two important respects: the accounts of the lymphatic system and of surface markings of important structures have been consistently inadequate. Consequently the student of surgery has been compelled to spend much time in collecting from divers sources a sufficiency of these important branches of surgical anatomy. In the present text-book the essentials of surface anatomy are gathered into one small volume of some ninety pages. The facts are stated as concisely as possible—it would be difficult for any student's lecture notes to contain as much in less space—though there is no sacrifice of clearness to brevity. The illustrations are well drawn and printed on art paper, and compare favourably with those of the most expensive of the larger anatomical works. The printing is excellent.

In a word, the book is one which the student can take up and read through in an evening, and which contains a very reliable account of an important part of surgical anatomy.

Future editions might be improved by the addition of diagrams of the ossification and epiphyses of the long bones, etc.; at present the student merely works out his own diagrams from the appendix. A much greater effort of memory is necessary if such facts as these are to be learnt from letterpress descriptions.

Notices.

THE DURHAM-DUPLEX SAFETY RAZOR COMPANY (5, York Buildings, Adelphi, London, W.C.), have sent us a sample of their outfit, which we have found to be superior to any "safety-razor" system we have hitherto encountered.

The razor consists of a handle with a safety-guard, to which a blade is easily and quickly attached. Its outstanding feature lies in the capability of manipulating the instrument in exactly the same fashion as the ordinary old-fashioned razor, with the additional benefit of perfect safety.

Six double-edged hollow-ground blades of finest steel are included in the outfit, together with a holder for stopping the blades, and all are contained in a most attractive and convenient little pigskin kit. The price complete is 25s.

This safety razor can be heartily recommended, not only for toilet purposes but for the shaving previous to operations; and we feel convinced that the anxious patient, whose "preparatory" is often a greater ordeal than the operation itself, will much appreciate this concession to his comfort. The Durham-Duplex Company have had the enterprise to produce a special instrument with an aseptic handle for surgical purposes.

GLAXO (Messrs. Brand & Co., Ltd., 82, Mayfair Works, London, S.W.) is a dried preparation of cow's milk consisting of all its solid constituents with the addition of cream and milk sugar to form a fine, flaky powder. By the addition of a requisite quantity of water there can be prepared, with the minimum of trouble, a fluid with a standardised composition and resembling milk in all essential features.

A guarantee is given that the manufacture is performed with the most rigid hygienic precautions; and that whilst, on the one hand, no starch is added in the course of preparation, on the other hand, all the constituents of milk are preserved and no additional milk is required, as in the case of some prepared foods, to bring the whole up to the proper nutritive value.

We note that Glaxo has undergone several trials, one of which was carried out under the supervision of Sir George Newman, when fifty-four infants were comprised in a test extending over nine months.

We cannot claim the possibility of carrying out any such extensive trial, but we have known one weakly baby of seven months to take the food with evident enjoyment and to thrive upon it.

Royal Naval Medical Service.

The following appointments, etc., have been announced since April 20th, 1911:

Surgeon C. Wilkes to the "Pembroke," and Surgeon E. Browne to the "Wildfire," both additional, for disposal, to date June 3rd, 1911.

Surgeon E. S. Wilkinson has been promoted to the rank of Staff-Surgeon in H.M. Fleet, with seniority of May 16th, 1911.

Appointment.

HEY, S., M.R.C.S., L.R.C.P., District Medical Officer of the Ripon Union.

New Addresses.

CANE, A. S., 59, Harvard Court, West Hampstead, N.W.
 GIBSON, W. R. 135, Upper Grosvenor Road, Tunbridge Wells
 GREENWOOD, F., 81, Mayfield Road, Stroud Green, N.
 GRIMOLDBY, J., Burford, Oxon.
 HURLEY, W. H., 122, Christchurch Road, Tulse Hill, S.W.
 ILLIUS, Capt. H. W., c/o Messrs. Thos. Cook & Son, Ludgate Circus.
 JULIAN, Lieut.-Col. O. R. A., R.A.M.C., Military Hospital, Portobello, Dublin.
 MURPHY, Surg. L. C. E., R.N., Royal Naval Barracks, Chatham.
 PAGE, Cecil, Holly House, North Walsham, Norfolk.
 PLETTS, J. M., The Wainholm, Toddington, Beds.
 TURNLY, J. E., Shotley Bridge, Co. Durham.
 WEST, W. G., 48, St. George's Road, Southwark, S.E. (temporary).

Births.

BENNION.—On May 16th, at St. Mary Cray, Kent, the wife of J. Menlove Bennion, M.D. (Cantab.), of a daughter.
 GIBB.—On April 30th, at Pekin, China, to Dr. and Mrs. Gibb—a son.
 GOODCHILD.—On May 1st, at Sydney House, Highgate Road, N.W., the wife of Dr. N. John Goodchild, of a son.
 ROBERTSON.—On May 5th, at the Grange, Bletchingley, Surrey, the wife of F. W. Robertson, M.D., of a son.
 WATERFIELD.—On May 10th, at the residence of her father, Blyburgate House, Beccles, Suffolk, the wife of Noel E. Waterfield, F.R.C.S., of the Sudan Medical Service, of a son.

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

1210, NORTH 45TH PLACE,
 LOS ANGELES, CAL.

May 10th, 1911, 3.55 a.m.

DEAR FRIEND,—I am pleased to announce to you my arrival in this world, and I hope to spend a happy, useful life here. I weigh eight pounds.

Mother and I are well, and Father is delighted.

JACOB VAN BORN.

Marriages.

DEANE BUTCHER—DUFF.—On May 27th, at Sydney, Australia, Charles Bazett Deane Butcher, M.R.C.S., L.R.C.P. (Eng.), of

Pittsworth, Queensland, eldest son of Mr. and Mrs. Deane Butcher, of Holyrood, Ealing, to Margaret Peden Duff, second daughter of the late James Duff, of Halifax, and Mrs. Duff, of Blackpool (by cable).

HOSKYN—PARKER.—On May 26th, at the church of St. John the Evangelist, Stanmore, Middlesex, by the Rev. Stewart F. I. Bernays, Charles Reginald Hoskyn, M.B., B.S., of Rugby, second son of the late Major Charles Reginald Hoskyn, R.E., of Bombay, to Helen, second daughter of the late Frank Rowley Parker and of Mrs. Parker, The Garth, Stanmore.

Deaths.

CORNER.—On April 27th, at Westcliff-on-Sea, Albert Corner, aged 45.
 EVANS.—On May 4th, at Hertford, Ernest Richard Evans, M.D., aged 66.

Acknowledgments.

The British Journal of Nursing (10), The Student (5), The Nursing Times (10), L'Echo Médical du Nord (5), Giornale della Reale Società Italiana d'Igicene (4), The Journal of Laryngology, Rhinology, and Otology (2), The London Hospital Gazette (2), The Middlesex Hospital Journal (2), The St. Thomas's Hospital Gazette (8), The St. George's Hospital Gazette (2), The Hospital (3), The Stethoscope, The St. Mary's Hospital Gazette (2), Guy's Hospital Gazette (4), University College Hospital Magazine, The Medical Review, Paris Médical, The Practitioner.

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. XVIII.—No. 10.]

JULY, 1911.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

JULY 1st, 1911.

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

Calendar.

- Mon., July 3.—Special Lecture. 12.45 p.m. Mr. West.
 2nd Exam. for Med. Degrees (Lond.), Pt. II, begins.
 M.D. and M.S. Exams. (Lond.) begin.
 D.P.H. (Conjoint Board) begins.
 2nd Exam. Society of Apothecaries begins.
- Tues., " 4.—Dr. West and Sir Anthony Bowlby on duty.
 Final Exam. Conjoint Board (Medicine) begins.
- Thurs., " 6.—Final Exam. Conjoint Board (Midwifery) begins.
- Fri., " 7.—Dr. Ormerod and Mr. Lockwood on duty.
 Clinical Medicine 12.45 p.m. Dr. Tooth.
 Final Exam. Conjoint Board (Surgery) begins.
 Junior Scholarship Exam.
- Sat., " 8.—Oxford Trinity Term ends.
- Mon., " 10.—Special Lecture. 12.45 p.m. Mr. McAdam Eccles.
 1st Exam. for Med. Degrees (Lond.) begins.
- Tues., " 11.—Dr. Herringham and Mr. D'Arcy Power on duty.
- Thurs., " 13.—2nd Exam. Med. Degrees (Lond.) Pt. I begins.
- Fri., " 14.—Dr. Tooth and Mr. Waring on duty.
- Sat., " 15.—Summer Session ends.
- Mon., " 17.—1st Exam. Conjoint Board begins.
- Tues., " 18.—Dr. Norman Moore and Mr. Bruce Clarke on duty.
- Fri., " 21.—Dr. West and Sir Anthony Bowlby on duty.
- Tues., " 25.—Dr. Ormerod and Mr. Lockwood on duty.
- Fri., " 28.—Dr. Herringham and Mr. D'Arcy Power on duty.
- Tues., Aug. 1.—Dr. Tooth and Mr. Waring on duty.
- Fri., " 4.—Dr. Norman Moore and Mr. Bruce Clarke on duty.

Editorial Notes.

THIS is our Coronation number, but we are not able to depart in any degree from our familiar sober trend by way of celebration: to us has been denied the privilege of printing in gold with a cover of royal purple; no appropriate illustrations adorn our pages, nor has the hospital poet been commissioned to indite a Coronation ode. None the less we do not hesitate to regard ourselves as amongst the most loyal of Their Majesties' subjects, and we add our humble tribute of wishes to the millions which have come from every country and in every language.

It will never be our experience to edit another Coronation number; nay, we will go further, and in no spirit of *double entente* we can best convey our wishes to Their Majesties by expressing our hope that we shall never see another Coronation.

* * *

THE Coronation has left us richer than we were. Honours to St. Bartholomew's sons are honours to the Hospital, and we may all feel that we shine with the reflected glory of Sir Henry Butlin's baronetcy and Sir Anthony Bowlby's and Sir Frederick Wallis's knighthoods. Sir Henry Butlin's eminence in his profession and his position as President of the Royal College of Surgeons made his new dignity inevitable. But it is none the less appreciable because it was inevitable. Sir Anthony Bowlby's distinction has also been long expected, and for years we have affectionately regarded him as "The Baron" with such intensity of intelligent anticipation that no change seems to have occurred now that he is Sir Anthony. Sir Frederick Wallis, Surgeon to Charing Cross Hospital, is not so familiar to the present generation of students: after demonstrating here in the dissecting rooms he left for Charing Cross, where he has had a distinguished career. We are proud to be the mouth-piece of all Bart.'s men to express their warmest congratu-

lations, and the hope that all three will live long to enjoy the honour they have so deservedly acquired.

THE fatal association of genius and insanity has been observed and commented upon by writers from time immemorial, and their remarks upon the subject vary from a plain forceful opinion like Seneca's that there is no great genius without a tincture of madness, to a finely imaginative description like Lombroso's comparison of genius to a pearl—the beautiful result of morbid irritation in a diseased oyster! A perusal of Dr. Robert Jones's paper (which we have very much pleasure in printing in its complete form) brings the matter home to us in a very striking manner, and leaves us with a lingering congratulation that we have no poets or musicians in our ancestry. But we have no objection to their being the ancestors of other people; for although Dr. Jones warns us that genius may often prove to be a golden idol with feet of clay, we at any rate have no desire to be iconoclastic, but rather to be grateful to Nature for such aberrations as will send the Pilgrims' Chorus echoing down the corridors of time.

THE Annual Sports were on the whole a gratifying success. The uncertainty of the weather prevented a very large attendance, but the Staff supported the meeting in a most encouraging fashion, and what is still more satisfactory, the entries were larger than for many years past, and the competition in most of the events was as keen as could be desired, whilst several performances were of outstanding merit. We must particularly commend the businesslike manner in which the proceedings were carried out, with the minimum of delay and of inconvenience, an achievement reflecting the highest credit upon the officials.

OUR performances in the United Hospitals' Sports exceeded our most sanguine expectations. Our representatives scored three firsts and three seconds, and were only seven points behind St. Thomas's and the London Hospitals, who tied for first place. We particularly congratulate Mr. H. J. Bower on easily beating the record for throwing the hammer (the previous record was held by Bart's), and Mr. T. H. Just on his fourth consecutive victory in the half-mile; he also obtained second place in the quarter. Whilst it is a great satisfaction to have done so well, it is also disappointing not to have done just a little better. An extra inch in the long jump and we should have tied for the Shield; one other second in an additional event and we should have had it for another year. Those who gallantly represented the Hospital were so successful that we feel certain a special effort will be made next year.

It was inevitable that a festivity held on the day preceding Coronation Day should attract few people, and we were really surprised at the comparatively excellent attendance

at the Past v. Present matches. Ladies were conspicuously in the majority, and although this in itself is certainly no objection, it invites the criticism that very few students were present. The success of a garden-party largely depends upon the services of the guests themselves, and one felt that this year there were not enough men to hand round the tea-cups.

This leads us to suggest what we feel sure would be an improvement in the arrangement of fixtures during the summer term. At present the Sports are held, as a rule, on the second Wednesday in June, the Past v. Present matches on the following Wednesday. Two such dates are much too close together: a large number must be deterred from giving up two consecutive Wednesday afternoons to Hospital festivities, and in consequence both suffer.

If we regard the Garden-party as the more important event and keep that date fixed, what objection is there to the Sports taking place some three weeks earlier, say the last Wednesday in May, removing the present competition that must exist between the two events? To our minds there are many advantages in such a plan and no disadvantages. Examinations are nowadays held towards the end of term, and holidays at this season are best not multiplied; the suggestion that is sometimes raised that better weather is more probable later in the summer is of no value when a climate so versatile and fickle as ours is in question. We commend our proposal to future secretaries, and promise them better attendances at both Sports and Cricket Match.

Members of the Staff, past and present, who have served on the Finance Committee of the School, will be grieved to hear of the death of Mr. J. W. Butcher. He had acted as Accountant for the School for over thirty years, and his intimate knowledge of the detail of the accounts made the annual work of the School auditors a comparatively easy task.

We much regret that in congratulating Dr. Whale in our last issue on his passing the Primary Fellowship of the Royal College of Surgeons of England, we referred to him as Captain Whale.

Dr. Whale wishes us to state that, as he retired from the I.M.S. in 1906, he has no right to the title of Captain, and has no desire to be so styled. We gladly accede to Dr. Whale's request, and beg to assure him of our regret for the annoyance he has been caused and of our hope that he has been in no way inconvenienced.

Temperaments: Is there a Neurotic one? *

By ROBERT JONES, M.D., F.R.C.P.



HIS is an age which concerns itself about "equality of opportunity," if not "equality" in many other directions.

Democracy, represented by the State, insists that there should be no privileged class, that every person has a right to decent education, housing, and food, and that the net for preferment, promotion, and office should be cast widely; but there are drawbacks to this Utopian scheme. We are not all constituted alike, and to avoid waste of energy on the part of the State to bring about equality, as well as on the part of the individual to be equalised, it is well we should know the "square pegs," "misfits," and even "impossibles." We know people as tall or short, fair or dark, square or slim, and we know by experience that "one man's meat is another's poison," and if we can discover by some special means of observation the distribution of endowment, the capacity for education, the suitability for occupation, the fitness for after life, the taste, the disposition or tendency to act, or even the susceptibility to disease; in other words, if we can ascertain the "temperament" of the individual, we and he, or she, may be saved much disappointment and sorrow, possibly also misery and shame.

In medicine we know that drugs act differently on different persons, and sometimes the normal effect fails to appear unless the dose is varied. Some cannot take quinine, others are affected unphysiologically by opium. One person becomes insufferably ill from the presence of a cat in the room, another at the odour of lilies. One suffers emotional disturbance at the creaking of new boots, another when a pencil writes on a slate, a third at the creasing of paper or the scraping of finger-nails, and similar personal idiosyncrasies have disturbed men of great mental power and ability. Schiller required the odour of decaying apples to stimulate him in composition, and Kant the sight of a button on a student's coat to help him to lecture, and I have known promising adolescents in my own profession who could work better when a photograph of their admired one was on their study table!

We know the course of disease in different persons necessitates different treatment; we have learnt that different climates have to be avoided by different people. One cannot live at Ramsgate, for instance, and the other languishes at Ventnor, and *vice versa*, and in treating diseases we have to remember that we treat the individual and not the disease, in other words the treatment required must depend upon the "temperament," a knowledge of which may

* The Mid-Sessional Address before the Abernethian Society, June, 1911.

enable us to guard against diseases to which we may be particularly liable.

"Temperament" is a very old word. It was in use over 2000 years ago, and is said to have been originated by Hippocrates 400 B.C.

The ancients had no stethoscopes, thermometers, watches, nor instruments for measuring arterial pressure other than the end of the fingers. Moreover, they had no physiological, and but little anatomical knowledge of the internal organs, which they could neither view as we do nor bring them into recognition outwardly. In consequence they eagerly cultivated a knowledge of external signs, and finding that people differed, often remarkably, in external conformation as well as in mental and moral character, they attributed these differences to the excess of one or other of the humours of the body, the blood, bile, lymph, or phlegm, and according to the mixing of these fluids there resulted an excess or deficiency in their constitutions, and persons were described as of a sanguine, bilious or melancholy and phlegmatic temperament. Even in the remote past, dark or fair persons were known to be predisposed to diseases of different types or classes, and the same diseases were known to affect them differently and needed different treatment for their relief.

Experienced physicians and surgeons in more modern times, relying on the maxim that we are often better known by our looks than our words, have followed most keenly the study of resemblances and differences in their patients—certainly keenly in this hospital in the time of Dr. Black, who, without examining them, arranged his out-patients on seats according to the "physiognomy" of their disease. By this experience many of them arrived at a sort of instinct or divination by which the true character and the history of their individual patients could be read in the external features and physical conformation. They were enabled to discover the presence of, and, it is stated, the predisposition to, disease in their patients, to foretell the nature of their illness as well as its probable termination—thus laying the foundation of prognosis—and, as is further added, to proclaim the nature of the moral affections.

The word "temperament"—from *temperare*, to moderate, derived from *tempus*, time, the great temperer is the most popular and least exact of all the terms used in describing differences of organisation. One writer states that all creeds and opinions are matters of chance and temperament, giving it the widest range and the most varied possible use, but implying that given a certain personality or certain physical characters, the corresponding mental as well as moral traits may also be predicted. The words *temperamentum*, *temperatura*, *temperatio* have also been used in the same sense, and so have *complexio*, *crasis* (*κρῆσις*), *eu-crasia*—a good temperament, *eu-exia* (*ἔξις*)—a good constitution, *euchymia* (*χυμός*, juice)—a good state of the humours. The different mixing or tempering of the constituent parts

of the body was assumed to cause the difference between individuals, this difference of organisation being due to a difference in the function or activity of the organs concerned.

To define the word "temperament" is not an easy task. By some it has been applied to indicate the relation between certain physical states (such as the size and form of the body, the size and shape of the head and face, the colour of the hair, eyes and complexion) and mental states. Others regard it as the actual combination of certain physical with certain mental characters. There is a danger, however, in reading too much from physical characters to mental traits, and there is no doubt that this has been overdone, minute details and deductions having been inferred which experience would neither warrant nor justify. We ourselves know the impulsiveness, the love of change and the unwarranted hope of blue-eyed, red-haired people (the so-called sanguine temperament) as contrasted with the caution, persistence and ambition of the dark-eyed and black-haired (the so-called bilious temperament). Yet surrounding circumstances might so modify natural impulses and tendencies that a carrot-haired girl—a *femme blonde*—might be transformed into the unemotional and simple nature of her black-haired sister—the *femme brune*. John Stuart Mill clearly recognised that differences of bodily structure were correlated with different mental states, and George Eliot went further and declared she never knew brains and red hair associated.

Mainly, however, the term "temperament" came to mean certain physical conditions, and Galen, in a Latin treatise translated by Linaere, suggested nine kinds of temperaments based upon four simple physical states, which he described as moist, dry, hot and cold. Four others were obtained by mixing these, viz. hot and moist, hot and dry, cold and moist, cold and dry, the ninth, which he called the balanced temperament, being made up "through the proper mixture" of all the others. According to their preponderating activity and in accordance with the system of humoral pathology, the function of the four chief organs in the body gave their names to corresponding temperaments, viz.: (1) the heart—and blood, (2) the liver—and bile, (3) the spleen—which was surmised to secrete black bile, and (4) the brain with the pituitary body which secreted phlegm, and thus the varieties described by Galen were reduced to four. In order fancifully to delineate the four temperaments they have been considered analogous to the ages of man and to the seasons of the year, the sanguine corresponded to childhood and spring, the bilious to youth and summer, the melancholy to middle age and autumn, and the phlegmatic to old age and winter. With the progress of experimental physiology the spleen was discovered not to secrete black bile, and on anatomical grounds the atrabilious or melancholy temperament was discarded, and in its place was suggested a nervous one; and we desire to know if such exists?

As to whether temperament is physical or mental, or

neither, probably no two authorities are fully agreed, but in our view it is neither a combination of states nor their relation, neither is it a physical condition, but a mental "tendency." It will be taken throughout this paper in a psychological sense and as indicating certain reactions or tendencies on the part of the organism, in the first place towards its environment, or in other words, the tendency to certain kinds of conduct, based on the correlation of physical with mental states, and secondly, the reaction of the organism to disease. We cannot fail to recognise that there is a correlation between certain bodily states and certain mental states, shown by the appearance of the brain in certain forms of insanity, and there is also a correlation between certain bodily states and certain morbid conditions described as scrofulous, gouty, cancerous, hæmorrhagic, rheumatic, sthenic, and other tendencies; but empirical generalisations such as these must be further investigated before progress can be made in definite and actual correlation. Whilst, therefore, appreciating the reality of such a thing as "temperament," and whilst accepting it as a psychological tendency, those who have written on the subject consider the correlations of the four chief types of temperament to be (1) for the sanguine type, persons who are short and often stout in later life, who have fair complexions, blue eyes, and red hair; mentally active, emotional and excitable, but lacking in persistence and steadiness and showing a tendency to acute illnesses; for the (2) bilious or choleric, those who are thick set, rather clumsy folk, with dark eyes, hair, and complexions, people who are often gouty or rheumatic, and who are mentally unemotional, deliberate, and jealous; for the (3) phlegmatic or lymphatic, people with bulky forms, light hair, pasty complexions, slow movements, mentally "heavy on hand," slow and plodding, a type which tends to dementia and diseases of a slow course; and (4) the nervous, with slight, slim, tall figures, large foreheads and pointed chins, dark eyes and sallow skin; those who think quickly, react rapidly, are susceptible, but easily get over their emotions. These tend to suffer from nerve-storms, not infrequently ending in insanity. Probably no person has only one or other of these four recognised types, the chief characteristics in any one person partaking of the compounding of all the varieties, hence the necessity for some other more definite classification.

Even in twins, whom we should expect to be most alike, there is often a greater divergence than there was between Esau and Jacob.

It we take the body to be the organ of the mind's expression, and the body must be considered biologically as an aggregate of unit characters, each of which has independence of a kind, we shall find that temperament, in the sense of being the aggregate of a man's physical organisation, is an untenable theory, and the term has ceased to have any definite anatomical meaning. The human organism, like any other, reacts to its environment, and it is this tendency

to react which I shall describe as "temperament." Any stimulus, external or internal, impinging upon any sensory areas of the body, tends to come out as movement, and it is this reaction to outward or inward excitement which is the basis of human activity.

Precisely as the amoeba is seen to contract from the stimulus of contiguous particles which act as stimuli to it, so exactly does the human body react to its stimuli. It is this reaction, in my opinion, which is the fundamental quality of temperament, and we know how infinitely varied is this reaction in different individuals.

A race or a nation is composed of many individuals, as the individual is composed of many cells, and the national or racial temperament is the tendency it has to react to stimuli from within or from without. The physical organism, as we all know, is the resultant, so to speak, of developmental forces, *i.e.* it is the result of inheritance. The original gametes—the male and female cell with their chromosomes—unite and become the zygote out of which the individual arises and grows, by the power of certain chemical combinations, through certain states based upon laws, which, although we know little of them, we describe as the laws of inheritance. In the study of heredity we find certain characteristics dominant in the parents repeating themselves in the offspring, which is a blend of all its ancestors but the influence of the environment must not be overlooked as a controlling power, for "nature" and "nurture" both count. In the course of long ages, the surroundings are undoubtedly a great modifying factor upon growth and development, carrying with them also a certain method of reaction which I call a "temperament." The nature of man is, "like the dyer's hand, subdued to what it works in." The capability for adaptation and improvement which the history of man records shows so many changes that it would be impossible correctly to infer definite mental qualities from outward appearances. Food, climate, occupation, soil, and the general aspects of nature all exercise a modifying influence on man's development.

We can tell the east coast agriculturist, the central manufacturer and the western miner from their occupations, food, soil, etc. We can also tell the doctor, lawyer, solicitor and sailor by the influence of their environment. In the vegetable kingdom we see in plants that the environment counts much as a controlling power. Alpine plants when brought down to the plains assume plain characters, and those characters created by environment become fixed, for the plants come true to the seed, reappearing with their acquired characters in the plant when the seed is sown. The same with water plants, which, as a rule, have deeply dissected leaves when growing in water. Land plants thus grown tend to take up the water characters and these characters reappear again when the seeds of the new plant are sown. The same influence of the environment occurs with plants of the dry desert or with those of moist equatorial conti-

nents. As in plants so in animals and man. The environment is able to modify appearance, stature, language, customs and conduct, and owing to environmental differences the geographical limitation of man is rarely an ethnographical one, as we know in regard to our own country. Let us briefly review the history of man in the British Islands in order to show his composite origin and his changes by environment, also in order to prove that he cannot possess a simple temperamental type as suggested by some authorities. In the Pleistocene Age, some tens or hundreds of thousands of years back, Great Britain and Ireland were parts of the mainland, rivers ran north and west to a coast line far out into the Atlantic, probably where the hundred-fathom soundings show the dip into oceanic depths. In this age lived paleolithic man as a hunter and fisherman, using flints, bone, and horn tools and weapons. As contemporaries he had the mammoth, the cave lions and bears, the straight-tusked elephant, wild horse, hyæna, Irish elk and reindeer, the hippopotamus and the rhinoceros. He had attained civilisation, as may be seen from the carvings and drawings of the river drifts and the cave remains since collected.

The glacial epoch came on during this period and swept away the mammoth and its congeners, and with it paleolithic men. A new era brought a new race from the continent of Europe and neolithic man was later succeeded by man of the Bronze age, then of the Iron age and of the lake dwellings. Neolithic man, who probably knew nothing of agriculture, was short and dark, dolicocephalic, with a cephalic index of 71 or 72 and with black, curly hair. It is stated that curly hair is rarely associated with great intelligence, but this dark type from the Iberian Peninsula is the oldest stock in our country, and its remains are still found in Wales, in some parts of Cornwall, and in the West of Ireland. The Bronze age saw the arrival of a new blonde race, who were brachycephalic with a cephalic index of 78, which crossed the Channel about 1200 B.C. and introduced the Aryan tongue into Britain.

This fresh immigration came from the parts between the Rhine, the Seine and the Garonne; the northern became the Goidelic, and the more southern, the Belgic or Galli, became the Brythonic, using a language which became the parent of the present Welsh. Later we have records of incursions by Phœnician traders and by Greeks from Marseilles, followed by those of the Danes, Saxons, and Normans. Under such circumstances who can claim for any of the inhabitants of this country a pure temperament such as is academically suggested in the types presented? The absurdity of such a suggestion is too evident. What with the intermixture of races in the past and with local migration in the present (by means of railways and other methods of communication), it is impossible to look upon modern civilised man temperamentally as other than an amalgamation

in his own person of different developmental forces, many of them, of course, arising out of environmental influences.

Defoe says:

"A true born Englishman's a contradiction.
In speech an irony, in fact a fiction."

Although the Englishman is made up, as we have shown, of grafts from every race of the Aryan stock, yet abroad he is always "spotted"—at any rate the hotel keepers seem to find it out! Is the American, the Frenchman, or the German identified by some peculiarity of configuration which is also always associated with certain mental qualities or by certain tendencies in conduct? I venture to deny any such constant association! Uniformity of structure in people is one thing, but the uniform association of structural qualities with qualities of mind or conduct in them is quite another. There is no more reason for considering that certain uniformities of structure (which enable us, for instance, to identify a Jew, a Frenchman, a German, or any other nationality) should imply similar temperaments, than than there is to suppose that such uniformities of structure or similarity of configuration as enable us to identify members of the same family should imply for each of its members the same temperament or the same mental reaction, a condition we know not to exist. It must not be assumed from racial likeness that structural similarity implies the same invariable association of mental qualities. For this reason we protest against the *physical* explanation of "temperament." The same excitation of the cortical cells in one person, even of the same family and descended from the same ancestors, gives rise to different effects when applied to another member of the family, and it is erroneous to associate physical similarity with uniform mental qualities.

It is true that there are family peculiarities which are very constant; such, for example, is the nose of the Bourbon royal houses of France, Spain and Naples, or the Hapsburg lip, yet these outward marks imply no uniform mental correlation. Analogous peculiarities may characterise races, yet they may not imply similar mental tendencies or temperaments in these races. Some of these family peculiarities are often in the nature of degenerate stigmata. The Hapsburg lip is not inherited by the females, yet it is transmitted by them. Napoleon I married an Arch-Duchess of Austria, and her son, the King of Rome, inherited the Hapsburg characters. Charles V, the greatest European potentate of the sixteenth century, had such a well-marked lower lip that each time he ate, it is said to have touched his nose. Philip II, son of Charles V, possessed this prognathous skull and lip of the Hapsburgs, and he was an unmistakable descendant, but Don John, of Austria, although acknowledged to be another son, had none of these characters, and history has since rejected this filiation and has relegated his ancestry to the German servant Barbe Blomberg and her vulgar paramour. Some doubt has existed as to the

legitimate claims of Louis XVII, as he inherited none of the prognathism of Louis XVI and Marie Antoinette, who were both Hapsburgs.

I do not say that much information as to mental character is not to be obtained from the face; the whole trend of experience is the other way; all I say is that too much trust must not be laid upon the face, for we are apt to deceive ourselves and be deceived by excessive reliance upon the physiognomy. Many attempts have been made to read temperamental traits from the face, and faces have been divided into the square for the bilious and lymphatic, tapering for the sanguine, and for the reflective and introspective the so-called melancholy face; but it need hardly be said this question of expression implies a much more complicated inference than seems to us on the surface, for we have the square-jawed midnight marauder—the typical "Bill Sykes"—and we have the tapering face of this man's tool, viz. the sneak-thief, who is content with minor achievements, such as stealing purses and picking ladies' pockets in the intervals of loafing. There is no doubt the physiognomy has been greatly exploited as a field for information in regard to character. As an expression of the emotions it is certainly of value, particularly of those fundamental emotions relating to pleasure and pain, for the face, like the barometer, is a good indicator of *existing* emotional weather, but too much confidence must not be placed in the face as the chief interpretative medium of character. In regard to the elements of the physiognomy, the eyes are looked upon as the "pole-star," for those who seek guidance as to the emotions; the eyes of Chatterton had "fire rolling at the bottom of them," and those of Burns were "like coals of living fire," and Sir Walter Scott's "literally glowed," but the hand is also a valuable guide. Nevertheless I am inclined to think that the most reliable element in the face is the mouth. Possibly the most fleeting and transient feelings of the moment are better reflected in the eye, whereas the fixed, firm, decisive and permanent constituents of character are in the mouth. We all know the roving eye which looks upon everything and sees nothing, and we recognise the inconstancy conveyed by the "shifting" eye.

As to the general mental disposition we rightly associate the different emotions, e.g. joy, caprice, anger, fear, and ambition, not with the bony framework of the face, but with the more mobile features controlled by the muscles and nerves of the face. It is the *tout ensemble*, the whole assemblage of the visage in which we see emotion and which rightly show character.

For instance, we know one person to be suffering from melancholia, another from mania, a third from dementia, a fourth from confirmed epilepsy, and a fifth from general paralysis by outward facial characteristics.

A sixth, perhaps a summary of all the others, which forms the basis of the insane temperament, gives, on the other hand, no indication by physical signs, *i.e.* one needs to

find out the mental reaction to ascertain the temperament. Neither the highest powers of the microscope nor the most skilled chemist would be able to say that a person possessed the temperament of the "paranoiac," who is the most dangerous as well as the most chronic of all the varieties of insanity. For this it is necessary to ascertain the mental reaction. The mental reaction or tendency to act must be taken as the only guide to the temperament or the personality, and mental reaction originates primarily out of the master structure, viz. the brain, which gives to the individual the form of character or the conduct he or she tends to. The brain of man differs from that of the lower animals, and there is also a racial difference, for the brain of an Englishman differs from that of a Chinaman. There is a diversity in shape, weight, size, quality and convolitional pattern, and a corresponding diversity is seen in their mental reaction. It is the reaction of this master tissue that forms the basis of temperament. In other words, it is the reaction to the environment which constitutes the scheme for its proper classification or subdivision, and this is the one which has been verified by observation and which, to quote Ribot, may be divided into four chief types, viz., firstly, the active or responsive; secondly, the sensitive or receptive; thirdly, the apathetic, indifferent, or amorphous; and lastly, the unstable or the nervous. These portray fundamental types of character, and they are based upon physiological observation.

Man, as we know, feels and acts and wills according to the increasing definiteness or distinctness of some motive depending upon the inhibiting power of the person himself, and so, by adopting this scheme, we have a classification of temperaments on a physiological as well as a psychological basis. Let us take, firstly, the active or responsive type. We are all familiar with the strong tendency to action of some of our acquaintances or friends, as well as of some characters in history or fiction, whose lives seem to be always directed outwards. The heroes of historical novels and all knights of the sword and pistol are of this type.

These persons are people of purposeful vigour, full of courage, and they love action, excitement, and adventure. They are (as pointed out by Margaret Ashmun) the roystering dare devils of heroic novels, brimming over with superabundant spirits and full of the zest of life, all action and "damn the consequences." They are always optimistic, and they exhibit in their persons human possibility of the *Nth* Power. They are the giants and gods of mythology. Oliver Cromwell and Wellington remind us, and in Shakespeare, Prince Hal and Hotspur are of this type. D'Artagnan in Dumas's *Three Musketeers* is another example, and the personification of the type is shown in the classical descriptions of Hector, Achilles, Odysseus, Aeneas, and possibly Joan of Arc, but it is not the fashion for women to be of the active resolute character, although about one in every eighteen women is thus distinguished. As they are unable to pull down

Hyde Park railings when they have revolted against deep-felt grievances, they are laughed at and jeered at when they attempt to leave the polite emotions for an active campaign! In further derogation of the gentler sex, it is suggested that owing to the rarity of intellectual ability in women they have often played larger parts in the world's history than would be credited to men possessing similar achievements, that is to say, equal ability in man would not permit him to play a similarly large part. Mrs. Elizabeth Montagu, who obtained fame as a leader of society and an authoress who attacked Voltaire, Mrs. Mary Somerville, who was acknowledged as a scientific writer on the spectrum and on Laplace, and possibly Miss Hannah More, the intimate of Garrick and the authoress of religious tracts, were women of this class.

In domestic life the Mistress Page of the "Merry Wives of Windsor" is a cheerful, sprightly, active and quick-witted woman, who deserves her husband's confidence, and has it by her faithful, true-hearted allegiance to him; she is not to be taken in by the "greasy knight," Falstaff. Mistress Ford is another delightfully happy character, the active sunshine of the home, transparent and cheerful. Richard III may be taken as a practical, direct, and promptly active man, the most wonderfully energetic and skilful murderer that ever sat upon a throne. A crooked and ambitious king, full of energy and insincere, he was a good example of the restless, active type.

The sensitive kind, which is our ideal of refined woman, hood, is the next type. The emotional type that sympathises with distress, that is quick to perceive and ready to respond forms the list of attractive heroines of most of our love stories, and Shakespeare has them in abundance. Portia, the lady of Belmont, as stated by Cowden Clarke, is the contemplative variety of this type, and she has been described as a lovely specimen of a lovely woman. Like all distinguished characters she has been roundly abused. She has been accused of pedantry and affectation, of conceit, of learning, and of being the antipodes of modesty, but she showed courage at the right moment, she had ready wit and great presence of mind, and she is probably the most cheerful and pleasant-spirited of Shakespeare's characters. Juliet is another of Shakespeare's love heroines, emotional, and sensitive. From the moment she learns of Romeo's banishment through her agonised pleadings with her parents to the subsequent interview with Friar Lawrence, as well as in the scene where she drinks the sleeping draught, we see her ceasing to be the weak, loving girl of sixteen, pouring out the beauty of girlhood, and suddenly becoming a strong, self-reliant woman, in whom all the most powerful emotions and ardour of the really sensitive lover are fully portrayed.

The delicate poetical love of Viola is the sweetest and tenderest emotion that ever informed a human heart. Jane Fyre and Lucy Snow are other characters which represent the sensitive temperament. Nor is this type limited exclu-

sively to women, there are men of this type, and Mark Antony, if I interpret him rightly, was of this temperament. He was sensitive, and, although a warrior, he was effeminate and fond of pleasures. He married Fulvia, whom he repudiated for Octavia, and she was cast away for Cleopatra. Marcus Junius Brutus, and probably Hamlet, were also of the contemplative sensitive type. Job, Christian in the *Pilgrim's Progress*, and Robert Elsmere may also be placed in the same category.

The other division is the mentally apathetic, the characterless or amorphous group—not because there is no character in these, but because most of the active and the sensitive elements of reaction are balanced and there is a suppression of any one definite element. These people do not feel deeply, nor strongly; they are often heedless of others and are egotistical. Falstaff was of this type. He was charged with a host of vices—he was coward, swindler, liar, cheat, and braggart. He had a laughable effrontery, but he was no hypocrite. He was irrepressibly human, and was always the friend of Prince Hal.

There is much that is selfish and cold in many of this class, and they are not, as a rule, of the sensitive or the emotional set. Shylock the Jew, with his morality founded on disbelief, in magnanimity and goodness is of this order, and possibly so was Beatrice in "Much Ado about Nothing." Her marriage with Benedick was a *fin de siècle* union, not founded upon love, but upon what might be called "friendly concoction."

Cardinal Wolsey, although active and unscrupulous, was of the cold, calculating and impervious manner, which, however, found its mastery in that of his king. Possibly Richelieu and Jago were also of this group.

I do not say these are the only types, as each of them is found mixed with the other, and even the resulting compounds do not cover the whole ground of temperaments. Let us therefore see whether or not there is yet another kind, which, for the want of a better term, we may describe as the purely "nervous."

Into what class are we to place such characters as are portrayed by the *Reubens*, "unstable as water thou shalt not excel"? What about the many clever people who are often so scintillatingly brilliant they they can be best described as geniuses, who are nevertheless so uncertain in their mental reaction that we are bound to call them capricious, fickle, explosive and unreliable; persons whose friends are unable to predict what they will do next, who cannot be depended upon for kindness, devotion, or love, even to their own relations and dependents, whose own natures know no standard of consideration, and who are described as wanting or lacking in mental poise? That such persons exist is without doubt, and some may be known among our own acquaintances. Take the family trees which demonstrate insanity, epilepsy, suicidal tendencies, anti-social conditions, bodily abnormalities such as

night-blindness, Huntington's chorea, muscular dystrophies or haemophilia. These supply sufficient examples.

How are we to classify those people who suffer from such nervous diseases as are unknown among barbarous or even among half civilised people, those, for instance, who are hysterical or eccentric, who are peculiar, or "cranky," those who suffer from somnambulism or sleeplessness, irritability, obsessions or exhaustion, who may even be epileptic, yet are often extremely capable and often very talented and distinguished, but who, nevertheless, are abnormally susceptible to impressions, who suffer from functional neuroses of various kinds, who have neuralgias and headaches, who are dyspeptic owing to delicate digestions or premature decay of the teeth, who suffer from neurasthenias and who are sensitive to stimulants, and who may even be moral degenerates, although possessing marked mental superiority in some directions? That such conditions exist, compatible with high intellectual ability, is seen from the history of many of our great men. Nature rarely begets a genius, but she does not often create imbeciles, or idiots; she dislikes extremes of all kinds, and her tendency is towards the average or normal type both in mental and physical conformation.

Many persons described as possessing genius in certain specified lines are, as pointed out by Nisbet, of this class. They are often predisposed to states of extreme irritability, and they suffer from intense emotional disturbances resulting in severe nerve-storms or outbursts of motor violence, which can only be described as that of subacute mania. The rapidity of their mental processes and the intensity of their conative tendencies when aroused know no control, for they are often out of all proportion to the amount of the stimulus.

Into what class other than the nervous or the neurotic are we to enter such persons? In this analysis we are bound to give much consideration to the maxim that "like begets like," yet in several instances there has possibly been a segregation of some unit characters, although admittedly not on Mendelian lines. Shakespeare, the greatest poetic genius the world has ever seen, stands alone. He appears to have had no family history of ability, and little is personally known of him. It shows that mental characters, although distinguishable, are often unanalysable.

The genealogy of the poet Cowper will illustrate my point. There was mental unsoundness on both sides of his ancestors, who were also distinguished for fame, as he was the grandson of a Justice and the great nephew of a Lord Chancellor. He suffered from religious hallucinations and had the strongest suicidal tendency, having to be cared for in an asylum for a period of over a year, yet he wrote "John Gilpin" when suffering from intense melancholia.

The poet Shelley had an insane ancestry; his grandfather suffered from melancholia and was a miser, but wealthy. His father inherited similar tendencies. His mother was violent and domineering, but of lonely and solitary habits.

At Eton he was called "mad Shelley," and the day before he was drowned at Spezzia, at the age of thirty, he saw vivid hallucinations. In his picture his eyes are large and animated and wild, his voice was said to be high, weak, and discordant, and he was described as shy, solitary, anti-social, and the subject of ecstatic visions.

Charles and Mary Lamb had a convergent heredity of nervous instability and nervous disease. Their mother died of dementia and paralysis at fifty, and Charles died at sixty of what he himself described as the "cursed drinking." He was only five feet in height, he stammered, and always suffered from headaches. At the age of twenty he had to be placed in an asylum, whilst his sister Mary stabbed her mother to the heart and killed her whilst insane.

Wordsworth, who was a poet laureate, and his sister Dorothy, like Charles and Mary Lamb, Dorothy, like Mary, was insane, and like Mary she was poetical and in the closest sympathy with her brother's pursuits. Dorothy Wordsworth was described by De Quincey as having eyes wild and staring, with an embarrassed and distressing utterance—a creature of fiery impulse. She later became mentally afflicted and never recovered her reason. Wordsworth himself describes his sister as a "confirmed invalid." One of Wordsworth's children died of paralysis, another daughter was peculiar, being alternately gentle and vehement, and suffering from a form of insanity described to-day as of the "manic-depressive" variety. Wordsworth's father died at forty-two, and like the fathers of many insane persons, was described as a man of great force of character, and his mother died of phthisis at thirty-one.

The Coleridge family has a strongly marked insane history. The father of Samuel Taylor Coleridge was eccentric and absent-minded and his mother is stated to have been uneducated and simple. He himself ran away from college, he quarrelled with his brother as a boy and left home, being absent all night without apparent reason. Later in life he left his wife and children and went off to Malta. At the age of thirty he was broken down and he died a wreck at sixty-two. His son Hartley drank himself to death and died demented at fifty-two.

Southey came of an insane stock on his mother's side, who herself had paralysis in infancy. He had a maternal uncle described as "idiotic." His paternal uncle left his estate to a footman rather than to his sister who lived with him and who was dependent upon him. Carlyle described him as the "excitablest man" he ever met, and he died of dementia. His wife became insane and also some of their children. He was described as having the most vehement pair of hazel eyes.

The Sheridan family is notorious for neuropathic and psychopathic ancestry. The mother of Richard Brinsley Sheridan, the dramatist, was paralysed and died demented at forty-two. His maternal grandfather also sank into

dementia and a maternal uncle was described as "absent-minded." He married twice, marrying the second wife a few weeks after the death of his first, and winning her, it is said, with copies of the love-letters sent to his first wife. He died in debt and *deceased* through drink. Only one son left issue and he married into a healthy stock, of which Lord Dufferin is one of the grandchildren.

Sir Walter Scott's family was permeated with nerve disorder. His father died of organic dementia, and his mother was aphasic and died from post-hemiplegic dementia. The maternal uncle also became demented. He himself had two sons who died childless, and two daughters, one of whom died of brain fever and the other, Mrs. Lockhart, of phthisis. His ambition to found a family "sleeps with him."

Burns's father had an "ungovernable irascibility," and he himself was the victim of drunkenness and died at thirty-seven. One thing he loved since the age of fifteen, and that was "woman." He used to say his frame was blasted with a deep incurable melancholia which poisoned his existence.

Pope was deformed, rickety and susceptible. A picture of him proposing to Lady Mary Wortley Montague is in the National Gallery.

Keats is described as neuropathic to the tips of his fingers. He had an ungovernable temper and was dwarfish, being only five feet high. He had a passionate admiration for "Fanny Drawn," and Shelley said his alternation of despondent gloom and emotional passion was exactly like insanity. He had no trace of eminence in his ancestry, and his temperament and genius are probably a good illustration of a spontaneous variation.

Byron's mother was most unbalanced, and his maternal grandfather suffered from melancholia and committed suicide. Another relative committed suicide with poison. Byron succeeded his grand uncle, the "mad and wicked" Lord Byron. His father, the "mad Jack Byron," died of suicide whilst insane. The father ran away with the Marchioness of Carmarthen, an heiress, whom he married and killed by cruelty, and treated his second wife Miss Gordon the same.

A converging heredity of this kind in the ancestors fills our asylums. Byron was correctly described by his most intimate friends as "too mad, bad and dangerous to know." His daughter Ada married Lord Lovelace, and her son, the Viscount Oakham, served as a common seaman and worked at Millwall as a ship's carpenter. Byron was tortured by hallucinations; he drank, and died an epileptic at thirty-six.

Milton was gouty and lost his sight from inherited blindness. He was said to be most tyrannical in his home life and to have led his daughters a miserable time, accusing them of selling their father's works and cheating him. He had four children, a son who is said to have died in infancy from

ill-usage, one daughter who was blind, another a cripple, and a third one died later. His own brother was described as a "disreputable judge," and in the collaterals were many "ne'er do wells."

I quote this instance as insanity is only one of a group of neuroses, and genius has to be paid for at the cost of many penalties.

Let us now trace the inheritance and the mental reaction in the biographies of some of the most eminent musicians, and we shall see the same penalty for genius and the same ravages of psychosis and neurosis, using these terms in their pathological sense.

The genealogy of the Bach family has been traced for 200 years, from the founder, who was a baker, to Sebastian Bach, the climax of musical talent. Bach had twenty children, but no issue remains to perpetuate the distinctions of the father. Although many of the Bachs married musical people the family record is one of sickness, blindness, drunkenness and mental defect. Although we can breed Arab horses, Derby winners and prize cattle, it has hitherto not been possible to produce a "musical breed," showing the unfitness of genius to survive in a world requiring many adaptations, and the incapability of genius to continue its own distinctions.

Schumann suffered from recurrent melancholia with suicidal impulses. His mother was singular and eccentric, and a sister died of what we now describe as "dementia præcox."

Wagner was a wild and erratic boy filled with the wildest mysticism. He grew up with a violent temperament and his actions were often uncontrollable. He had a mania for silks and satins, with which he always dressed himself to compose music. When travelling he also carried these to decorate his rooms, and when he died he requested that his room should be upholstered in pink and pale blue satin.

Schubert was worn out and died at thirty-one.

Beethoven suffered from a form of paranoia described as mania migratoria; he was always changing his rooms, and was paying for three or four different lodgings at the same time. He seems to have alienated his best friends through suspicious jealousy and false accusations. He began to get deaf at about the age of thirty, and in latter life was completely deaf, so that much of the music he composed he himself never heard.

From what has been said it will be readily seen that genius may often prove to be a golden idol with feet of clay. Man is firstly a vertebrate mammal with the instincts of the animal, but he has the power of inhibition and of auto-criticism, and through the influence of his environment he has attained a vantage of civilisation, and it is interesting to note that in insanity these acquisitions of his progress are gradually dissociated and shed in the inverse order of their acquirement, until at last man is left a wreck barely above the level of the animal. The cause of this reduction

in insanity is probably some physical process in the cortical cells—in other words, some chemical change has occurred in the neurones, either directly through the influence of some poison generated from within or introduced from without the body, or indirectly by means of the environment, favoured, of course by some inherited predisposition; and it is the study of man biologically, that is to say, it is the observation of his general activity or his total reaction under the influence of physical and psychological impressions, that enables us to infer the kind of temperament a man possesses. As we have seen, the predisposition to states of instability of control may be associated with distinguished mental superiority, and it is the degree of sensitiveness to pleasure and pain, the degree of motor restlessness, and the degree of emotional tone exhibited by the individual which justifies us in concluding that there is or is not present a temperament which we are entitled to describe as the neurotic, and it is by foreseeing this temperament that we can promote happiness and harmony where otherwise there would be intolerance, strife and discordance. The more we see of the deviations of mental reaction and of physical structures the more we must be convinced that special modes of nutrition must have their special physiological expression, and that our work of prevention and relief as medical men is as important for the welfare of the community and the progress of the race as it must be for the well-being of the individual.

FROM the list of St. Bartholomew's men whom we mentioned in the May JOURNAL as officials in the forthcoming British Medical Association, the name of Dr. G. Harrison Orton was inadvertently omitted. He is one of the Secretaries of the Section of Electro-therapeutics and Radiology.

MR. R. R. ARMSTRONG has been elected to the Lawrence Research Scholarship for the year beginning July 1st. We offer him our heartiest congratulations.

The following other awards have been made: Brackenbury Scholarship in Medicine, Mr. J. W. Trevan; Brackenbury Scholarship in Surgery, Mr. R. A. Ramsay; Walsham Prize, Mr. J. W. Trevan; Willett Medal, Mr. R. A. Ramsay; Matthews Duncan Medal, not awarded; Matthews Duncan Prize, Mr. H. K. Griffith and Mr. J. Tremble; Burrows Prize, Mr. J. W. Trevan; Skynner Prize, Mr. C. D. Kerr; Bentley Prize, Mr. H. K. V. Soltau; Harvey Prize, Mr. D. H. D. Wooderson.

Obituary.

NOEL ALFRED WILLIAM CONOLLY, M.R.C.S., L.R.C.P.

IT is with feelings of deep regret that we have to record the sudden removal from our midst of Dr. Noel A. W. Conolly, who for some five years has practised in Drummoyno, Sydney. He was honorary surgeon to the Balmain and District Hospital, and on March 22nd was called to attend to a secondary hæmorrhage in a crushed hand. While tying the artery the ligature cut one of the fingers of his right hand, and within a few hours an acute streptococcal infection set in, and in spite of every care proved fatal on the 30th.

Dr. Conolly was a "Bart.'s" man, and obtained his M.R.C.S. and L.R.C.P. in 1902, and was subsequently attached to the Royal Infirmary, Bristol. On his return to his native country he devoted some time to the Lunacy Department, and then went into practice in Drummoyno, and had by his devotion to his work and the love and respect held by his patients for him developed a very extensive practice. He was a many-sided man, whose energies were not devoted to his personal professional work alone, but in other directions also—as secretary of the Balmain Medical Society, as lecturer on first aid and ambulance work, as a keen supporter of the Drummoyno Golf Club, and for some time as an alderman of Drummoyno. He was a true lover of animals, and he and his favourite dog will long be remembered not only in Drummoyno but in many other parts of Sydney. To his widow and her two young children we offer our heartfelt sympathy.—*Australian Medical Gazette*, April 20th, 1911.

Old Students' Dinner.

THE Annual Dinner of Old Students of St. Bartholomew's Hospital will this year take place on Monday, October 2nd, at 7 p.m., in the Great Hall of the Hospital. Mr. W. H. Jessop will occupy the chair, and it is hoped that a large number of men will be able to be present. Mr. H. J. Waring is the Hon. Secretary, and invitations will be, as usual, sent to Old Students during the first week in August, but if any St. Bartholomew's men should not receive an invitation they are asked to communicate with the Hon. Secretary.

Books added to the Library during June.

OWING to pressure on our space, the list is held over until our next issue.

Extract from the 'St. Bartholomew's Hospital Journal,' July, 1921.

WE are glad to be able to announce that a long-existing scandal has at last been removed by the re-allotment of the resident staff appointments, involving the abolition of Junior House Surgeons and Physicians and the substitution of ten more Anaesthetists. Extra clauses have also been added to the charges of Housemen doing the Special Departments, directing them to administer anaesthetics whenever the Arch-Senior-Resident Anaesthetist shall require their services.

Great relief is felt that Mr. Hump has generously consented to retain this last-named responsible office, as we have fully realised the great strain to which he has been subjected during the past few years in arranging work for his juniors.

In order to ascertain the opinion of the Hospital, we interviewed one of the House Surgeons as he walked hurriedly between the Surgery and the Wards.

"Of course," he said, breathlessly, "there has been a unanimous feeling for years that things should be altered, and all the House Surgeons have been willing to do without Juniors and work for the whole twenty-four hours instead of only doing eighteen, but the Medical Council has been so lethargic that no steps were taken. The matter came to a crisis when an anaesthetist had to give five stuffs in one week after having been on duty the previous week-end!" At this point we were met by a haggard, anæmic individual, unshaven, unkempt, apparently unfed, who came hurriedly up to my friend, saying piteously, "Fatty, old man, will you give me a stuff in Coborn?"

"I suppose," said Fatty (the nickname was given him before he got his House job, and incongruously had stuck). "I suppose no anaesthetists are 'free'?" "I've seen to that," said the haggard anæmic one, "for I've spent two hours searching. The Senior, Junior-Senior, Assistant Junior, Deputy-Sub, and all the Additional Anaesthetists have gone out to ops. in private, the five Supernumeraries have nothing on their boards, and the six Emergency ones can't be found. I do wish they would appoint a few more so that we could now and then get a stuff when it is wanted."

"Well," said Fatty, "I have five wards and the Surgery still to finish, but will give you stuff in about four hours' time. Will that do?"

The look of relief on the suppliant's face was touching, and feeling that we were interrupting two rather busy men, we retired, while they ran in the direction of their respective wards.

A Case of Cerebral Tumour with Aphasia.

By C. M. HINDS HOWELL, M.D., F.R.C.P.

THE following case presented several unusual features, and seems to be of sufficient interest to warrant its publication:

W. M. H., a commission agent, *æt.* 46; a man of very fine physique, highly intelligent, and well educated. When first seen the patient gave the following history:

In August, 1907, he had had very serious financial trouble, and since that time he had been subjected to constant business worries, and had lost most of his money. As a result of this he was often depressed. His general health had, however, remained fairly good till May, 1909, when he had had an epileptic fit after riding half a mile on a bicycle. A sensation of choking preceded the attack, and he was said to have been unconscious for one hour after the fit. He did not know whether he was convulsed in the attack. He was very sick after he got home, but no other symptom followed this seizure.

July 31st, 1909: Second fit. Duration, twenty minutes, preceded by a sensation in the throat. He passed his water in this attack.

August 12th: A sensation as if his heart were swelling; was slightly confused mentally after this attack.

August 21st: Slight fit, lasting ten minutes, preceded by the same *aura* as before, but in this attack the patient did not lose consciousness; he was, however, unable to speak. This attack seemed like a prolonged *petit mal*. He consulted me on August 30th. The patient was, as has been mentioned, a man of very fine physique. His previous health had been excellent before the fits began. Examination of his nervous system was quite negative. The fundi were normal, and no evidence of disease of any kind could be found.

The question which at once presented itself was whether these attacks were symptomatic of some serious organic disease of the nervous system, or whether they were due to idiopathic epilepsy which had developed late. In favour of the latter view was the complete absence of organic signs, whilst in favour of the former were several points:

First: The patient's age (forty-six). Whenever fits occur in an adult it is never safe to exclude organic disease, even in the absence of any signs of it when the patient is first seen.

Secondly: The absence of any stigmata of degeneration, and the absence of any previous neurosis in the patient, or in his family history. The two most likely conditions to have given rise to these attacks to my mind were either cerebral tumour or general paralysis of the insane. The latter I discarded, as the patient's mental condition was perfectly normal, and he was most emphatic in denying syphilis. There remained the question of cerebral tumour,

and this one could not exclude. The patient was put on bromide, and under this treatment he improved for a time. The following is his subsequent history:

September: During this month patient had three slight attacks, all more or less similar. No loss of consciousness, but an *aura*, a sensation in the throat, and a sensation of swelling, first in the feet, then in the legs and body. Patient then felt very hot and a little confused. The attacks lasted only a few minutes. The patient had now developed a habit of sucking his teeth, which annoyed him, but which he seemed unable to control.

In October the attacks began to take a new form, consisting in transient loss of speech for about two or three minutes at a time. During these attacks the patient could write exactly what he wanted to say, and in an attack in which I saw him he was able to obey written commands quite well, as well as spoken ones. Felt very prostrate after these attacks. He had five of these attacks in October; he had several attacks on each of five days in November, and more frequently still in December. The attacks increased in frequency in 1910, till on April 20th, when I again saw the patient, he was having thirteen to twenty in the twenty-four hours.

Examination revealed nothing abnormal in the nervous system. The patient had now substituted sniffing and swallowing movements for the sucking of the teeth, to which reference has already been made. He had, however, a certain amount of difficulty in expressing himself, and writing had become difficult also. He had to speak aloud when writing, and his spelling, which had hitherto been very good, had now become defective. In writing to dictation I found that he omitted several words, and spelt the long words very imperfectly. He was never sick, and never had any nausea. He was admitted to the Pay Ward at the Great Northern Hospital.

Mr. Morton kindly examined his eyes, and reported as follows: "Hypermetropia, 4 D. in either eye. Discs show narrow arteries and large dark veins; no definite neuritis. Retina near discs possibly slightly oedematous, but the indistinctness is probably due to the hypermetropia present."

The blood and the cerebro-spinal fluid were negative to the Wassermann reaction.

May 3rd: Right angle of mouth noticed to droop a little, but the next day the mouth was normal again.

May 14th: Patient left hospital very much improved.

May 17th: Patient had a severe *grand mal* attack, and again on the 20th. After this his speech became worse, and, in addition, on June 4th there was transient weakness in the right arm. He was re-admitted to hospital on June 8th.

Examination showed that there was definite weakness of the right side of the face, and that the grip of the right hand was much weaker than the left. There was no weak-

ness of the right leg. The deep reflexes were increased on the right side; the abdominal reflex was absent on the right side; the plantar reflexes were not obtained. There was still no optic neuritis, nor any headache, or vomiting. Writing was now almost impossible, and reading difficult, but the patient obeyed spoken commands readily. Mr. Mower White saw the patient with me with a view to operation, and on June 16th the first stage of an operation was performed, a large exposure being made over the lower part of the fissure of Rolando and the posterior end of the frontal lobe on the left side. The dura was not opened.

After the operation the patient was better for the next two days, but on the third day was more hemiplegic, and had almost complete motor aphasia, his language being limited to "Yes," "No," and "Alright."

June 23rd: Second stage of operation. The dura was opened, and a discoloured patch of cortex found in the posterior part of the second frontal convolution. This was incised, and a quantity of straw-tinted fluid escaped. A small piece of the cyst-wall was removed for microscopical examination. This proved to be a gliosarcoma.

After the operation the patient was much improved for a time, both as regards his speech and the power of his right arm and face. Unfortunately the improvement was not maintained; a hernia cerebri developed, and the aphasia and hemiplegia became more marked than ever. The patient had fits from time to time, the hernia cerebri increased in size and tenseness, and the general condition became progressively worse; oedema of the lungs developed, and on August 8th the patient died. Most unfortunately a post-mortem was not allowed.

This case is interesting from several points of view. In the first place it emphasises the importance of remembering that fits, occurring in adult life for the first time, are often symptomatic of grave organic disease of the nervous system, such disease being usually either intra-cranial tumour, vascular disease, meningitis, or general paralysis of the insane. Of course renal disease with uræmia must also be carefully excluded. Age-incidence is a very important factor to consider in the diagnosis of idiopathic epilepsy. Gowers found that after the age of forty only $2\frac{1}{2}$ per cent. of all cases commenced; and Spratling, from an analysis of 1302 cases, found that between the ages of thirty to thirty-four only $2\frac{1}{2}$ per cent. of all cases begin, whilst between the ages of thirty-five to thirty-nine only $1\frac{2}{3}$ per cent. occur.


Another interesting feature in this case was the absence of the three cardinal signs of intra-cranial growth, viz. headache, optic neuritis and vomiting. All three are symptomatic of increase of the intra-cranial tension, and presumably this was not much increased in the earlier stages of the case. The tumour was evidently a soft infiltrating type of growth, which underwent cystic changes, and which also apparently grew rapidly. The patient only lived one year from the first appearance of symptoms.

The nature of the attacks was very interesting. As is often the case, the onset of the disease was ushered in by one or two general convulsions, after which there was no further attack with loss of consciousness till quite late in the case. The attacks, which became very frequent, were in many respects like *petit mal* seizures, but differed from these in the following respects: that the patient was always able to understand what was said to him during the attack, and was even able to obey written orders, at any rate during the greater part of his illness. The attacks, therefore, more resembled Jacksonian epilepsy than the idiopathic form. But whereas true Jacksonian attacks are due to stimulation of some part of the cortex, the patient's attacks would seem to have been due to inhibition, rather than stimulation, of the centres for motor speech. The patient had in no way lost his mental language, at any rate before his operations; he complained that he felt unable to move his tongue during the attacks, but could put it out quite well if asked to do so when in an attack.

The patient thus presented an example of pure aphemia in the early attacks, that is to say, that although he was unable to utter a word, yet all other forms of language remained intact. He could express himself in writing, was able to make signs to indicate what he wanted, and was able to read and to obey written commands. To this condition Bastian gave the name aphemia, whilst Dejerine calls it *aphasie motrice sous-corticale*, regarding it as due to a lesion of the white matter underlying the cortex of Broca's convolution. Marie, who denies to Broca's convolution any rôle whatever in the production of aphasia, thinks the condition is due to a lesion in what he calls the lenticular zone. The patient later developed a complete degree of Broca's aphasia, that is to say, his language was reduced to three words, already noted, but in addition he lost the power of written language (agraphia), was unable to read, or only able to do so very imperfectly, but was still able to execute spoken commands. According to Dejerine this form of aphasia is due to involvement of the cortex of Broca's convolution. Marie, on the other hand, regards it as due to a lesion in his lenticular zone plus a lesion in Wernicke's zone, *i. e.* that part of the brain which underlies the posterior part of the first temporal convolution. Unfortunately no detailed examination was possible in this case, but there was no clinical evidence to show that the lesion had extended back to the temporal lobe. However, cerebral tumours are never very satisfactory material on which to found theories from the pathological findings. They are apt to produce diffuse lesions, partly due to the increase of intra-cranial tension, which always accompanies them, and partly owing to the oedema which is almost always to be found in their vicinity.

The Chronicles of Christopher.

III. I CLERK FOR DR. SUMMERVILLE.

 HE five physicians of this Hospital have all markedly different characteristics; and it is as well, perhaps, that they are different, or an embarrassing selection of one would be inevitable. Chance rather than choice threw me into the service of Dr. Summerville. I have never had cause to regret it, least of all because, since he was in many respects the exact antithesis of Mr. Cutler, I had an opportunity to acquire professional experiences from different points of view.

After six months' slavery in the Surgery, three months' medical wards came in the nature of a rest-cure of which I took full advantage. In consequence, although I can look back to those three months with recollections of pleasure, yet I cannot recall very much profit. Perhaps I approached the work in too condescending and cynical an attitude—the disdain with which the graduate in surgery loftily regards his physician-brother. Moreover, I started badly on the very first morning by speaking a few ill-chosen words to Sister Job on the subject of sepsis, so that I was never exactly *persona grata* in that ward for the whole three months. In addition, although I conceived a genuine affection for Dr. Summerville, he and I did not quite hit it off. Exhibiting as he did a curious mixture of the modern scientific physician and the ancient bedside-manner type he ought to have proved to me a mine of information; but his poverty of description and his occasional unreasonable diffidence made the task of delving so great, that after very little effort I abandoned the shaft.

Finally, I came from a firm in which the elements of logic are regarded as the fundamental training-ground for the young doctor; and the only use for logic, so far as I can see, is to enable you to argue with logical people. When, as in the case of Dr. Summerville, your opponent is entirely devoid of logic, your own acquaintance with its principles is nothing more than an incubus.

Dr. Summerville, good man, could never be brought to my way of thinking over the difference between an opinion and a fact (*en passant* let me observe, strictly *entre nous* of course, that by "fact" he meant "truth"). And often he would condemn my notes for this reason—condemnation! after the Athenæum had reviewed me as "one of the few young Englishmen who can write English!"

"You must not put down that the patient has mitral stenosis," said my new chief; "state that, on palpation, at the apex-beat you feel a thrill which is presystolic in time, and that on percussion —"; you can get the rest out of any text-book. Now what can you do with a man like that? Facts and opinions! He cannot be made to realise that although his statement that a queer sound in the lungs is

"bronchial breathing" is a fact (to use his own term), on my part it is not merely an opinion but a pretty rotten opinion, too.

Argument was of no avail. Anon it was "*nil ad rem*." "You must not put down *nil ad rem* for the family history, you are as yet incapable of distinguishing those facts—(facts again)—which are germane to the case and those which are not. So put them all down and in time you will learn to decide between the important and the unimportant ones." Accordingly, when I read out my next note, *nil ad rem* was supplied for the family history. To his admonishments, I suitably replied with the history in full detail:

"The patient's mother is living; she is eighty-six years of age, and can walk to the next village, a distance of two and two thirds miles, in one hour and forty-two minutes. His father died at the age of eighty-eight. I am unable to ascertain the cause of death, but from the description of immediately antecedent events it appears to have been over-eating. One brother was killed by falling (when sober) into a mowing machine; another ran away to sea at the age of fourteen and has never since been heard of. There is one sister, and the only detail which the brother remembers about her is that she has nineteen children." (The patient had pernicious anemia.)

The dear old man fought shy of family histories thereafter, but he bowled me over for forgetting some point in one of my cases. "Memory of clinical facts is of great importance; I remember every detail of every case I had under my care as a clerk; you can best cultivate your memory by attention to the smallest details." It was a week later when he asked what was the name of the doctor who had sent a patient up, and the H.P. replied promptly "Dr. McVittie." "I didn't ask you; I asked Chesterfield," said Dr. Summerville; "I want to see how his memory is getting on."

"Dr. Hector McVittie sent her up," said I, pompously. "He lives at Acacia Villa, Ringfield Road, Hampstead, at the corner of four cross-roads. There is a doctor at three of the corner houses and the fourth is a baker's shop which will shortly be vacated for a fourth doctor's residence."

(Occasionally there is something to be gained by listening to a patient's recital of a phenomenon.)

But you must not think that I had no regard for Dr. Summerville. Curious dual personality as he was, sometimes the incarnation of assertiveness, at other times inordinately modest, I could never forget that he was credited with the best opinion in London—if you could get it out of him. There is a story told—you may, or may not believe it; I don't—of his being sent for 150 miles out of town to see a lady. The husband asked for a diagnosis. "Well, really now," began Dr. Summerville, "it is an interesting case—a most interesting case." "Yes, yes," interpellated the impatient man, "but what is the matter with my wife?" "I'm so sorry," replied Dr. Summerville, "but do you know, my

wife has had the same sort of complaint for several years and I've never been able to find out." "Well, what treatment do you advise?" pressed the baffled husband. "Oh, go on with the same treatment that your medical man is giving; it is splendid treatment." "What's your fee, Dr. Summerville?" "A hundred guineas," he replied, and returned to town. In the course of a few days a cheque for a hundred guineas arrived, "With Mr. So-and-So's compliments and thanks for interesting information about Mrs. Summerville."

I was rude to Dr. Summerville only once. Mr. Cutler was a little deaf; Dr. Summerville, on the contrary, had very acute hearing, and I took some time to get used to the change of environment. He reproved me one day for neglecting essentials; it annoyed him to see me, by instinct, hitting upon a diagnosis without troubling to go through all the wretched differential points. I turned away and said, *sotto voce*, "It is foolish to quarrel with the chamois because he has not come by the mule-path." He heard me.

One last recollection and I have done. It was actually my last afternoon with him, and I had described a patient's occupation as that of a public health official, apparently to Dr. Summerville's amazement on his regarding the man in bed. "Well, he's a night-scarvenger," I explained.

My next patient was a sweep, and on this occasion I called a sweep a sweep. "But why this falling-off, Chesterfield? Where is your euphuism? Or are we to say of you?

"A primrose by a river's brim
A simple primrose was to him
And it was nothing more."

(The slight mis-quotation is his, not mine.)

"Yes, sir," I replied, "for these notes are written for ordinary mortals. If they were written for you alone I should call it, not a primrose, but a dicotyledonous exogen with monopetalous corolla and central placentation."

No, I did not become his H.P. all the same. I think the chamois did it.

Royal Army Medical Corps.

Lieut.-Col. F. H. Treherne from the R.A.M.C. to be Colonel (June 13th).

Major A. O. B. Wroughton is placed temporarily on half pay on account of ill-health.

On return from abroad Lt.-Col. O. R. A. Julian, C.M.G., Captains A. A. Meaden and C. W. O'Brien are posted to the Irish command. Major W. E. Hardy is posted to the Guards Depot at Cateau.

The following will proceed abroad during the coming trooping season:

Major R. H. Lloyd, Captains E. P. Sewell and M. G. Winder, Lieut. J. J. H. Bechtou.

Royal Naval Medical Service.

The following appointments, etc., have been announced since May 20th, 1911:
Fleet-Surgeon J. H. Pead to the "Superb" (undated).
Fleet-Surgeon R. C. Munday to the Royal Hospital School at Greenwich, to date June 27th, 1911.
Staff-Surgeon W. K. Hopkins to the "Commonwealth," to date June 6th, 1911.
Staff-Surgeon J. Boyan to the "Proserpine," to date June 9th, 1911.

Retirement.

Staff-Surgeon L. A. Baiss has been allowed to withdraw from H.M. Naval Service, with a gratuity, May 31st, 1911.

The Clubs.

ATHLETIC CLUB.

The Annual Sports were held at Winchmore Hill on Wednesday, June 14th. The weather turned out fine, although there was a heavy shower just before the opening event. There were a good many spectators, but what was more gratifying, the entries were much better than they have been for many years.

The following are the results:

100 Yards Race.—A. Abrahams, 1; J. B. Mudge, 2; A. Ferguson, 3. Won easily. Time, 10½ sec.

Throwing the Hammer (Handicap).—H. J. Bower (scr.), 125 ft. 4 in., 1; J. van Schalkwijk (rec. 20 ft.), 2.

120 Yards Handicap.—Heat 1: A. Abrahams (scr.), 1; J. B. Mudge (8 yds. start), 2. Won by a yard. Heat 2: R. von Braun (14 yds. start), 1; G. S. Strathers (8 yds. start), 2. Won by two yards. Heat 3: C. Kearney (10 yds. start), 1; A. Ferguson (5 yds. start), 2. Won by a yard. Final heat: Abrahams, 1; Kearney, 2; von Braun, 3. Won by six inches; a foot divided the second and third. Time, 10½ sec.

One Mile Handicap.—H. G. Moser (200 yds. start), 1; D. H. Wooderson (200 yds. start), 2; W. B. Jepson (180 yds. start), 3. Won by ten yards. Time, 4 min. 30 sec.

High Jump (Handicap).—E. G. Dingley (rec. 3 in.), 5 ft. 3½ in., 1; R. W. Willocks (scr.), 5 ft. 3½ in., 2.

120 Yards Hurdles (Handicap).—Heat 1: J. van Schalkwijk (owes 6 yds.), 1; C. S. Atkin (scr.), 2. Won by a foot. Time, 10½ sec. Heat 2: C. Bilderbeck (owes 3 yds.), 1; W. Spackman (scr.), 2. Won easily. Time, 10½ sec. Final heat: Bilderbeck, 1; van Schalkwijk, 2. Won by five yards. Time, 20 sec.

Putting the Weight (Handicap).—J. van Schalkwijk (scr.), 35 ft. 8½ in., 1; H. J. Bower (scr.), 33 ft. 7½ in., 2.

440 Yards Race (Challenge Cup presented by the late Mrs. Harrison Cripps).—A. Abrahams, 1; T. H. Just, 2; J. B. Mudge, 3. Won by two yards. Time, 5½ sec. This is the fourth time Abrahams has won the 440 Yards Race, and on this occasion he registered his fastest time.

Long Jump (Handicap).—K. D. Atteridge (rec. 18 in.), 18 ft. 6½ in., 1; J. B. Mudge (scr.), 17 ft. 11 in., 2; J. van Schalkwijk, 17 ft. 7½ in., 3.

Freshmen's 220 Yards Race.—C. Kearney, 1; R. M. Reid, 2. Won by a yard. Time, 25 sec.

880 Yards Handicap.—T. H. Just (scr.), 1; D. H. Wooderson (60 yds. start), 2; A. Abrahams (scr.), 3. Won by ten yards, eight yards between second and third. Time, 2 min. 7½ sec.

Obstacle Race.—Final heat: A. Ferguson, 1; G. W. Parry, 2; R. W. Willocks, 3. Won by ten yards.

The prizes were gracefully distributed by Mrs. Calvert from the Pavilion steps. T. H. Just returned thanks on behalf of the club, Mrs. Calvert replying in a short speech.

The Committee desire to thank the member of the staff and the clerks of the course for the pains they took to make the meeting such a success.

Indian Medical Service.

The services of Captain D. H. F. Cowin are placed permanently at the disposal of the Government of the Punjab.

Captain E. C. Hodgson is confirmed in the appointment of Health Officer, Simla.

Major Frederick O'Kinealy to be Lieut.-Colonel, dated January 31st, 1911.

Captain H. M. Cruddas to be Major, dated January 28th, 1911.

Captain P. Atal to be Major, dated January 28th, 1911.

Captain J. J. Urwin, M.B., F.R.C.S., to be Major, with effect from January 28th, 1910.

The following Lieutenants to be Captains: Lieuts. R. B. S. Sewell, C. H. Fielding, R. S. Townsend.

Appointments.

BONEY, T. K., M.R.C.S., L.R.C.P., appointed Junior House-Physician at the Metropolitan Hospital.

DALE, W. C., M.R.C.S., L.R.C.P., appointed Junior House-Surgeon at the Metropolitan Hospital.

HAWKINS, A. B.A., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer to the Westmorland Consumption Sanatorium, Meathop, Grange-over-Sands.

HELE, T. S., M.D.(Cantab.), appointed Fellow and Lecturer in Anatomy and Physiology at Emmanuel College, Cambridge.

NOBLE, J. A., M.R.C.S., L.R.C.P., appointed House-Surgeon at the Dorset County Hospital.

PATERSON, J. J., D.P.H., appointed Medical Officer of Health to East Berks.

New Addresses.

BONEY, T. K., Metropolitan Hospital, Kingsland Road, N.E.

COOKE, R. T., The Pines, Langland Gardens, Hampstead, N.W.

DALE, W. C., Metropolitan Hospital, Kingsland Road, N.E.

HAWKINS, A., Westmorland Sanatorium, Meathop, Grange-over-Sands, Lancs.

HELE, T. S., Emmanuel College, Cambridge.

HUGHES, G. S., 6, St. Leonards, York.

LANE, Lt.-Col. W. B., I.M.S., c/o H. S. King & Co., 65, Cornhill, E.C.

NOBLE, J. A., Dorset County Hospital, Dorchester.

PATERSON, J. J., Guildhall, Maidenhead.

Births.

CHARLES.—On June 9th, at 10, Bancroft, Hitchin, the wife of Clifford P. Charles, M.R.C.S., L.R.C.P., of a daughter.

FLETCHER.—On June 5th, at Burrell's Field, Cambridge, the wife of Walter Morley Fletcher, of a son.

WATERFIELD.—To the wife of Noel E. Waterfield, M.B., F.R.C.S., Sudan Medical Service of Port Sudan, Red Sea, of a son born at Beccles, Suffolk, on May 10th, 1911.

Marriages.

HARTILL—PEARSON.—On June 1st, at St. Michael's Church, Malton, by the Rev. Edgar Hartill, M.A., Vicar of St. George's, near Wellington, Shropshire, brother of the bridegroom, assisted by the Rev. R. G. Binnall, M.A., Rector of Manton, Lincolnshire, brother-in-law of the bride, Sydney Hartill, M.B., M.A.(Oxon.), of Abbots Langley, Herts, second son of John T. Hartill, J.P., Manor House, Willenhall, to Muriel Gladys Blannin Pearson, fifth daughter of Hugh W. Pearson, solicitor, of West Garth, Malton, Yorkshire.

FLOWRIGHT—ALLEYNE.—On June 10th, at St. Peter's, Cranley Gardens, by the Bishop of Woolwich (uncle of bride), assisted by the Rev. F. W. Meynell (uncle of bride) and the Rev. W. S. Swayne (vicar of parish), Charles T. MacL. Plowright, M.B., B.C., of King's Lynn, son of the late C. B. Plowright, M.D., F.R.C.S., and Mrs. Plowright, to Alice, daughter of the late Reynold H. N. Alleyne and Mrs. Alleyne, of 27, Drayton Court, South Kensington.

PRETTY—ELLIOT.—On June 17th, at Hampstead, Kenneth Pretty, M.B.(Cantab.), of Grantham, to Emily Hume, third daughter of Rev. W. Hume Elliot, of Tooting Common.

ROBBS—JEUDWINE.—On June 1st, at Harlaxton Parish Church, by the father of the bride, assisted by the Rev. G. H. Jeudwine, Vicar of Nun Monkton, brother of the bride, Charles Haldane Denny Robbs, M.B., elder son of the late Dr. C. H. D. Robbs, of Grantham, and Mrs. Robbs, of Allison Towers, Dulwich, to Mary Dorothea, eldest daughter of the Rev. Canon Jeudwine, Rector of Harlaxton, Lincs.

Deaths.

CONOLLY.—On March 30th, 1911, at Sydney, N.S.W., Noel Alfred William Conolly, M.R.C.S.(Eng.), L.R.C.P.(Lond.), of Drummoine, of septicaemia, aged 33.

DOUZY.—In May, 1911, E. H. Douzy, M.C.(Cantab.), M.D.(Cantab.), M.R.C.P.(Lond.), M.D.(Paris), M.D.(Lausanne), F.R.C.S.(Eng.), of Cannes.

EWBANK.—In May, 1911, at Colyton, Devon, A. G. Ewbank, M.R.C.S., L.R.C.P.

SMITH.—On June 11th, at Welbeck Court, Florence Courtney Smith, aged 72, for twenty-one years Assistant Matron at St. Bartholomew's Hospital.

NOTICE.

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

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

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

St. Bartholomew's Hospital



JOURNAL.

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AUGUST, 1911.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

AUGUST 1st, 1911.

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

Calendar.

Tues., Aug 1.—Dr. Tooth and Mr. Waring on duty.
Fri., " 4.—Dr. Norman Moore and Mr. Bruce Clarke on duty.
Tues., " 8.—Dr. West and Sir A. Bowly on duty.
Fri., " 11.—Dr. Ormerod and Mr. Lockwood on duty.
Tues., " 15.—Dr. Herringham and Mr. D'Arcy Power on duty.
Fri., " 18.—Dr. Tooth and Mr. Waring on duty.
Tues., " 22.—Dr. Norman Moore and Mr. Bruce Clarke on duty.
Fri., " 25.—Dr. West and Sir A. Bowly on duty.
Tues., " 29.—Dr. Ormerod and Mr. Lockwood on duty.
Fri., Sept. 1.—Dr. Herringham and Mr. D'Arcy Power on duty.
Tues., " 5.—Dr. Tooth and Mr. Waring on duty.

Editorial Notes.

THIS is the season when all men's thoughts turn to holidays; when the wily house-man who has booked his *locum* three months ago (relying upon his knowledge of human nature to involve the all-but-qualified in indiscreet promises) are counting the days to relief, and when his less fortunate colleague who has not been so enterprising or so persuasive feverishly haunts the Hospital in search of possibilities. A qualified man out of a job and asking for work is on the whole a *rara avis* at this time of the year, and it is quite an education to watch the battle between blandishments and evasiveness. All the same, everybody seems to get a holiday somehow, and to all who are about deservedly or undeservedly to rest from their labours we extend our best wishes for a very pleasant time and the hope that they will come back refreshed for the work that still remains for them.

EVERYBODY will feel grateful to Mr. D'Arcy Power for his kindness in contributing the article upon the Kirkes medal, the first of a series dealing in turn with all the prize medals of the Hospital. It is certainly the case that students at the Hospital are lamentably ignorant of the histories of the past members who have made the name of St. Bartholomew's famous. We have found the contributions of Mr. D'Arcy Power so fascinating that we hope he may be persuaded to give us some details of the careers of others of our renowned predecessors whose names do not happen to be associated with prize medals but are none the less immortal. We have to thank Dr. T. W. Shore for his kindness in lending us the block from which the handsome illustration which accompanies Mr. D'Arcy Power's article has been made; an illustration which, we venture to think, few Bart's men have had an opportunity of seeing and which none will hesitate to welcome.

MR. STEPHEN PAGET, the Hon. Secretary of the Research Defence Society, has asked us to publish a few extracts from the Presidential Address by the Earl of Cromer at the Annual General Meeting of the Society. We should feel it an impertinence to select any particular paragraphs from this address, which we feel to be a masterpiece in style and a model in tolerance. A Hospital Journal could hardly claim to publish statements upon vivisection which could fairly be regarded as expressed "without prejudice." Although we have no desire to turn our columns into a medium for any controversy, we feel that we are only doing our duty to medical men when we remind them of the work which the Society is attempting and achieving. It was founded only as recently as 1908: hitherto anti-vivisectional declarations, doubtless often actuated by sincerely sentimental motives, but often also deplorably deficient in a sense of proportion, were unchallenged save by those controversialists who privately undertook the thankless task of debate. Now there is a Society possessing 4600 Members and Associates, a powerful organisation headed by indefatigable officers, one well adapted to meet the extravagant

attacks often levelled at vivisection on the one hand, and to represent in the fairest way the value of experimental science in the progress of medicine on the other.

We do not hesitate to express our unqualified disagreement with the letter of our correspondent in this issue, nor our unfeigned contempt for most of his sentiments. In fact we publish it merely to condemn it as representative of the sort of complaints which are only too frequent in Hospitals; ours indeed is far from being the worst offender. There is a type of man who is always preaching degeneracy and decadence, and who in answer to a retort as to why *he* personally does not do something has usually less legitimate excuses than the physical incapability pleaded on this occasion. Our correspondent does not appear to realize that training and competing in sports is entirely a private and personal matter; there is no obligation upon a man to train, there never was, there never can be. And really it is a serious proposition for a man who wishes to undertake a course of training which can give him reasonable hope of success in the United Hospitals' Sports. He must not only lead a life of self-denial, rigorous and monotonous enough, but it is hardly an exaggeration to say that his sport and training must come first and his work a bad second. There are not many men keen enough to be willing to postpone their qualification for three months (for that after all is what it may amount to) to do and dare for the reputation of their Hospital, even if they have the opportunity. We speak of course of ordinary mortals, not athletes with superb natural capabilities like T. H. Just, who unfortunately do not come to a Hospital more frequently than perhaps twice in a century. For although our correspondent deprecatingly reminds us that The United Hospitals' Sports are not *World's* Championships he does not appear to have realised that the winners this year included some of the finest athletes in the kingdom, quite good enough to deter anybody from trying unless he is able to give his very best.

The crowning absurdity is the criticism that to win the Shield once only in eight years is not our "fair share." We won it seven times between the years 1885-91; London Hospital have won it seven times in the last eight years, yet between the years 1884 and 1904 they won it once only; St. Thomas's victory was their first for twenty-eight years and Guy's have not been successful since 1895.

Many Hospitals have not won it even once. All Hospitals have their waves of good and bad luck, and in time we shall have the Shield back again, but to talk of "fair shares" is the greatest nonsense.

The reflection upon the officials is hardly worth refuting. The club has never been better served than at present. Our correspondent is probably not aware that one famous Hospital could not hold its Sports this year because of friction; at least if we have not the men to run we have the men behind them. It is not necessary for us to explain

that we have no desire to dissuade athletic aspirants. We shall be the first to encourage them, the first to applaud their success, the first to commiserate with them in their failure; but we feel it only right to supply them with a defence against such an unreasonable attack of apathy and indifference.

THE lot of the editor of an amateur journal is never a particularly happy one. With the exception of the products of his own feeble imagination he is entirely dependent for his material upon the fluctuating generosity of variable contributors. It might therefore be concluded that he ought to be grateful for anything sent to him, that the luxury of picking and choosing can never be his, and that rejection is to be regarded in the light of an impertinence.

On the other hand he is obsessed by the importance of keeping up the standard of his journal. This is our excuse (or we might legitimately say, our reason) for neglecting to use various contributions which have reached us during the last few months.

To every would-be contributor we offer a hearty welcome, and the heartiest of all will always be extended to the junior members of the Hospital. But, if we may regard the effusions we have recently seen as a fair indication of a general condition, it appears as if the budding medico is obliged to acquire an infection at a definite period, the most outstanding symptom of which is an impulse to burst into verse descriptive of his as yet brief career. On behalf of the Hospital we congratulate Sir Henry Butlin on his appointment for two Hunterian lectures on "Cancer," Mr. W. Girling Ball for one Hunterian lecture entitled "Acute Infective Processes due to the Streptococcus, with Special Reference to the Value of Vaccines and Serum in Treatment," and Mr. McAdam Eccles on his election as President of the West London Medico-Chirurgical Society for 1911-12.

We offer our congratulations to the following gentlemen on their appointments to the Junior Staff:

MR. BRUCE CLARKE	October	H. S. C. Starkey.
	April	C. J. Stocker.
SIR ANTHONY BOWLEY	October	K. J. A. Davis.
	April	H. K. Griffith.
MR. LOCKWOOD	October	C. D'O. Grange.
	April	C. D. Kerr.
MR. D'ARCY POWER	October	C. T. Neve.
	April	deferred.
MR. WARING	October	A. L. Moreton.
	April	R. A. Ramsay.
HOUSE-PHYSICIAN TO DR. MOORE	October	A. H. Moore.
HOUSE-PHYSICIAN TO DR. WEST	October	R. G. Canti.
HOUSE-PHYSICIAN TO DR. TOOTH	October	F. G. Chandler.
INTERN MIDWIFERY ASSISTANT	October	E. G. Stanley.
EXTERN MIDWIFERY ASSISTANT	October	G. N. Stathers.
	January	J. Tremble.
OPHTHALMIC HOUSE SURGEON	October	T. S. Lukis.
HOUSE-SURGEON TO THROAT, NOSE, AND EAR DEPARTMENT	October	A. Abrahams.

Some Recent Cases of Lateral Sinus Thrombosis.*

By C. ERNEST WEST, F.R.C.S.,
Aural Surgeon to the Hospital.

GENTLEMEN, it is never an easy task to decide on a subject for these lectures. The occasions on which the Special Departments have the opportunity of addressing you are so scanty that any attempt to cover the ground is impossible; the more abstruse and technical parts of the subject are thus rendered unsuitable for treatment. It is my custom to try to choose some group of cases which can be treated broadly as a branch of general surgery, and in which your interest may, I hope, be thus more readily aroused, and fortunately the surgery of the ear never lacks material of this kind.

I have lately had the unusual experience of having no less than four cases of lateral sinus thrombosis in Abernethy at one time. These, with a private case of the same sort, I shall use to-day. Before proceeding to the individual cases I would remind you that thrombosis of the lateral sinus depends on the extension of infection to the interior of that channel from the petrous and ultimately from the middle ear, that the active agent is nearly always the *Streptococcus pyogenes*, and that the condition is one of infective phlebitis complicated by the ease of extension of infection locally within the cranium to parts whose involvement is necessarily very grave, and in some instances necessarily fatal. We are thus confronted with a local problem and a systemic problem, for a blood-infection is already present in many examples when they first come under observation.

CASE 1.—A young adult male, *æt.* 21, was admitted to the hospital on March 27th with a chronic right otorrhoea, fever, pain, and mastoid tenderness. I was suffering at the time from a mild attack of influenza, and Mr. Rawling very kindly undertook the case for me. A radical mastoid operation was promptly carried out; pus was discovered within the mastoid, and all softened and diseased bone was removed. The dura mater was not exposed by this procedure at any point, and Mr. Rawling, if I may be allowed to say so, very properly considered that the conditions found were sufficient to account for the symptoms, and did not go further. The immediate result of the operation was excellent: the temperature fell and remained nearly normal, and I must confess to having felt no anxiety about the case. Looking back on it, however, one recognises that the patient did not seem as fit as he should have done, and that his occasional complaint of headache ought to have aroused more interest. On April 4th a swelling appeared in the neck below the angle of the jaw in the apex of the anterior

* Special subject lecture delivered at St. Bartholomew's Hospital July 3rd, 1911.

triangle; it rapidly increased, and the temperature ran up to an alarming height. The diagnosis of sinus thrombosis was now fairly obvious. I exposed the sinus, compact and apparently non-infected bone lying between the cavity of the former operation and the dura mater. The sinus wall was discoloured and sloughing; the sulcus was occupied by a stinking abscess. Thrombosis had extended downwards along the internal jugular vein, and the tissues surrounding it were cellulitic. Only when the level of the sterno-clavicular articulation was approached was it possible to identify any structures in the side of the neck. The vein was tied in the root of the neck, divided, and dissected up. Surrounding its upper part was another very offensive abscess which extended to the base of the skull.

Anatomically this case looked a desperate one; in fact it has not been my lot to see such extensive infection of the tissues of the neck in any other case. Though no pyæmic symptoms occurred the further course was not uneventful.

After ten days' interval a cellulitis of the submaxillary region developed, again with alarming temperatures. It was freely incised but no pus was found. Large drainage-tubes were introduced, one being brought through into the upper end of the earlier incision in the neck, while another passed upwards and backwards towards the root of the styloid process. Severe paroxysmal dyspnoea, resulting perhaps from pressure of one of these tubes on the vagus, occurred two days later; it disappeared as soon as the tubes were withdrawn and gauze drains substituted, and after this eventful history the patient began a steady convalescence, and has been of no further interest. His wounds were allowed to heal by granulation.

The point of greatest interest in this case is the remarkable behaviour of the temperature after the first operation. I have no doubt whatever that the sinus was thrombosed during the whole of the week which lay between the first and second operations. It is usual for several days to intervene between the initial rise of temperature, which marks the infection of the sinus, and the commencement of the period of fluctuating pyæmic temperatures, but during this period there is generally a sustained fever. In the next place it is very rare to find apparently uninfected bone, as in this case, lying between the antrum and the lateral sinus; nearly always the surgeon who will faithfully follow infected bone will be led to the discovery of intra-cranial extra-dural extensions. But in this case there was no indication of the sort, and I do not think that I should myself have explored the posterior fossa had I done the first operation. Infection in these cases enters the sinus by an intravascular route, the veins from the petrous which enter the sinus; being first infected, and the infection passing thus directly to the interior of the sinus. I believe the peri-sinus abscess of these cases is secondary to thrombosis and is the result of necrosis of the sinus-wall. The interior of the sinus rarely, if ever, becomes infected through its wall from

a perisinous abscess in such a way as to produce a clinical example of thrombosis.

CASE 2 was a school-girl, the daughter of a doctor, *æt.* 15. Her otitis media had commenced only a week before, following an attack of measles and German measles in succession. The membrane was bulging, there was mastoid tenderness and some swelling, and a little enlargement of the upper deep cervical glands. There had been no rigor, and the case appeared to be an ordinary one of acute mastoiditis with a rather severe toxæmia. On operation it was found that suppuration within the mastoid extended to the posterior cranial fossa. The sinus-wall was grey, and there was no expansion when pressure was put upon it and released. The interior of the sinus was filled by clot. As it seemed possible to get beyond the infected area both above and below, and as I was anxious to spare the patient a scar on the side of her neck, I did not touch the jugular at the time. Three days later there was a pleurisy with a small amount of blood-stained exudation and an underlying patch of pneumonia with blood-stained sputum; the temperature was high and the patient was very ill. I tied and divided the jugular. In spite of the gravity of the condition in the chest I am happy to say that this patient recovered, making steady progress from the time that the vein was interrupted. I shall deal with the question of the after-treatment of these cases later and collectively.

Here we have to do with the unusual in the development of sinus thrombosis in a recent middle-ear infection. In the vast majority of instances there has been discharge for years. As regards course, the first operation took place before the development of pyæmic symptoms; I have very little doubt that if I had completed the operation at once by the ligature of the vein, this patient might have been saved her dangerous lung complications entirely. By leaving the vein as an open portal of systemic infection I nearly sacrificed my patient.

CASE 3.—A young male adult, a hospital out-patient, of poor physical development, had been admitted (April 10th) to a medical ward with a provisional diagnosis of meningitis. He had an old right otorrhœa, fever, and very little else except a right internal squint. He denied headache now, but had complained of it previously. There was absolutely no tenderness to be elicited over the mastoid area; the highest of the glands along the internal jugular were enlarged and tender. In spite of his denials the patient looked very ill. I ventured on the diagnosis of thrombosis of the jugular bulb through the floor of the tympanum, with only slight extension backwards to the sinus proper, but with spread of phlebitis to the upper part of the jugular vein. An immediate operation was carried out, and this forecast of what we should find was fulfilled with remarkable precision. When the descending part of the lateral sinus was exposed it was apparently normal, but as the lower bend

was approached an abscess was found, the sinus wall became thickened, and the channel was blocked. The vein was exposed in the neck, ligatured, divided, dissected up as far as possible, and after clots had been removed the interior of the bulb was freely irrigated through into the upper wound. The wound in the neck was closed, and for the most part did well. This patient gave rise to anxiety for some considerable time, persisting in an irregular series of elevations of temperature, but never developing any signs of local secondary septic foci. His pyæmia remained of this minor sort, the intervals becoming longer between the febrile periods, and finally the chart became a level one. The squint has now disappeared.

This case is interesting from the absence of mastoid signs, from the absence of headache, an almost uniform symptom of any intra-cranial complication of aural discharges, and from the internal squint. It also illustrates well the importance of a critical examination of the neck.

The absence of mastoid signs was accounted for by the fact that there was no inflammation in the mastoid. The usual route of infection through the posterior wall of the antrum was not followed in this case; infection passed directly downwards, no doubt again by venous channels, into the jugular bulb. It is a somewhat rare direction, but one well established by recorded cases. The absence of headache is again accounted for by the non-existence of any area of inflamed dura mater, such as is the rule in these cases. The internal squint was new in my experience, but I have since come across a mention of its occurrence by a continental otologist. It is supposed to be due to the involvement of the sixth nerve in the spread of inflammation either along the dura mater or through the petrous to its tip. It is possible that spread had taken place in this case along the inferior petrosal sinus towards the apex of the petrous, leading to the paresis of the external rectus. If so, the patient had a close escape from thrombosis of his cavernous sinus and consequent death.

You cannot attach too much importance to tenderness and swelling along the upper part of the course of the internal jugular vein in any case of possible lateral sinus thrombosis. It is caused by lymphangitis and lymphadenitis. The thrombosed vein cannot be felt; it is always buried in the mass of surrounding glands and cellulitis. Only very rarely, when thrombosis of a non-infective kind extends beyond the area of inflammation, can the thrombosed vein be felt, recalling the classical description of a buried lead pencil. In this case the condition in the neck was the most valuable sign present.

CASE 4.—A little girl, *æt.* 11, admitted May 16th. There was an old bilateral discharge for six years, which was said to have ceased on the left side two days ago. There had been headache and vomiting since, and on the two previous days rigors had occurred. She had a high temperature but looked bright, and would admit no pain or headache

now. Between the two middle ears there was nothing to choose. Over the left supra-meatal triangle there was slight tenderness on deep pressure. Somewhat to the surprise of some of the bystanders I made a diagnosis of sinus thrombosis on the left side and operated immediately. The diagnosis was borne out: a perisinous abscess was present and the sinus was blocked. The sinus was opened and cleared out, and the jugular was tied but not divided. This case has recovered without further event. It was an early one, and illustrates the happy outlook for these patients if only they come under treatment before the condition has gone too far. The diagnosis here rested on a combination of features which was to me sufficiently striking with the patient before me, but is rather difficult to reproduce in words. The history was in the first place very suspicious; repeated rigors, with a present temperature of 104.6° F., makes thrombosis necessarily a matter of grave consideration. The child's apparent comfort I attached little negative importance to; of much greater significance was the eliciting of tenderness on firm pressure over the mastoid pointing to some deeply seated inflammation, while there was once again a suspicious discomfort on pressure along the upper part of the internal jugular. On the whole I can only say that I felt pretty confident that the diagnosis would prove correct.

Rigors may occur in almost any acute infective condition of the ear region—in acute otitis media, in mastoiditis, in labyrinthitis, in extra-dural suppuration, in infections of the brain and in meningitis, as well as in sinus thrombosis—but there is none of these in which rigors are as frequent as in the last, and the occurrence of a series of rigors is almost certainly indicative of sinus thrombosis. On the other hand, many cases of this nature come up in which there is no history of rigors obtainable, and in which no rigor takes place while under observation.

The cessation of the discharge from the left ear was not complete. A marked diminution of discharge often occurs with the initial rise of temperature in any serious complication of an otitis media, and has given rise to a most pernicious tradition that "it is dangerous to stop the discharge"—a most unfortunate inversion of the truth that with the occurrence of danger the discharge may stop. It is high time that this excuse for neglect was finally stamped out, but it dies hard.

CASE 5 was a little boy, *æt.* 8, with a history of long-standing bilateral otorrhœa. He was admitted with a high temperature, but did not appear to be extremely ill. There was some œdema over the right mastoid area, with tenderness. The swelling was, however, in an unusual place, lying over the apex of the mastoid and below it, not frankly over the antrum nor in the apex of the anterior triangle of the neck. He carried his head to one side, in the attitude of torticollis, the head inclined to the right with the chin turned to the left. Both sterno-mastoid and trapezius were

obviously rigid. There was tenderness along the upper deep cervical glands on the right side. The diagnosis rested between mastoiditis with perforation of pus through the apex of the process into the neck (Bezold's mastoiditis) and lateral sinus thrombosis. I inclined to the former, for the membrane was bulging, and the perforation was small and in Shrapnell's membrane, and sinus thrombosis is uncommon with an attic perforation. In the event, however, the sinus was thrombosed in nearly the whole of its vertical part, with a very foul perisinous abscess. The tissues in the side of the neck were quite natural, and after the vein had been tied and divided I dissected it up as far as possible, and contented myself with tying it off without washing it through in this case. Close to the posterior margin of the sinus at the lower end of its vertical part there was a small hole in the dura mater overlying the cerebellum, through which pus oozed. No abscess of the cerebellum was discovered on exploration at this spot, and there must have been a small intra-meningeal abscess, which had communicated with the perisinous collection.

This patient appeared to have derived some good from the operation for the first two days, but after this the temperature rose again, he became drowsy, and a swelling of the eyelids on the right side appeared, followed by proptosis of the right eyeball. Then the left side became similarly affected. Clearly the cavernous sinuses were thrombosed, and infection was spreading forward along the ophthalmic veins. At the same time there could be little doubt that he had meningitis, and his lungs were also affected.

He died a week after the operation.

The position of the swelling in this case was unusual. It was not due to the spread of inflammation from within the mastoid in the usual way, nor was it due to glandular enlargement. When the incision over the mastoid was made the tissues in the lower end of the wound were noticeably discoloured, and I have no doubt that thrombosis had extended along an emissary vein from the sinus to the surface. The mastoid emissary vein, as a rule, lies higher than this; it may cause a large abscess. Another emissary vein, the posterior condylar, is sometimes the cause of a very deeply placed abscess in the suboccipital region in a similar way. The torticollis was due to spinal accessory irritation; the muscles were held rigid involuntarily, and did not relax even during the lighter stages of anaesthesia. The nerve, of course, passes right through the mass of glands which are most immediately involved by inflammation in these cases, and it is curious how comparatively uncommon this symptom is. When it occurs, think always of the two conditions I have mentioned—Bezold's mastoiditis and lateral sinus thrombosis. The small abscess within the dura mater of the posterior fossa may serve to remind us of the frequency of cerebellar abscess as a complication of lateral sinus thrombosis. Some 50 per

cent. of all cerebellar abscesses are due to this condition, and if the relation of the cerebellum to the sinus be remembered, and the way in which, particularly on the right side, the sinus grooves the cerebellum, it is easy to see how this happens. The abscess of lateral sinus thrombosis lies close under the position of the sinus, at the outer pole of the cerebellar hemisphere, while that of labyrinthitis is more deeply placed, at a point between the inner edge of the sinus and the internal auditory meatus.

The youthfulness of this group of patients is striking, and is somewhat characteristic of the condition. It is uncommon to see lateral sinus thrombosis in patients beyond middle life. I can only recall one patient over fifty who suffered from this condition. I do not know why this should be, but it is part of the general rule that serious complications of middle-ear infection become rarer with advancing age. The infection was in every case except the last proved to be streptococcal; in the last case there was so much contamination by saprophytic organisms that its bacteriology was not satisfactorily solved.

As usual, the whole of the hospital cases were examples of chronic middle-ear suppuration. Lateral sinus thrombosis is rare in the course of recent otitis media, and I have only met with three instances, two of them outside the hospital. One of these was atypical also in that it occurred in an elderly gentleman, and was due to pneumococcal infection.

In the treatment of these cases the first necessity is a sufficient operative opening of the area of infection: a radical mastoid operation is needed to treat the primary seat of infection in the middle ear and mastoid; the whole of the infected part of the sinus must be freely exposed, laid open, and drained, and any accessible extensions, such as to the jugular in the neck, must be similarly treated. If this is not done, or if there are extensions beyond reach, e.g. to the cavernous sinus or to the cortical veins, the patient's fate is sealed. As a rule the local condition can be adequately grappled with by energetic operation, and only the late cases die in this way by local extension to the other sinuses or the meninges. The possibility of concurrent brain-abscess must always be remembered, and the brain must be explored if it seems advisable. It is, however, the systemic infection which is the more formidable problem. In many instances we have to deal with an established septicaemia, with or without secondary pyæmic foci. It is extremely difficult to estimate the influence of any particular element of treatment in such cases, for their behaviour is erratic in the extreme, and hopeful cases may die while some of the most desperate sometimes recover. I am, however, convinced that the combined use of serum and vaccine is beneficial, and for some considerable time I have made this a routine. The presumption is so strong that the *Streptococcus pyogenes* is the cause that one is justified in acting on this until actual demonstration can be made.

In all cases the patient receives a dose of anti-streptococcal serum (40 c.c. Burroughs Wellcome's "Pyogenes") before the effects of the anæsthetic have disappeared, and this is repeated in twenty-four hours or less. As a rule the administration of stock vaccine of *Streptococcus pyogenes* is begun in the same way in doses of five millions to start with, and an autogenous vaccine is procured as soon as possible. In successful cases the temperature may fall from the time of operation; it is more usual for a gradual fall to take place and for the temperature to become normal within a week. Others may continue with pyæmic temperatures for varying lengths of time; if the violence of the fever is on the whole diminishing or not increasing, and the patient's general condition is maintained, the outlook is still a good one. Some cases seem to be uninfluenced at all for good by anything which can be done; they are instances of an established blood infection of too overwhelming a degree.

As for results, if all cases are taken as they occur, including those whose condition is obviously hopeless, from 50 to 60 per cent. recover. If we exclude the cases which obviously will prove fatal from the time of their coming under treatment, from 70 to 80 per cent. recover. For good results the essentials are early diagnosis, energetic operation, careful and watchful after-treatment and good nursing.

My obligations to my house surgeons, and in the present series to Mr. Biggar, cannot be exaggerated.

The School Prize Medals.

THE notice which appeared in a recent JOURNAL about the Lawrence Research Scholarship reminds us that our Medical School awards four prize medals annually—the Kirkes, the Lawrence, the Matthews Duncan and the Willett, the first three of gold, the last of silver.

THE KIRKES MEDAL.

One use of a medal is that it keeps green the memory of him in whose honour it is founded, for it makes the winner ask of what nature was he and for what qualities was he thus honoured. This is especially the case with Dr. Kirkes, who for some reason hardly received adequate recognition from his contemporaries, so that to the majority of our own school *stat nominis umbra*.

William Senhouse Kirkes was a Lancashire man, born at Hilker in 1823. He was educated at the Cartmel Grammar School, and was apprenticed for the ordinary term of five years to Messrs Smith and Harrison and to Mr. Langshaw at Lancaster. He entered St. Bartholomew's Hospital in 1841 and soon proved himself a very brilliant

student. He was first in chemistry in 1842; first in surgery in 1843; first in medicine, midwifery, medical jurisprudence and clinical medicine in 1844. He graduated M.D. at Berlin in 1846; in 1850 he was admitted a Licentiate of the Royal College of Physicians of London, in 1855 he was elected F.R.C.P., and in 1856 he delivered the Goulstonian Lectures. In 1848 he was appointed Medical Registrar and Demonstrator of Morbid Anatomy at St. Bartholomew's Hospital, and in 1854, after a close contest with Dr. John William Hue, he was elected Assistant Physician to the Hospital, becoming full physician a few months before his death on the retirement of Dr. Burrows in 1864. He lectured on botany, and jointly with Dr. Black upon medicine. He was more especially interested in diseases of the vascular system, for he wrote the first essay in English upon the subject of embolism, and he was indefatigable in collecting materials for a work upon diseases of the heart, which never reached finality owing to his early death. His last illness, we are told, commenced with a shivering fit, which seized him on his way from his house, No. 2, Lower Seymour Street, Portman Square, to the Admiralty, where he was a member of the Syphilis Commission. He persisted, however, in going through his work there, returned home exhausted, and a day but one afterwards sent for Dr. (afterwards Sir George) Burrows, who found him "in a state of constitutional collapse, with symptoms of pleuro pneumonia of the right side, which were soon followed by those of pericarditis. His physical and nervous powers were so prostrated by overwork that neither brandy nor quinine could raise his circulation up to fever point. The disease made progress in spite of every effort, but his mind remained remarkably clear up to within a few hours of his death, which took place on the sixth day after the commencement of the malady," December 8th, 1864.

Mr. Henry Rundle, F.R.C.S. Eng., consulting surgeon to the Royal Portsmouth Hospital, whose name is well known to every reader of our JOURNAL, writes to me about Kirkes in the following words: "Dr. Kirkes was below the medium height, thin and delicate looking. He had long black hair, a thoughtful, refined face, and a keen intellectual expression. He stooped slightly and struck one as being physically weak, though his energy and enthusiasm were so great that he was enabled to get through much more work than seemed possible for one who looked so delicate.

"In 1864 he was co-lecturer with Dr. Patrick Black on medicine and took the first part of the course. His last lecture (on rheumatism) was given on December 1st, and his death, which occurred a week later, made a profound impression upon us.

"As a lecturer Dr. Kirkes was concise and clear, and was so much interested in his subject that he never failed to interest his hearers and to secure their close attention. His voice was high pitched and almost shrill in tone. Ready

of speech, he relied but little on his manuscript notes. He had a strong personality, and exercised a great influence for good over the students.

"Dr. Kirkes is worthy to be placed among the great physicians of St. Bartholomew's Hospital, and is one to whom the term 'Master' may be applied without affectation. I revere his memory, and gratefully remember how much he taught me."

Sir James Paget speaks of him in much the same terms, for he says: "He was one of my best pupils; clear-headed, industrious, as resolute in work as he was gentle and pliant in goodness in all his social life."

Dr. Thomas Cole, who afterwards became a leading physician at Bath, expressed the same feelings in a threnody



W. S. KIRKES, M.D.

(From a photograph kindly lent by Henry Rundle, Esq., F.R.C.S. Eng.)

which appeared in the *Lancet* on December 17th, 1864. It is headed—

ON THE DEATH OF DR. KIRKES.

The earnest labourer's work on earth is o'er;
His gentle voice is hushed. Alas! no more
His kindly teachings press us on to fame;
But memory throws a halo round his name.
At once the friend of weary and distressed;
With intellectual powers highly blessed;
The good adviser of the rising youth;
An energetic champion of truth.
Sincere and noble in his every deed;
Our loss his absence—they will prove the need
Of such a councillor to lead us on,
And point the road which he before had gone
His footprints mark the rugged pathway still,
And we may follow if we have the will.
That will we *must* have, and that pathway tread
If we would tribute pay the immortal dead.

Bath, December 13th, 1864.

Frater Minor.

Dr. Kirkes' name is known by his transcription of Sir James Paget's 'Lectures on Physiology,' which appeared in 1848 as the 'Handbook of Physiology,' by W. S. Kirkes, assisted by James Paget. Paget's name was omitted from the other editions, which remained as 'Kirkes' Physiology' until it became 'Halliburton's' when the fourteenth edition was published in 1896. His real reputation depends upon the fact that he wrote the first English essay on the subject of embolism. His work was founded on observations in the wards and post-mortem room at St. Bartholomew's Hospital, and confirmed Virchow's views which had been published a short time previously. The paper is published in the thirty-fifth volume of the 'Med.-Chir. Trans.' for 1852, and it ends with the following summary of his views:

"In conclusion, let me briefly recapitulate the principal points I have endeavoured to establish to the satisfaction of the Society. They are, first, the general fact that fibrinous concretions on the valves of the interior of the heart admit of being readily detached during life and mingled with the circulating blood. Secondly, that if detached and transmitted in large masses, they may suddenly block up a large artery and so cut off the supply of blood to an important part; if in smaller masses, they may be arrested in vessels of much less size and give rise to various morbid appearances in internal organs; while, under other circumstances, the particles mingled with the blood may be extremely minute, possibly the *débris* of softened fibrine, yet in sufficient quantity and with sufficient power to produce a poisoned state of the circulating fluid, as manifested in the production of typhoid or phlebotic symptoms. Thirdly, that the effects produced and the organs affected will be in great measure determined by the side of the heart from which the fibrinous masses have been detached; for if the right valves have furnished the source of the fibrine, the lungs will bear the brunt of the secondary mischief, displaying it in coagula in the pulmonary arteries and various forms of deposit in the pulmonary tissue; but if, as is far more commonly the case, the left valves are affected, the mischief is more widely spread, and may fall on any systemic part, but especially on those organs which, such as the brain, spleen, and kidneys, are largely and directly supplied with blood from the left side of the heart." An excellent discussion seems to have taken place upon the paper. The general conclusions were approved, but several Fellows were unable to accept detached pieces of fibrine as a cause for what are now known to us as "infarcts," but which were known to them as the "singular masses of yellow fibrinous substance found in the spleen, kidney, and other organs, and hitherto described as 'capillary phlebitis,' 'metastasis,' or 'fibrinous deposits.'"

It was decided on Saturday, December 18th, 1864, at a meeting held in the College Hall of St. Bartholomew's Hospital, that a public subscription should be raised among the friends and former pupils of the late Dr. Kirkes to

provide some fitting memorial of his excellence. It was agreed that this memorial be a gold medal to be given yearly to the student who shall pass the best examination in the diagnosis and treatment of medical cases in the wards of the hospital. Dr. (James) Andrew kindly consented to act as Treasurer and to receive subscriptions, which were to be sent to him or at the college, St. Bartholomew's Hospital, or to Mr. (George) Callender or Mr. (G. S.) Maberly also at St. Bartholomew's Hospital. The medal was duly obtained. It is stamped, and of no artistic value. The obverse is a bust of Kirkes with legend "William Scnhouse Kirkes, M.D., died 1864." The reverse two sprays of laurel leaving a space for the name of the recipient, with the lettering "St. Bartholomew's Hospital and College."

It was awarded annually until 1885 when, by a trust deed, dated February 23rd, 1885, the value of the prize was raised to £30 annually as well as the medal. Mrs. Kirkes gave the capital sum to secure this amount in trust to four trustees to hold the fund and receive the dividends "for the benefit of such of the students of St. Bartholomew's Hospital as shall have exhibited proficiency in clinical medicine." Since 1885 the prize has been known as the Kirkes Scholarship and Gold Medal. I am indebted for these details to the courtesy of Dr. T. W. Shore, who, at the expense of time and trouble, has courteously extracted the details about this and the other medals from the school records.

THE LAWRENCE.

LAWRENCE was one of the brilliant band of surgeons with whom the older order of surgery ended. Not great as Astley Cooper nor so dextrous as Liston and Fergusson, easily out-distanced as a philosopher by Green of St. Thomas's, less gifted as a teacher than Abernethy his master, Lawrence blended so many faculties in a lesser degree that he stands above all his contemporaries as a man of first-rate ability because he was equally good in many different spheres. He excelled, perhaps, as an orator, and in this he was materially helped by his natural imperturbability, strengthened as it must have been by the constant self-repression which was necessary in a surgeon who operated before the days of anaesthesia.

Born at Cirencester July 16th, 1783, he was the son of William Lawrence, who was the chief surgeon of the town. He was educated at Elmore, near Gloucester, and was apprenticed to Abernethy in 1799. In 1801 Abernethy, who was then lecturer on anatomy, appointed Lawrence his demonstrator, an office he held for twelve years. He obtained his M.R.C.S. in 1805; in March, 1813, he was elected Assistant Surgeon to the Hospital, and in the same year he became F.R.S. In 1814 he was appointed surgeon to the London Infirmary for Diseases of the Eye, and on May 19th, 1824, he was appointed full surgeon to our Hospital.



At the College of Surgeons he gained the Jacksonian Prize for his essay on "Hernia and the Best Mode of Treatment" in 1806. In 1815 he was appointed Professor of Anatomy and Surgery, and in the following year he printed his lectures, and referred to Abernethy in graceful terms, saying: "Having the good fortune to be initiated in the profession by Mr. Abernethy and to have lived for many years under his roof, I can assure you with the greatest sincerity that however highly the public may estimate the surgeon and the philosopher, I have reason to speak still more highly of the man and the friend, of the invariable kindness which directed my early studies and pursuits, and the disinterested friendship which has assisted every step of my progress in life, the independent spirit and the liberal conduct, which, while they dignify the profession, win our love, command our respect for genius and knowledge, converting these precious gifts into instruments of the most extensive public good." This was an excellent beginning, but in the very next lecture he chose to refer to some of Hunter's doctrines, strongly advocated by Abernethy, in no suitable terms, and a fierce controversy broke out between master and pupil. The question at issue was merely whether thought might be regarded as a secretion of the brain, or whether, as was then held, it was a divine attribute. But the times were not ripe for such a discussion; teleology on the narrowest religious interpretations still held sway, Lawrence lost ground, and was obliged to recant his more liberal scientific opinions. In 1827-8 he lectured at the Aldersgate Street School of Medicine, which was long a cave to which our teachers retired from St. Bartholomew's when they felt themselves slighted or ill-used by their colleagues. We still have a remarkable atavistic remembrance of its existence, for the charge of the surgeon to the habitual recites—"You shall not give lectures out of the Hospital without the consent of the House Committee," in much the same manner and with about the same amount of practical utility as in the case of a candidate for a degree at Oxford, to whom the oath was administered from 1334 until 1827, "You shall swear that you will not give or attend lectures at Stamford, as in a university, seat of learning, or general college."

When Abernethy resigned his lectureship on Surgery, Lawrence was appointed in 1829, and he held the post for thirty-three years. Sir James Paget has left us a masterly account of these lectures. He says, "Those of Lawrence were, I think, the best then given in London; admirable in their well-collected knowledge, and even more admirable in their order, their perfect clearness of language and the quietly attractive manner in which they were delivered. As I remember them now I feel that I did not esteem them half enough at the time. It was a great pleasure to hear them, and a good lesson. They were given on three days in the week, at 7 in the evening, after dinner. He used to come to the Hospital in the omnibus, and, after a few

minutes in the Museum, would, as the clock struck, enter the theatre, then always full. He came with a strange vacant outlook as if with uncertain sight; the expression of his eyes was always inferior to that of his other features. These were impressive, beautiful, and grand, significant of vast mental power, well trained and well sustained. He came in quietly, and after sitting for about half a minute, as if gathering his thoughts, began in a clear, rather high note, speaking quite deliberately, in faultless words, as if telling judiciously that which he was just now thinking. There was no hurry, no delay, no revision; every word had been learned by heart, and yet there was not the least sign that one word was being remembered. It was the best method of scientific speaking that I have ever heard; and there was no one at that time in England, if I may not say in Europe, who had more completely studied the whole principles and practice of surgery."

In like manner Savory has left us a valuable account of his master's personal visit. He says that "he was, in later life at least, a remarkably handsome man. Above the ordinary height, elegant in form, with a strikingly fine head and face, a magnificent forehead rising almost vertically above the brow to an extraordinary height, a clear blue eye, which, preserving its brightness even to the last, spoke not only of health and mental vigour but of a life of uniform temperance, a mouth ample, but with thin lips and singularly expressive, the distinguished presence of Lawrence as he moved amongst us—a model of intellectual beauty—is not likely to be soon forgotten. He had a natural grace and dignity of bearing which never failed to impress everyone. Even strangers, when introduced to him, felt at once that they were speaking to a finished gentleman, and before long they found out farther that this courtly gentleman was a most intelligent and accomplished man. The grandeur of his mental powers when they were put forth threw all his other gifts into the shade. His was a vast and capacious intellect and singularly complete. It seemed equal to the grasp of any subject brought before it, and it had been so long and sedulously cultivated that no subject seemed to come strange to it."

William Ormerod has recorded his impressions of Lawrence from the standpoint of a dresser: "How often have we waited at the ward fire for Mr. Lawrence in his week, though not on his day, feeling sure that his love for his work and daily diligence had not forsaken him, and that he would come to see if anything was wanted. Perhaps some injury of the head, a bad fracture, or a case of acute inflammation had been admitted, some case which had a real difficulty and required an immediate decision or perhaps an operation even. As he entered the ward each hat was taken off, and the sister standing at the right hand of the door courtseyed but nobody spoke. Mr. Lawrence then bowed or nodded to somebody, or to the house-surgeon, and proceeded at once to the bedside of the patient, to whom a few kind

words were spoken before anything was done. An examination of the patient was then gone through, with a few questions to the house-surgeon, to the sister or to the patient himself, and then the orders were given or the patient was told that some operation was required, or nothing was said; but the short question, 'Is Mr. So-and-So here?' told the regular attendants that a consultation would be held. But this short interview at the bedside was often succeeded, as we knew, by a few remarks at the fireplace away from the bedside, where a short clinical lecture on the case and its probable termination, with especial stress on the points to be watched as capable of being treated and a minute description of any rarity either in the occurrence of such cases or in any particular symptom present were, as we well knew, so often given and so good that we calculated on them.

"How often have we rejoiced to see him in the theatre, whether he operated or not. If he operated himself everything was done with the greatest care, from the time at which he tried the edge of the scalpel on his thumb to the moment at which the patient left the room unencumbered with any quantity of bandage, plasters and other ill-timed applications. If he did not operate himself we knew how sure we were to have a good view, for nobody so carefully cleared the area of opaque intruders between the patient and the class, and we knew that when he was by, persons were very shy of saying anything without being quite sure of it." Yet, in spite of all this, a revision of the life of Lawrence makes it almost certain that, like his great pupil Sir William Savory, he missed his vocation in life when he became a surgeon. The intellectual gifts of both, their sarcasm, their power of instant and telling repartee, their cynicism and their rhetorical abilities would have carried them much further in the higher branches of the law than was ever possible in the profession of surgery. Who that watched Savory examining a candidate for his diploma fail to think what he would have been like in cross-examining an unwilling witness! Who that heard him as President of the College ruling over the disorderly proceedings of the annual meeting of Fellows and members could fail to think of him as a judge of the High Court. Calm, dignified, majestic, evolving perfect order from chaos and impressing his will upon the most turbulent without apparent effort. So it must have been with Lawrence on that Valentine's day when his Hunterian oration roused his audience to fury and drew from him the retort—"When those geese have done hissing I will continue." And yet the influence of Lawrence was not always for good. Early in life at the beginning of his career he was a reformer, but before he had reached middle age he seems to have become incapable of receiving a new idea, and later in life he was distinctly obstructive to progress. It would be interesting to determine how far this frame of mind was the result of physical changes in the blood-supply of his central nervous system. As a young

man he suffered for a time from facial paralysis; on several occasions years afterwards he felt sudden loss of power in one of the lower limbs, which, however, did not persist, and for which but little was done because the nature of the seizures was obscure. About two years before his death his power of locomotion became more feeble and his general strength declined. Subsequently more decided hemiplegic symptoms supervened, but he showed wonderful powers of recovery, and for a time his health became so far re-established that he was able to resume his professional work. The cerebral symptoms culminated at length in a sudden attack of hemiplegia on the right side, with loss of speech, which seized him on May 11th, 1867, as he was walking up the staircase of the College of Surgeons in Lincoln's Inn Fields. He was taken home to bed and was visited by Sir Thomas Watson, who saw that "he wished to ask for something," says Dr. Norman Moore, "but while his looks showed perfect intelligence he was incapable of articulate speech. He was given some loose letters out of a child's spelling-box and laid down the following four: BDCK. He shook his head and took up a pen, when a drop of ink fell upon the paper. He nodded, and pointed to it. He was trying to express 'black drop' (a preparation of opium in common use at the time.)" He died July 5th, 1867, at 18, Whitehall Place.

Dr. Shore, our Dean, again lays me under an obligation by giving me the following facts about the Lawrence scholarship and gold medal. In the school minute-book I find that at the meeting held April 5th, 1873, the following minute occurs: "Mr. Savory communicated to the Committee the desire on the part of Sir Trevor Lawrence and the Misses Lawrence to perpetuate the memory of their father—the late Sir William Lawrence—by founding a scholarship, for which purpose they propose to give £1000. The Secretary was requested to write to Sir Trevor Lawrence in acknowledgment of the receipt of his communication, at the same time thanking Sir Trevor and his sisters on behalf of the medical officers and lecturers."

The medal was at first struck from a die, but in 1897 the die was discarded as it was not considered to be a good likeness of Lawrence, and the preparation of a new medal was entrusted to Mr. Alfred Gilbert, R.A. The design was exhibited in the Royal Academy in 1897. The obverse portrays Lawrence facing the spectator, and the treatment is strikingly successful if the difficulty of the pose be considered. The reverse presents an interesting allegorical composition. A naked youth stands facing, resting his forearms on shields on which is inscribed in Greek capital letters, *αὐτὸ ἀπαρτήσθαι*, from the Sixth Iliad, line 208—

"That I should always hear me well, and my deserts enlarge,
Beyond the vulgar, lest I shamed my race."

Two women personify Wisdom and Science and whisper words of counsel. The medal is not struck from a die, but is cast and chased annually, and is thus a work of

considerable artistic value. The cost was borne by the Misses Lawrence from 1897 to 1905, when the original medal made by Mr. Gilbert was handed over to the School. The total value of the scholarship and medal up to this time was £45 per annum. The following letter occurs in the School minute-book of June 29th, 1910:

"Dear Dr. Shore,—Miss Lawrence and Miss Mary Lawrence, my sisters, have, as you are aware, decided to make an offer to the Medical School of St. Bartholomew's Hospital to increase the amount of the 'Lawrence Research Scholarship,' as this is their wish the scholarship should be called in future, to the amount of £100 annually with the Lawrence medal. The terms and conditions have been discussed with you and agreed upon generally. The first award of the scholarship is to be for the year 1911. Such details as may be necessary can be settled in due course. I am, yours very truly, Trevor Lawrence." And the minutes run: "The Dean was requested to write to Sir Trevor Lawrence accepting the generous offer conveyed in his letter, and at the same time thanking him in the name of the medical officers and lecturers." The necessary trust-deed to carry out the wishes of the Misses Lawrence was completed, and the new regulations were published in our June issue, p. 140. D'A. P.

Cricket.

ST. BART'S. v. CLAYBURY ASYLUM.

This match was played at Claybury on Saturday, July 1st.

SCORES.

ST. BART'S.		CLAYBURY.	
N. F. Norman, c Smith, b Price	22	Dr. Grogono, b Waugh	9
A. J. Waugh, b Price	0	Dr. Paine, b Owen	4
E. Brash, b Baynes	50	Dr. Baynes, b Waugh	20
R. T. Vivian, c Addiscot, b King	42	Addiscot, c Brash, b Owen	9
Sub, b Baynes	0	W. Price, c Norman, b Owen	21
P. A. With, c Smith, b King	5	Dr. Vivian, b Waugh	0
W. A. Pocock, c Payne, b Arnold	0	W. Saville, c Pocock, b Waugh	8
R. H. Williams, b Addiscot	35	F. Arnold, b Waugh	7
E. G. Dingley, c Grogono, b Baynes	12	F. E. King, run out	0
T. Owen, c King, b Addiscot	0	A. Smith, c Williams, b Owen	9
R. O. Bridgman, not out	6	W. Draker, not out	1
Extras	4	Extras	2
Total	194	Total	90

ANALYSIS OF THE BOWLING.

	Overs.	Mins.	Runs.	Wkts.
A. J. Waugh	19	3	49	5
T. Owen	18	7	39	4

ST. BART'S. v. HOLLOWAY'S SANATORIUM.

This match was played at Virginia Water on Saturday, July 8th, and ended in a draw after a close finish, the last batsman just managing to play out time. The heat was intense before lunch, the thermometer standing at 84 in the shade, and this probably accounted

for the poor batting displayed by the Hospital on taking second knock.

SCORES.

VIRGINIA WATER.		ST. BART'S.	
F. A. Thompson, c Grace, b Vivian	85	N. F. Norman, c Stinton, b Roles	2
A. Bishop, c Brash, b Turner	17	F. M. Grace, c Parker, b Roles	17
Stinton, b Owen	12	A. G. Turner, b Blaber	51
A. Davies, c Grace, b Norman	10	P. A. With, b Roles	40
Kirk, lbw, b Last	35	R. T. Vivian, c Kirk, b Roles	4
Blaber, c Turner, b Grace	20	E. Brash, c Thompson, b Roles	9
B. Stors, c Turner, b Grace	10	T. Owen, c Bishop, b Roles	2
Roles, c Brash, b Turner	8	R. H. Williams, b Roles	8
A. E. Thompson, b Turner	3	W. A. Pocock, not out	32
Pond, c Williams, b Last	30	Last, c Kirk, b Pond	5
Parker, not out	19	A. Chillingworth, not out	3
Extras	15	Extras	27
Total	282	Total (9 wkts.)	200

ANALYSIS OF THE BOWLING.

	Overs.	Mins.	Runs.	Wkts.
A. G. Turner	18	5	51	3
E. M. Grace	15	3	74	2
T. Owen	9	0	55	1
N. F. Norman	6	1	38	1
R. T. Vivian	4	1	14	1
Last	5	0	35	2

ST. BART'S. v. LONDON SCOTTISH.

This match was played at Brondesbury on Friday, July 14th, in the London Scottish home week, and ended in a draw. The home team won the toss, and were not dismissed till they had put together the useful total of 280. The Hospital opened badly, and when the last man came in 110 runs were still required to win and still over an hour to play, but time was called when they were still 44 runs short.

SCORES.

LONDON SCOTTISH.		ST. BART'S.	
Hodgson, b Grace	18	T. Owen, c Hogg, b Thomas	42
Holford, c Spackman, b Grace	83	W. A. Pocock, b Lacey	1
Ltenard, c Spackman, b Grace	0	E. Brash, b Lacey	0
Hogg, c Williams, b Bridgman	81	A. G. Turner, b Thomas	40
Powell, b Bridgman	30	R. H. Williams, c Chown, b Lacey	10
Connell, b Bridgman	16	H. D. McCall, c Powell, b Thomas	34
Chown, b Grace	2	E. M. Grace, not out	45
Lacey, c Pocock, b Grace	0	R. O. Bridgman, b Hogg	7
Thomas, at Williams, b Grace	9	W. Spackman, b Thomas	3
Bush, c McCall, b Grace	19	J. G. Ackland, not out	29
Edwards, not out	2	Byes 21, leg-byes 4	25
Byes	20	Total (8 wkts.)	236
Total	280		

The Advance of Alchemy.

IN TWO STAGES.

ANCIENT.

For to cure y^e Scurvy.

Take of y^e hayre of a redde-tayled hound.
Eye of a ratte y^e is three weches drownd;
Juice of y^e hellebore pickt in June
By a one-legged man in y^e light of y^e moone:

Leaf of y^e henbane, care of a bat,
 Foote of a toade from a dead man's hatte;
 Halfe of an eartheworme, tayle of a snyakke
 Bill'd in y^e darke with a greene elm stakke:
 Sethe in a cauldron cleane and brighte,
 Boyle for an hour on a Friday nighte,
 Stir with a stick from a churchyard yelm
 Y^e has beaten y^e back of a three-toothed Jew.

To be drunke a' midnight with y^e leftte hande;
 here in eno' for xii persons.

AND
 MODERN.

The Przmbgnzanski-Züt Reaction.

Take 10 ccs. of the serum of a Greenland whale, which has been harpooned by a Scotchman, and heat to 32°65' C. at a pressure of 32 lbs. to sq. in. To this add 10,000,000 lymphocytes of a tubercular frog. Incubate for 48 hours at 37° C. Prepare a second tube containing 5 ccs. of the cerebro-spinal fluid of a cab horse from Northern Hackney, which has had repeated injections (m. v.) of hydroxy-amnio-ethyl-diamido ortho-β phenyl oxybutyric acid. Incubate under similar conditions with 5 ccs. of a suspension of *B. coli* from a pneumonic rat.

Mix the contents of the two tubes and add the serum of the patient to be investigated. A positive reaction, *i.e.* agglutination of the *B. coli* and the formation of a green fluorescent ring of Barium oxy-butyl-ortho-phenate, will indicate the presence of pseudo-fibrillary enlargement of the pituitary body. A. B. P. S.

The Eighth Decennial Club.

Forty members of this Club dined together at the Imperial Restaurant on Wednesday, June 28th. Major C. R. Stevens, I.M.S., was in the Chair, and after making an amusing speech had his health proposed by Dr. J. H. Drysdale. The dinner did justice to Mr. Oddenino's reputation, and was the seventeenth held by the Club. Mr. H. J. Waring, F.R.C.S. (37, Wimpole Street), and Dr. J. H. Drysdale, F.R.C.S. (11, Devonshire Place), are the Hon. Secs.

Research Defence Society.*

AN ADDRESS BY THE RT. HON. THE EARL OF CROMER,
 O.M., G.C.M.G., G.C.B.,
 President of the Society.

LADIES AND GENTLEMEN,—In considering the position which our Society occupies to-day, it should, I think, be borne in mind that, in the process of what I may call educating the public mind, the scientists, confident in the benevolence of their intentions, and secure in the uprightness of their cause, allowed the anti-vivisectionists to get a long start of them—an advantage of which, naturally

* Annual General Meeting, held in the Library of the Royal College of Physicians, London, June 19th, 1911.

enough, they were not slow to avail themselves. It was only three years ago that we all fully perceived that a humanitarianism, laudable, indeed, in its primary object, but, as we think, misdirected in its methods of action, and ill-informed as regards the true facts of the case, was really threatening the advance of a science which is itself eminently humanitarian in a different, and, I firmly believe, a higher and more rational sense.

The reports which we have heard read afford, however, abundant proof that no effort has been spared during the last three years to make up for lost time. The number of our subscribers has been steadily increasing. Amongst these I noticed with special pleasure the name of Agha Khan, whose generous support testifies to the fact that our cause meets with sympathy amongst the most enlightened of our Indian fellow-subjects. Progress has, in fact, been satisfactory—a result we owe in a great measure to the untiring perseverance of our indefatigable Secretary, Mr. Stephen Paget, to our Treasurer, Dr. Sandwith, of whose unselfish labours I cannot speak too highly, and to our able Assistant Secretary, Miss White.

Ladies and Gentlemen, upon the somewhat numerous occasions when I have publicly pleaded the cause of our Society, I have heretofore generally dwelt more especially upon the magnificent results which have so far been achieved by the experimental method in the direction of saving the lives and preserving the health both of human beings and of animals. I do not propose to dwell on that branch of the subject now. In this respect our case has, I venture to think, been proved up to the hilt. Those who are not convinced by such evidence as that given, for instance, by such eminent men as Prof. Starling and Sir Lauder Brunton, by Prof. Cushny in the domain of pharmacology, by Mr. Hobday and Mr. Stockman in that of veterinary science, and by others too numerous to mention, will scarcely, I fear, be converted by anything I could say. On the one hand, all this mass of evidence goes to confirm the conclusion which I give on the high authority of Lord Rayleigh, the President of the Royal Society, that “the main cause of the remarkable development of science in modern times has been the adoption of the experimental method of investigating nature.” On the other hand, abundant proof has been adduced, by Dr. Dudley Buxton and other high experts in anaesthesia, to show that the experiments on living animals are generally painless, and are always conducted in this country with a due regard to the paramount necessity of inflicting a minimum amount of suffering.

I do not, therefore, propose to say anything more on this branch of the subject. I will, however, ask you to bear in mind that the objects which our Society seeks to attain are two-fold. We wish not only to point to the results which have been obtained by the experimental method, but also to make known the facts as to experiments on animals in

this country, and the regulations under which they are conducted. That I consider a most important object. It is important because we have to recognise that there are a considerable number of distinguished men and women in this country, who, it may readily be admitted, are animated by very high moral sentiments, and who, in more or less decisive tones, condemn our proceedings. They represent an aspect of the case which not only demands fair consideration, but which, in so far as the general principle involved is concerned, will, I feel assured, excite the active sympathy of all civilised human beings, whether scientists or those less versed in scientific mysteries. Is it not almost a contradiction in terms to say that the members of a profession, whose main work in life is to relieve suffering, should themselves be indifferent to the sufferings of others in the persons whether of human beings or of the brute creation? There is, to say the least, a great antecedent probability that any such accusation must be false. If it is occasionally made by hasty and ill-informed critics, the explanation is, I believe, in a large measure to be found in the circumstance that many of those who make it are ignorant of the true facts. It is one of the most important duties which devolve on this Society to instruct them.

Ladies and Gentlemen, I have said that the general principle advocated by our opponents is of a nature to command our respect and sympathy. I cannot always say as much for the methods which are at times adopted to enforce the validity of that principle.

Our opponents may, I think, be divided into several different categories. Let me first deal with that category which, as I venture to think, cannot legitimately claim either respect or sympathy. I allude to those who distort facts, and who wilfully calumniate the whole of a noble profession with a view to holding its members up to the unmerited odium of an ill-informed public. Let me give an instance of what I mean. I hold in my hand a copy of the January issue of the *Zoophilist*. It reproduces, apparently with approval, an extract from an American newspaper termed *Life*. The case against vivisection is represented by the writer in *Life* in the form of an apologue, in which it is recounted that—contrary to the generally received opinion—Satan created man. Subsequently, it is stated that “the Creator of the World made a creature that was as good and lovable as the man was vile.” This creature was “a little, roly-poly, smiling Puppy.” The account then proceeds as follows: “And when the man saw the Puppy he said: ‘Lo! here is a fit subject for the advancement of science,’ so he took the little Puppy and slowly, very slowly, burned out its eyes, and then he—but no, it is too horrible, too sickening, to tell of, so let us blot out the memory of it, and, grovelling, try to forget.

“So when the wanton, useless torture was ended, Satan, passing by, paused, and, looking on the Man, said: ‘Verily, I builded better than I knew, for I have made a fiend so

vile that even I, the Prince of Evil, am, in comparison, but an innocent child.’ Then looking on the quivering body of the little Puppy, he—even he, the Devil—covered his face and wept.”

Ladies and Gentlemen, what can one say of those who resort to such ignoble methods as these to prove their case? Only this, I think—that it would be beneath the dignity of the profession which they attack to defend itself from such infamous charges, and that the arguments of those who can stoop to the adoption of such methods are wholly undeserving of consideration.

Now I pass to another category of opponents, who, although I think they adopt an ethical standard which is both irrational and practically unattainable, are, at the same time, much more deserving of respect than those to whom I have previously alluded. I take as an example of this category the evidence given before the Royal Commission by a very worthy clergyman, the Rev. Lionel Lewis. I say I respect Mr. Lewis because he has the courage of his opinions, and because those opinions are manifestly the outcome of honest and thoroughly sincere conviction. I cannot undertake to pass in review the whole of Mr. Lewis's rather lengthy evidence, but I note that he thinks it would be “a very great injustice” to Inquisitors of the Middle Ages to compare them to modern vivisectionists. The reason he gives is strange. It is that the Inquisitors believed that the pain they inflicted was for the good of the soul of the person upon whom it was inflicted; whereas the vivisectionists cannot claim that they wish to do any good to the dogs, rabbits and guinea-pigs whom they put to death. I confess that I rubbed my eyes when I read this statement. I asked myself if I had read history wrongly, for it is a new light to me to learn that Torquemada and his colleagues thought that they would save the souls of the heretics whom they condemned to the stake. I had always thought that they sought a moral justification for their conduct in the paramount necessity of preventing the spread of infection, and in the belief that by sacrificing the souls of a few heretics who were burnt they would save the souls of the unburnt and far more numerous residuum, just as the vivisectionist, by inflicting a painless death on some few animals, saves the lives of other animals of the same species, not to speak—and the addition is not devoid of importance—of the lives of numberless human beings.

After making this rather astounding, and, I think, historically inaccurate statement, Mr. Lewis was asked the crucial question of whether, supposing a child of his to be suffering from diphtheria, he would allow antitoxin to be used, to which he replied in the negative. “Would you,” he was then asked, “let the child die?” to which he replied, “I would.” The answer which I, and most of us, would have given to that question is—“I would not.” I should, for my own part, think that if on the occasion arising I did not act in accordance with that answer, I should be morally guilty

of infanticide. But, ladies and gentlemen, I merely quote Mr. Lewis's evidence to show you that between those who hold his views and the generality of mankind there is an ethical abyss which it is impossible to bridge over. I fear that little or nothing can be done to influence this category of opinion.

And now, ladies and gentlemen, if I do not weary you, I come to the third category of critics—for I will not call them opponents—whose views are much more deserving of attention than either of those which I have so far mentioned. I allude to those who admit the necessity of experiments on living animals, but who urge the necessity of obviating by all possible means the infliction of pain. We are happily able to meet these critics on common ground. But, in dealing with this branch of the subject, the question at once arises of the extent to which pain is now inflicted. I do not say it is altogether absent, but I honestly believe it is reduced to a minimum. Let me in this case invoke the testimony of the late Sir Guillum Scott, formerly Chairman of the Society for the Prevention of Cruelty to Animals, whose very moderate evidence it is a real pleasure to read after wading through the rather wild vagaries of some of the other anti-vivisectionist witnesses. The attention of Sir Guillum Scott was drawn to the views expressed by the Society of which he was the Chairman, prior to the passing of the Act of 1876 that is to say, at a time when the law in respect to vivisection was far less stringent than it is now. At that time the Secretary of the Society, whilst holding that experiments were at times performed which were in their nature beyond the legitimate province of science, at the same time "readily acknowledged that he did not know a single case of wanton cruelty, and that in general the English physiologists have used anaesthetics where they think they can do so with safety to the experiment." Sir Guillum Scott was asked: "Is the experience of your Society still in that direction?" to which he gave the decisive reply: "Personally, I say so certainly." Sir Guillum Scott added that in only one solitary instance had his Society since its creation instituted a prosecution for cruelty connected with experiments on animals; I may mention that that case happened only a few days after the Act of 1876 came into operation. It was in no way connected with any alleged physiological cruelty. The person against whom the prosecution was instituted held no licence. Now, ladies and gentlemen, I say that this important admission made by the Chairman of a Society specially created to watch over the interests of animals is of itself almost sufficient to sweep away at one stroke all the sensational fiction which we at times hear about imaginary tortures inflicted in physiological laboratories. Still, I quite admit that all reasonable safeguards against even occasional abuses should be instituted; and if the Commissioners, whose report we have for so long been anxiously expecting, can suggest any unobjectionable safe-

guards in addition to those which already exist, the public may feel assured that the scientific world will give to their proposals fair, and even sympathetic consideration. But it is essential—I quote the words of the Royal Society—uttered through the mouth of their spokesman. Lord Rayleigh—that these safeguards "should be so framed as not unnecessarily to interfere with the advancement of knowledge." Unnecessary restrictions would, Lord Rayleigh added, "not only cripple or arrest the growth in this country of an important branch of biological science, but in so doing would reduce the efficiency of both physician and surgeon to mitigate or cure disease." Considering the eminence of the gentlemen who compose the Commission, I cannot doubt that full weight will be given to this essential condition. In any case, our duty as a Society is clear. It is to welcome any well-considered and innocuous change in the existing law, but to offer a strenuous opposition to any measures which would retard the advance of knowledge, and which would result in displacing this country from the position it ought to occupy in the van of scientific and beneficent progress.

Books added to the Library during June.

Kocher, Dr. Theodor. Text-book of Operative Surgery. Third English Edition. Authorised Translation from the Fifth German Edition by Harold J. Stiles, M.B., F.R.C.S. (Ed.), and C. Balfour Paul, M.B., F.R.C.S. (Ed.). With 415 illustrations. Royal 8vo. Lond. 1911.

The following was presented by Dr. Horton-Smith Hartley, M.V.O.:
Powell, Sir R. Douglas, Bart., K.C.V.O., M.D., F.R.C.P., and Hartley, P. Horton-Smith, M.V.O., M.A., M.D., F.R.C.P., On Diseases of the Lungs and Pleure, including Tuberculosis and Mediastinal Glands. With illustrations. Fifth Edition. Medium 8vo. Lond. 1911.

The following was presented by the Publishers:
Waller, Herbert Ewan, M.R.C.S., L.R.C.P. Theory and Practice of Thyroid Therapy. Being some experiences of the results of thyroid medication, with deductions concerning the influence of thyroid secretion in health and disease, and certain effects of drugs and various circumstances upon thyroid secretion. A book for General Practitioners. Demy 8vo. Lond. 1911.

The following were presented by Sir William Church, Bart.:
Von Ziemssen's Handbook of General Therapeutics. 7 Vols. Lond. 1885-1887.

Smee, A. H., M.R.C.S., F.C.S., F.S.S. Suggestions as to Lines for Future Research. Being the substance of the oration delivered at the Hunterian Society of London, February 9th, 1881. Lond. 1881.

Ransome, W. H., M.D., F.R.S., F.R.C.P. The Inflammation Idea in General Pathology. Lond. 1905.

Transactions of the British Congress on Tuberculosis for the Prevention of Consumption. London, July 22nd to 26th, 1901. 4 vols.

Kallden, C. von. Methods of Pathological Histology. Translated and Edited by H. Morley Fletcher, M.A., M.D., M.R.C.P. With an Introduction by G. Sims Woodhead, M.D. Lond. 1894.

The following were presented by Dr. W. H. Kesteven:
Laycock, Thomas, M.D., F.R.S.E. Mind and Brain: or the Correlations of Consciousness and Organisation; with their applications to Philosophy, Zoology, Physiology, Mental Pathology and the Practice of Medicine. Illustrations. 2 vols. Edinburgh 1860.

Tunmer, James R., M.R.C.S. Electricity in the Treatment of Disease. A Practical Guide to its application; what it is and what it will accomplish. Lond. 1885.

Thorowgood, John C., M.D. Notes on Asthma: its natural forms and treatment. Second Edition. Lond. 1873.

Aesculapian in the Transvaal.

A CORRESPONDENT from the Transvaal has very kindly sent us the following amusing letter. Evidently the practitioner in those parts has to be a man of many attainments.

The original, written by a Kaffir girl, can be seen (as advertisements relating to testimonials put it) on application at the JOURNAL OFFICE.

Vlaak poort Store

H H Hurst

June 4, 11

Sir—Will you be pleased sir and give me the Medicine there is a child is affected by the desaes first of all the thing he is coughing and then the child crie before crying the consumption is closed that the child cant got ability for breathing and again there is the sores n the breast will you be help me by the same Medicine he begin by vomet and then stretch himself 5 days it begins him and gain is murmuring loud is the boy of Mr J, Joubert,

Obituary.

JOHN DUNNELL RAWLINGS.

THE death of J. D. Rawlings at the early age of forty three, on July 17th, was a great shock to his many friends. Few knew that he had been mortally stricken. It is, indeed, difficult to write of one who had so great a capacity for inspiring affection.

Qualifying in 1893, he took his M.B. at London University the next year, and became in turn Resident Medical Officer at the Royal Free Hospital, House-Physician at Bart.'s to Sir Dyce Duckworth, and House-Physician at the York Road Lying-in Hospital. He then went into partnership with the late Dr. Chaldecott, of Dorking, and on the latter's retirement assumed sole control. He was so exactly suited to his work that it was difficult to imagine him in any other career, yet his sterling qualities were such as would have commanded success in anything he had undertaken.

He was an excellent clinical observer, and keenly interested in all the developments of medicine. Added to this, there was a singular force in his personality which commanded the respect and confidence of his patients. He expected and obtained implicit obedience to his instructions, believing that only thus could a medical man really benefit those he attended. In an age of strenuous competition he pursued a lofty standard of conduct towards his professional brethren, holding, as he did, that most of our troubles come from within. Many will remember his paper delivered before the Abernethian Society on "The Conduct of a General Practice," full of kindly wisdom and sound advice to those beginning a difficult career. His character was a fine blend of sweetness and strength, with a strain of deep tenderness towards suffering. Small wonder that he

prospered in practice, and less than three months ago he found it necessary to take Dr. McComas into partnership to cope with the increasing demands upon his time.

In the midst of this useful and busy career he suddenly learned that he had only a short time to live. From the first it was clear that he who had helped so many was beyond human aid. He faced death in a terrible form with splendid and unflinching courage. Not a murmur escaped him. He quietly put his affairs in order, saw his friends, and interested himself in their welfare as of old. He seldom referred to his own condition, but when he did so he discussed it in the same calm and logical manner as if it were a professional case. When a certain method of treatment was suggested, he asked how long it would be before it could produce any improvement. "Ten days," was the answer. "But I haven't got ten days," was all he said. It was only too true, for the next day he died, and it is still hard to realise that the staunch and helpful comrade has become but a gracious memory. *Requiescat in pace.*

W. L. B.

Review.

EMERGENCIES OF GENERAL PRACTICE. By PERCY SARGENT, M.B., B.C. (Canab.), F.R.C.S., and ALFRED E. RUSSELL, M.D. (Lond.), F.R.C.P. Second edition. (Oxford Medical Publication. Henry Frowde, and Hodder and Stoughton. 454 pp. 15s. net.)

We had not an opportunity of seeing the first edition of this book, but the authors state in their preface that the whole work has been thoroughly revised, and that many of the chapters have been practically re-written. At any rate, we should be quite willing to accept the claim, had they made it, that their work is now complete and comprehensive.

We much appreciate the skill with which the authors have recognised the emergency of diagnosis in certain cases, and the emergency of symptoms quite apart from diagnosis in others. That diagnosis is vital in the case of the infectious fevers, for example, is fully recognised, and complete details are given. On the other hand, an excellent chapter, headed "Unconsciousness," collects the whole of the conditions in which unconsciousness is the predominant feature, and such a classification by symptoms is very appreciable in a work dealing with emergencies.

The chapter on acute abdominal disease is a valuable one. We notice that in the consideration of acute appendicitis the author makes no mention of observation of the leucocyte count as an indication for or against operation; this to the teacher of surgery might be regarded as a culpable omission, but the author evidently relies upon the criteria he has established from his own considerable experience, and he states them so clearly that the omission seems to us of little importance. We should like to have seen post-operative treatment considered more fully, as occurrences which are certainly to be regarded in the light of emergencies may be among the most anxious trials of the general practitioner, although it may be objected that after-treatment as a whole does not enter into the scope of the book.

Special attention is called to the chapter (new to this edition) on "The Emergencies of Insanity," contributed by Dr. Percy Smith, and, indeed, the inclusion of this chapter merits special praise. We do not recollect having seen the question of insanity from a general practitioner's point of view treated elsewhere, certainly never in so clear and comprehensive a manner, and the chapter is a very valuable addition to a very able work.

The paper, printing, and general style of the book leave nothing to be desired, and we particularly congratulate the authors on their illustrations. Of the ninety-eight photographs and drawings we object to two only. Fig. 50 is a very practical drawing, showing the correct position of the patient for tracheotomy, but we think that the artist might have credited the reader with sufficient imagination to

excuse him the incision and scalpel in its flow through position, which to our minds convert it into an unnecessarily gruesome illustration. Fig. 95 is of an "undine"; we imagined that everybody must know what an "undine" looks like, yet every book on the treatment of eye diseases invariably supplies an illustration of one, so there must be some special reason which we have not grasped. But the rest of the illustrations have been admirably selected, evidently with no little trouble, to show special features in instruments or methods of treatment which are much more clearly understood than any amount of letterpress.

[Owing to pressure on our space a review on Green's *Manual of Pathology and Morbid Anatomy* is held over until our next issue.]

Correspondence.

ATHLETICS AT BART'S.

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

SIR,—We have grown accustomed to platitudinous utterances from editors year after year regarding our athletics such as: "special efforts will be made," "we hope, etc." "we should like to have the Athletic Shield," and so on, and this year is no exception, although I for one expected something better from you, who might be presumed to know more about such matters than the majority of your predecessors. During the last eight years Bart's has won the Athletic Shield once only—in 1908. Considering the magnificent record we hold in the history of Inter-Hospital athletics, once in eight years is not our fair share. This year there was a good struggle, and our loss was particularly exasperating in that with another representative or two victory would have been assured to us. On this occasion who were our representatives? Two strong men, two jumpers, and one runner. It seems almost inconceivable that in a hospital of this size not more than one runner at any distance is willing to compete. In other branches of sport—rowing and football, for example—one or two individual excellencies will not form a team. In athletics it is different, for it is the individual effort that counts.

Is anything more unpardonable than this apathetic state of affairs, which allows the shield to year after year keep away because no one will take the trouble to train and to compete? It almost seems as though Inter-Hospital Championships were treated with extraordinary respect and awe, as if they were *World's Championships*. I remember the winners in 1908 were only five men, and with the exception of one there was not a first-class performer amongst them; but they won solely because they trained themselves for their various distances, being, moreover, stimulated by a captain and secretary of very commendable enterprise. I am one of those who, through congenital unfitness, are compelled to be lookers-on; but this surely cannot be the case with the many stalwart specimens one sees about this hospital.

The sole fault seems to rest with the officials, who should get early at probables, encourage and advise them to train for events for which they are suitable, and put into the field representatives for every event; it has been done before and can be done again. You may say, sir, that I am making much out of a trifle, that athletic supremacy is of little importance to a Hospital, but I think it is of great consequence, as thereby we shall attract the best men, the type who is at once athlete and worker, and who will help us to carry on the glorious traditions we possess in the world of athletics and work.

I can hardly hope to be popular by these expressions of my opinion, and I therefore feel that I may legitimately subscribe myself, Yours faithfully,

"ESPRIT DE CORPS."

Royal Army Medical Corps.

Captain E. P. Sewell has been promoted Major. He will proceed to Ceylon in the coming troping season as sanitary officer. Major R. H. Lloyd goes to India (Northern Army) and Captain M. G. Winder to Jamaica. It was wrongly stated in the last number that J. J. H. Beckett was proceeding to India, as he went out at the end of last troping season.

There will be a large number of Bart's men attending the next Senior Course at the Royal Army Medical College, which begins November 1st. Their names are: Captains C. H. Turner, F. H. Nokes, C. E. Cathcart, H. T. Wilson, P. A. Lloyd-Jones, L. V. Thurston, and J. H. Gurley.

Major J. E. Brogden has been home on leave from Gibraltar and Lieut. C. Clarke from Malta.

Royal Naval Medical Service.

The following appointments, etc., have been announced since June 20th, 1911:
Staff-Surgeon L. Morris to the "Vivid," additional for disposal, to date July 17th, 1911.
Surgeon P. M. Rivaz to H.M. Dockyard at Devonport, to date July 5th, 1911.
Surgeon G. B. Scott to R.N. Hospital at Chatham, to date July 5th, 1911.
Surgeon H. B. Hill has been made an officer of the order of the Crown of Italy, in recognition of services rendered on the occasion of the Earthquake in Southern Italy on December 28th, 1908.


Indian Medical Service.

Lieutenants to be Captains: R. R. S. Sewell, C. H. Fielding, R. S. Townsend. Dated February 1st, 1911.
Captains to be Majors: J. J. Urwin, H. M. Cruddes, P. P. Atal. Dated January 28th, 1911.
Major to be Lieutenant-Colonel: F. O'Keinley, January 31st, 1911.
Lieutenant-Colonel H. Hendley is promoted to Colonel.
Major R. H. Elliot, F.R.C.S., was granted six months' special and combined leave from May 5th, 1911.
Major E. S. Peck has been granted six months' privilege and special leave from April 11th.
Captain H. M. H. Melhuish, District Plague Medical Officer, is transferred to Delhi.
Captain A. D. White is appointed to act as Second Resident Surgeon, Presidency General Hospital, Calcutta.
Major R. F. Baird, Civil Surgeon, is transferred from Mainpur to Gonda.
Colonel G. W. P. Denny is to be Inspector-General of Civil Hospitals, Central Provinces.
Captain H. W. Illius, Officiating Civil Surgeon of Jhansi, is granted privilege leave combined with furlough for twelve months, from March 13th, 1911.
Lieutenant-Colonel W. A. Sykes, D.S.O., is granted privilege and combined leave for nineteen months, preparatory to retirement.
Surgeon-General H. W. Stevenson is granted combined leave for six months.
Lieutenant-Colonel G. E. Fooks retired, after completing thirty years' service, on December 6th, 1910. All his service was passed in military employ. He served on the N.W. Frontier of India, 1884; British East Africa, 1896 (medal); China, 1901 (mentioned in despatches, medal and clasp).

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, 1911.

[PRICE SIXPENCE.]

St. Bartholomew's Hospital Journal,

SEPTEMBER 1st, 1911.

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

Calendar.

- Fri., Sept. 1.—Partridges.
Dr. Herringham and Mr. D'Arcy Power on duty.
- Tues., " 5.—Dr. Tooth and Mr. Waring on duty.
- Fri., " 8.—Dr. Norman Moore and Mr. Bruce Clarke on duty.
- Mon., " 11.—Examination for Matriculation (London) begins.
- Tues., " 12.—Dr. West and Sir A. Rowly on duty.
- Fri., " 15.—Dr. Ormerod and Mr. Lockwood on duty.
- Tues., " 19.—Dr. Herringham and Mr. D'Arcy Power on duty.
- Sat., " 22.—Dr. Tooth and Mr. Waring on duty.
- Fri., " 23.—Jewish New Year.
- Mon., " 25.—Examination for Entrance Scholarship begins.
First Examination Conjoint Board begins.
- Tues., " 26.—Dr. Norman Moore and Mr. Bruce Clarke on duty.
- Fri., " 29.—Michaelmas day.
Dr. West and Sir A. Rowly on duty.
- Mon., Oct. 2.—Winter Session begins.
Annual Dinner of Old Students.
Cambridge Michaelmas Term begins.
2nd Examination of the Society of Apothecaries begins.
- Tues., " 3.—Dr. Ormerod and Mr. Lockwood on duty.
Examination for Part II Second M.B. (Cantab.) begins.
Final Examination Conjoint Board (Medicine) begins.

Editorial Notes.

MORE than once during the past month we have been filled with self-pity at the task of completing a journal in such unfavourable circumstances. With "everybody away," a scarcity of news and an atmosphere of general intellectual meagreness we should have been badly enough off; but when to these have been added the distress of exertion amid what the penny-a-liner terms canicular and silly-season conditions, the stirring political crises, and the almost revolutionary strikes, we are really proud not only of living through a record heat in London, but of actually producing a journal. And curiously enough just when we might be expected legitimately to sue for pardon for being at our worst, we are actually in a position to claim that we are almost at our best; for it is a pleasure to feel compelled to call special attention to almost every article in this number.

* * *

CONSIDERATION of the great strike is particularly pertinent, for most of our readers will inevitably have concluded that its consequences to a hospital must have been great and terrible, since provisions which can be relinquished by ordinary people, if with some sense of deprivation, at least without serious inconvenience, may be of the nature of vital necessities to the sick. And yet it is no exaggeration to say that little evidence of the trouble outside can have been directly felt by any one patient. This is not to be explained by considerations to hospitals by the merciful strikers, for newspaper statements on this head were for the most part flights of fancy, but solely to the remarkable organisation by which the Hospital machinery is run, and the gigantic efforts which Mr. Watkins, our Hospital Steward, and his lieutenants put forward in the extremity. And although they felt that they were living figuratively from hand to mouth,

and literally only from day to day, they are to be heartily congratulated on the imperturbability they maintained when things looked at their worst. It is interesting to reflect that if, in spite of the contractors' exertions, the food-supply to the hospital had been entirely cut-off, we should have been compelled to shut up the wards and even to turn out all patients who were not too ill to be moved. It is equally interesting to speculate what effect such an occurrence would have had in terminating the strike.

* * *

MR. D'ARCY POWER'S article upon the Matthews Duncan Medal is even more interesting than its predecessor upon the Kirkes and Lawrence Medals. We are indebted to the Senior Staff for permission to reproduce the accompanying portrait of Dr. Matthews Duncan, which is taken from the engraving in the Staff's common room.

* * *

DR. MAXWELL, sends us an article which claims attention, first of all because it has been sent from a very distant part of the world, and is one of the many evidences we are frequently receiving of affection for the "old place" held by her sons however far they journey. But Dr. Maxwell's article appeals, too, from its own intrinsic merit, and we are grateful for the self-denial which prompted him to think first of his own Hospital's journal rather than seek the greater professional kudos which would attach to the insertion of an article in one of the great medical journals. The subject he has chosen is one of great interest. We doubt if the lateral operation for stone is now performed in this hospital, and Dr. Maxwell seems to us to make out a very good case for this method. We hardly think that opinion on the subject will be unanimous, and the importance of it induces us to invite discussion, which cannot fail to educe most valuable information.

* * *

We have much pleasure in publishing Mr. Clark's article because it emanates from a member of the Junior Staff. The labours of an over-worked House-man do not stimulate him to seek literature as an avocation in his very spare spare-time, and we can quite understand why so little of the JOURNAL is contributed by present members of the Hospital. But we sincerely hope that others of the Junior Staff will find opportunities to follow Mr. Clark's example.

* * *

MR. TREMBLE is happy in being able to select a non-clinical subject, which is, at the same time, scientific-enough to appeal to all our readers.

He has very cleverly shown the development of primitive instincts into modern reflex actions, whilst their relegation to a chemical basis affords to our minds an explanation which, if hypothetical, is a very plausible and attractive one. We feel, too, that he has shown himself to be an admirable ally of all who affirm the doctrine of the inheritance of acquired characteristics, and his hesitancy to assume this point of view as a necessary antecedent we think was not at all warranted. But when he interprets dreams as inherited memories he is on more debatable ground. A rigid materialist would, we fancy, see no reason to explain dreams on other than physiological lines. The familiar "falling through space" dream, to which Mr. Tremble refers, may be referable to gastro-intestinal disturbance, an explanation which is supported by its converse. For, as is well known, the sudden arrest of motion in a lift produces a peculiar unpleasant sensation; so some gastric disturbance might be supposed to produce the corresponding effect upon the nervous system—the sensation of falling and stopping. Dreams can be very readily catalogued; and although the circumstance that most people at one time or another dream the same sort of dreams may lend support to Mr. Tremble's contention that they are all racial memories and re-incarnations, we should be interested to know what experience in our primitive ancestral life corresponded to that well-known dream of finding one-self in a crowded assembly *in puris naturalibus*.

* * *

WE observe that the Hospital is to be well represented in the Seventeenth International Medical Congress, to be held in London, 1913. The full list of officers has not been published, but Sir Lauder Brunton is to be President of the Section of Therapeutics, and Sir Francis Champneys, President of the Section of Obstetrics and Gynaecology. Sir Dyce Duckworth is to be one of the Treasurers, and Dr. Herringham is the Hon. General Secretary.

* * *

A CORRESPONDENT has very kindly pointed out to us that from the list of St. Bartholomew's men who received Coronation Honours we omitted the name of Dr. J. Raglan Thomas, of Exeter.

Dr. Thomas has done invaluable work as Administrative Medical Officer of the Wessex Territorial Division, and his appointment as Honorary Physician to His Majesty for His Majesty's Territorial Force is a fitting and well-deserved recognition of his services. We congratulate Dr. Thomas heartily, if tardily, and apologise for our delay, and in expressing our gratitude to our correspondent for his trouble, we feel that this is an excellent opportunity to explain and to emphasise how very dependent we are upon such volun-

tary assistance for obtaining information. No better medium for congratulating St. Bartholomew's men upon their achievements and upon the material recognition of their achievements is possible than the JOURNAL, but it would be a platitude to insist that the honours they acquire are so numerous and varied that it is impossible for us to collect them even with the aid of our energetic and painstaking staff. We will be grateful, therefore, for information of any kind relating to Bart's men, and since their proverbial modesty may deter them from writing about themselves, let all adopt a universal altruistic attitude, and, as in the case to which we have alluded, write to us about their friends. In this way the same result will be achieved.

* * *

WE HEARTILY CONGRATULATE:

MR. McADAM Eccles on his election as President of the West London Medico-Chirurgical Society for the Session 1911-1912. This Society, which has some 600 members, has had a St. Bartholomew's Hospital man as President on at least eleven occasions of its twenty-nine years of existence, and Mr. Eccles will make the twelfth in the thirtieth year.

DR. F. A. Bainbridge on his appointment as Professor of Physiology in the University of Durham College of Medicine, Newcastle-on-Tyne.

DR. HOWARD Pirie, Chief Assistant in the Electrical and X-ray department, on his appointment as Physician in charge of the Electrical Department, Royal Victoria Hospital, Montreal, and Medical School, McGill University.

MR. F. J. Sadler, who has taken the M.D. Oxon.

MR. E. GAUC, who has taken the M.D. Durham.

MESSRS. A. E. GOW, G. VINER, A. L. YATES, F. V. O. BEIT (Capt. I.M.S.), and F. GRÖNC on their success in the M.D. Examination of the University of London.

MR. C. J. STOCKER, who passed fourth into the I.M.S. at the recent examination. Messrs. Osmond, Vivian, Allnut and Drummond, who passed into the R.A.M.C.

The large number of gentlemen who were successful in the M.B., B.S. Examination, London.

And the very large number who qualified in July under the Conjoint Board.

* * *

WE have not gone out of our way to collect honours for insertion this month and the list of achievements by present and past students is indeed a striking proof of their magnitude and variety.

* * *

WE regret to announce the death of Dr. Samuel Gee, Consulting-Physician to the Hospital. We hope to publish an obituary notice in our next issue.

* * *

AS we go to press we hear with the deepest regret of the tragic death of Allan Coalbank. In the name of the Hospital we respectfully offer our most sincere sympathy to his parents, Dr. and Mrs. Coalbank of Teddington.

A Plea for the Lateral Perineal Operation for Vesical Calculus.

By JAMES L. MAXWELL, M.D.,
Taman, Formosa.

THE truth of the statement that lateral lithotomy has, in England at least, fallen on evil days hardly requires proving. Recent articles in the medical journals speak almost contemptuously of the operation, while the latest book on surgery to my hand refers to lateral lithotomy as follows:

"Lateral lithotomy, at one time the premier operation in surgery, is no longer performed. As far as the operation was really lateral . . . and done for a stone of any size, it was gravely dangerous."

Now in contradiction to these opinions I maintain that the operation is one of the easiest, safest and most satisfactory in surgery if properly performed for suitable cases; and I believe that it is a thousand pities that it has been abandoned in favour of the far more difficult and dangerous operation of supra pubic lithotomy. The reasons, no doubt, that led to the abandonment of lateral lithotomy were that the operation was performed on unsuitable cases and improper methods employed. And that it does not now again come into vogue is no doubt due to the influence of such statements as that quoted above.

In dealing with stone in the bladder we have the choice of the following methods: Lithotripsy; supra-pubic lithotomy; lateral lithotomy.

With lithotripsy I shall not deal; it is acknowledged that this is an operation for experts who deal with large numbers of stones. I write for the ordinary surgeon who at most has to deal with a few cases only every year.

Supra-pubic lithotomy is in some ways the ideal operation—that I am ready to acknowledge; but this is only in cases where primary union of the bladder-wall can be safely counted on and no drainage has to be employed. Drainage of a supra-pubic wound is only satisfactory where careful nursing can be obtained, or in other words where assiduous attention counteracts the obvious mechanical objections to draining a wound against the influence of gravity. The wound, when the bladder is badly infected, often heals very slowly. And further, the danger of opening the peritoneal cavity with subsequent risk of infection from septic urine is considerably greater than is usually acknowledged. It is especially in the septic cases where inflammation has spread through the walls of the bladder that the peritoneum may be firmly fixed down to the upper front wall of the bladder and easily opened by accident, especially by inexperienced operators.

Lateral lithotomy has, I maintain, the following points to recommend it: It is the quickest important operation in

surgery; it gives perfect dependent drainage; it is practically free from danger in suitable cases; convalescence is rapid, even in the absence of any nursing. Now to deal with these points.

Speed.—An ordinary lateral lithotomy operation should not take longer than three minutes; two minutes are usually sufficient.

Now while it may not be of much importance, within certain limits, that an operation should be performed with speed, it does go practically without saying than an operation which takes the tenth part of the time that a similar one takes must be much the easier operation to perform, and better for the patient.

Drainage.—The drainage in the lateral operation is absolutely dependent, and therefore eminently satisfactory. There is therefore very little chance of the wound going septic even though the urine is teeming with bacteria. Of particular value is this adequate drainage in the happily rare cases where a fragile stone breaks into innumerable pieces when grasped by the extraction forceps.

Danger.—We repeat that the operation is practically free from danger in suitable cases. We have ourselves performed thirty lateral operations without a death, but not merely without a death, but without serious anxiety about a single case. Our own cases, however, are few, but my friend Dr. Swan, of Canton, probably the most experienced lithotomist in China and a warm supporter of the lateral operation, reports sixty-five operations in a single year without a death.

The one great bugbear that the manuals of surgery try to frighten one with is hæmorrhage. No doubt in the old days when sharp gorgets and other horrible instruments were used hæmorrhage was often severe; with present-day methods it is only the bogey of the surgery authors. Out of our own thirty cases, in twenty-nine there was practically no hæmorrhage at all, and in the remaining single case the bleeding was easily controlled with a petticoated tube.

Convalescence is rapid: we expect our patients to be able to leave the hospital in about a fortnight; in the supra-pubic cases, especially where no proper nursing can be obtained, convalescence is much more prolonged.

Two questions remain to be referred to: What is the definition of a suitable case for lateral lithotomy? and what is the simplest mode of operation? The first question is most easily answered in the negative way. The cases unsuitable for lateral lithotomy are, too small children and too large stones. The former because the seminal vesicles may be injured, the smallness of the parts makes the operation difficult, and the bladder, being an abdominal viscus, the supra-pubic operation is particularly easy. The latter because the extraction of a very large stone by forceps becomes more comparable to an obstetric than a surgical operation without the elasticity of the parturient canal. The neck of the bladder may be torn, the edges of the wound

are certainly much bruised and may even slough, and secondary hæmorrhage may result from this.

Personally, we prefer the supra-pubic operation for boys under ten, and for stones over two ounces in weight. The large majority of cases of vesical calculus easily come within these limits.

For the method of operation we shall briefly describe the operation that we perform ourselves. The patient having been anaesthetised, the lateral grooved staff (curved) is passed and the stone struck. The patient is then placed in the lithotomy position and an assistant passes his finger into the rectum to see that the viscus is contracted.

An assistant presses the staff down against the perinæum and a sharp scalpel is plunged into the perinæum at a point $1\frac{1}{2}$ in. above the rectum, the point of the scalpel engaging in the groove of the staff. The scalpel is then withdrawn cutting outwards to a point between the anus and the left ischial tuberosity, a third of the distance from the tuberosity to the anus. The point of the knife is again engaged in the groove of the staff, the sharp edge pointing in the direction of the wound already made; the surgeon takes the staff in his left hand and pushes staff and knife together on into the bladder. The knife is now withdrawn, the first finger of the right hand is pushed along the staff into the bladder and the staff is then withdrawn. The finger is next withdrawn, stretching the opening into the bladder on its way out. The forceps, or well-beaked spoon, is passed into the bladder, the stone seized, the forceps given half a twist to make sure that the bladder-wall is not caught by the blades, and the forceps and stone withdrawn. A rubber drainage-tube is now introduced and fixed to the skin by a stitch and the wound lightly packed. The plugging is withdrawn the following day and the tube on the fourth or fifth day.

The whole operation is extraordinarily simple and easy, and we would beg our readers to try it for themselves and not be alarmed by the dangers so freely talked about, but so seldom seen.

Books added to the Library during July.

- Pye's Surgical Handicraft: A Manual of Surgical Manipulations, Minor Surgery, and other matters connected with the work of House Surgeons and Surgical Dressers. Fifth Edition, revised and largely re-written by W. H. Clayton-Greene, B.A., M.B., B.C. (Cantab.), F.R.C.S. (Eng.). With 343 Illustrations and Plates newly drawn for this edition. Medium 8vo. Bristol, 1909.
- Tieves, Sir Frederick, Bart., G.C.V.O., C.B., LL.D., F.R.C.S. The Student's Handbook of Surgical Operations. Second Edition, revised by the Author and by Jonathan Hutchison, F.R.C.S. With 121 illustrations. Crown 8vo. Lond. 1909.
- Hutchison, Sir Jonathan, F.R.S. The New Sydenham Society Retrospective Memoranda. Subject Index and Index of Names compiled by Charles R. Hewitt. Demy 8vo. Lond. 1911.
- The following were presented by the Authors:
- Hurry, Jamieson B., M.A., M.D. In Honour of Hugh de Boves and Hugh Cook Faringdon, first and last Abbots of Reading. Reading 1911.
- Rolleston, H. D., M.D., F.R.C.P. On Writing Theses for M.B. and M.D. Degrees. Lond. 1911.

The School Medals.

THE MATTHEWS DUNCAN MEDAL.

The Matthews Duncan Medal is given in memory of one of the great obstetricians of the world, whom we were fortunate in attaching to our School whilst he was still in the height of his fame. He is worthy to be ranked with William Hunter (1718-1783), whom he taught us to revere as a greater man than even his younger brother John, the surgeon; with Thomas Denman (1733-1815), with Semmelweis (1818-1865), and with his own teacher, Sir James Y. Simpson (1811-1870), all men who sought to convert the trade of man midwifery into the science of obstetrics by the force of their teaching and by the value of their original work.

James Matthews Duncan was born in April, 1826, the fifth of the eleven children of William Duncan and Isabella Matthews his wife. His father was engaged in shipping and business at Aberdeen, and he described his parents as "Calvinistic and thrifty, and above all, devoted to the education of their children." Duncan was educated at the Aberdeen Grammar School under Dr. Melvin, and was entered at the Marischal College so young that he was only seventeen when he graduated M.A. in April, 1843. Two years later he passed the intermediate examination in medicine, and had gained no less than five medals in the classes and a prize in botany for the best collection of grasses. He then migrated to Edinburgh, and studied midwifery under Prof. (Sir) James Y. Simpson. He had obtained the two gold medals and had filled the post of Resident Obstetrician at the Maternity Hospital before he was twenty-one. He spent the summer and autumn of 1845 as an assistant to a general practitioner in Aberdeenshire, and in October, 1846, he graduated M.D. at Marischal College, Aberdeen. His father then sent him to Paris, where he spent the winter session, 1846-7, and translated into French one of Simpson's papers on the use of sulphuric ether in the practice of midwifery. In June, 1847, he returned to Edinburgh, and was appointed junior assistant to Prof. Simpson, and, amongst other duties, investigated the various anæsthetic substances by experiments upon himself and his friends. In the course of his researches the value of chloroform was determined, and there is very little doubt that its anæsthetic properties were first demonstrated in his own person by Duncan himself.

Sir Robert Christison notes in his journal under the date July 25th, 1870: "On asking Dr. Matthews Duncan to repeat a remarkable statement he made to me a few months ago relative to his concern with the discovery of the anæsthetic virtues of chloroform, he gave it me thus: One day, when Sir James Simpson and he were in Dr. Gregory's laboratory at the College, he (Dr Duncan) got

possession of every liquid in the laboratory which he imagined 'would breathe.' Four or five bottles were thus carried off, and chloroform was one. At this time the correspondence with Dr. Waldie about anæsthetics and the suggestion by that gentleman to try chloroform had not been heard of by Dr. Duncan. One forenoon Dr. Duncan made trial of the chloroform. He had previously experimented upon himself with various substances, but found none suitable. On trying chloroform he was convinced that the article sought for was found. The same or next evening the trial was repeated by Dr. Keith, Sir James and himself."

The details of this historical *séance* are given by Prof. James Miller in his *Surgical Experiences of Chloroform* (Edinburgh, 1848, p. 10). He says: "Dr. Simpson had long felt convinced that some anæsthetic agent existed superior to ether, and in the end of October, 1847, being then engaged in writing a paper on 'Ætherisation in Surgery,' he began to make experiments on himself and his friends in regard to the effects of respirable matters—other ethers, essential oils and various gases, chloride of hydrocarbon, acetone, nitrate of oxide of ethyl, benzene, the vapour of iodoform, etc. The ordinary method of experimenting was as follows: Each 'operator' having been provided with a tumbler, finger-glass, saucer or some such vessel, about a teaspoonful of the respirable substance was put in the bottom of it, and this again was placed in hot water if the substance happened not to be very volatile. Holding the mouth and nostrils over the vessel's orifice, inhalation was proceeded with slowly and deliberately, all inhaling at the same time, and each noting the effects as they advanced.

"Most of the experiments were performed after the long day's toil was over—at late night or early morn—and when the greater part of mankind was soundly anaesthetised in the arms of common sleep. Late one evening—it was November 4th, 1847—on returning home after a weary day's labour, Dr. Simpson, with his two friends and assistants, Drs. Keith and J. M. Duncan, sat down to their somewhat hazardous work in Dr. Simpson's drawing-room. Having inhaled several substances but without much effect, it occurred to Dr. Simpson to try a ponderous material which he had formerly set aside on a lumber table, and which, on account of its great weight, he had hitherto regarded as of no likelihood whatever. This happened to be a small bottle of chloroform. It was searched for and recovered from beneath a heap of waste-paper. And with each tumbler newly charged the inhalers renewed their vocation. Immediately an unwonted hilarity seized the party; they became bright-eyed, very happy, and very loquacious—expatiating upon the delicious aroma of the new fluid. The conversation was of unusual intelligence, and quite charmed the listeners—some ladies of the family and a naval officer, brother-in-law of Dr. Simpson. But

suddenly there was a talk of sounds being heard like those of a cotton-mill, louder and louder; a moment more, then all was quiet, and then—a crash. On awaking, Dr. Simpson's first perception was mental. 'This is far stronger and better than either' said he to himself. The second was to

frequent repetitions of inhalation have confirmed, in the case of my esteemed friend, a character for maniacal and unrestrainable destructiveness always under chloroform in the transition stage.

"By and bye, Dr. Simpson having regained his seat,



note that he was prostrate on the floor, and that among the friends about him there was both confusion and alarm. Hearing a noise, he turned round and saw Dr. Duncan beneath a chair, his jaw dropped, his eyes staring, his head half bent under him, quite unconscious, and snoring in a most determined and alarming manner. More noise still and much motion. And then his eyes overtook Dr. Keith's feet and legs making valorous efforts to overturn the supper table, or more probably, to annihilate everything that was upon it. I say more probably, for

Dr. Duncan having finished his uncomfortable and unrefreshing slumber, and Dr. Keith having come to an arrangement with the table and its contents, he *sedevit* was resumed. Each expressed himself delighted with this new agent, and its inhalation was repeated many times that night—one of the ladies gallantly taking her place and turn at the table—until the supply of chloroform was fairly exhausted. In none of these subsequent inhalations, however, was the experiment pushed to unconsciousness. The first event had quite satisfied them of the agent's full power

in that way. Afterwards they had their wits entire, and noted the minor effects on themselves and each other. Though the specimen of chloroform was by no means pure, yet they found it much more agreeable and satisfactory in every way than anything else which they had tried formerly; and it required no vote of the party to determine that at length something had been found 'better than ether.' The festivities of the evening did not terminate till a late hour, 3 a.m.; the latter part of the time had not been devoted to inhalation.

"The small stock of chloroform having been speedily exhausted, research was busy among chemical authorities to find the best formula for making more. The formula was found the same morning. Mr. Hunter, of Duncan, Flockhart & Co., was pressed into the service of restoring the supply, and from that day and hour there was for many months no respite for that gentleman. Working with an ordinary retort he could not make chloroform fast enough for the consumption of Dr. Simpson and his friends; and relief came only with a better mode and larger scale of preparation."

Duncan left Simpson in 1851, obtained the Fellowship of the Royal College of Physicians, and settled in practice at Edinburgh. At first he spent a large part of his time in experimental work and in writing; but in 1853 Dr. Campbell, an extra-mural teacher of midwifery, died. Duncan bought his museum for 150 guineas, and, having obtained a licence to teach from the Royal College of Physicians, Edinburgh, began a course of lectures on midwifery and diseases of women. In 1861 he was appointed Physician for Diseases of Women at the Royal Infirmary, where he was allotted a ward of eleven beds and a very tiny retiring room. Here he commenced with a small following of six or eight students; but his excellent teaching soon increased his class, and he was quickly on the high road to a large and lucrative practice.

When Simpson died in 1870, Duncan was naturally looked upon as his successor in the Chair of Midwifery at the University of Edinburgh. His claims were pre-eminent, but he was passed over by the electors, and the loss of Edinburgh was our gain, for in 1877 he accepted the invitation of the Medical Council to become Lecturer on Midwifery and Diseases of Women and Children in succession to Dr. Greenhalgh. The move was probably as beneficial to Duncan as it was to our school. His old friends, pupils and patients alike, quickly rallied round him, and he soon found that he had as much work as he could do. To those of us who were fresh from the teaching of Huxley at South Kensington, and of Ray Lankester at Oxford, the lectures of Matthews Duncan were a continuation of what we had been accustomed to hear—much material, packed closely, and made so clear in the exposition that it was only when we began to write out our notes at night that we realised how far we had been led, and in what deep water we were

floundering. But to those who had no such experience to fall back upon Duncan's lectures must indeed have been a revelation, for we learnt from them the whole length and breadth of his subject, and had but little use for a text-book. Given punctually at nine o'clock "on every lawful day," as he was careful to explain at the beginning of each course, he lectured five days a week during the summer session on midwifery, and devoted Saturday to the diseases of women. He entered the present anatomical theatre as the hour struck, and during the two courses I attended he was never a minute late, nor do I remember that he ever missed a lecture. A stout, slowly moving man of more than middle height, wearing a small black skull-cap and his graduate's gown. His face solemn, except for a twinkle of humour in his eye, with a square mouth, which he often screwed up as he spoke, shaven lips and side whiskers. A pointer in his hand for the diagrams, and his notes before him. He began slowly and with a pleasant Scottish accent. Every word could be taken down, and our attention was kept constantly alive by a humorous or caustic commentary on the mistaken ideas of those who disagreed with his own conclusions, conclusions which it is right to say were based on personal experience, and often upon years of original work.

Duncan soon obtained his proper position in London. He became President of the Obstetrical Society in 1881, having served a similar office in the Obstetrical Society of Edinburgh from 1873-1875. He was elected a F.R.S. on June 7th, 1883, and was selected a Crown Member for England of the General Medical Council in the same year. His health failed so much in 1890 that he was obliged to discontinue his course of lectures, and as soon as the pressure of private practice diminished he went to Blankenberghe in Belgium, where he died suddenly of angina pectoris on September 1st, 1890. He was buried in the Islington Cemetery at Finchley.

Duncan married in 1860 Miss Jane Hart Hotchkis, and had a family of thirteen children.

Dr. Matthews Duncan's connection with the University of Aberdeen was commemorated by a bust and a prize in the Medical School. The bust, my friend Mr. G. H. Colt tells me, is of marble. It stands in the picture-gallery of Marischal College. The prize takes the form of a gold medal for obstetrics, founded in 1891. At St. Bartholomew's Hospital a trust was formed on March 30th, 1893, to apply the dividends of a capital sum of money for the award of the "Matthews Duncan Gold Medal and Prizes."

The medal is of the usual type, and of gold. On the obverse is the shield of the hospital; on the reverse, "In Memory of James Matthews Duncan. Born 1826. Died 1890." In the centre is engraved "For Obstetrics," surrounded by a laurel wreath. D'A. P.

Notes on a Case of Fracture of the Laryngeal Cartilages.

By A. J. CLARK, M.B.

I VENTURE to think that the case described below is of general interest, as it shows a rare and fatal complication occurring in what appeared at first sight to be a very ordinary street accident. The history of the case is as follows:

On November 25th, 1909, at 6.30 p.m., O. P.—, æt. 19, was admitted unconscious to Addenbrooke's Hospital,

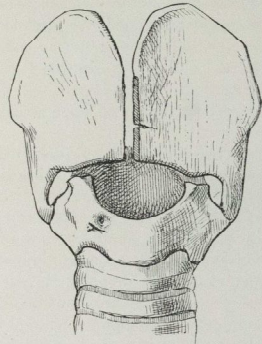


FIG. 1.—Cartilages of larynx, anterior view, showing injuries to the thyroid and cricoid cartilages.

Cambridge. A few minutes before he had been knocked off his bicycle, and had fallen head foremost into the gutter at the side of the road. His nose and lips and the left side of his face were cut and bruised, and there were bruises on the left side of his body; no bones were broken, and he recovered consciousness in a few minutes. When questioned he said that he felt pain in his head, but did not complain of pain elsewhere; he spoke rather indistinctly, and coughed up a little blood, but the injuries to the nose and lips seemed sufficient to account for these signs.

He was admitted to the accident ward, and I did not see him again.

He is reported to have slept well during the night; but next morning, about 6.30 a.m., after coughing a few times, he suddenly ceased breathing. There had been no symptoms of obstruction; indeed, only a few minutes previously he had spoken to the night nurse, and said that

he felt quite well. The patient became slightly cyanosed, but no attempts at respiration were noticed. On the arrival of the house-surgeon stimulants and artificial respiration were employed, but without avail.

At the autopsy, no external injury to the neck was visible, but on incision, extensive injuries to the larynx were discovered, and these were associated with extravasation of blood and emphysema in the deep tissues of the neck.

The injuries to the larynx consisted of a vertical fracture of the thyroid cartilage, indentation of the cricoid cartilage, and a large transverse tear across the mucous membrane of the larynx between the true and false vocal cords; this tear

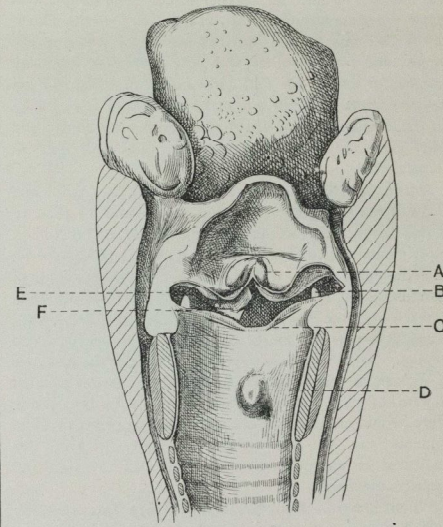


FIG. 2.—Posterior view of interior of larynx, showing the injuries to the soft parts. A. False vocal cord. B. Tip of arytenoid cartilage. C. True vocal cord. D. Indentation of cricoid cartilage. E. Left extremity of the tear in the mucous membrane. F. Portion of thyroid cartilage.

laid bare the laryngeal cartilages, and both of the false vocal cords were partially detached from the thyroid cartilage, and formed two loose masses of tissue hanging down into the cavity of the larynx (cf. Figs. 1 and 2).

The other organs were all healthy; the lungs and the right side of the heart were engorged. The brain was carefully examined, but no injury to it was discovered.

A consideration of the exact nature of the injuries to the larynx suggests an explanation of the unusual train of symptoms that was observed. The true vocal cords were uninjured, and therefore the voice was not greatly affected, whilst the concussion of the brain dulled any pain that

the laryngeal injuries may have produced. At first there was no laryngeal obstruction, and the sudden fatal obstruction that finally occurred was probably due to surgical emphysema and oedema of the false vocal cords; once any obstruction occurred, all attempts at respiration would make it more complete by increasing the surgical emphysema, and forcing together the two loose masses of tissue shown in the figure (Fig. 2, A); this may explain why the obstruction, once it commenced, became so rapidly complete and fatal.

The history of the case shows how slight and uncertain may be the symptoms produced by a grave injury to the larynx. The case also shows how important it is to make a thorough examination of the larynx in every case where there is any chance of this organ being injured, for if in this case the injury had been diagnosed on admission, and a prophylactic laryngotomy had been performed, the fatal termination might well have been avoided.

Instincts and Memories.

By J. TREMBLE, M.B., B.S.

IT is not intended here to go into any detail as to the definition of "instinct," its origin, its utility, its variety, or its importance from the point of view of the training of the child's mind. These can all be found at length in books devoted to the purpose. In this place only a few more or less disconnected, but, it is hoped, interesting, facts will be recorded, together with some "memories" that are not instincts, and a short explanation of them attempted in each case.

Instinct is connected with the idea of motion. It is less than conscious action, for the muscular impulses are entirely involuntary: at the same time it is more than simple reflex action, for it needs some amount of consciousness, though not consciousness enough to understand the ultimate end of the action. This consciousness is an hereditary gift. Instinct, therefore, is the child's heritage of the experiences of the race as apart from his own acquired experience. It stands to reason, therefore, that instinct plays a much more prominent part in the life of a very young child than in that of one grown older in his own experience, and also in the lower animals than in the higher.

Instincts, therefore, represent the siftings—or, rather, more than the siftings, the sum-total—of those race experiences that have been most useful to generation on generation of past ancestors. They are inherited impulses. At the same time, not all racial experiences, though retained, have an obvious use—e.g. the falling-through-space dream mentioned later, though interesting, is of no practical value to us at the present day.

It may be mentioned, without any intention to wander from the point, that an assumption of the transmission of acquired characters is almost necessary to explain many of these instincts and race memories. If some of the cases quoted below are considered carefully this will be found to be so.

The instinctive tendencies of man mainly take three directions:

- (1) Those of motor tendencies.
- (2) Those with an intellectual reference.
- (3) Those with a marked accompaniment of feeling.

Let us take these briefly in order, and quote some examples, and try to find their utility.

(1) Motor Tendencies.

Every child has a constant tendency towards motion. This tendency is shared by the young of all vertebrate classes. By means of it, not only is the body developed and the muscles toned up for greater future use, but relations are established between the child and its surroundings; sensations are established and remembered; a general idea of things is obtained, and self eventually marked off from the not-self. To the child receiving his first impressions, everything that he sees with his eyes is external to himself, so that a child of a quite considerable age has been seen to offer food to his own foot. Of the same character is the notion that sets a dog running after his own tail. Only experience, acquired by continual motion, can teach the child that that foot which he sees is his foot, is part of himself; and usually the experience costs pain, as all experience does. Only by successfully catching his tail and biting it does the puppy realise his own entity.

This tendency to motion, and the specific movements of which it is made up, is in the first place instinctive. But the action once having been performed, experience comes in to suggest or inhibit its repetition, so that only first movements are truly instinctive in this sense.

Thus the action of sucking is instinctive. A fœtus *in utero*, during parturition, will suck the examining finger of the obstetrician if inserted into its mouth. This is a purely mammalian instinct, and therefore of fairly recent development.

Intimately connected with the tendency to motion is the instinct to grasp. A child at birth grasps tightly anything put in his reach. Later he gropes and feels for something to catch hold of. The utility of this in the earlier stages of our development, when the young had to grasp their mothers or to hang on to trees, is obvious. As an example of how some of the simpler instincts tend to become weaker, some old experiments are interesting. A new-born baby grasped, and could be suspended by, a stick for quite a considerable time. A child of a few days of age, while it grasped the stick, could not be raised by it—its grasp had already weakened.

Similarly, a child *walks* instinctively. We speak of teaching a child to walk, but the action itself is instinctive. The growing strength of muscle itself suffices at a certain stage to stimulate the attempt to stand upright when the foot is brought in contact with the ground. To attempt to teach a child to walk prematurely is the surest way of making him bandy-legged.

The instinct to *climb* is partly also an outlet for energy, a result of the tendency to move. But there may be something more in it than this. It is possible that this tendency is something specific in itself, and dates back to the time when our ancestors lived in trees. Girls and boys alike exhibit an absorbing love of scrambling up a tree. It cannot be merely to spoil their clothes. It may be that a racial experience has told them, all unconsciously, that a tree is their friend. It may be that some forgotten ancestor is appealing to them through the ages, is telling them how once he built his home there, or how, even long before that, he scuttled up a tree to foil an hungry beast, and thus retained his life to do his little part in the preservation of the race.

The instinct of *acquisitiveness*—the desire to get and to keep, the faculty of *imitation*, the expression of desires and distastes by *gesture*, all these are useful instincts connected purely with motion.

No promise was given at the start to stick strictly to the point, so here perhaps a slight digression may be made to mention a matter of some interest. Monkeys and apes are ambidextrous. So at birth are human children, though perhaps imperfectly so. Whence, then, comes the marked tendency to right-handedness of later life? No doubt training has something to do with it, but the point is that the human animal almost invariably comes to use one hand better than the other. A suggestion has been made that the development of Broca's speech centre in the left frontal area caused, *pari passu* with it, an enlargement of the whole left motor cortex, which controls the right side of the body. The right side, therefore, became more perfectly developed, and was more used. When Broca's area developed on the *right* side the person was left handed. That this is a fact is generally known. Other explanations of the phenomenon, however, present themselves, and are probably more correct.

(2) *Instinctive Tendencies with an Intellectual Reference.*

To this group of instincts belong those spontaneous and unlearned reactions to environment which tend to give a knowledge of the environment. In it we see, in addition to the more or less simple neuro-muscular mechanism of the last group, a higher state of consciousness, the spontaneity depending upon the constitution of the mind. Yet the reactions remain purely instinctive, illustrating the psycho-physical nature of the human organism.

Just as there is a constant tendency to activity of the

body, so there is to activity of the mind. The large proportionate development of the child's brain is in keeping with this mental activity. And as the movements of the body go to establish a child's physical relations, so the activity of the mind goes to establish its mental relations. To this end the instinct of *curiosity* is of the utmost value. In the child it rises to its highest. A dog has curiosity, but its interest ceases when it has relegated the object to the category of a satisfactory or an unsatisfactory smell. Most of its mental phenomena seem to come under the sense of smell. A monkey shows a great deal of curiosity of a destructive kind. So does a child. But whereas a monkey is satisfied with answering the "what?" of things, a child goes further, and demands the "how?" and the "why?" Therein lies the difference; there the child breaks away from his lower co-questioners; and there the mental state of man rises above that of his soulless inferiors.

This instinct of curiosity is certainly one of the most fascinating to study. The questioning of a child, though troublesome, is interesting, and its results far-fetching. The inquisitiveness of a puppy, because it is totally without self-consciousness, is the charm that binds the heart of man to puppydom. The origin of curiosity lies far back in the history of life; its uses are obvious; from it springs all experience.

An interesting branch of curiosity is the desire to see what is on the other side. One climbs a hill; one hurries impatiently to discover what lies beyond the next shoulder or is hidden by the next corner. When the material exigencies of life were more urgent than they are now, this instinct, which now we gratify more as a luxury, was a necessity. The greatness of this instinct of curiosity we cannot over-rate, for it has come down from the furthest date of time, gathering force as it advanced, being modified and expanded in all directions—a means of experience and life, and a potent factor in the evolution of the race and the survival of the fittest.

Co-operative with it, inhibiting and limiting it, goes the instinct of *fear*—fear of the unknown. Curiosity of itself might lead the individual into unsuspected danger. Things not understood might hide a danger that curiosity would rouse and fall a victim to. Obviously, then, some modifying factor is needed. The curiosity to probe into dark caves must be controlled by a fear of the unknown darkness, for what may not the cave contain? We have all felt this—an urgent desire to enter held back by a dread of what we may find. The "other side" of the mental world, too, is a subject upon which much has been written, and has recently supplied a critique to this JOURNAL from the pen of Dr. Claye Shaw. No subject has had so much speculation spent over it, no theme has so worried the mind of man as "What happens after death"? And it is so easy to find out! Yet here the modifying factor comes in again—the fear of the unknown. Hamlet's "dread of something

after death" prevents the over-inquisitive from rash deeds and inhibits the use of the bare bodkin.

A horse shies, on account of its instinct to fear, at that which it does not understand. Any strange object at once sets its mind, which is a storehouse of the advice of ages, running on wolves and wild beasts, such as were its enemies and oppressors in days gone by.

(3) *Instinctive Tendencies with a Marked Accompaniment of Feeling.*

Instincts of this group are bound up with, and are really only a further development of, the last. In the first group instinct was at its simplest: in this it is at its most complex. The instinct works by the feelings—the higher feelings—and produces movement. Primarily, of course, everything depends on feeling. Man feels, acts and wills. But here feeling bears its highest relations to instinct, and is most productive of good.

Curiosity and fear might have been classed in this phase, but there are instincts with a more marked accompaniment of feeling even than they. The great example is the *sex instinct*. In it can be traced in all its stages an ascent from the lowest to the highest—from the fusion of two lowly organisms to the highest form of human love. From it has grown that which has been the second greatest factor in evolution—maternal love and the struggle for the life of others. Every virtue that we associate with a human being springs directly or indirectly from this—charity, nobility, altruism. From sexual love it is but a series of stages to maternal love and brotherly love and the whole system of law and order that governs the civilised world to-day.

No instinct shows itself in so many modifications as this; none has so grown and expanded to keep time with, or rather to direct, the upward course of civilisation. From it, in its simplest state, side-instincts have budded off, which, with the sex-instinct, unite to form the intricate maze we know to-day as love.

For instance, what prompts birds to build their nests in the spring? One may presume that the act of copulation with them is self-complete, and accomplished with no ulterior motive. It is not done with the express purpose of begetting young, but to satisfy a desire. Yet regularly as clockwork the nest is built and ready at the proper time. The stickleback shows still more forethought, for he builds his home first, and then sallies forth to woo and win a mistress. Both these are side issues of the sex instinct.

In mammals the instinct reaches its highest. The suckling, the mothering and teaching of the new-born is the largest attempt to fit the young for the struggle for life. The higher the mental state the longer is the period of probation, until in man we find the young the most helpless of all animals, and the period of parental protection drawn out

through years. Legally, a man is not possessed of sense enough to take care of himself till he is twenty-one.

Coincident with this ascent of parental affection may be observed another moral ascent from promiscuous breeding, through polygamy to the family life of modern civilisation.

The vast amount that might be written on this subject must be curtailed in the interest of space, but before closing, a few promiscuous remarks may not be out of place. These cases may be taken as outside the grouping adopted above.

Why does a moth fly at a candle? Once singed, it will return, and in the end suffer death for the gratification of what we may call a passion, like Balzac's old Baron Hulot. Theoretically one would say that the moth, having found that the light is connected with some grievous bodily harm, would be at pains to avoid it. This is not the case, as everyone knows. Possibly the explanation lies in some complex and obscure chemical reaction in the moth's body. Incidentally it may be mentioned that the same explanation may be put forward of the nest-building of birds. It is conceivable that the particular variety of food eaten by the birds in spring generates in their bodies substances which stimulate at once the sex-centre and the hidden memories of nest-making.

Here it may be remarked how intimately bound up with chemical processes instinct is. If, for instance, we trace the sex instinct back, we come at length to the conjugation of unicellular and simple organisms (*Euglena*, *Spirogyra*). No one will deny that the two processes are at least analogous. Go further back still, and where do we arrive? It is not difficult to see a similarity between conjugation and chemotaxis, the purely chemical or physical attraction of one body by another, or by physical states, such as light. Thus, though instinct is dependent on consciousness, its roots lie further back—much further; so far that speculation on the matter is futile. We can only say that its origin probably lies in one of the fundamental functions of protoplasm.

Why does a bull fly at a red rag? The colour suggests to it blood, and the instinct probably is a relic of the days when the wild bulls defended their young against the attacks of other wild animals.

Observe a party of young children playing "hide and seek." A little girl starts running for "home," followed by a small boy in hot pursuit. The little girl knows he is there, every moment she expects to feel his arms close round her, and yet when it does happen she gives a shrill and totally involuntary scream. This is a very interesting phenomenon, and is encountered again in the involuntary female screams whenever an accident occurs. May it not possibly date back to days when women required male assistance more than they do now, and when under fear of capture or in need of help they screamed to summon their protectors?

One last racial memory. Everyone must at one time or

another have dreamt that he was falling through space, and woke with a sickening start just before he struck. One never reaches the bottom—that is the point. One always wakes in time to avert that. The universality of this dream makes it likely that it has a definite cause. It must be more than coincidence. Amongst our remote ancestors were the tree men. They must have been falling continually from their trees. Some fell and reached the bottom. They died. Others clutched a branch before they got to the bottom and saved their lives. Now such a fall, averted in such a way, produced great shock. Such shock produced molecular changes in the brain-cells, which molecular changes were handed on to the brain-cells of the progeny. We are the descendants of those who grasped the lucky branch. If our forefather had not found the branch he would not have lived to transmit the incident as a memory which, crowded out of sight in the busy day, comes out and re-asserts itself in the quiet night when other thoughts are in abeyance. Many strange things are remembered then.

Reincarnationists might say that this was evidence of a previous life of our own, impressions of which still cling to us, and are called up only under the wand of sleep.


The child who howls with terror on seeing a lion at his first circus is but voicing the terror of the whole race that is past under the memory of the same animal met with in a different place at a different time, and under vastly different conditions.

The night terrors of children—wolves and bears and "bogey-men"—all can be traced back to a similar origin in the dim ages of our ancestry.

Thus we see that instincts go from the simple to the complex. That the origin of instinct lies far back in time and is inexplicable. That some experiences have come down as "memories" only and are useless; others have their uses and are instincts; and that if we define instinct as inherited impulse, and interpret dreams as inherited memories, then natural selection has no explanation of them, and we must believe that sometimes that which is acquired may also be transmitted.

The Chronicles of Christopher.

IV. MY FIRST NIGHT-DUTY.

ERRIER, my senior H.S., was a brilliant man who had firmly excluded over-work from the schedule of diseases from which he was liable to die. Accordingly he restrained my youthful ardour to the extent of preventing me from taking a night-duty until I

could boast of nearly two months' surgical experience. I had done something or other in the wards which he felt bound to admit displayed almost human intelligence meet to be rewarded by the honour of going on night-duty; so I went.

I believe we dressers did a great deal more on our own in those days. I suppose my House-Surgeons had some mysterious occupation which kept them out of the Surgery all day and night, for we never saw them. I was all by myself from six until ten and I tackled everything that came in. Septic fingers were subjected to operation without unnecessary interference by an anaesthetist; blood I drew always, pus rarely, but invariably I laid the flattering unction to my soul that tension would be relieved anyhow. Looking back on that night—my first night-duty—I have very little doubt that I opened a gouty finger and an angio-neurotic oedema. (But I've heard of qualified men adopting similar treatment.)

I saw Ferrier soon after 10 p.m.—he was rather good at Bridge—and I recounted a few of my experiences. I told, with much disgust, how a boy of fourteen had come up complaining of cold hands and, with much detail, the information I had imparted to the lad. Ferrier was a man who taught by ridicule. "I suppose you tested his urine for hæmoglobin and convinced yourself he hadn't Raynaud's disease," he sneered.

I felt too snubbed to tell him that from eight until nine I had been busy at catheters for an alien firm—and that one reward for my altruism had been an introduction to a grateful patient, who first read me a poem he had composed upon his experiences as an in-patient and then presented me with an original signed copy. I have often utilised that poem on convivial occasions when I have favoured the company with it and several poems by George K. Sims, including "The Fireman's Wedding."

Let me digress, to felicitate you present-day dressers upon the men you are lucky enough to have as house-surgeons. In my day the dresser on night-duty might steal timidly into "the middle room" at eleven o'clock to get his legitimate cocoa, but first he would have to face the sneers of half a dozen insufferably superior cads who sat on the table and literally bullied him out of the room. Now, I observe, the night-dresser is treated as a privileged individual and a senior H.S., who may have been a rowing Blue, will act as his host. Metaphorically I take off my hat to the Junior Staff. Perhaps the new Surgery has instituted a feeling of *noblesse oblige* among these gentlemen.

It was midnight when Ferrier and I parted. His farewell injunction was that he was on no account to be called, with a rider as an after-thought that he'd rather get up than face an inquest all the same. His door slammed so that he missed my Parthian shot, that he might do both. And I was left to myself and the night.

I had heard something of the night-dresser's room, but

only from men whose poverty of description I soon discovered to be co-ordinate with their pachydermatous hides. Fortunately it was winter. I did not sleep, for in every sound I anticipated the approach of the porter, and he very soon did come. I do not remember what trivialities I had to treat, and after a while I got to sleep. Oh the agony of being awakened by the fiend, who seemed to me to grin with delight at fetching me out! Three a.m. and so cold! A burly navy informed me that he had come to the Hospital as he had been unable to keep awake at his work for the last three months. I felt convinced that this was an H.P.'s job, and I skilfully piloted him across to the other side. I stole behind the door to hear the complaint repeated; I also heard the H.P.'s reply,—there was no difficulty in hearing that,—and I returned to my couch with several newly acquired phrases.

I was not to remain at peace long. Fate had supplied, with poetical justice, a patient who was certainly "surgical," for his complaint was "this 'ere ulcer which he'd had for eighteen years."

"My friend," said I, "how glad I am that you have come at this hour, how greatly I appreciate your discrimination in selecting a time when I shall be able to give you absolutely undivided attention." Oh yes, I gave him undivided attention all right.

A police-case came next to relieve the tedium. I attended to inspect the most miserable-looking being I had ever set eyes upon, who had fallen down in the street and who had then been conveyed to the Hospital by an inquisitive policeman with too little work to do. I very soon discovered that the treatment needed was mainly hydro-pathic, and as Ferrier from the recesses of his warm bed refused to take the slightest interest, upon me devolved the entire responsibility.

It has often struck me since then that the destitute fully realise the advantage of getting within the gates of a Hospital and then leaving the disposal of their future existence entirely with us. It was so with this patient; he wasn't hurt, but he was in our Surgery and it was 4 a.m. and what was to be done with him?

The mission of the law very kindly rose to the occasion. "Where was you a-making for, old man, afore you fell down?" he inquired heartily, albeit sympathetically, with a view to putting him on the right way to get there. "The Cecil 'Otel," replied the vagrant, with great dignity and presence of mind, and I was so impressed by his possession of a sense of humour that I forked out a shilling and retired, convinced that the policeman, the porter and the patient would between them come to some arrangement which would prove eminently satisfactory to the last-named.

I was up for a couple of fiddling trifles after that, but the gem did not arrive until 6.30. Then I found a wretched little old woman uttering semi-articulate bewail-

ings and pointing to her jaw. It appeared that she had got up to go out to work, the morning was cold and life in general unalluring, consequently a fit of yawning was pardonable, but she had had the misfortune to dislocate her jaw.

I had never seen a dislocated jaw and perhaps I should have stood a better chance of reducing it if I had had the remotest idea of what I was trying to do. After nearly ten minutes of my most inadequate manipulations, which whilst obviously producing the minimum effect evidently produced the maximum suffering, I heard the patient, who was able to mumble more or less distinctly in spite of her infirmity, soliloquising to the effect that she came to this 'ere 'orsespittle because she reckoned *they'd* know how to do it. Thereupon I redoubled my exertions until some lingering shreds of sanity reminded me that it wouldn't be particularly difficult to fracture the jaw of a brittle old woman, and this complication to a simple dislocation would not be approved. So I had reluctantly to wake Ferrier.

Stimulated by the courage which qualification gives, he attacked the problem, and after a few minutes back went the jaw with a triumphant click, and the plaintive soliloquy was changed to paeans of praise with congratulations, not merely to herself but to the whole of the poor of London, that there was such places as 'orsespittles.

It was too late now to go to bed, and miserable, yawning, un bathed, with unbrushed clothes, I prepared to face a day's work.

Cricket.

ST. BART.'S v. LONDON HOSPITAL.

This match was played at Honor Oak Park on Tuesday, May 30th, and ended in a draw in favour of St. Bart.'s.

SCORES.

LONDON.		ST. BART.'S.	
A. Holroyd, run out.....	27	N. F. Norman, b Leney.....	2
C. B. Mawson, b E. M. Grace	0	A. J. Waugh, c Dew, b Moles-	worth.....
A. E. Herman, c Alcock, b	0	R. M. Barrow, run out.....	53
E. M. Grace.....	0	E. Brash, c Dew, b Leney... ..	6
T. D. Somerville, c Grace, b	16	A. G. Turner, lbw, b Powell... ..	53
Turner.....	16	E. G. Dingley, b Molesworth... ..	4
J. Dew, c Grace, b Turner... ..	6	H. J. Bower, c Herman, b	4
S. Batchelor, c Barrow, b	41	Batchelor.....	4
E. M. Grace.....	41	R. T. Vivian, not out.....	58
R. B. Leney, c Brash, b Turner... ..	37	E. M. Grace, not out.....	17
H. Owens, c Barrow, b Bower... ..	63	W. B. Alcock } did not bat.	
L. Clive Smith, c Norman, b	42	R. Bridgman }	
Bower.....	42		
F. Powell, not out.....	5		
T. D. Molesworth, st Alcock,	0		
b E. M. Grace.....	0		
Extras.....	16	Extras.....	16
Total.....	259	Total (7 wkts.).....	232

ANALYSIS OF THE BOWLING.

	Overs.	Mdns.	Runs.	Wkts.
R. Bridgman	17	5	35	0
E. M. Grace	20	1	83	4
A. G. Turner	17	2	58	3
H. J. Bower	3	0	20	2
N. F. Norman	7	1	29	0

ST. BART'S v. LONDON HOSPITAL.

This replayed cup-tie was played at Winchmore Hill on Tuesday, June 6th, and ended in a win for the London by 56 runs.

SCORES.

LONDON.		ST. BART'S.	
A. Holroyd, b Bridgman	11	W. B. Alcock, c Herman, b Molesworth	30
C. B. Mawson, b Bridgman	4	A. J. Waugh, b Herman	2
A. E. Herman, b Bridgman	40	R. M. Barrow, b Leney	5
J. Dew, b Bridgman	11	A. G. Turner, c Somerville, b Molesworth	32
S. Batchelor, b Bridgman	7	E. Brash, b Molesworth	0
H. Owens, c Dingley, b Bridgman	3	R. T. Vivian, b Molesworth	1
R. B. Leney, b Waugh	50	E. M. Grace, b Herman	8
L. Clive Smith, st Alcock, b Grace	11	E. G. Dingley, c Powell, b Herman	0
T. D. Somerville, lbw, b Grace	3	R. H. Williams, c Mawson, b Molesworth	7
F. Powell, c Alcock, b Waugh	3	T. E. Osmond, b Leney	3
T. D. Molesworth, not out	1	R. Bridgman, not out	8
Extras	8	Extras	5
Total	157	Total	101

ANALYSIS OF THE BOWLING.

	Overs.	Mdns.	Runs.	Wkts.
R. Bridgman	16	0	60	6
A. G. Turner	6	1	20	0
E. M. Grace	13	2	58	2
A. J. Waugh	1	0	1	2

PAST v. PRESENT.

This match was played at Winchmore Hill on Wednesday, June 21st, and ended in a very easy victory for the Present.

SCORES.

PRESENT.		PAST.	
N. F. Norman, c With, b Wallis	48	C. Elliot, b Bridgman	4
R. M. Barrow, b Elliot	1	T. E. Osmond, b Waugh	2
A. G. Turner, lbw, b Viner	46	P. B. Wallis, b Waugh	2
E. Brash, c Williams, b Boyle	50	H. R. Robbins, b Waugh	8
F. M. Grace, b Jenkins	25	G. Viner, b Waugh	0
A. J. Waugh, did not bat		C. Noon, st Alcock, b Waugh	13
W. B. Alcock, b Jenkins	0	P. A. With, b Grace	13
R. T. Vivian, b Viner	15	H. E. Boyle, c and b Grace	11
C. R. Taylor, b Boyle	10	R. H. Williams, b Taylor	2
F. G. Dingley, c Williams, b Boyle	5	A. E. Jenkins, run out	14
R. O. Bridgman, not out	3	R. Von Braun, not out	3
Extras	9	Extras	13
Total (9 wkts.)	212	Total	86

ANALYSIS OF THE BOWLING.

PRESENT.		PAST.	
C. Elliot	10	1	43
T. F. Osmond	5	1	23
P. B. Wallis	8	1	36
G. Viner	7	0	36
A. E. Jenkins	0	0	31
H. E. Boyle	4	0	16

PAST.

A. J. Waugh	13	7	20	5
R. O. Bridgman	10	1	18	1
F. M. Grace	4	0	19	2
C. R. Taylor	2	0	4	1

Reviews.

ON DISEASES OF THE LUNGS AND PLEURÆ. By Sir R. DOUGLAS POWELL, Bart., and P. HORTON-SMITH HARTLEY, M.D. (London: H. K. Lewis. Price 21s. net.)

The fifth edition of this standard work appears eighteen years after its predecessor. During that period, as the authors point out, there has been a great change in our conceptions of disease in general, and especially in regard to the infectious diseases. The new edition, while retaining all the attractive features of the old, embodies accounts of all the varied researches which during the interval have shed light on the problems of diagnosis and treatment.

The first three chapters deal with the anatomy of the chest and with the varied methods of examination. In this section the reader will naturally turn to the pages which deal with the Röntgen rays in their relation to the diagnosis of disease within the thoracic cavity. The authors acknowledge the great assistance which the rays afford in the diagnosis of aneurysm, but remark that in the early diagnosis of pulmonary tuberculosis radiography is seldom or never helpful—a conclusion with which no clinical physician is likely to disagree. An admirable reproduction of a radiograph by Dr. Brunings showing the distribution of the bronchi illustrates the great advantages of the method for teaching purposes.

The remaining forty-five chapters are devoted to a detailed consideration of the diseases of the lungs and pleuræ, and of these twenty-one treat of the different aspects of pulmonary tuberculosis. Before turning to these, however, there are some points of interest to be noted in the other chapters. Thus, in the section on pleural effusion, it is interesting to find that the authors think that the value of Grocco's para-vertebral triangle of dullness has been exaggerated; it is certainly, in our experience, often absent even in well-marked effusions, and seldom present in those cases where there is any doubt of the diagnosis. With regard to the difficulties of diagnosis the authors seem to us rather to under-estimate them; it is certain that autopsy sometimes reveals an effusion, usually, it is true, suppurative, which has not been suspected during life; and in the case of young children it is often next to impossible to distinguish effusion and consolidation without the aid of the exploring needle.

In the chapter on pneumonia it appears to us that the account of the bacteriology of the disease is inadequate; beyond the general statement that pneumonia is a general infection there is no mention of the frequency with which the infecting organism can be demonstrated in the circulating blood, nor is there any recognition of the fact that the pneumococcus is not the only organism concerned in the production of the disease. If the vaccine treatment of pneumonia is to rest on a firm foundation it is essential that the bacteriology of each case should be accurately determined.

Turning now to the portion of the book which deals with pulmonary tuberculosis, the chapter entitled "The Ætiology of Pulmonary Tuberculosis" gives a complete and extremely interesting account of all that is certainly known of the subject, and discusses fully the theoretical points. In the succeeding chapter on the pathology of pulmonary tuberculosis, the authors express the opinion that the so-called secondary infections of tuberculous cavities play an important part in the progress of the disease, but point out that the matter requires further investigation. In the chapter on hemoptysis there is an account, such as we do not remember to have met with elsewhere, of those rare cases of repeated blood spitting lasting through many years without serious deterioration of the general health. Such a patient has recently come under our notice, a woman, set 50, who had a serious hemoptysis at the age of twenty-two, and was then told that she had diseased lungs. The first hemoptysis has been followed by many others, some severe, some slight. She had been free for more than a year till the week before we saw her, when she brought up about half an ounce of bright blood, and had had further bleeding every day since. On examination she was found to have

extensive cavities in both lungs, and yet she was plump and in the enjoyment of good general health, able to do a day's hard work, and without respiratory distress except on unusual exertion.

The chapter on the "Diagnosis of Pulmonary Tuberculosis" lays stress on the importance of early diagnosis, and describes in detail the various aids to accuracy which have been developed during the last ten years. The demonstration of the bacilli in the sputum is, of course, the best guide, and many methods have been devised to render it more certain. The authors attach great value to the method of Uhlenhuth and Xylander, better known as the antiformin method; it certainly has the advantage of simplicity and rapidity of performance. Of the various tests in which tuberculin is used, the authors regard the subcutaneous injection of old tuberculin as the most reliable, but think that it should not be used "save in those cases in which more light in diagnosis is for special reasons urgently needed." The cutaneous test of von Pirquet is thought to be too delicate, and a negative is of more value than a positive result, at any rate in adults.

There are many other points on which the experience of the authors enables them to express a dogmatic and authoritative opinion, which it would be useful to note here, but we hope we have said enough to send many readers to the work itself. The type is good and the many illustrations of unusual merit. Of the case type and of the language readers of the former editions need no reminder, and the only quarrel which we have with the authors on this head is, their fondness for that irritating adverb "very." We are confident that we shall not have to wait eighteen years for a further edition of a book which has reached so high a standard.

AN INTRODUCTION TO THERAPEUTIC INOCULATION. By D. W. CARMALT-JONES, M.A., M.D., M.R.C.P. (Macmillan & Co., Ltd.) Pp. 165, with 11 charts and 5 plates. Price 3s. 6d. net.

Many books dealing with vaccine therapy in its various aspects have been published during the past few years. The present work deals with the practical as well as the theoretical side of the question, and its main feature is an attempt to arrive, from an enumeration of cases, at a system of dosage, which has been shunned hitherto by the majority of writers. The book contains a spirited defence of the opsonic index estimation, especially in connection with the identification of the infecting micro-organism. There is an excellent résumé of the history of the researches which have led to the present position of vaccine therapy. The appendix and plates dealing with the technique of the opsonic determination and preparation of vaccines are good and clear, but the latter can only be of use to those actually working in a laboratory, where such things can be better learned by practical experience.

In the charts which illustrate the text various "curves of antibodies" are set forth. The opsonic index is apparently regarded by the author as a measure of the total amount of antibodies of all kinds circulating in the blood. This has still to be established. Other factors, besides opsonins, come into play in resisting bacterial infections, and from the results of observers in this country and in America, there would seem to be ground for reasonable doubt as to the value of the opsonic index as a measure of the total resistance. It is remarkable that experiments on animals to decide this question have not been brought forward by the opsonists.

The book contains several clerical errors, and it is impossible to reconcile the statement that "no drugs given by the mouth have any influence on bacteria at all" with the well-recognised clinical results obtained, for instance, with urotropin.

MANUAL OF PATHOLOGY AND MORBID ANATOMY. By T. HENRY GREEN, M.D., F.R.C.P., and W. CECIL BOSANQUET, M.D., F.R.C.P. Eleventh edition. Pp. x and 612. Illustrations 350. Price 15s. net. (London: Baillière, Tindall & Cox.)

The present edition of this well-known text-book has been thoroughly revised and many important alterations have been made, six years having elapsed since the appearance of the last edition. The book has changed publishers, and it now forms one of the popular "University Series" of manuals.

The chapters on parasites, which are very good, have been added to the spirochaetes receiving due attention. In this section there is also a good short account of the difficult subject of immunity, and an excellent diagram explanatory of Wassermann's reaction.

Chapter XIII deals in a clear and concise manner with injury and repair, and forms one of the best chapters in the book.

In Chapters XVI and XVII there is a good account of the infective granulomata. In connection with tuberculous we note that the words "tubercular" and "tuberculous" are used indiscriminately.

Chapters XVIII to XX deal with tumours, and Dr. Andrews's classification is followed. Five pages are devoted to the consideration of those highly interesting, but, to the medical student, not very important theories of the formation of new growths, whereas we note that later on in the book the pathology of the cerebro-spinal fluid is dismissed in nineteen lines.

There are also some additions in the nature of chemical pathology, though the chapters on nutritional diseases, as also the chapter on disorders of the blood, are rather short.

The paper and printing of the book are good, but we venture to suggest that many of the illustrations might be improved.

On the whole the book is excellent, and can confidently be recommended to the medical student as an introduction to that very important and rather neglected subject—pathology.

Catering Company.

News has reached us that the result of the first year's work of the Catering Company will soon be made public property. It is satisfactory to know that a substantial profit has been made, and that after a proper sum has been placed to reserve, the Directors are handing no less than One Hundred Pounds (£100) to the Students' Union. While there may still be a few matters in which improvement is possible, we feel sure that these will soon be considered, and the first year's working reflects the highest credit upon the Creditors, who have been ungrudging in their exertions.

Old Students' Dinner.

The Annual Dinner of Old Students of St. Bartholomew's Hospital will this year take place on Monday, October 2nd, at 7 p.m., in the Great Hall of the Hospital. Mr. W. H. Jessop will occupy the chair, and it is hoped that a large number of men will be able to be present. Mr. H. J. Waring is the Hon. Secretary, and invitations will be, as usual, sent to Old Students during the first week in August, but if any St. Bartholomew's men should not receive an invitation they are asked to communicate with the Hon. Secretary.

Books Received for Review.

The following have been received for review: *Diseases of the Skin.* Sequæia. *Theory and Practice of Thyroid Therapeutics.* By Herbert Evan Waller.

Proceedings at a Conference on the Care of the Feeble-minded. *The Light of Thirty Years of Provident Dispensary Work on National Insurance.*

Examinations.

UNIVERSITY OF LONDON.

M.D. Examination, July, 1911.

Pass List. Branch I (Medicine). A. E. Gow, G. Viney, A. L. Yates.

Branch VI (Tropical Medicine). F. V. O. Beit, Capt., I.M.S., F. Grönc.

Third Examination for M.B., B.S., May, 1911.

Pass List.—T. K. Boney, A. F. D. Clark, C. D. Kerr, J. Panlley, J. Tremble, J. W. Trevar, B.Sc., H. O. Williams.

Supplementary Pass List: Medicine, Pathology, Forensic Medicine, Hygiene.—T. P. Edwards.

Surgery, Midwifery and Diseases of Women.—F. J. Anderson, C. T. Neve, F. N. Snowden, F. R. Todd.

Appointments.

FISHER, A. G. T., M.R.C.S., L.R.C.P., Demonstrator of Anatomy, University of Bristol.

LANDER, H. D., M.R.C.S., L.R.C.P., House Physician, West London Hospital, Hammersmith Road, W.

LLOYD JONES, Lt.-Col. J., I.M.S., Assay Master of H.M. Mint, Bombay.

ODELL, W. M.D., F.R.C.S., Honorary Consulting Physician, Western Hospital for Consumption, Tooting.

SLADDEN, A. F. S., M.B., B.Ch.(Oxon), House-Surgeon, General Hospital, Birmingham.

SMITH, Major F. A., I.M.S., Agency Surgeon, Eastern Rajputana States.

New Addresses.

BROWN, W. G. S., c/o Dr. Macdowell, Nantymoel, nr. Bridgend, Glamorganshire.

FISHER, A. G. T., The University, Bristol.

HAYES, Capt. A. H., R.A.M.C., 15, New Walk Terrace, Fulford, York.

JONES, Lt.-Col. J. LLOYD, I.M.S., H.M. Assay Office, Bombay.

LANDER, H. D., West London Hospital, Hammersmith Road, W.

PRETTY, K., 19, Watergate, Grantham.

ROBBS, C. H. D., Vine House, Grantham.

SCHALKWIJK, J. VAN, Standerton, Transvaal, South Africa.

SLADDEN, A. F. S., General Hospital, Birmingham.

SMITH, Major F. A., I.M.S., Agency Surgeon, Eastern Rajputana States, Bharatpur Agency, Rajputana.

ST. CYR, J. B. D., Kingston, Jamaica.

TWIGG, G. W., Petane, Hawkes Bay, New Zealand.

WILCOX, N. LYDIARD, 3, Golden Square, W.C.

Birth.

JEUDWINE.—On July 10th, at 22, Avenue Road, Grantham, the wife of Captain W. W. Jeudwine, Indian Medical Service, of a daughter.

Marriages.

BENNETT—MCMURTRIE.—On July 18th, at the Parish Church, Buckingham, by the Rev. P. P. Goldingham, Vicar, Harry Charles P. Bennett, M.B., M.R.C.S., of Auckland, New Zealand, to Blanche, fourth daughter of James McMurtrie, Esq., of Durdham Park, Bristol.

CORNISH—LLOYD.—On July 13th, at St. Ann's Church, Kew Green, by the Rev. Prebendary A. Barff, Vicar of St. Giles', Cripplegate, assisted by the Rev. W. H. Bliss, Charles Vivian Cornish, F.R.C.S. (Edin.), son of Harry John Cornish, of 2, Lawn Road, Hampstead, to Ethel Saunderson, younger daughter of the Rev. Frederick Charles Lloyd, of 5, Priory Road, Kew Gardens.

RIDOUT—HOOPER.—On July 11th, at St. Jude's, Southsea, by the Rev. N. Vickers, M.A., Vicar of St. Simon's, Southsea, assisted by the Rev. H. N. Rogers, Curate of St. Jude's, Charles Archibald Scott Ridout, M.S., M.B.(Lond.), F.R.C.S.(Eng.), son of the late Staff-Surgeon Charles Lyon Ridout, R.N., to Gladys Mary, eldest daughter of the late Henry Lawrence Hooper, of Kanacho, Uitenhage, Cape Colony, and Mrs. Tyson, of Spencer Road, Southsea.

WATKINS—CROW.—On July 11th, at Croydon, Frank A. Watkins, M.R.C.S., L.R.C.P., L.S.A., of Merton Lodge, Denmark Hill, to Clara Elizabeth Crow, younger daughter of W. M. Crow, of Croydon.

Deaths.

BOSTOCK.—On July 1st, at Church Street, Leatherhead, Alfred Stileman Bostock, late of Chichester.

COALBANK.—On Aug 25, the result of a motor accident, Allan Stanley Coalbank, youngest son of Isaac and Sarah Coalbank, of Teddington Lodge, Teddington, aged 21.

POCKLINGTON.—On July 16th, Evelyn Pocklington, M.R.C.S., late of Wimbledon, third son of the late Rev. Roger Pocklington, Vicar of Walesby, Notts.

RAWLINGS.—On July 17th, 1911, at Dorking, Surrey, John Dunnell Rawlings, M.B.(Lond.), M.R.C.S., L.R.C.P.

WEBB.—On July 2nd, 1911, at Beechwood, Winchester, Harry Speakman Webb, M.R.C.S., in his 84th year.

Acknowledgments.

The Journal of Laryngology, Rhinology, and Otology (2), The Bulletin of the Johns Hopkins Hospital (Special Tuberculin Number with Stereoscopic Plates), The New York State Journal of Medicine, The Hospital, The British Journal of Nursing (4), The Nursing Times (4), L'Echo Médical du Nord (2), Giornale Reale Società Italiana d'Igiene, The Gazette and Journals of the following Hospitals: Guy's, The London, Middlesex, St. Mary's, St. Thomas's, Charing Cross, St. George's, University College.

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.—over included.

