St. Bartholomew's Hospital Journal.

VOL. XIX.—No. 1.] OCTOBER, 1911. [PRICE SIXPENCE.

St. Bartholomew's Hospital Journal,

OCTOBER 1st, 1911.

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

Calendar.

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.

Wed., ,, 4.—Examination for D.P.H.(Cantab.) begins.
1st Examination of the Society of Apothecaries begins.

Thurs., ,, 5.—Final Examination Conjoint Board (Med.) begins.

Fri., ,, 6.—Final Examination Conjoint Board (Surg.) begins.
Dr. Herringham and Mr. D'Arcy Power on duty.

Mon., ,, 9.—Oxford Michaelmas Term begins.

Tues., ,, 10.—Dr. Tooth and Mr. Waring on duty.

Thurs., ,, 12.—Abernethian Society: "Obsessions in Medicine." Dr. T. J. Horder.

Fri., ,, 13.—Dr. Norman Moore and Mr. Bruce Clarke on duty.

Tues., ,, 17.—Dr. West and Sir A. Bowlby on duty.

Thurs. ,, 19.—Abernethian Society: "The Public and the Healing Art." Professor Howard Marsh.

Fri., ,, 20.—Dr. Ormerod and Mr. Lockwood on duty.

Mon., ,, 23.—Examination for M.B., B.S.(Lond.) begins.

Tues., ,, 24.—Dr. Herringham and Mr. D'Arcy Power on duty.

Thurs. ,, 26.—Abernethian Society: Debate, National Service League.

Fri., ,, 27.—Dr. Tooth and Mr. Waring on duty.

Tues., ,, 31.—Dr. Norman Moore and Mr. Bruce Clarke on duty.

Thurs., Nov. 2.—Primary F.R.C.S. Examination begins.

Fri., ,, 3.—Dr. West and Sir A. Bowlby on duty.

Editorial Notes.

UNTIL the present issue we have somewhat conspicuously refrained from any reference to the Insurance Bill, preserving a discreet silence, whilst our contemporaries have not hesitated to take one or other side, and their correspondence columns have been heavily loaded month after month with batteries of attack and counter-attack. We have refrained not so much from a reluctance to accept the responsibility of expressing our opinion (for it is our duty as Editor of a medical journal to deal with a subject of great importance to the profession) as from a desire to await a remarkably favourable opportunity like the present to go to the fountain-head; and now we offer our readers some articles upon the subject by writers whose authority is inexpugnable. We may, perhaps, be pardoned the journalistic pride of securing two articles of such unique value, for it would be absurd to dwell upon the advantage of ventilating the matter from the only two standpoints which matter. That Mr. Verrall on the one hand and Dr. Addison on the other have a better claim than anybody to speak with authority is a certainty which is a basis for the gratitude we must express on our own behalf and on behalf of all our readers to these two gentlemen, who have most generously given their valuable time in support of the JOURNAL.

We do not shrink from the responsibility of expressing our partisanship of any particular policy, for the National Insurance Bill must have such far-reaching effects that it becomes necessary for us to take a stand firmly on certain points.

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MR. VERRALL'S article will be read with much interest. His sentence, when alluding to the inclusion of an income limit, is significant: "We failed, as we had been often told we should fail, from reasons mainly of political expediency." Now why should the medical profession, when they have once made up their minds, be so supine as to countenance failure when by steady persistence they could have won the day?

Can it be that there has been some want of straightforwardness on the part of leaders? We trust not; but some of the facts mentioned in the third article—facts published, we believe, for the first time—certainly look as if the bulk of the profession had been kept ignorant of a want of firmness on the *essential of an income limit in the Bill.*

* * *

Mr. VERRALL rightly says, "The opposition to the measure has given us a fine object-lesson in the value of unity, and of an organisation to press the united views upon the Government," but we venture to think that had the Chancellor of the Exchequer, even as late as the end of July, been told that the profession as a whole would not undertake work under the provisions of the Bill unless a definite income limit was introduced, the fate of Sir Philip Magnus's amendment might have been different.

* * *

EVEN now the profession has the matter in its hands. Dr. Addison's amendment, accepted by the House, is not what the profession desired, for it does not provide for any income limit in the Bill itself. Without this the members of the medical profession will probably be at the mercy of laymen. But they have the power to refuse to act under the provisions of the Bill, and this power, provided there is unity, will give them the control if the necessity to use it should unfortunately arise.

* * *

THE maintenance of the determined and united stand already made by the profession will protect the practice of medicine against some of the gravest dangers with which it has been threatened by the introduction of the National Insurance Bill; and it is the desire of this JOURNAL to help in this stand, which will demonstrate that the medical profession will not allow itself to be made the tool of those who would not think of treating any other profession in a similar manner.

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WE gratefully acknowledge our indebtedness to the *British Medical Journal* for not only giving us permission to reproduce the photograph of Dr. Gee, but for generously lending us the block from which the illustration was made.

The obituary notices of our late Consulting Physician will prove of great interest to old Bart.'s men, the great majority of whom enjoyed the privilege of association with him at one time or other either as comtemporaries or as pupils. Dr. Norman Moore has very kindly supplied one article, and Professor Howard Marsh, in his usual unique style, has contributed a personal reminiscence from a contemporary's point of view.

* * *

WE congratulate Mr. I. J. Davies, M.B., B.S.(Lond.), on passing the M.R.C.P.(Lond.), also Mr. P. Hamill on his being awarded the Raymond Horton-Smith Prize for M.D. Thesis (Cantab). Mr. Hamill's success is all the more pleasing in that he is a present member of the Junior Staff. It is interesting to recall that his brother achieved the same distinction a few years ago, a distinction which, as is well known, has frequently been gained by St. Bartholomew's men.

To all whom it may concern.

THIS issue of the JOURNAL is sent to every qualified Bart.'s man. It might be thought that every Bart.'s man was synonymous with every subscriber, but it may come as a surprise to some to hear that quite a considerable number of the four thousand do not regularly subscribe. Now we want the rest of those four thousand qualified gentlemen. We do not intend to make an appeal to sickly sentiment, or to impress upon non-subscribers that "question-begging epithet," *duty*. Patriotism is entirely a private affair, and if a man does not feel any interest in his hospital, well he doesn't, and that's the end of it.

Nor do we appeal for subscriptions to save us from bankruptcy. The JOURNAL is in a fine healthy financial condition, and its prosperity is increasing. If we were in desperate plight we should try to increase our circulation by catch-penny phrases, offers to send the JOURNAL free for twelve months, money returned if not satisfied, and so on; or we should include a life-insurance policy with our other attractive features, or introduce highly remunerative competitions on the coupon principle. No! We ask all you non-subscribers to join your subscriber brothers, because we assure you that it is a good investment.

We are not so foolish as to delude ourselves that we offer you an astounding sixpennyworth every month. Our clinical side must inevitably be quality, not quantity, and is not worth a fraction of the great medical journals; though, for that matter, our excellence is often certificated by the readiness with which many of our articles are exhaustively "extracted." Our humorous columns are undeniably feeble in comparison with our gifted contemporary *Punch*, nor can we conscientiously recommend ourselves in competition with innumerable others if pure literature is in question. But all the same we do offer very good value. We give information on a variety of topics, matters relating to your contemporaries which you could obtain nowhere else, and even on occasions we rise to the inclusion of an article which is easily worth the guinea you pay for an entire five years' subscription post-paid. This number is especially intended for old Bart.'s men, and they will understand that we are including three articles upon the Insurance Bill, which we do not hesitate to say would not have been contributed to any other periodical in the world. Bart.'s men cannot afford to be without the JOURNAL, that is the crux of the matter. And how much are you asked to invest? Five shillings for a year's subscriptions, a guinea for five years, or three guineas for life.

"The Bill" and "The Profession."

By T. J. VERRALL.

I HAVE been asked to contribute to the current number of the *Journal* some notes on the National Insurance Bill.

So much has been written and said upon it, and the history of the scheme is so recent, and yet so incomplete, that on the one hand I doubt the finding of new ideas, and on the other am uncertain whether the profession has secured beyond dispute the changes in the Bill which it desired.

Such a chorus of approval greeted the production of the measure that we wondered when the criticism would begin; now we are wondering when it will cease.

By the whole medical profession it was received with amazement, and by a large proportion with no little anger.

It scarcely seemed credible that a scheme so deeply affecting the conditions of work for many of us should have been launched without an inquiry if we were likely to accept it, and work happily under it.

This discontent increased when it was discovered that the larger friendly societies, from whom many of the insured would be drawn, had been freely consulted.

Why, it may be asked, do I desire to keep alive the memory of this great mistake? Surely it might be confessed an error, be condoned and forgotten!

I think differently. The irritation caused might well have prevented the Bill receiving from us a fair and full consideration. To remember this, not certainly with bitterness, but still to remember it, gives the best hope that such will not happen again.

The profession, so angry at first, has recognised the pains the Chancellor of the Exchequer has since taken to learn its wishes, and to meet them so far as he thought it possible to do.

He has accorded to deputations from the British Medical Association, and separately to some of its chief officials, various long conferences, and he further suggested that for which he certainly could not have been asked—a visit to the meeting of Representatives specially summoned to discuss the Bill.

Doubtless the Chancellor hoped in this way to learn how he might satisfy us, and then, having "settled the doctors" (to use the current phrase), to be more free and more strong to deal with other critics. But there was just this: not even the Representative Meeting, much less the small deputations, have assumed any right to pledge the whole profession. Outside the Association is a minority indeed, still, a large minority, of medical men, and these have the fullest right to take their own line.

Well, the Chancellor came to our meeting. We did not refuse to hear the voice of the charmer; on the contrary we listened attentively; then, no sooner had he left us, than we passed resolutions not quite in agreement with the limitation he had pressed upon us.

This was inevitable: every man at that meeting had come to it with opinions formed by close study of the Bill; meetings had been held throughout the Kingdom, and we were all little inclined to be persuaded. More than this, the subject of medical attendance for the poorer classes had been discussed in the Divisions of the Association for months before the Insurance Bill was actually issued, although its appearance was expected. Following upon the Reports of the Poor Law Commission, we had appointed a committee to consider this subject, and the report of this committee, when sent to the Divisions, had with it a series of questions: the answers to these gave the material for constructing a complete scheme. But it was well that the public should know, as soon as possible, what changes in the Bill we were seeking. In no way more correctly could this be learnt than by the resolutions of the British Medical Association.

It is only for clearness sake that I have set down the famous six points on which stress was laid:

1. An income limit of £2 a week for those entitled to medical benefit.

2. Free choice of doctor by patient, subject to consent of doctor to act.

3. Medical and maternity benefits to be administered by local health committees, and not by friendly societies.

4. The method of remuneration of medical practitioners adopted by each local health committee to be according to the preference of the majority of the medical profession of the district of that committee.

5. Medical remuneration to be what the profession considers adequate, having due regard to the duties to be performed, and other conditions of service.

6. Adequate medical representation among the Insurance Commissioners, in the Central Advisory Committee, and in the local health committees, and statutory recognition of a local medical committee representative of the profession in the district of each health committee.

Those resolutions being passed, steps were taken with the best results to secure our position by circulating to every registered practitioner a form of undertaking not to take individual action (in the event of the Bill becoming law), but to make arrangements through local medical committees, and further, to be guided by the declared policy of the British Medical Association.

The signatures to this were very satisfactory, a large percentage of the recipients signed, and included among those who did so were many holders of club appointments.

Out of the six points of our charter (so to speak) it was felt of 1, 2, 3, and 6 that they must be provided for in the Bill

itself; that concerning 4 and 5 it would be open to the contracting parties to make satisfactory terms at a later stage if the clauses of the Bill gave scope for obtaining such money as was from time to time found requisite.

The debates in Parliament have followed these lines. What have we gained in respect of 1, 2, 3, and 6?

Fierce debate has raged round the demand for a fixed income limit; it was to this and to the freedom from Friendly Society control that we directed our chief efforts.

For years past we had pressed upon the club managers the unfairness of having no income limit. We were now faced with the Government proposal to put an official stamp upon the evil state of things.

Again it had been urged as a reason for the Bill that the public should secure medical attendance, together with other boons, for those who could not, even by thrift and foresight, provide it unaided for themselves. Yet there had been swept in, as compulsory insurers, many millions of workers who, by means of Friendly Societies, were already making this provision.

The history of the clubs shows that, commenced as a charitable effort for the very poor, to which our profession lent its willing aid, they have gradually extended the principle of contract practice to many who should never have benefited by it unless under some scheme for payments varying according to means. Our indignation was not lessened by the perfectly gratuitous creation of a new class of voluntary contributors.

It would be useless to repeat any of the arguments for and against a fixed income limit. Suffice it to say that very real efforts were made by all, including especially the Central Executive, which was in close touch with members of Parliament, to obtain this amendment.

We failed, as we had been often told we should fail, from reasons mainly of political expediency.

We have received in exchange the offer of a limit which may vary under different local conditions, which will provide for the difficulty of adapting the new order of things to existing arrangements for attendance on collieries, works, etc., and will secure that those with earnings above a limit to be fixed by the local health committee shall be required to take their medical benefit in a form what we hope will be more approved by the medical attendant than a contract for unlimited attendance. This variation, compulsory for certain insurers, will be open to the option of others, thus providing, as I said before, for the continuance of existing arrangements.

Further, we have effectually laid the bogey of voluntary insurers possessed of large means.

The free choice of doctor (No. 2 resolution) is granted.

No. 3—the removal of control from the hands of Friendly Societies—was endorsed in Parliament by an enormous majority.

It is idle to argue, as do the Societies, that instances can be quoted of medical officers on the best and most contented terms with the club members and officials.

Probably this is so, but the cheers with which the Representative Meeting greeted each allusion to this control question showed that any extension of Friendly Society powers would be bitterly resented.

Whatever had been the fate of the Bill, it would have surprised no one to see that the profession, once thoroughly aroused, would insist on a more satisfactory basis of contract with the clubs as they are.

It was mainly to this point of control that I alluded when saying how difficult it was till all was finally settled to say what we had absolutely secured.

An amendment by Mr. Cecil Harmsworth, passed without any great debating, shows this plainly.

It aims at protecting existing medical aid institutes, established under the Friendly Societies. The exact scope of this amendment needs interpretation, and it must be carefully judged. It is, indeed, suspiciously frank and apparently just. Yet it may well nullify much that was gained in the victory over Friendly Society control.

To perpetuate and bless (as it were) subsidiary clubs, which have been more disliked and less efficient than the original Societies, would, indeed, be leaving matters worse than they were found.

The sixth resolution, demanding representation on advisory and other committees, and the recognition of local medical committees for the purpose of consultation by local health committees, has received as full acquiescence as we could expect.

As to the method and amount of remuneration (resolutions 4 and 5) no steps have yet been taken. They will probably be given no place in the Bill, but be left for subsequent arrangement.

The amount of payment must obviously depend on the amount and kind of work, and this is yet uncertain. It may be said here that one of the bad results of the Chancellor having limited his preliminary consultation to Friendly Society officials has been the provisional mention of a figure much below that which doctors are likely to think adequate for any probable scheme of work.

The method of payment must be allowed to be the one subject on which agreement has not been found among us.

I have joined in many a talk thereon (chiefly as a listener), and the argument generally left us all of the same mind wherein we commenced it. The Chancellor thinks it would be useful for a trial of "payment per attendance" to be made in certain districts, but warns us that we all should draw on a common fund, and that a system which could lead to excess of expense in one district would hurt the rest.

Clearly this cannot be permitted. The merit of payment for work done is so obvious that we need not dwell on it, but it will require a considerable purse on which to draw.

So, for that matter, will any system, and I would remind our members that, in his summary of what had been done, the Chancellor said—"He would have to keep a tight hold upon the purse-strings. He was bound to do that, not only in the interests of the taxpayers of the country but in the interest of the whole scheme. There he had been obdurate and stubborn, but he thought he had been reasonable in the main."

Upon this let us tell Mr. Lloyd George and the public through him that, not having sought this modification of our mode of practice, we are even less disposed to bind on ourselves fetters of inadequate pay.

Among the hard workers of the land the doctor takes a high place; it is for him to see that the work is not made less attractive by lacking a living wage. This is just as much for the general as for the professional good.

One word about Ireland, whose fate it seems to receive exceptional treatment. Whatever difference of opinion there might be among us as to the intention and effect of some such exceptions, here there need be none; the provisions special to Ireland are not satisfactory. Both the dispensary doctors, on whom some of the work is to be thrust, and the men in general practice, from whom it is to be taken, have ground for protest. They are protesting, and will doubtless continue to do so. There is plenty of time, for the last word upon this Bill is yet unsaid.

We may mention side issues in this complex measure; we have no space to discuss them. There is the question of extra payments to the doctor for attendance under the Workmen's Compensation Act. There was a full talk in Parliament of the disposal of other benefits, none as to the medical remuneration. This must be seen to. Again, the effect of the scheme on the voluntary hospitals is causing anxiety to committees and staff alike. With both these we are naturally concerned. There has been one consultation at the Association offices with representatives of hospitals, metropolitan and provincial, and there will be others.

It is not only the financial aspect which we note, it is also that the Bill, which gives power to approved societies to contribute to the support of hospitals, recognises once more that confusion of State medical service with charity against which, in other ways, we have before protested.

In conclusion, what bye-products has the Bill shown us? It has led to a very welcome opportunity for all medical organisations to work for a common object on identical lines.

The General Medical Council, the Royal Colleges and some Universities carefully considered the Bill; and in addition to suggesting amendments of their own supported most of the specific demands of the "six points."

The opposition to the measure has given us a fine object-lesson in the value of unity, and of an organisation to press the united views upon the Government. Such the Association provides.

The crisis found us with the machinery for testing professional opinion. With this we are, indeed, not omnipotent; we cannot ask ridiculous terms, but without it we should be helpless. It is natural that this fact has led to many fresh members joining the Association; it should be our aim, on the good old "volunteer" principle of "Defence, not Defiance," to make the profession and the Association identical terms.

Medical Notes on the National Insurance Bill as Amended in Committee.

By CHRISTOPHER ADDISON, M.D., M.P.

THE National Insurance Bill has three primary objects, and, in considering the Bill, either with a view to ascertaining whether it is a suitable instrument for the achievement of these ends, or with a view to amending it so as to make it better fitted for the work, we do well to keep these objects clearly before us. They are (1) to relieve the distress and bodily deterioration arising during poverty resulting from sickness by providing a fund out of which assistance may be given when the insured person is laid aside; (2) to secure for him prompt and efficient medical treatment; and (3) to provide machinery for linking up domiciliary treatment and public action, so that the occurrence of disease may be increasingly prevented.

The payments of the sickness and disablement benefits under object No. 1 will constitute the chief charge on the insurance fund, and it is obvious that this charge will only be diminished as prompt and efficient treatment is obtained, and as the prevention of disease becomes more successful. Only in this way can money be set free either for the reduction of premiums or for the provision of "additional benefits." The public interest and the interest of the medical profession are plainly identical in this matter, and we shall surely serve the lasting interest of the medical profession best by making the public interest the first consideration.

A moment's consideration of a definite case will show how the public and the professional interest coincide. If the members of any society make such a bargain with a medical man that he has to rush through his work in order to earn a sufficient living, or if the conditions of appointment are such that good men will not apply, or will only do so grudgingly and of necessity, then there can be no such thing as a prompt and hearty service. Many cases will be diagnosed incorrectly, or the nature of them will not be recognised as soon as it might have been. The time for curative measures accordingly will be missed or delayed, and just as this is the case so will the members of

the Society receive 10s. a week sick pay for a longer time than they need have done. There could be only one result of a National experiment conducted on such lines as these. It would be ruin. A shilling or two extra for the doctor in his yearly payment, or better conditions of service, are a mere bagatelle to set against such a loss. It is just as much the interest of insured persons to have a good medical service as it is the interest of the medical profession that the terms and conditions of employment should be such that good men will be anxious to undertake it.

I believe that the National Insurance Bill may be made the instrument for great public benefaction, for emancipating the medical profession from many of the evils of club practice and cheap and slipshod work, for the awakening of the people to a recognition of the interest and duty that is common to all in the preservation of health and in the prevention of disease, and for the provision of that public impulse and basis of machinery which are necessary for the creation of a properly co-ordinated and efficient National health service.

The amendments so far made in the medical provisions of the Bill were, I think, most necessary for these purposes, although in some respects they will need modification during the Report stage; and many alterations will doubtless be required in the clauses which have not yet been reached. It is not possible within the limits of this article to discuss in detail all the amendments which have been introduced into the seventeen clauses which have passed through Committee; but some comments on the character and significance of the chief of them may perhaps be of interest.

The first Clause deals with the different classes of those who must, or may, become "insured persons" under the Bill, and an amendment was introduced excluding from the right to insure voluntarily those who are not employed persons as defined in the clause and schedules, and whose total income exceeds £160 a year. This prevents well to do people taking advantage of the State contribution and of the benefits under the Bill, and commended itself to all parties. It might perhaps be modified with advantage in one respect at least, by leaving it open to persons whose income was more than £160, and within a reasonable limit, to pay the small premium required entitling them to receive sanatorium benefit. Many people with, say, two or three hundred a year, find it impossible to meet the serious charge entailed by sanatorium or other special treatment if it is to be sufficiently prolonged as to be of real use.

An important provision was made by the introduction of the words "subject to the provisions of this Act" at the beginning of Clause 8—the clause in which the "Benefits" are defined. Without this provision the modifications, for example, of medical benefit, as introduced into Clause 14, would be of no effect, since every authority under the Act would otherwise have been obliged to provide the full statutory benefit without qualification. The definition of sanatorium benefit was very properly extended by the insertion of the words "or otherwise." As the subsection previously stood the treatment of tuberculosis was limited to that given in "sanatoria or other institutions." It now permits of any form of treatment that may be deemed desirable, and leaves the way open to the prosecution of a general campaign against this disease. At the same time the Chancellor of the Exchequer has made financial arrangements whereby the dependents of insured persons may be open to receive "sanatorium benefit" as one of the "additional" benefits. The precise form of the arrangements to be made for dealing with tuberculosis in school-children is not yet finally determined: but, seeing that these children for medical inspection and treatment are under the Education Department, there seems a good deal to be said for the suggestion that the sanatorium benefit in their case should be administered by the school authorities; such grants being made to them from the sanatorium fund as they are entitled to on this account.

In the administration of a National insurance scheme there must ultimately be established a close-working relation between the authority that administers medical benefit and the governing bodies of our different hospitals. Considerable discussion took place on this subject, and amendments were made in Clauses 12, 16 and 17, under which payments may be made to hospitals in certain cases, and by which local health committees (the bodies administering medical and sanatorium benefits) are empowered to make arrangements for the treatment of insured persons with those having the management of sanatoria "or *other* institutions," and to make contributions.

A proposal was made for making payments to the hospitals out of the sickness benefit funds, but such payments would have created much prejudice against hospitals and have given no material financial assistance, and they obviously provide a very unsatisfactory way of dealing with this question. The local health committees, however, have no material funds at their disposal, except those devoted to the provision of medical and sanatorium benefits; but the definition of sanatorium benefit may be extended by the Local Government Board with the approval of the Treasury to cover the treatment of any disease in any institution. The interests of the local rating authorities are also closely involved in this matter. The local health committees will certainly be compelled before long to make arrangements under which insured persons may be able to receive such institutional treatment as they may need, but the local conditions both as to hospital management and support are so complex and various that there is no attempt in the Bill to set up any definite scheme of co-operation between the insurance and the hospital authorities.

There can be no little doubt, I think, that, as the work develops, the pressure upon the beds of hospitals will increase and the need for generous support and voluntary help will be no less than it is at present. Indeed it is not difficult to foresee that many parties and agencies that are now listless will find it to their interest to see that the hospitals are adequately staffed and equipped, and funds will have to be provided where necessary to enable this to be done.

Clause 13 determines the authority which shall administer the benefits. An amendment was made in this clause of such value and far-reaching importance that it would be difficult to over-estimate it. It consisted in the transference of the administration of medical benefit, in the case of members of approved societies, from the societies to the local health committees; and the last words of the section now are these: "medical and sanatorium benefits shall in all cases be administered by and through local health committees." Practically the whole industrial population will be insured under this Bill; and about nine million persons will become members of "approved" societies who are not now members of any friendly society or trade union, whether administering medical benefit or not, and there must be but relatively few general practices in which most of those patients who are workers will not be insured persons. There will be many approved societies in each county or county borough, and originally it was open to them severally to administer the medical benefit of their members. It is not necessary in this JOURNAL to set out the unanswerable case which can be made against such an arrangement. Anything which made it possible to involve the whole industrial population in the system known as club practice would be disastrous, not to the medical profession only, but to the public health. The domiciliary and the institutional medical treatment will now be associated under the local health committee, and any arrangements that are made will require that Committee's approval. A consultation is provided between the local health committee and a committee representative of the local medical practitioners in an addition which the Chancellor of the Exchequer has put down to follow Clause 44, and in this, coupled with the condition that all arrangements for medical attendance and treatment must receive the approval of the Insurance Commissioners, we have means provided by which it will be possible in a few years to root up many of the evils attendant on cheap contract practice.

The case for the amendment, pressed with such unity by the British Medical Association and the whole profession, received support from the Chancellor and from leading politicians of all sections of the House, and the fact that it was carried by a majority of 372 in a House of 402 members is a sufficient evidence of the case that could be made against it.

Some of the most respected friendly society leaders are not yet reconciled to it. It will certainly not be possible for a profit to be made out of the medical service; but provided that the friendly societies know the extent of their liabilities in this respect, they can receive nothing but additional strength from an improved medical service. The whole centre of gravity of the medical portion of the Bill has admittedly been altered by this change, and adequate representation of the societies on the committees which administer the benefits for their members is fairly required. Many of those, who represent what will become important societies under the Bill, have already welcomed this change; and it is perhaps not too much to express the hope that before long much of the present opposition will have abated.

Another consideration that will become increasingly forcible in this respect is that, as the cost of the medical services exceeds the money provided under the Bill, the local health committees can receive the aid required from the rates and the Treasury in equal parts, whilst no such possibility of assistance is open to societies. They must either try and obtain it by beating down the medical men —which will certainly not be allowed—or by diminishing their other benefits—which their own members will as surely resist.

Clause 14 deals solely with the administration of medical benefit and was much altered in Committee.

The first important amendment was moved by the Chancellor of the Exchequer, and embodied the proposals of the British Medical Association for securing freedom of choice to both doctor and patient.

It sets up within each area—which for the purposes of the Act is either a county or county borough—a panel of those willing to attend insured persons, and gives every duly qualified medical man a right to be enrolled upon it. It gives any insured person, subject to provisions against too frequent changes, a right to choose the practitioner by whom he wishes to be attended, and the practitioner is similarly given the right of refusal to attend any person. There are also provisions whereby those patients whom no one wishes to attend are to be distributed "amongst and so far as practicable under arrangements made by the several practitioners," and power is also given by the Insurance Commissioners, after such inquiry as may be prescribed, "to remove the name of a practitioner from the list if they are satisfied that his continuance on the list is prejudicial to the efficiency of the medical service of the insured."

It was generally agreed that before a medical man suffered removal from the list, since, in many cases, such removal might mean the loss of a great part of his living, the method of the inquiry and the tribunal should be more defined, and that he should have the right of appeal. It is at present left open, so that an arrangement agreeable to the medical profession may be arrived at and the appropriate amendment inserted on the Report stage.

The securing of a statutory free choice both as to doctor and patient, in conjunction with the transference of the administration of medical benefit to the local health

committees, is a most potent instrument not only for the prevention of further contract monopolies, but for the destruction of many that exist at present. As is well known, for example, some of the medical aid associations are little better than institutions for sweating doctors, and the attention given is often, from the necessities of the case, of the most meagre and inefficient description. But with the conditions of employment of the medical men on the panel determined, not by the club officials, but by the local health committee and all the members of the association with the statutory right to choose any doctor they like whose name is on the list, the reason for the existence of many of these institutions disappears; and the institution along with it.

Free choice of doctor is not a tad of the medical profession. If it had not been granted in the Bill, it would have been demanded by the millions of those who will become insured under it. A recent writer in the *Lancet* objects equally to contract and to free choice of doctor. He does not, however, disclose the intermediate that he would prefer. His objection to free choice is that it will encourage the same type of man who at present "curries favour with contracting committees." He will, it is suggested, seek the patronage of patients by being easy in granting certificates. Apart from the fact that only men of a low type would do this kind of thing, and that as a rule people choose their doctor because they esteem him to be more skilful than another, the argument is mentioned to indicate the machinery under the Bill by which the help of medical men can be called in to prevent such practices.

The records of the sick certificates will be known to each local health committee and to the societies, and it will very soon be known if any one man has a specially high proportion of sick pay attached to his patients. In such a case as is suggested, if a complaint arose it would form one of the subjects on which the local medical committee would be consulted. (This procedure is adopted with excellent effect, I believe, in Leipsic at present.) Should the report be unfavourable the case would go to the Commissioners for inquiry, with a possible result of the offender being struck off the panel and losing a great part of his living. A wide panel with the perils attached to the encouragement of malingering will be a much more powerful check than the arbitrary methods employed by many clubs at present.

Great controversy arose over the question of the limit of income above which an insured person should only receive medical benefit on special terms, and as to the form in which the principle should be recognised in the Bill. If one may be permitted to introduce a personal note it might be said that the adhesion or not to the "two-pound limit," as it was called, seemed to many correspondents to be the test of loyalty to one's profession. It was one of the few things upon which I could not agree with the British Medical Association, to whose leaders the profession is so much indebted at the present time.

The proposal in substance was that any person whose income exceeded £104 a year should only receive medical benefit on special terms. There was but little disagreement even in the House of Commons with the object aimed at, as there was none, so far as I know, in the ranks of the medical profession. What was the object?

Under the Bill great numbers of those who up to the present have been private patients of medical men on mutually satisfactory terms will become insured persons. It is not right to interfere in so widely adopted and honourable a bargain to the detriment of either party. If possible both should be gainers. The numbers of those in the average general practice who will become insured persons has sometimes been over-estimated, for, except in special trades or districts, wives and children under fourteen will not be insured, and fees can be charged for attendance on them as heretofore; also, doubtless, some that do not pay their debts now will pay through the insurance hereafter. After making full allowance for these things, however, it is certain that medical men are only able to attend poor persons at a cheap rate because they obtain fees from those who are better-to-do, and it would be futile and a great wrong to half-ruin many medical men by sweeping numbers of their patients who are well able to pay moderate fees into a common group for whom the average individual payment would be no more than was currently supposed. The object was to prevent this being done.

The statement of a definite limit of income in the Bill in this respect presents an obvious attraction. *Some* limit would thereby be stated. There are, however, serious attendant drawbacks which perhaps are not so much on the surface. A statutory limitation cuts two ways. With such a limit stated in the Bill no health committee would have sanctioned any person below this limit being placed on the special list. In most country practices such a limit would have been useless. Few of the patients would have as great an income as this. The ability to pay fees depends not only on income but on expenditure. A man with 30*s.* a week in the country is better off than the average man in a city with £2. A bachelor in a rural district with 35*s.* a week would have paid at the flat rate, whilst a married man in a town with half a dozen children, with an income of 42*s.* a week, might have been put on the special list. The profession certainly would make it a point of honour not to use such a rule harshly, but with the best will in the world it would have been most inequitable both for doctor and patient as between town and country.

Moreover, in industrial districts, when the limit would have *had* to be imposed, a man might be at the special rate one year and at the flat rate the next, according as his earnings were good or bad, and it is fairly certain that any rule that was subject to such variations would soon become useless. In many trades, such as mining, when pay is by the piece and to a group of men, it is impossible, we are told, to say whether any particular man earned £104 a year or not, and the men themselves do not often keep accounts of their wages. Moreover, in such mining districts as South Wales, Fifeshire, and elsewhere, it would cut across their whole scheme of medical attendance. In these districts it is customary to have 1*d.*, or a similar amount, deducted from wages at the colliery and given to the doctor, in return for which he attends the miners *and their families*. The system works very well according to the accounts of both the miners and the doctors. With a statutory limitation dividing the wage-earners into two groups—above and below £104 a year—such a system could not be worked. Under a local and optional system all that would be necessary would be to assess the value of the medical benefit—say 1½*d.* per week—and credit this portion of the man's 4*d.* to the insurance account as a part of his premium, and the arrangement could be carried on without interruption. The same kind of difficulties would have been experienced up and down the country in the special arrangements that are made for medical or surgical attention in different industries. It would equally have been objectionable in Lancashire where there is little contract practice at all.

The systems of payment for medical attendance and treatment in use in different parts of the country are most diverse and complicated. The fundamental requirement is that the medical men should be properly paid, and that, as far as possible, arrangements that are working well should not be interfered with any more than can be avoided. The only way to achieve this, it seems to me, is to have a plan that is elastic and that can be applied according to the varying needs of the districts, under arrangements made between the medical men and the local health committee. Under such a scheme the Treasury average allowance of 6*s.*, with the contingent 2*s.* 6*d.*, will be much more likely to afford an adequate payment on account of those who are attended on a capitation basis. Sir Philip Magnus and those who supported him made out as good a case for the "two pound limit" amendment as could be made, but it was withdrawn without a division.

The proposal to allow of local arrangements was ultimately adopted by 279 to 41, and was in these terms:

"The regulations made by the Insurance Commissioners "shall authorise the local health committee by which medical "benefit is administered to require any persons whose income "exceeds a limit to be fixed by them, and to allow any other "persons, *in lieu* of receiving medical benefit under such "arrangements as aforesaid, to make their own arrangements "for receiving medical attendance and treatment (including "medicines and appliances), and in such case the committee "shall, subject to the regulations, contribute from the funds "out of which medical benefit is payable towards the cost of "medical attendance and treatment (including medicines and "appliances) for such persons sums not exceeding in the "aggregate the amounts which the committee would other-"wise have expended in providing medical benefit for them."

Some of those who objected to the principle of the amendment seemed to think that, under it, the medical men and the local health committees would hold a sort of inquisition, and that medical practitioners would be enabled to charge poor persons special fees. The present record of medical men in this latter respect, where there is no check whatever except ability to pay, is sufficient answer to the latter suggestion; as to the former, all that it will probably amount to will be, when no arrangement is come to between doctor and patient, that in special cases there will be a right to call for a declaration or to challenge one.

An amendment, moved by Mr. Harmsworth, was also inserted in Clause 14 giving the Commissioners power to make regulations for the recognition of organisations existing at the time of passing of the Act and which give medical attendance, provided that they are approved by the local health committee and by the Insurance Commissioners. Certain questions of interpretation might be raised with regard to this amendment, but the length of this article amongst other reasons makes a discussion of them of no advantage at present.

Representation of the medical profession on the Insurance Commission, on the Advisory Committee to the Commission, and in an increased form on the local health committee is assured; but these subjects, together with the constitution, powers and administrative relation of the local health committees, are dealt with in the clauses which have not yet been reached and need not be considered in this article.

The £2 per week Income Limit.

IT is known throughout the Profession that the first demand of the British Medical Association was that there should be an income limit of £2 per week for those who were to receive medical benefits under the provisions of the Bill.

Dated July 11th, a letter of the Council to the Chancellor of the Exchequer contains paragraph 4 as follows:

"On the question of income limit for medical benefits, to which the profession generally attaches the greatest importance, the Council has learnt with much regret that you still find yourself unable to hold out any prospect of accepting such amendments as the Association has put forward.

"In whatever form the Bill may be passed, it appears, from the information in possession of the Council, to be certain that members of the Profession generally will not in fact enter into arrangements with local health committees, or other bodies constituted under the Bill, in

respect of the treatment of persons whose income exceeds £2 per week. There is evidence indeed of a growing feeling in the Profession that the income limit proposed by the Association is too high, and that if the Bill were passed in its present form a large number would decline to enter into arrangements for attendance under the Bill for those whose income limit exceeds 30s.

"The resentment steadily increases against Parliamentary interference with private practice to an extent which is regarded as unnecessary for the fulfilment of the declared objects of the Bill, and if the Council, as representing the Association, were to entertain any suggestion of compromise upon this point its action would undoubtedly be repudiated by the Profession."

With the terms of this paragraph thousands of the Profession had given their adhesion. On July 22nd, at Birmingham, the whole of the letter, which was considered of importance by the Chairman of the meeting, was read by the Chairman of the Council of the British Medical Association to the Representative Meeting, and he added that in face of the letter he did not think anyone could accuse the Council of giving the Profession away.

The reading of this letter was followed by the reading of the Supplementary Report by the State Sickness Insurance Committee of the B.M.A. Council, passed on July 17th, in which the following very significant paragraph occurs on the question of the £2 per week income limit:

"The Council has no doubt that the decision on this point will be that the income limit of £2 per week already laid down by the Association and *approved by the Profession must be adhered to in any event.*" (Italics are ours.)

The Representative Meeting then went into Committee for the consideration of the National Insurance Bill, with Mr. Verrall in the chair.

It is said that the meeting definitely decided that its proceedings should be regarded as *in camera*. It is difficult to understand why this should have been agreed upon seeing that thousands of the members of the Profession were watching the action of the Representative Body on the matter of the income limit, watching not only with interest but with some anxiety.

It is generally understood that there was a heated debate over the question, not as to whether there should be an income limit in the Bill, but as to how best it could be introduced.

It may be news to many that a resolution was carried *nem. con.* to the following effect: "That the Council be instructed to use their best endeavours to have the £2 limit fixed in the Bill, with provision for a lower limit to be fixed locally, but, failing that, to obtain as best they can the fixation of £2 as a maximum limit with such local option."

What was meant to be a reaffirmation of the strong determination of the Profession at large to have a definite income limit in the Bill has turned out to be a futile string of words.

This resolution passed on July 24th has never been published, but was doubtless in the hands of the Chancellor by August 2nd, when Sir Philip Magnus, the Member for the University of London, moved in the House his amendment to insert in the Bill the income limit of £104 a year.

In introducing it Sir Philip Magnus said:

"This amendment is one on which the whole medical profession is practically agreed; there is no difference of opinion among them, and if it is carried the Medical Profession will be willing loyally to co-operate with the Chancellor of the Exchequer in giving effect to the important provisions contained in the Bill.

"As the Chancellor of the Exchequer knows, the members of the Medical Profession have throughout placed the proposal underlying this particular amendment in the forepart of their requirements—there were six points which they submitted to him, and this was the first."

In these words did Sir Philip Magnus endeavour to bring home to the Chancellor of the Exchequer the definite wish of the Profession; but all his efforts were useless because of the apparent giving way on the essential, a giving way construed by some to be in the words of the colourless resolution quoted above.

In the discussion on Sir Philip Magnus's amendment in the House, the Chancellor of the Exchequer said that he had exposed "the *preposterous* character of the amendment," and that "from the point of view of the medical profession this was a *thoroughly bad* amendment." (Italics are ours).

We venture to believe that the profession is grateful to Sir Philip Magnus for having brought this amendment forward on their behalf, and that they will soon voice their sentiments that it was not "preposterous," and certainly not "a thoroughly bad amendment" from their point of view.

At the time of the withdrawal of Sir Philip Magnus's amendment and the passing of Dr. Christopher Addison's amendment, it must be surmised that the Chancellor of the Exchequer had come to the conclusion that he could obtain a sufficient number of members of the Medical Profession to work the provisions of the Bill without an income limit defined in it, probably regarding the resolution passed at Birmingham—and never published to the profession at large—as a "climb down" by the members of the profession, for he averred in August that "the doctors have now come inside and are our allies." Have they? "Wait and see."

To Freshmen.

OF all the duties which fall to an editor's lot during his term of office, surely the most pleasing of all is our present one of welcoming the gentlemen who are now beginning their career at the hospital. And, in welcoming all, we have to congratulate all on their choice of a hospital, and some, who have not received part of their education at a University, on their choice of a profession.

Let us consider the profession first. You will hear from time to time that medicine as a career is not what it was, that our present position is a precarious one, and our future offers worse possibilities, that although no doctor need starve, yet in many cases the barest existence, the result of the most strenuous exertions, is to be his. Against such jeremiads is to be set the fact that the medical profession is by no means over-crowded, and that the number who enter has not increased in proportion to the increased population; in fact, we believe we are right in saying that the absolute entry has diminished during the last few years.

We reluctantly realise our incapacity to explain sufficiently the glories of a medical life. We have only to assure our new friends that they have embarked upon a career of education which is inferior to none, an education broadening in interests, far reaching in influence, an education which is education in the true sense of the word. Three years ago, during a prize-giving address to the Middlesex Hospital, Mr. Rudyard Kipling made some poignant remarks in a way which perhaps no other than Mr. Kipling could have done. This address has been published and is readily procurable; we advise all freshmen to read it. We cannot reproduce all of Mr. Kipling's address, but a few of the privileges of a doctor may be included as an indication of the power which is offered to a young man. On presentation, his visiting card will pass him through turbulent and riotous crowds unmolested. He shares only with monarchs the possibility of his explanation being accepted if he exceeds the speed-limit on a motor-car. If he flies a yellow flag over a dense centre of population it will turn it into a desert; if he flies a red-cross flag over a desert it will turn it into a centre of population to which men will crawl on hands and knees. He can stop a 20,000 ton liner with her mails in mid-ocean to perform an operation. We commend Mr. Kipling's stirring words to all freshmen as a stimulus to encourage them during the long and difficult journey of their student days to a goal which is thus attractively held out to them.

* * *

In congratulating you on your choice of a medical school, we can hardly claim to be unprejudiced. We are much too proud of the claim of belonging to Bart.'s to do more than assure you that your choice could not have been wiser. You will belong to a hospital of unparalleled traditions and unequalled reputation. You will go out into the world eventually with a certificate of character that none will gainsay; the fact that you have been trained at Bart.'s will be sufficient guarantee of your reliability.

* * *

It is not within our province, even if it were within our power, to offer advice on questions relating to your study. For each category—Universities of Oxford and Cambridge, University of London, and the Conjoint Board—a special tutor has been provided ready at all times to give advice and instruction. Furthermore, we have found from many experiences that everyone in authority in this Hospital is only too pleased to give help in his special sphere, help which is not only valuable, but invaluable. There are, however, two important factors in the student's life to which we must directly refer.

The Abernethian Society.

This Society meets every Thursday evening during the Winter Session at 8.30 p.m. Every student is eligible for election, the only formality he has to fulfil is that of attending and being welcomed and admitted by the President. Papers are read on some occasions, and other evenings are devoted to the examination of clinical cases, and discussion thereon. Now it is very important to the elementary student to join the Society without delay. It is essentially for students, but in our experience the number of unqualified men who have attended during the last four or five years has been ridiculously small, and those of them who have joined in discussions might be counted on one hand. This is a very great mistake. It is true that a few of the papers are essentially clinical, but the majority are on subjects which will interest the student of anatomy and physiology and even of chemistry and biology, and there is not the slightest reason why he should not discuss the question from his point of view. We can well understand the diffidence which a shy man feels in offering his very immature opinion, but generally speaking, the seniors present are men whose qualification is measurable in months only, and who realise how very little superior is their knowledge to that of their juniors. They have the greatest sympathy for the shyness which a new-comer must necessarily feel, but the new-comer will be for that reason the more heartily encouraged. It has latterly been the custom for the clinical clerk or dresser in charge of a case shown at a clinical evening to introduce it, and this is a system of which we heartily approve.

Athletics.

Whatever may be urged regarding the abuse of athletics in modern education it is no exaggeration to describe this

factor in a student's life as of great importance. Nowadays the choice of a school, college, and (in lesser degree of course) hospital, is often determined by its athletic prominence. The responsibility of maintaining the status of their *alma mater* must therefore fall directly upon all who have any pretensions to physical prowess. We much regret to observe how little is done by the younger students in the Hospital. Representatives in the various teams, one finds, time after time, to be selected from those engaged in clinical work. We can understand that University men are likely to be most prominent in sport because they are older, stronger, and more experienced. But we would rather have three keen first-year men than half-a-dozen 'Varsity athletes, because the former will train on and be a valuable asset to the Hospital for several years. But quite apart from distinction the younger student should join in for his own sake. He is at a stage of his curriculum when two afternoons a week can be devoted to games without the slightest inconvenience. (He will find that things are very different when he is dressing or clerking.) He will work better for his play, he will build up his constitution for the strenuous time in front of him, and he will be able to meet men in a way which is quite impossible in any other sphere. Even if he has not been good at games at school that is no excuse for failing to take advantage of his opportunities. He is offered a liberal choice, and the officials are anxious to meet him to give him a trial and subsequent opportunity to play regularly.

* * *

Although we have not been able to give any valuable hints in any direction, we are satisfied that we shall have done well if we persuade our freshmen to enter fully into the general life of the Hospital apart from their work. However keen and ambitious, the freshman need not imagine that the curriculum is so exacting that all his five years is to be composed of laborious days; he may work hard and still participate in the games and other delights he may feel disposed to scorn. We conclude with the heartiest wishes to all new Bart.'s men, and not only hope, but predict for all a profitable and pleasant career.

Obituary.

DR. GEE.

THE consulting physician whom we have just lost will always be remembered as an admirable teacher of clinical medicine, as a lucid lecturer, and as a physician of large experience, sound judgment, and wide reading, both in medicine and in English literature. He was born in 1839, received his medical education at University College, held a resident appointment there, and graduated M.D. in the University of London in 1865. In the same year he became a Member of the Royal College of Physicians, and was elected a Fellow in 1870. The Hospital for Sick Children in Great Ormond Street, where he became Assistant Physician in 1866, and St. Bartholomew's were the places of his public work, and he attained a large private practice. There chanced to be a vacancy at St. Bartholomew's, and in 1867 he was elected Assistant Physician (as the physicians in charge of out-patients were then called), and at once made his mark as a teacher. He was most punctual in his attendance, laborious in his examination of patients, and precise in his statement of the diagnosis and of the treatment. He was at that time much interested in the study of physical signs, and was admirable in his demonstration of them, but he neglected no part of medicine, and in all parts was equally clear and logical in the opinions he expressed.

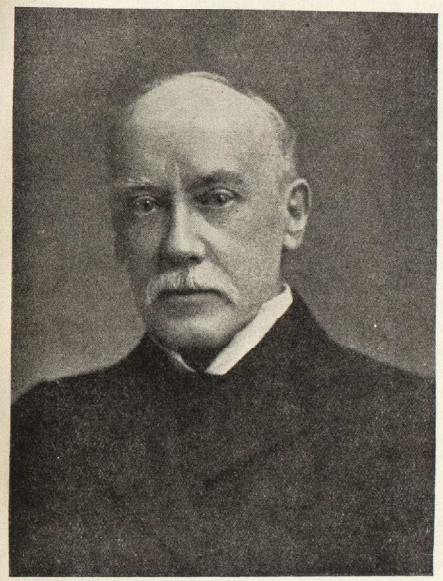
The results of his minute investigation of physical signs were set forth in his *Auscultation and Percussion*, a work equally useful to the student beginning his clinical work and to the experienced practitioner. He became Demonstrator of Morbid Anatomy in 1871, and his notes in the *Register of Complete Cases*, as the post-mortem books were officially designated, are models of what descriptions of post-mortem examinations should be. They were always written immediately after the autopsy.

From 1872 to 1878 he was lecturer on Pathological Anatomy, and in the latter year became Physician and Lecturer on the Principles and Practice of Medicine. He resigned this lectureship in 1893 and his physiciancy in 1904. He gave the Gulstonian lectures at the Royal College of Physicians in 1871, the Bradshaw lecture in 1892, and the Lumleian lectures in 1899 and was a Censor in 1893, 1894, and 1897. He was appointed Physician to the Prince of Wales in 1901.

He was married on December 7th, 1875, to Sarah, daughter of Emanuel Cooper, and Robert Bridges, the poet, acted as his best man at the wedding.

Such were the chief steps of his career. He made several valuable additions to the knowledge of medicine in Reynold's *System of Medicine*, the *St. Bartholomew's Hospital Reports*, and elsewhere. Of medical writers the one he most admired was Sydenham, and after him Richard Morton, the author of the *Phthisiologia* and the *Pyretologia*, was the English writer to whose works he had paid the closest attention. He was well read in most parts of the history of medicine. Milton was perhaps his favourite English poet, and he had read often both Cowley and Marvell and had not neglected Dryden. He often talked of Montaigne. He was inclined to prefer the prose of Milton and other writers of the seventeenth century to that of Addison and the eighteenth century, and traces of this taste are to be found in his own style.

He suffered "no cold gradations of decay," but died suddenly on the morning of August 3rd in what seems to have been an attack of angina pectoris. His obsequies were attended on August 8th by his daughter, his only surviving descendant, and a few relatives, by the President of the Royal College of Physicians, by Sir William Church, Bart., Sir Richard Douglas Powell, Bart., the senior physician and the senior surgeon of St. Bartholomew's, and Mr.



D'Arcy Power. Dr. Gee had often spoken with admiration of the Columbaria of ancient Rome, and his ashes were placed next those of his wife and daughter in the columbarium at Kensal Green Cemetery. NORMAN MOORE.

Dr. Samuel Gee: An Appreciation.

By HOWARD MARSH.

AT the end of my House-Surgeoncy at St. Bartholomew's Hospital in 1862, I was at once elected House-Surgeon, for six months, without a salary, at the Hospital for Sick Children in Great Ormond Street. This was the first hospital for children in England. It was established by Dr. Charles West in the house formerly occupied by Meade, Physician to Queen Anne, and whose name appears in Pope's line—"I'll do as Mead and Cheselden advise." The reputation of the Hospital was out of all proportion to its size, for it was a new departure, and it had a very able staff. And although creature comforts were on a very limited scale, and the House-Surgeon, like Burke, was condemned* to eat mutton cold, the appointment was eagerly sought. It had been recently held by Tom (afterwards Sir Thomas) Smith, and was now being evacuated by Gee. As I took a day or two off between packing up at St. Bartholomew's and appearing at Great Ormond Street, and as I was—quite unconsciously—detaining my predecessor, the Secretary wrote, asking me to come at my early convenience. I therefore went on the same afternoon. I found Gee sitting in his room, reading Milton's prose works. His manner was so formal and distant and so flavoured with stiff protest that the interview was somewhat strained; for as I had recently held the very superior office of House-Surgeon at St. Bartholomew's Hospital, I considered that I had a right to be annoyed, and I assumed a rather frigid and haughty demeanour. This was an odd beginning between two men who were, for the next half century, to constantly work together on terms of mutual confidence and ever-increasing regard and friendship. I remember, with great satisfaction, that when, as the result of very heavy losses on the medical side at St. Bartholomew's, including, in the course of a few years, Burrows, Jeaffreson, Martin, Baly, and Kirkes,† it was necessary to reinforce the staff from outside, I joined Tom Smith in bringing Gee forward. Happily he was elected. He soon, not being an Ethiopian, changed his skin, and became as loyal and true son of St. Bartholomew as if no alien blood had ever coursed along his veins. As a token of his gratitude to me for what I had done, he sent me Sir Astley Cooper's work on dislocations. In due time we became colleagues on the staff at Great Ormond Street, as we also were at St. Bartholomew's Hospital. The out-patient work at the Children's was very heavy. I used sometimes to see seventy new, with the large contingent of old cases, in the course of a morning, between nine and one o'clock; but our loyalty to the Hospital and our family friendship for each other made Tom Smith, Gee and me, and the rest of us, stick to our guns without a grumble.

Gee was always an interesting personality. Many thought that he was very shy—timid, that is, and distrustful of himself, and unwilling to come forward and play his part and claim his rights. This was not his attitude. It was not with him a question of coming forward, but of drawing back. He was fastidious, perhaps over-much so, and very sensitive, or even emotional; and there were many things which others accepted as matters of course from which his impulse was to recoil. Himself instinct with everything that was honourable and

* Except when he dined with Mead, who fared sumptuously every day and drove in a coach and four.

† Sir George Burrows retired, Jeaffreson died of typhus, Martin was incapacitated by a mental breakdown, Kirkes was carried off in four or five days by some acute infectious disease, the nature of which was never known, and Baly was killed by the overturning of the railway carriage in which he was travelling. How the carriage was upset was, so far as I can remember, never explained.

honest, an active hater and despiser of anything that was pushful, pretentious, or affected, or that was a veneer or a sham, he found so much going on around him which rubbed him the wrong way that he stepped back out of the crowd. We all know that the success of a man of very ordinary parts is often due to the fact that he makes himself all things to all men, and is a bit of an actor and not far from a humbug. Such characteristics offended Gee, and made him shrink away as if from a tainted smell. He had friends, but he was perhaps over-nice in his choice, and many people who were a fair average in a work-a-day world were, according to his standard, no better than black sheep. Sometimes he surprised me by vehemently denouncing some one, of whom I had my own opinion, but whom I was not prepared then and there to send to the scaffold or a dungeon. "Marsh," he would say, his eyes glowing with indignation and intense conviction, "that man is a scoundrel." This attitude was fostered by his habit of spending much of his leisure time in the company of the great minds of antiquity, with the Greek philosophers, always including Hippocrates, or with Marcus Aurelius or Milton, so that he was above the level of the competition and dusty turmoil of every-day life. He preferred a serener atmos here. As to this he pleased himself, but his best friends felt that he went to an extreme which probably caused him, and certainly caused others, much loss.

Although he was a scholar of no mean order he would be more accurately described as a student. His object was not to acquire knowledge for its own sake, or for any active use, but in order that he might hold, in their own tongue, converse with the great figures in literature with whose teaching he was in sympathy, and with whom he placed himself in the relation of a devout disciple to a master. It was Marcus Aurelius for whom he entertained the highest veneration, and whom he constantly read. He had a wide acquaintance with English literature, especially with our great essayists and the Elizabethan dramatists. In medicine he worshipped at the shrines of Hippocrates, Sydenham and Trousseau. He had a capacious and accurate memory, and the information at his disposal in many directions was remarkable. He was not a copious writer, but every page was, so to say, strong meat. Every word told, and no word was superfluous. He printed nothing till he had completely mastered his subject, and had clearly defined the essentials which, cutting away all padding, he set out in pure English with a rigid precision and conciseness—in short with a transparent simplicity—which I suppose is the perfection of style. I well remember his article early in the sixties on tuberculous meningitis in *Reynolds' System of Medicine* as a very fine piece of work, and is there anything in recent medical literature that in style is superior to his book on *Auscultation and Percussion?* This volume has, by common consent, been installed as a medical classic—a position which it is destined to hold for many a day alike as an example of good English, and as a record of the stage which knowledge had reached on the subject of which it treats towards the end of the nineteenth century.

Gee's rank as a physician may best be indicated by stating that what he said was accepted without question, or challenged only with serious misgiving, because it was known that his opinion rested on a long and earnest study of pathology, and a very wide clinical experience which he had made sound and critical by constant analysis and systematic arrangement; and because those who heard him discuss a case found that he could go beyond guessing and questionable assumptions, and give chapter and verse for everything he said. Unless he could do so, neither prayers nor tears nor any other force could get an opinion out of him. His motto on such occasions—surely with ample justification—was "wait and see." His lectures marked him as a great teacher, and were always listened to with close attention as the ripe words of wisdom, the more so because his language was not only clear and direct, but often epigrammatic and pungent, as readers of his aphorisms will be aware. In Gee's work there was no jerry-building, no skimping, and no rubble. He used only limestone, and seasoned oak, which was impervious to dry rot. As a clinical teacher he was one of the first of his day. It takes a student to teach students, and this he always was. Thus there was warm sympathy between him and his class; and he could add interest to every case by quoting similar instances from his past experience; or by stating where further information could be obtained; men were therefore fully aware that if they were not learning it was entirely their own fault.

He won the respect of his class by showing that he respected both his office and himself; and it would be instructive to have Sister Hope's impression of Dr. Gee as physician in her ward. He made few speeches, but he was a good speaker. He always had something sensible and interesting to say, and he always was clear and commendably brief.

This short appreciation of one of the most worthy men I have ever known would be even less complete than I have been able, at short notice, to make it if I did not refer to one of Gee's characteristics which only his intimates were aware of. He was a wag, with a keen sense of humour, and he said and did things which were very quaint and amusing. I remember that when I was House-Surgeon and he was Registrar at Great Ormond Street, he taught* a little boy of five to tell visitors to the ward what was the matter with him. Next day a lady said to the child: "Well, my little man, what have you got?" When he astounded her by

* Prompted, one can imagine, by the tone in which he heard some over-fine lady, at her first visit to so distressful a place as a hospital, inquire, with a mincing shudder, what terrible malady some patient (happily convalescent from a broken leg) was suffering from.

replying: "Hydronephrosis, from the Greek words *udor*, water; and *nephros*, the kidney." At Christmas time the nurses were provided with plum puddings, and one which was left over remained next day in the ward kitchen. This Gee secured, and when it had became hard and dry he gave it to a little rickety dwarf of three, with a large head and short and deformed arms, with whom he was constantly making fun. The child, in spite of the nurse's protests to Gee, kept the pudding in his bed for several days; and from time to time it fell on the floor, and rolled under the next bed, or some yards across the ward. That was in 1863: and times have changed.

I hope these reminiscences may not appear too trivial to be introduced when we are parting with a colleague for whom we all entertain feelings of such deep regard and respect, and whose character we hold in such high estimation; but as a part of the story of his life they should, I think, not be omitted.

The Chronicles of Christopher.

V. On Hygiene.

THE constant, monotonous and unrelieved contemplation of diseased humanity is liable to engender an undesirable morbidity in medical students, which I have always advised to be counteracted as much as possible by application to secu ar interests in their leisure hours. Accordingly as Philbrick and I lounged in the square at about 1.30 basking in the unaccustomed luxury of a half-holiday (our chief had abandoned his "full-day" for a professional visit into the country), we debated the rival attractions of a stroll up West, a visit to the Museum of the Royal College of Surgeons, and a matinée at the Gaiety.

The god out of the machine to decide our discussion turned out to be the then senior surgeon of the Hospital picking his way elegantly across the square to his wards, followed by his little band of zealots. With remarkably swift determination we agreed to take a bus-man's holiday and we joined his train.

We were charmed with our new friend. He had not the preciseness of our own chief, nor his wealth of anecdote and aphorism, but the practical aspect of all his teachings we very soon learnt to admire. He had shown us how to floor a malingering chauffeur; at my special request he had described in detail his method for performing an operation upon a region of the body for which he had acquired an international reputation; and then after gazing for some minutes apparently into space, he retired to the fire-place, as we had now discovered was his wont, and remained buried in reverie: we remained silent and at a respectful distance.

"Why does a bird go to sleep with its head under its wing?"

With this extraordinary and apparently irrelevant question the surgeon broke the silence.

As soon as we had recovered from our surprise we occupied ourselves in elaborating answers which should be satisfactory, or, failing that, specious. The big man in the Hawks' tie opened fire. He said that he had no doubt it adopted this precaution to keep its head warm. I did not like this explanation. I remembered that my maternal grandfather (he was not a doctor, but nevertheless a man of great sagacity) had very early in my life impressed upon me the importance of keeping your feet warm and your head cool in bed; and although avian requirements might not necessarily correspond to grand-paternal prejudices, I thought I was quite safe to demolish the hypothesis of the big man in the Hawks' tie. As an alternative I suggested that it was to keep out the light and not the cold, which determined the phenomenon to which Mr. Gruyps had referred. Other explanations given were so unsatisfactory that I need not mention them.

Mr. Gruyps smiled and nodded his head, but did not appear satisfied. "I was stimulated to ask that question by a contemplation of the baby asleep in the cot over there," he said at last. "You will observe that he has his little head tucked well in under the bed-clothes, quite apart from any prejudices which Sister or the nurses may have to the contrary. Regarding, I think legitimately, a baby as representing the human being as nearly as possible in the primitive animal condition, I am reminded that he is only following the lead of other animals in Nature—a bird when it sleeps tucks its head under its wing, a dog similarly stuffs its head between its hind-legs; and I think they all do so, not to keep the head warm, nor to exclude the light, but, being natural and sensible, to exclude the air.

"It has often seemed to me that our modern ideas of hygiene may not be directed along the right lines, may not be in the best interests of the race, and that some of our degeneracy may be a direct consequence of this mistake masquerading under the guise of science. Go into the country and you will find that in the bedrooms not only are the windows kept permanently fastened, but that if there is the smallest cranny through which air might pass it is stuffed up with an old stocking or something of the sort; in fact, every opening, hole, chink, cleft, or fissure which might admit air is rigidly occluded. And the inhabitants live to a good old age. You may remember that your grandparents (Was not this a poetic retort unconsciously applied to me?), wise in their generation, when they retired to rest not only bolted the door and windows, but pulled around themselves a pair of heavy curtains still further to exclude the air.

"We talk a lot about the value of fresh air and oxygen, but what does it mean? You sleep at night with windows wide open and you wake up fresh and think you must be better; but are you better? You take some champagne and it bucks you up, but actually you are no better for it.

In the daytime, breathe in all the air you can, but at night let your metabolism be slowed down by excluding the oxygen which is burning you up, and you may thus have many more years of life—but you mustn't tell your examiners all this."

"Mr. Gruyps, Mr. Gruyps," I cried, "but we keep consumptives perpetually in the open air; we hope by this means to combat the fell disease. How does this consort with your theory?"

He turned upon me like a flash, but he replied very slowly, "I am no monster," said he, "nor have I any desire to appear as such; but does it not appeal to you that the phthisical may be undesirable members of the community, and we adopt this means to exterminate them?"

I was beaten, but I had one shaft left. "Mr. Gruyps," I asked, "do *you* sleep with your windows open?"

His lips trembled for a moment, but he did not speak. He smiled what might be termed a cryptic smile—and passed on.

The Clubs.

CRICKET SEASON, 1911.

Another cricket season has come to a close all too soon, and though the losses just exceed the wins, 1911 has been fairly successful. It was most unfortunate that our best XI could not play regularly this year owing to the pressure of work and various examinations, and though good substitutes were obtained the team of necessity was always being changed. For the cup-tie in the first round against the London Hospital at Honor Oak, we were able to put our strongest XI in the field, and should probably have won if time had permitted as we only required 27 runs to win with three wickets in hand. Two changes were necessary in the replay at Winchmore Hill, Messrs. Bower and Norman being unable to play, their places being taken by Messrs. Osmond and Williams. This game we unfortunately lost, for after dismissing our opponents for 157 our batting suddenly collapsed, and we were all dismissed for 101.

We do not seem to be able to do ourselves justice in important matches.

The second annual cricket week was somewhat spoilt by the weather and the Coronation festivities. The Past *v.* Present match, however, was a great success, but it is a great pity to see the lack of keenness displayed by the Past members to turn out to play in this match. The difficulty of raising a team increases each year. One cannot say that that *esprit de corps* which Bart.'s is supposed to give to us all is strikingly shown in the one really festive fixture of the year.

E. M. Grace and A. G. Turner were the most consistent run getters during the season. A. J. Waugh was not in such good form with the bat, but has improved wonderfully as a bowler; perhaps it is a pity he did not put himself on to bowl more often. N. F. Norman, after last year's brilliant batting, was distinctly disappointing, although he and R. M. Barrow were not able to play often, owing to exams.

We again felt the lack of a good fast bowler, the weather conditions being extremely good and wickets proving fast and true as a general rule.

The Freshers, with the exception of Brash, were not very successful, though their fielding was excellent. R. H. Williams in particular distinguished himself with the gloves.

Appended is list of batting and bowling averages:

Matches played, 17; won, 6; lost, 7; drawn, 4. Runs for, 3049 for 157 wickets; runs against, 3227 for 156 wickets.

BATTING AVERAGES.

Name.	No. of innings.	Times not out.	Most in innings.	Runs.	Average.
(1) E. M. Grace	12	2	82	373	37·3
(2) A. G. Turner	15	0	70	453	30·2
(3) A. J. Waugh	12	1	110*	316	28·7
(4) R. T. Vivian	11	1	58*	231	23·1
(5) E. Brash	13	0	59	244	18·8
(6) R. M. Barrow	6	0	46	112	18·7
(7) N. F. Norman	7	0	48	122	17·4
(8) C. R. Taylor	6	2	20*	68	17·0
(9) R. H. Williams	12	1	39	172	15·6
(10) R. O. Bridgman	10	4	23	72	12·0
(11) T. Owen	6	1	42	51	10·2
(12) P. A. With	5	0	40	51	10·2
(13) H. J. Bower	5	1	31*	38	9·5
(14) W. Spackman	6	1	24	43	8·6
(15) E. G. Dingley	14	0	20	78	5·6

Messrs. W. A. Pocock, 23*, 9, 32*, 1, F. H. Robbins, 0, 9, 27, 3, T. E. Osmond, 9, 3, W. B. Alcock, 5, 15, 30, 0, also batted.

* Signifies not out.

BOWLING AVERAGES.

	Overs.	Maidens.	Runs.	Wickets.	Average.
A. J. Waugh	124	29	348	37	9·4
H. J. Bower	36	2	143	13	11
E. M. Grace	154	17	693	36	19·2
A. G. Turner	161	33	533	26	20·5
R. O. Bridgman	161	22	536	19	28·2
T. Owen	37	7	157	5	31·4

Messrs. N. F. Norman and C. R. Taylor also bowled.

RUGBY FOOTBALL PROSPECTS.

There are many gaps to be filled up in the XV which failed in the semi-final of the Inter-Hospital Cup last year, and so far as is known at present there are no freshmen of outstanding merit to call upon. Trial games, however, which have yet to be played, may discover new talent. In the pack we shall miss Evans, last year's captain, but shall have an energetic leader in Ferguson. Van Schalkwijk has also left us, but on the other hand it is hoped that Adams and Brewitt, who were kept out of the cup ties by injuries last year, will be able to play regularly. These two, with six of last year's forwards, including Fiddian, who played so consistently well throughout last season, should make a useful pack even if no freshmen compel recognition. Mudge has the makings of a good forward if he can bring his scrum work up to the standard of his play in the loose.

We hope great things of our halves, who gave such fine displays on several occasions last year. Robbins' first failing, when a little off his form, is a tendency to fumble in getting the ball away, but at his best he is very good and a match for anyone. Williams, with increasing power and pace, should make a brilliant stand-off half. Pocock and Bower will be the nucleus of our three-quarter line. Lack of condition or practice first shows itself in these two in the matter of giving and taking passes, but fed by Robbins and Williams they are good for any number of tries. New blood is badly wanted for the other two places in the three-quarter line. No one in last year's second team without great improvement can hope adequately to fill a place. At full back Beyers, if his knee is sound, will be a great source of strength.

The fixture list is rather stronger this year, and includes a match with Cambridge University at Cambridge, which, it is hoped, will be the first of a series. We hope to have a season as successful as last year's, but with better luck as regards the Cup.

The 1st and 2nd XV's play on Saturdays and a strong "A" XV on Wednesdays.

1st XV.—Captain, A. Ferguson; Vice-Captain, J. V. Fiddian Hon. Sec., H. J. Bower.

2nd XV.—Captain, G. H. Letchworth; Hon. Sec., F. H. L Cunningham.

Appended is list of 1st XV fixtures for season 1911–12:

Date.	Opponents.	Ground.
1911.		
Oct. 14	London Irish	Home.
„ 21	Old Blues	Away.
„ 28	U.C.S. Old Boys	Home.
Nov. 4	Coventry	Away.
„ 11	Bedford	„
„ 18	Old Whitgiftians	Home.

Date.	Opponents.	Ground.
Nov. 25	Old Alleynians	Away.
„ 29	R.N.C. Greenwich	„
Dec. 2	Beckenham	Home.
„ 9	Stratford-on-Avon	Away.
„ 16	Rugby	„
1912.		
Jan. 6	Old Blues	Home.
„ 20	England *v.* Wales	Twickenham.
„ 24	Cambridge U.	Away.
„ 27	Old Leysians	„
„ 31	R.N.C. Greenwich	Home.
Feb. 3	Old Millhillians	„
„ 10	O.M.T.	Away.
„ 17	Rosslyn Park	Home.
„ 24	Trojans	Away.
Mar. 16	London Welsh	„

ASSOCIATION FOOTBALL CLUB.

The prospects of the Soccer club for the coming season appear to be excellent, as practically the same team which carried the Hospital through three cup-ties last spring will be available. All the members of last year's defence will be able to turn out again, but the forward line will have one or two vacancies.

It is very unfortunate that we shall be without the services of R. M. Barrow, who was elected captain again for the ensuing year. He has taken a house-appointment elsewhere. The absence of such an energetic leader will be a serious loss to the team.

The 2nd XI would be a good side, but hitherto they have been unfortunate in being unable to get together a regular team.

It is hoped that the presence of three cups on the Library table will induce more men to frequent the touch-line, as in some matches last year it was difficult to obtain even a "linesman."

Captain, not elected. Hon. Secs. { J. W. Stretton. C. R. Taylor.

Appended is list of fixtures for Season 1911–12:

Date.	Opponents.	Ground.
1911.		
Oct.—Sat., 7	Practice Game	Winchmore Hill.
„ „ 14	Old Berkhamstedians	„
„ „ 21	Clapham Rovers	„
„ „ 28	Eversleigh F.C.	„
Nov. „ 4	Aquarius F.C.	„
„ „ 11	Old Westminsters	„
„ „ 18	Casuals	„
„ „ 25	The Foxes	„
Dec. „ 2	Brighton College	Brighton.
„ „ 9	R.M.C., Camberley	Sandhurst.
„ „ 16	Highgate F.C.	Winchmore Hill
1912.		
Jan.—Sat., 6	London Scottish	Wembley Park.
„ „ 13	Ealing F.C.	Winchmore Hill.
„ „ 20	Barnet Old Elizabethans	„
„ „ 27	Emeriti F.C.	„
Feb. „ 3	Wellingboro' Masters	Wellingboro'.
„ „ 10	R.M.A., Woolwich	Woolwich.
„ „ 24	Hampstead F.C.	Winchmore Hill.
Mar. „ 9	Brentwood Rovers F.C.	„
„ „ 16	Casuals	„
„ „ 23	London Scottish	„
„ „ 30	Old Bradford Boys	„

HOCKEY.

A good list of fixtures including several new matches has been arranged for the coming season; East Sheen and Royal Engineers may especially be expected to give us good games. The team will be very much the same as last year with the exception of the forward line, which at present looks like being our weakest point. We hear a goal-keeper is coming up and he will be welcomed, as it is a difficult place to fill, and if we can get two or three forwards who will play regularly we hope to keep up the record of last season, in which we only lost one match after the middle of November.

All freshmen who play should tell the Secretary as soon as possible, and as there will be a practice game at the beginning of the season everyone will get a trial, and those who are not up to the 1st XI will find the 2nd a no less sporting team.

1st XI.—Captain, C. J. Nicholson.

1st XI.—Secretary, J. Ackland.

2nd XI.—Captain and Secretary, S. R. E. Davies.

Date.	Opponents.	Ground.
1911.		
Oct. 7	Broxbourne	Away
„ 14	London Hospital	„
„ 18	Royal Engineers	Home
„ 21	St. Albans	„
„ 28	Malden	Away
Nov. 1	R.N.C.	Home
„ 4	Watford	„
„ 8	Woolwich Garrison	Away
„ 11	H.A.C.	Home
„ 15	Aldershot Command	Away
„ 18	Berkshire Gentlemen	„
„ 29	Philistines	Home
Dec. 2	Merton Park	Away
„ 6	Royal Engineers	„
„ 9	Old Quintinians	Home
„ 16	Old Augustinians	Away
1912.		
Jan. 10	Woolwich Garrison	Home
„ 13	East Sheen	Away
„ 17	R.N.C.	„
„ 20	Broxbourne	Home
„ 24	Aldershot Command	„
„ 27	Old Augustinians	„
„ 31	Royal Masonic School	Away
Feb. 7	H.A.C.	„
„ 10	Hendon	„
„ 14	London Hospital	Home
„ 17	Malden	„
„ 24	St. Albans	Away
Mar. 2	Old Quintinians	„
„ 6	Philistines	Home

BOXING CLUB.

It is hoped that the Boxing Club will be carried on with the same keenness as last year.

Owing to the lack of interest in this club, the grant given by the Students' Union towards expenses was withdrawn, but last year's keenness was appreciated and the club will again be helped financially.

Practice takes place in the Old Surgery, and an instructor is in attendance.

Hon. Sec., R. E. S. Waddington.

* * *

It is earnestly hoped that all freshmen who are interested in any of the above sports will give their names as soon as possible to the respective club Captains or Secretaries. P. U. M.

Obituary.

C. W. LOW, M.B.Durh., D.P.H.

DR. C. W. Low died on August 9th, at the age of 50. He had been ill for nearly two years. After spending four or five years in the P. and O. service he set up in practice in Stowmarket. He interested himself chiefly in public health work and was M.O.H. It is interesting to record that he was one of the first to take the D.P.H. of the Conjoint Board.

Outside his work Dr. Low was a keen archæologist, and gave several unique earthenware specimens, he had himself discovered in the neighbourhood of Stowmarket, to the British Museum.

ALLAN STANLEY COALBANK.

To those of us who were at the Hospital at the end of last month, and who saw him in the pride of youth and health only a few days before, the news of the tragic death of Allan Coalbank in a motor-cycle accident was indescribably terrible; and even to those of his friends who will now hear of it for the first time it must come as a great shock. And yet, however deplorable and pathetic, somehow a violent death in the pursuit of excitement seems characteristic of one who was above all things distinguished by his passion for sport, and absolute fearlessness.

Allan Coalbank was born at Teddington in 1890. His father and elder brother were both St. Bartholomew's men. He was educated at Eastman's Naval School, Winchester, and was intended for the Navy, but his position on the pass list of the examination was just below the number of vacancies. He entered the Hospital in 1907, and passed every examination in the minimum time, so that he would have been qualified next year at the early age of twenty-two.

He was so well known and popular that it is supererogatory to refer to his athletic powers, but although there was no branch of sport in which he did not compete and in which he did not excel, it was particularly in golf that he was distinguished: he was secretary of the Hospital Golf Club, and a scratch player, a distinction which speaks for itself. It was reserved, however, for those who knew him more intimately to realise that he possessed considerable mental ability: he learnt everything he attempted easily and well. He had all the characteristics which make for a successful medical man—untiring perseverance, superb presence of mind, and determination were particularly well developed. We grieve for the loss of a young, valuable, and very promising life, but our deepest sympathy goes out to the bereaved home at Teddington.

Review.

DISEASES OF THE SKIN. By J. H. SEQUEIRA, M.D.(Lond.), F.R.C.P. (Lond.), F.R.C.S.(Eng.). Pp. 539, with 44 plates in colour, and 179 other illustrations. (London: J. & A. Churchill, 1911.) 25s. net.

This volume is eminently a "text-book," not a "treatise," upon skin disease. The distinction which we mean to draw between the two terms is, that while a treatise should include an exhaustive account of all the manifestations of skin disease, and is really a book of reference, the function of a text-book is to give the essentials necessary for a student, leaving details to be filled in by further research into current literature. A text-book is, or should be, the work of a single individual; a treatise is beyond the powers of any unaided intellect. As a text-book, the present work is undoubtedly good; it puts before us in an authoritative manner the principles and practice of modern British dermatology, and has the merit of being brought up to date as nearly as is possible for a book of its size. Any student or practitioner who will take the trouble thoroughly to digest its contents will acquire a knowledge of dermatology as adequate and as sound as he needs, perhaps sounder than that of many a professed specialist in the subject. Like many other good text-books, the one before us has been built up out of lectures delivered to students, and it bears the impress of the teaching spirit on every page. It is clear, and dogmatic where possible, but judicial in tone; it is perfectly fair to contending schools of thought. Sparing of verbiage Dr Sequeira has compressed an enormous amount of information into his 539 pages, with a minimum of useless theoretical discussion. Unlike most writers he has made no favourites among the diseases; each has been given its fair share of space, with perhaps the possible exceptions of the *lichen urticatus of infants* and *psoriasis*. Both of these are exceedingly common and important, and might with advantage have been given rather more attention. The classification adopted has been, as is stated in the preface, ætiological where possible, morphological where the evidence of ætiology is insufficient. Some little cross-classification has resulted, but it is difficult to cavil at that in a dermatological work, for diseases of the skin probably are more difficult to arrange than those of any other part of the body. We may, however, be pardoned for inquiring why *molluscum contagiosum*, which is surely a locally inoculable eruption, should be placed among tumours of the skin, and *xanthoma diabeticorum* in the same category, although clearly toxic in origin. Again, *Dermatitis papillaris capillitii* and *folliculitis decalvans* are placed among microbic diseases, although their cause is unknown, and not in the chapter on diseases of the hair.

At the present time one is naturally particularly interested to see how the subject of syphilis has been dealt with, and here one finds it adequately treated. In addition to a full description of the various rashes, etc., there is a clear account of the Wassermann reaction. [We may note that in the London Hospital they do not coquette with any of the numerous modifications or simplifications.] The subject of mercurial treatment is thoroughly dealt with, and there is also a good description of treatment with "salvarsan" or "606." Dr. Sequeira has had more experience with salvarsan (with which he is favourably impressed) than most English observers, and it here may be not inappropriate to congratulate him upon the opportunities he enjoys, owing to his control of a fairly adequate number of beds (we understand fifteen), and to his possession of a house-physician of his own. It must, indeed, be difficult without these advantages to make much real progress in dermatological treatment. Nevertheless, we believe that the London Hospital is the only general hospital in London which makes anything approaching to a proper provision for its skin department.

The illustrations in this book form a unique feature. It is the first dermatological text-book to be illustrated with colour photographs, and these (by Dr. Moritz) are of a quality beyond all praise. The other photographs are extremely clear and good. Ordinary photographs of skin cases are always of great value to the original observer, for they form for him the best possible note of the case, but too often they are useless to others in that the colour-values are so erroneous that it would be impossible to diagnose the eruption from inspection of the photograph. In this work, however, we believe that a student could recognise other cases from inspection of the coloured plates. Two of the best are Plate II, *Tinea versicolar* (a most difficult subject), and Plate XIV, *follicular impetigo*.

The literary style of the book is clear and unpretentious. There are, however, occasional lapses. On p. 354 "is so common that very few children do not suffer from it" is clumsy. On p. 365 "the patient had no cord or other obvious nervous disease" is not exactly elegant. On p. 382 the sentence "Ichthyol and salicylic acid . . . are one commonly used" is mere bad grammar. Why is "angeioma" always spelt "angioma"? Of misprints there are a few: on p. 481, "pruritis" for "pruritus," and p. 520, "poster" for "plaster," we have detected; also p. 383, "Bourbuoule" for "Bourboule" (twice).

Much is added to the value of the work by the references given at the end of each disease-description. Dr. Adamson's name is frequently to be found in these; but, indeed, it would be difficult to write a book of any value upon skins without referring to him, and we think that in one place in particular he should have been mentioned, although he is not, that is, in the description of 5-exposure method of X-raying ringworm of the scalp. This method was discovered by Dr. Adamson quite independently of Kienbock (although he found on investigation that Kienbock had previously described the same or a similar method), and it is entirely due to Dr. Adamson's work that this method is now almost universally adopted in England, and that Sabouraud (who acknowledges his indebtedness to Dr. Adamson) employs it in his own clinic in Paris.

As regards the general get-up of the book, the only criticism we would make is that the binding is not adequate to the weight of the volume, which is necessarily heavy owing to the lead-glazed paper. On the other hand, the lead-glazed paper is necessary in order to obtain good definition for the illustrations. We would therefore suggest to the publishers that in the next edition—and we feel confident that there will be many more editions—a stronger binding should be provided. The book-marker, thoughtfully provided, is a great convenience.

Our very last word is to congratulate Dr. Sequeira, the London Hospital, the publishers, Dr. Moritz, and all concerned in the production of the best English work on skins since . . . well, since many a long day.

[A number of reviews are unavoidably omitted through pressure of space, and will be included later.]

Correspondence.

LATERAL LITHOTOMY.

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

DEAR SIR,—It is with considerable hesitation that I venture to criticise Dr. Maxwell's eloquent advocacy published in your last issue for the lateral perinæal operation for vesical calculus; but I think it is not an article to pass unchallenged, for in some respects it is misleading.

The advantages gained for the lateral over the supra-pubic operation are speed, freedom from danger, good drainage, rapid convalescence, and the relatively small amount of nursing required. These are based on the supposition that in supra-pubic lithotomy (though acknowledged as the ideal) the bladder is not sewn up, but is drained, and continues to drain above the pubes, an uncomfortable condition which requires careful and constant nursing. This I believe, in the majority of cases, to be quite unnecessary, for, unless badly infected, the bladder can be sewn up completely, the wound heals by first intention, the patient requires but little nursing, and the convalescence is very rapid. The only real advantage that can be claimed for the lateral operation is that it gives better drainage; but then, how seldom, in our practice at any rate, is that required? It would appear, however, from the context of the article, that such is not the case in Formosa, and therein most likely lies the reason for the difference of opinion between Dr. Maxwell and English surgeons.

It must be remembered that in a country like Formosa patients do not present themselves for treatment anything like so early as with us. Doctors and hospitals are few and far between, the confidence in surgical operations is not so well established, and the consequence is that a patient suffering from a vesical calculus may go a long time before making a decision to seek relief, and therefore the incidence of complicating cystitis is probably much higher.

In all countries with advancing civilisation conditions are rapidly changing, and concurrently the character and frequency of different operations change. Many instances could be cited, *e.g.* the diminution in the number of cases of strangulated hernia, but one of the most striking is the rapid disappearance during the last twenty years of the cases of osteomyelitis and necrosis of bone that used to fill the wards of our hospitals. Earlier diagnosis and better treatment, that is to say, a higher state of civilisation, accounts for the change.

I would like, therefore, to maintain that though, owing to prevailing conditions, lateral lithotomy may be, and probably is, the most useful operation for vesical calculus in the Formosa of to-day, it is not the same in England.

I am, yours truly,

September, 1911. GEO. E. GASK.

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

DEAR SIR,—I have read with much interest my friend Dr. Maxwell's article on "lateral lithotomy," on which you invite discussion. Dr. Maxwell's success with the lateral operation would tempt me to abandon the supra-pubic operation in its favour had I met with or observed in the practice of others the relative disadvantages claimed against the supra-pubic method.

Dr. Maxwell and I are agreed in advising the supra-pubic operation for small children and large stones, and, I would add, in cases with large prostates.

For small and moderate-sized stones he prefers the lateral operation, and gives an excellent series of results by this method.

I would raise the question whether his results would not have been equally good if he had employed lithotrity in the majority of his cases. The patients would have been spared the discomforts of an urinary perinæal wound, and have avoided the risks of injury to the ejaculatory ducts, and possible sterility. Dr. Maxwell is an expert surgeon, and makes light of the dangers attaching to the lateral operation. The late Sir Thomas Smith had a reputation unsurpassed as a lateral lithotomist, yet I think I am correct in stating that he abandoned the lateral operation in favour of the supra-pubic or lithotrity.

The only lateral lithotrity that I have had an opportunity of seeing and following up was performed by an experienced lithotomist (not from Bart.'s). In that case fæces were discharged through the perinæal wound for quite a long time.

All will admit that lithotrity is unsuitable in some cases, even when the stone is not a large one, owing either to a sacculated and atonic bladder, severe cystitis, or excessive enlargement of the prostate.

When lithotrity is unsuitable, the practice in this country at the present time is to perform the supra-pubic operation. In these cases (excluding small children, large stones, and large prostates) Dr. Maxwell has made out a good case for the lateral operation.

Some of the grounds on which he bases his argument cannot well be disputed, viz. greater rapidity and better drainage.

To make his case complete, it is necessary to establish for the operation that it is both easier and less dangerous.

The easiness of an operation must chiefly depend on the experience and skill of the individual. Dr. Maxwell, while making light of opening the bladder by means of a blind incision in close proximity to the ejaculatory ducts, hesitates to practice lithotrity without a larger field at his disposal, and seems to me to exaggerate the dangers of the supra-pubic method. I think that the bladder is more often closed (with a drain down to the bladder) than he supposes, and that the average period of convalescence would not compare unfavourably with the results of his lateral operation (of which I have had no experience).

No doubt the lateral operation as performed in the present day produces far better results than it did twenty-five years ago, and it may be that it deserves a new lease of life. I for one am very grateful to an old colleague on the resident staff for his suggestive paper, and congratulate him on his very successful cases.

Yours truly,

C. GORDON WATSON.

Royal Naval Medical Service.

The following appointments have been notified since July 20th, 1911:

Fleet-Surgeon F. J. Dalton to the "Prince George," to date August 1st, 1911.

Staff-Surgeon E. S. Wilkinson to Royal Marine Depôt, Chatham, to date August 22nd, 1911.

Staff-Surgeon E. Folliott to the "Amethyst," on re-commissioning, undated.

Surgeon C. Willes to the "Glory," to date August 9th, 1911.

Fleet-Surgeon J. H. Pead to the "Cumberland" to date September 5th, 1911.

Staff-Surgeons E. Folliott and L. Morris to the "President," additional, for Civil Hospital Course; to join R.N. College, October 2nd, 1911.

Royal Army Medical Corps.

Gazette announcements:

Lieut.-Col. F. H. Treherne, from the R.A.M.C., to be Colonel Army Medical Service, June 21st, 1911.

Lieut.-Col. J. R. Forrest retires on retired pay, June 21st, 1911. His war service is: Sudan Expedition, 1885 (Suakin), medal with clasp, bronze star; N.W. Frontier Expedition 1897 (Tirah), medal, two clasps.

Lieut. E. G. S. Cane has been confirmed in that rank, July 28th, 1911.

At the recent examination for Commissions in the Corps the following were successful: R. T. Vivian, T. E. Osmond, E. B. Allnutt, M. Drummond.

At the conclusion of the Senior Course at the Royal Army Medical College Captains R. L. V. Foster and R. C. Wilmot have been posted to the Southern Command and Captain M. F. Grant to Aldershot.

Lieut. G. H. Dive has obtained the M.R.C.P.Lond. and D.P.H. Oxon.

Indian Medical Service.

The following Majors of the Indian Medical Service have been promoted to Lieutenant-Colonel: B. C. Oldham, R. Bird.

The following Captains have been promoted to Major: D. H. F. Cowin, E. A. C. Matthews, the latter receiving six months' accelerated promotion.

Appointments.

ALLNUTT, E. B., M.R.C.S., L.R.C.P., appointed House-physician to the Westminster Hospital.

* * *

BAINBRIDGE, F. A., M.D., D.P.H.(Cantab.), F.R.C.P.(Lond.), appointed Professor of Physiology at the University of Durham College of Medicine, Newcastle-on-Tyne.

* * *

BUTLER, T. HARRISON, M.D., B.Ch.(Oxon.), M.R.C.S., L.R.C.P., appointed School Oculist to the Coventry Education Committee.

* * *

DUPRÉ, W. H., M.R.C.S., L.R.C.P., House-Surgeon Kent and Canterbury Hospital, Canterbury.

* * *

GILLIES, H. D., F.R.C.S., appointed Surgeon to Throat, Nose and Ear Department, Prince of Wales's Hospital, Tottenham.

* * *

GLENNY, E. T., M.B., B.S.Lond., Visiting Medical Officer to the Ferrobamba Mining Co., Apurimac, Peru.

* * *

GRIFFIN, F. W. W., M.A., M.B., B.C.(Cantab.) M.R.C.S., L.R.C.P., appointed Medical Officer to the Fulham Anti-Tuberculosis Dispensary, opening in November.

* * *

TREMBLE, J., M.B., B.S.(Lond.), appointed Surgeon to SS. "Inchanga."

* * *

WHITE, E., M.B., B.S.Lond., House-Physician Essex County Hospital, Colchester.

* * *

WILLIAMS, H. O., M.B., B.S.(Lond.), D.P.H., appointed Medical Officer of Health and School Medical Officer to the county of Pembroke.

* * *

WILLIS-BUND, H., M.R.C.S., L.R.C.P., appointed Medical Officer to the Plus Central Hospital (Para Rubber Plantations).

A large number of new addresses will appear in our next issue.

Births.

BELL.—On July 28th, at 41, Goldington Road, Bedford, the wife of Victor S. A. Bell, M.R.C.S., L.R.C.P., of a son.

BOTT.—At Quetta, on July 28th, the wife of Capt. R. H. Bott, M.B., F.R.C.S., I.M.S., of a daughter.

BUTT.—On August 31st, at Randfontein, Transvaal, the wife of H. T. Hayward Butt, M.B., M.R.C.S., L.R.C.P., of a son.

FOX.—On July 11th, at Woolston Lodge, Woolston, Hants, the wife of E. H. B. Fox, M.R.C.S., L.R.C.P., of a daughter.

GIUSEPPI.—On September 24th, at Felixstowe, the wife of Paul L. Giuseppi, M.D.(Lond.), F.R.C.S.(Eng.), of a son.

LADELL.—On August 9th, at 20, York Place, Brighton, the wife of E. W. J. Ladell, M.B., of a son.

LOCKWOOD.—On August 8th, 1911, at 19, Upper Berkeley Street, Portman Square, W., to Charles Barrett and Edie Lockwood—a daughter (Beryl).

PAGET.—On September 20th, at Waddon Bridge House, Croydon, the wife of Walter Gray Paget, M.R.C.S., L.R.C.P.(Lond.), of a son. Australian papers please copy.

PAIN.—On the 13th inst., at Montagu House, Leatherhead, the wife of Basil H. Pain, M.B., M.R.C.S., of a daughter.

PICKERING.—On July 30th, at 30, Park Road, Wellingborough, the wife of William Cooper Pickering, M.B., B.S.(Lond.), of a daughter.

TEICHMANN.—On August 14th, at Sitka, Chislehurst, Kent, the wife of Oskar Teichmann, M.A., M.R.C.S., L.R.C.P., Aldermaston, Berks, of a son.

Marriages.

DICK—DUKE.—On August 30th, at St. Andrew's Church, Muswell-hill, by the Rev. Frederick Relton, of St. Andrew's Church, Stoke Newington, John Lawson Dick, M.D., F.R.C.S., of Stamford-hill, to Nora Winiefred, youngest daughter of Mrs. Duke, of 47, The Avenue, Muswell-hill, and the late Captain W. E. Duke of Stamford-hill.

JORDAN BRUMLEU.—On July 12th, at Holy Trinity Church, Sidcup, by the Rev. J. Foster Lepine, Alfred Charles Jordan, M.D., of 14, Weymouth Street, W., third son of the late Albert Jordan, of Bowden, Cheshire, to Christina, third daughter of the late Charles Brumleu, of Moesbank, Sidcup.

Death.

YOUNG.—On August 12th, 1911, after operation for appendicitis, at Atherstone, Warwickshire, Charles Albert Young, B.A.Cantab., M.R.C.S., L.R.C.P., only son of the late Charles Young, Esq., and Mrs. Young, of Hertford, aged 46.

Acknowledgments.

The Practitioner, The Journal of Laryngology, Rhinology, and Otology (2), *The British Journal of Nursing* (4), *The Nursing Times* (4), *St. Bartholomew's Hospital Nurses' League News, l'Echo Médical du Nord* (2), *Giornale Reale Società Italiana d'Igiene, The Medical Review, Guy's Hospital Gazette* (2), *The Stethoscope.*

NOTICE.

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

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

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

A Cover for 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. XIX.—No. 2.] NOVEMBER, 1911. [PRICE SIXPENCE.

St. Bartholomew's Hospital Journal.

NOVEMBER 1st, 1911.

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

Calendar.

Thurs., Nov. 2.—Primary F.R.C.S. Examination begins. Abernethian Society: "Nurse." H. S. Crichton Starkey, M.B.
Fri., ,, 3.—Dr. West and Sir A. Bowlby on duty. Clinical Medicine. 12.45. Dr. Tooth.
Mon., ,, 6.—Special Lecture. 12.45. Dr. Fletcher.
Tues., ,, 7.—Dr. Ormerod and Mr. Lockwood on duty.
Wed., ,, 8.—Clinical Surgery. 12.45. Mr. D'Arcy Power.
Thurs., ,, 9.—Abernethian Society: "Ultra-Microscopic Organisms in Disease." E. A. Cockayne, M.B.
Fri., ,, 10.—Dr. Herringham and Mr. D'Arcy Power on duty. Clinical Medicine. Dr. Norman Moore.
Mon., ,, 13.—Special Lecture. 12.45. Mr. Harmer.
Tues., ,, 14.—Dr. Tooth and Mr. Waring on duty.
Wed., ,, 15.—Clinical Surgery. 12.45. Mr. D'Arcy Power.
Thurs., ,, 16.—Abernethian Society: Clinical Evening. Final F.R.C.S. Examination begins.
Fri., ,, 17.—Dr. Norman Moore and Mr. Bruce Clarke on duty. Clinical Medicine. 12.45. Dr. West.
Mon., ,, 20.—Special Lecture. 12.45. Dr. Lewis Jones.
Tues., ,, 21.—Dr. West and Sir A. Bowlby on duty.
Wed., ,, 22.—Clinical Surgery. 12.45. Mr. Waring.
Thurs., ,, 23.—Abernethian Society: "Variations in Power of Self control in Children." A. W. D. Coventon, B.C. Examination for D.P.H. Oxford begins.
Fri., ,, 24.—Dr. Ormerod and Mr. Lockwood on duty. Clinical Medicine. 12.45. Dr. Ormerod.
Mon., ,, 27.—Special Lecture. 12.45. Mr. Eccles.
Tues., ,, 28.—Dr. Herringham and Mr. D'Arcy Power on duty.
Wed., ,, 29.—Clinical Surgery. 12.45. Mr. Waring.
Thurs., ,, 30.—Abernethian Society: "Rectal Feeding and Special Forms of Nutrition." W. Langdon Brown, M.D.

Editorial Notes.

AS becomes a youthful journal we have been properly modest during the congratulations on our last number which have been showered upon us. We have been content to blush neither with pride nor vanity, fully conscious that the credit was due to those gentlemen who generously did their best in the Hospital's service. But there is a limit even to modesty, and one compliment cannot pass. Our eminent contemporary, the *Lancet*, in a leader (never was such fame expected!) commends the JOURNAL and refers to us as "our admirable contemporary."

* * *

THE Abernethian Society has opened a fine programme with a powerful inauguration. At the first ordinary meeting Dr. Horder delighted a large audience with his paper, "Obsessions in Medicine." His previous papers had aroused in all a keen feeling of anticipation, and his subject gave him an opportunity to be at his best, which, in the case of Dr. Horder, is saying a very great deal.

Dr. Horder reminded us that heterodoxy, which is not only permissible but may even be profitable in business and in other professions, is in medicine a highly dangerous experiment; for in science there is no room for the wonderful and mystic, but progress must be gradual and not by leaps and bounds. It is a universal experience that one's education involves the passage through a number of phases, and Dr. Horder's conception of an obsession is the process of stopping at one of these: an obsession, therefore, is an arrest in development. Ripple after ripple of laughter punctuated Dr. Horder's description of various obsessionists as his audience identified them with easily recognised celebrities. The surgeon, the physician, the specialist, the pathologist, and the pharmacologist were all exhibited in turn; there was no favour nor impartiality, and so nobody was offended.

* * *

BUT, undoubtedly, Dr. Horder displayed the richest gems of his treasury of satire when he dealt with dietetics, the subject *par excellence* for the obsessionist. Nowadays, it is interesting to reflect upon the pathetic faith which the community in general and the profession in particular attribute to some foodstuff or its patent equivalent, the absence or the presence of which is either a panacea or the cause of every ill as the case may be.

We have had the vogue of the Fletcherites who masticate their milk; of the Chittendenites who weigh their food and presumably live in a weighing-machine; and of the Salisburyites who pin their faith to raw minced beef. Then there have been the fruitarians, the nutarians, and all sorts of other varieties of the worshippers of vegetarianism. At some time or another the field has been held by apples, salads, wholemeal or "Standard" bread, or patent foods of innumerable descriptions and indescribable tastes; whilst the sour-milk enthusiasts have had a very long run, and for aught we know may still be well in the running. The advocates of one meal a day and of no breakfast rendered the absolute extreme inevitable sooner or later; and now it is well known that the apostle of complete starvation has arrived, and we realise with a sigh of relief that the end has been reached, for this latest obsessionist must be regarded as the final arrest in development.

* * *

The Sessional Address was given the following Thursday by Professor Howard Marsh, and a large audience, including many of the Nursing Staff, assembled in the Anatomical Theatre to welcome our popular Consulting Surgeon, who had selected as his title, "The Public and the Healing Art."

We forget who it was who shrewdly catalogued speakers into three groups—those you can listen to, those you can't listen to, and those you can't help listening to. There is no difficulty in deciding that Professor Marsh takes a very high place in the honourable members of the last class, for it seemed impossible that he could have spoken for over an hour and a quarter to an audience which would have been willing for him to go on for ever.

There is no greater authority upon bone-setting than Professor Marsh, and it was positively astounding to hear such broad-minded criticism from an eminent surgeon. From bone-setting we went on to Christian science and to quackery in general. We were exhorted to be tolerant and sensible, to realise that such enemies of our profession had their uses in diseases which were not diseases and for the troubles of the neurotic and over-introspective. We wish that the amateur doctors could have heard the speaker's opinion that bone-setters are of use when they limit their activity to adhesions; tar water prescribers, when they treat dyspepsia; Christian scientists, when they will profess to cure "psychic diseases" and leave renal calculus, gall-stones and carcinoma alone.

But after the more serious side of his discourse had been treated, Professor Marsh literally amazed us with the feast he had provided by collecting the source and explanation of practically every superstition relating to health and disease. We were told how the evil eye could hurt you and how you could obtain an immunity against it, both on the serum and vaccine principle. The most efficient forms of amulet were offered to us, charms for everything, though we could wish that a more generous pharmacopœia of love-philtres had been provided. We learnt that it must indeed be asking for trouble to marry in May, for Ovid says that the belief is well founded, and is so old as to be buried in obscurity. At the same time we will not be so distressed as we would have been before this lecture if we spill salt, break a looking-glass, or find it unavoidable to walk under a ladder, and we are not sufficiently reverential to dread Juno's resentment, but if fashion dictates we will wear feathers plucked from her favourite bird.

* * *

WE trembled with the recollection that we had met the Professor in the Square a few weeks ago, and had expressed our pleasure at seeing him looking so well. We are surprised now that he replied most genially that "he did keep very well, thank you," instead of growling out a denial, or that he was only "kind o' middling."

All who were there will need no reminding of the details of a delightful evening, and we have said sufficient to whet the appetites of those who were not present. We have much pleasure in announcing that we are to have the privilege of publishing the address in our next issue.

* * *

THE entertainment was preserved to the end. Sir Dyce Duckworth paid a surprise but much appreciated visit and eloquently supported his old colleague. Mr. Gordon Watson created quite a *furore* by the ingenuity with which he simultaneously proposed a hearty vote of thanks and the lecturer's health. Mr. Girling Ball, who has the distinction of having been Professor Marsh's last dresser, very neatly seconded the "voast," which was naturally accorded the most enthusiastic reception.

* * *

WE publish this month a letter which contains an indictment against the Junior Staff, the seriousness of which, although evident, is somewhat mitigated by the consolation that the house-men are in good company as the Visiting Staff comes under the same condemnation. We are not quite sure that we understand what it is exactly that Mr. Wightman wants and expects. If he implies that a request from a doctor for information about a patient is ever ignored by a house-man we tell him flatly that he is mistaken, and that even letters introducing casual out-patients, subsequently admitted or not, are invariably answered. If he expects that, in the absence of any direct request, house-men should gratuitously volunteer to write to all doctors who send up cases, then we must declare our surprise that a doctor of

such experience as Mr. Wightman should have so very imperfect an idea of the extent of a house-man's work in this hospital, and we invite him to come and see for himself what they have to do in the intervals of correspondence.

We have no desire to challenge comparison with St. Thomas's or any other hospital, but this much we will say: there is no member of the Senior Staff who fails to impress and repeatedly impress upon his house-man that a most important part of his duty is courtesy towards his professional brethren as a whole, and particularly towards the general practitioners who supply the hospital with cases. One fact, too, is significant: our house-men are not selected by competitive examination, nor, generally speaking, on account of their academic distinctions, but mainly for their personality, in order to ensure so far as is possible the selection of men who will be courteous to the great army of patients, and the smaller, though in many respects more important, army of general practitioners throughout the country.

* * *

THROUGH the kindness of Mr. Girling Ball we are enabled thus early to make public a new scheme for the study of pathology which is to come into force at the beginning of next year. We desire to express our whole-hearted approval of this scheme. We are of opinion that under these new regulations research appointments for dressers and clerks will be of very great value. We have often thought—and, in fact, we remember expressing such an opinion at a meeting of the Abernethian Society, although we cannot flatter ourselves that the change is a result of our recommendations—that these appointments entailed too much labour and were too little under supervision to be of much value to the holders. So far as we are in a position to judge, the new scheme has been admirably organised, and we foresee that the research clerk at the end of his term of office may well be a capable pathologist fully reliable for the ordinary run of pieces of research.

We are justly proud of our magnificent Pathological Department and we think that students should congratulate themselves that it is ruled by gentlemen who have their interests so much at heart.

* * *

So much appreciation has been expressed of the reminiscences of Dr. Gee in the last JOURNAL that we have prevailed upon Dr. Horder to contribute a personal recollection. As is, of course, well known, Dr. Horder collected and edited the famous aphorisms of Dr. Gee; he was more closely associated with our late Consulting Physician than was perhaps any other of his house-physicians, so that his contribution is particularly appropriate and acceptable.

* * *

ANOTHER correspondent this month dissents from our views regarding the Abernethian Society in our exhortation to Freshmen in last month's JOURNAL. Mr. Square remembers his own unpleasant experiences over thirty years ago, and concludes (in accordance no doubt with the proverbial philosophy that human nature is much the same in all ages) that present conditions are not very different from those in his day. But science has proved that on account of the biological fact known as variation and the never-ceasing change of human environment, human conduct is constantly changing. And, indeed, yet another correspondent is at hand to our support, for "Chronic" has found an improvement in manners within his own short experience. How much greater, then, may the change be since Mr. Square sat at the Abernethian Society's meetings! We are much obliged to Mr. Square for troubling to write to us, for he gives us another opportunity to emphasise the importance of junior men attending the meetings and joining in the discussions, and our conviction that they will meet only hospitality and encouragement. We are satisfied to leave with the Abernethian Society the privilege of showing that we are correct.

* * *

WE sympathise with our great sister-hospital which has recently been much in the limelight of public disfavour. Not having an empty bed in the middle of the night the house-surgeon on duty recommended an accident case to another hospital, and at the second institution the patient, most unfortunately, died. And, of course, death was due to the delay in obtaining treatment! The lay-press has followed the lead of the coroner and jury in severely censuring the culpable hospital, and has then gone further, and drawn a few startling conclusions as to the scandalous conditions obtaining in hospitals in general.

Lay strictures upon hospitals are usually too patently false or too silly to deserve notice; but one criticism on this occasion is too funny to ignore. "The fact is," we are told, "house-surgeons are little more than boys"; and further on we gather that a "youth of twenty-six cannot be entrusted with life and death issues."

A St. Bartholomew's man applied recently for an appointment at a London hospital, and was informed that he was "too old at twenty-seven." Can it be possible that lay and professional opinions are at variance! Or are we to understand that some wonderful source of wisdom may be tapped between the ages of twenty-six and twenty-seven?

The neophyte who is hearing with growing apprehension the pessimistic forecasts for the future of our profession will now drain the dregs of despair when he realises that he will be expected to labour until his edentulous gums and white hair proclaim him to have passed the boundary of boyhood; by which time he will have spent thousands of pounds in the process of equipping himself for his first house-appointment, which will endow him with 1s. 4½d. per diem (exclusive of board and lodging).

* * *

DR. WALDO, the City Coroner, is too well known as a loyal friend of "hospital doctors" to require any approbation from ourselves. We observe that recently one of our House-surgeons was released with the minimum of delay in giving evidence at an inquest held by Dr. Waldo in order that he should be enabled to attend before a County Court Judge. Dr. Waldo once again commented upon the unfair legislation which compels a hospital doctor to attend an inquest and give evidence without any fee, regarding the death of a person who has died in hospital. Quite apart from the injustice of making a professional man work at any time for nothing, where is the reason in paying for evidence regarding a person brought in dead who involves the doctor in no trouble of any kind, but withholding payment if a patient dies in the hospital after the most strenuous exertions have been made on his behalf? Nobody has a better claim to be heard on the subject than Dr. Waldo. In his evidence in the first Report of the Commission of Inquiry into the Coroner's Office in 1909, he expressed the opinion that doctors should be paid in all cases, hospital or otherwise. He has repeated this opinion on several occasions, and if the unreasonable law is ever altered it is to Dr. Waldo that we shall have to be grateful. We wish that there were more coroners like Dr. Waldo.

* * *

UNTIL last year it had been the custom to leave the Freshmen to find their level and to presume the heartiness of their welcome without any other manifestation of hospitality than the traditional editorial expression. But last year a meeting was held under the auspices of the Students' Union when the Freshmen were enabled to meet and be entertained by the officials of the various clubs. The innovation was a signal success, a success which was repeated this year at a well-attended meeting presided over by Mr. Gask, who, in a very able manner, extended a cordial welcome from a social and athletic point of view. We must emphatically endorse Mr. Gask's appeal for a better display of *esprit de corps* in insisting particularly on the part which may be played by those without athletic talent or inclination, but who should learn that they also serve who only stand and shout for Bart.'s at the Cup-Ties.

* * *

CURIOUSLY enough the articles which occasion us the greatest anxiety are those essentially clinical, surely a paradox when there is such wealth of clinical material and of the highest intellects to describe it. But this is because we have set ourselves the ambitious ideal of publishing clinical literature which must be not only interesting but useful to the general practitioner and the nearly or recently qualified student. It is, therefore, with particular pleasure that we include Dr. Stansfeld's paper, because he has clearly appreciated exactly what is most desired in a journal of our scope, and we do not hesitate to describe his carefully constructed paper as of the highest value.

Dr. Stansfeld puts his finger upon a marked defect in the curriculum when he says that it has no provision for the student to learn "medical emergencies." We agree that there is no scope for the institution of such a position as "medical clerk on night duty," and we contribute nothing to the task of improving the position by adding our conviction that the earnest seeker after knowledge who attempts to worship at the shrine of the junior house-physician on a busy morning in the Surgery is hardly likely to find himself a *persona grata*. Circumstances we fear must remain as they are, and qualified men will be forced to purchase experience, as Dr. Stansfeld puts it, at an exorbitant price.

* * *

AFTER twelve years' service in the Department, Dr. Langdon Brown has resigned the post of Demonstrator of Physiology. Dr. Hinds Howell becomes Demonstrator, and Dr. E. P. Cumberbatch, Assistant Demonstrator.

* * *

WE congratulate Mr. E. W. Brewerton on his appointment as Consulting Ophthalmic Surgeon to the Metropolitan Hospital, and Mr. J. D. Barris on his appointment as Assistant Physician to the City of London Lying-in-Hospital.

* * *

WE are asked to announce that the Annual Dance of the Students' Union will be held on Thursday, November 30th, at the Wharncliffe Rooms. Joyce's Band has been engaged.

The dance was a great success last year, and there is every prospect of this success being repeated. Lady Sandhurst is again the Lady President.

All further particulars can be obtained from the Senior Secretary of the Students' Union, Mr. P. U. Mawer.

Dr. Gee: An Impression.

"Let other people think of me what they please. For having nicely weighed whether it is better to be beneficent to men or to be praised by them, I find the first preponderates and most conduces to peace of mind. As for fame and popular applause, they are lighter than a feather or a bubble, and more vain than the shadow of a dream."—*Sydenham.*

PROFESSOR HOWARD MARSH'S sympathetic appreciation, and Dr. NORMAN MOORE'S obituary notice, of the great Bartholomew's teacher whose death we are all deploring has, in the main, left little to say; so that it is only a feeling of intense reverence for the master, coupled with an ardent devotion to his memory, that lead me to yield to the Editor's request for the impressions of an old house-physician.

Dr. Gee was so familiar a figure in our hospital life for over thirty years that I waive all attempts at describing him. His short, almost diminutive, stature, his manner of speech, his postures, the intonation of his voice—all were characteristic: so much so that a fairly correct representation of either of these was not difficult to anyone who had worked with him. The recital of a story in which Dr. Gee was the central figure (and there are many such stories) even now tempts the speaker to imitation, and probably will continue to do so until this generation passes. And yet, though few men whose life-work has centred about St. Bartholomew's ever had such a distinct individuality as Dr. Gee, few men can have puzzled the student of human nature more, or have rendered the description of his essential traits more difficult. Dr. Gee's character eluded imitation just as much as his bodily features invited it.

To begin with, few persons seemed to get sufficiently near the man to know very much about him, and those who did get near him felt themselves to be in the position of "intimate strangers." The house physician who was fortunate enough to be invited to the quiet Sussex home in the summer vacation was wont to confess that the riddle was not solved by these off-duty observations, interesting though they were. And when the associations were continued in later life, whether in connection with Dr. Gee's literary work, or in the privileged intimacy of home-life, the mystery remained, and, like other mysteries, carried its fascination with it.

Probably the feature which struck most of those who had much to do with Dr. Gee was a certain aloofness which characterised him. For some time this silent demeanour would create a feeling of uneasiness in his companion, and until it was recognised that the feeling was by no means necessarily shared by Dr. Gee, it led to a sense of relief when they parted company. This apparent reticence was in large measure due to the great care which Dr. Gee bestowed upon any conversation, whatever might be the subject of it. He had a passion for the accurate use of words, having learnt that the accurate use of words led to accurate thinking, and accurate thinking resulted in fewer mistakes than fell to the lot of most men. In conversation with another, so ingrained was this habit of clear thinking, if the two men were walking Dr. Gee would often stop in order to prevent the mere motion interfering with a correct hearing of his companion's statement and with a proper representation in words of his own reply. Nothing said to him, whether query or affirmation, met with less than an undivided attention. He never spoke a triviality to you, and he never supposed that you would speak a triviality to him. His conversation was thus a high compliment to all men, and his silence, when there was nothing he considered worth saying, was a high compliment likewise. As he never used words "to conceal thoughts," a part of the world's customary conversation was cut out altogether when Dr. Gee was one of the conversants, and this contributed to the brevity of many an interview. This fear of loose thinking would even lead to a rebuke if your share of the conversation was conducted in such a manner as to introduce difficulties. If you spoke through your teeth or mumbled your words, it was in no spirit of rudeness, nor from any desire to educate you, that Dr. Gee referred to the bad habit; it was merely because there was a risk of mistaking a word, and so endangering the soundness of the argument. A vague word led to a vague thought, and vague thinking was anathema.

More fundamental even than this passion for accurate thinking and accurate speech, another trait largely accounted for the aloofness that was such a feature of Dr. Gee's personality. This was his deep-rooted aversion to taking any part in the occupations of the multitude. Partly by nature and partly by habit, he resisted the innumerable distractions that threaten all men and succeed in overwhelming most. Some thought this resistance cowardly, others thought it selfish; and it did at times appear as though that peace of mind at which the man aimed, and which he largely attained, was purchased at the expense of an unconcern for the petty troubles of our common humanity. He was too dispassionate to please some, and his inability to show enthusiasm irritated others. But his critics were often either notorious busybodies, or themselves afflicted by an unwholesome taste for standing in the limelight, and from both of these things Gee shrank instinctively. This ardent desire to be responsible to himself alone accounted for much that was so characteristic of him. His punctuality, for instance—he was not only punctual, he was punctilious. To carry out the veriest details of such contracts as must be entered into led to a minimum number of compromising positions with others, whereas to decline all contracts that were in the least degree optional made compromising positions in connection with them impossible. Hence Dr. Gee seemed to some to be forever shrinking, and to be retiring

into himself. Master at least of his own soul, he could control the situation, could order the campaign, could dictate his own terms to the enemy. In his pursuit of this goal he was much favoured by Fortune. Had competition been keen at the critical period of his life, had the hustle that afflicts the young physician to-day befallen him, Dr. Gee scarcely would have embarked upon such a troublesome sea, or, having embarked, scarcely would have sailed so placidly to the desired haven. At twenty-eight Dr. Gee was assistant physician to St. Bartholomew's Hospital. He could possess his soul and follow his bent, out of reach of disturbing elements.

The key to much of Dr. Gee's character lies in the words placed at the head of these remarks—words breathing his own ideal as they breathed the ideal of him who wrote them, and whose disciple he was. As already remarked this detachment led to an independence of others which made it difficult for some of those who were near him to be completely at ease. He never seemed to *want* you, even though he liked your company and quite frankly told you so. The very avowal left you just a little alarmed, because you did not know how narrowly you had escaped the expression of a different sort of feeling! You were haunted by the notion that the value he put upon your presence might be the result of a careful view of its effect upon himself. Yet with all this, and with the feeling most folk seemed to have that it was easier to revere than to love him, he was lovable because of his simplicity. A man with simpler tastes or simpler ideals could scarcely be met. His views of life and his relations with his fellows were clear and direct. A strict sense of duty, an obligation to carry out thoroughly any undertaking officially embarked upon, was a marked trait in his character. And he expected a similar spirit to pervade the actions of others. None who really knew the man dared offer excuses. Although allowance was always made for an unavoidable accident, no charity was extended to him who deliberately altered a prearranged scheme and expected indulgence. On a certain first of October one of a new set of clerks was missing. The house-physician explained that the absentee had written to say that he was detained at the Keswick Convention, and would begin his duties on a later day in the month. Dr. Gee was ready with the appropriate reply, "Write to Mr. M—," he said to his house-physician, "and say 'No man can serve two masters.'" And the vacant clerkship was promptly filled.

As simplicity was the essence of his life, so it was the essence of his method, and method was the secret of his art. Who does not remember the routine? The symptoms and signs that were present in the case carefully set out on the left of the "abstract"; the symptoms and signs that were absent set out on the right: these constituted the data whence Dr. Gee would evolve his argument and arrive at his diagnosis. The data collected, physician and clerks would leave the bed and proceed to the centre of the ward, where would ensue one of those simple but masterly clinical lectures that did so much to establish Dr. Gee's reputation as a teacher. He had the gift of teaching that most valuable of all lessons, how to observe accurately. Loose observations, like loose modes of expression, were not allowed to pass. To the use of superlatives he had a special aversion. Smith, describing the appearance of a patient as "very jaundiced," would be brought up sharply by the question, "Well, Smith, if your patient is 'very jaundiced' what will you say of the patient in bed No. 4?"—indicating a sufferer whose skin was twice as yellow. Exaggeration of a fact Dr. Gee considered not a mere stretching of the truth but a positive lie. And he was wont to place no reliance upon the histories given of their cases by many men and by most women. Indeed, of the latter in this connection he would be so unchivalrous as to say—"It seems impossible for them to tell the truth."

Speculations Dr. Gee never permitted himself to indulge in—except as quite detached from medicine, when he enjoyed them thoroughly, for metaphysics were his hobby—and hypotheses as to the causes of disease he studiously avoided. A favourite quotation in this connection was: "A fig for your theories; give me ocular demonstration." To recount a new theory would leave him cold; to tell him a new fact would engage his entire attention. And it mattered not whether the fact was observed at the bedside, or unearthed in the laboratory. He rarely spoke of what he had not himself observed. If he did he chose the best authorities, and he judged of their soundness very largely by the clearness of the language in which they described their observations. A large experience, both in hospital and private practice, very carefully collated, enabled him to judge what things were common and what things were rare. Constant attendance in the *post-mortem* room was the means by which he invariably tested his diagnoses, and to the importance of this he would frequently refer in his lectures. "Gentlemen," a clinical lecture once began, "when you go into practice you will have many patients, but no dead-house." The student who diagnosed improbable or fanciful things got no encouragement, but rather the reverse, even if he chanced to be right. A patient with bronchiectasis developed hemiplegia, and Dr. Gee, after passing various possibilities in review, favoured the diagnosis of a subcortical abscess in the region of the fronto-parietal lobes. Later on hemiplegia ensued on the opposite side, and Dr. Gee hesitated to make another diagnosis. The clerk of the case boldly suggested two symmetrical abscesses. At the autopsy such was found to be the actual state of things. The clerk, who was tasting the "fearful joy" of a correct diagnosis in a difficult case, found his elation shortlived. Arrived in the ward, which was reached in the usual silence, Dr. Gee turned to his followers and addressed himself to his pupil: "You were right, you see, Smith," then, after a pause, "but you had no business to be!"

What he had seen happen before Dr. Gee knew might well happen again, but in the face of unusual developments he was always cautious as to their interpretation. When he was shown the chart of a nurse suffering from typhoid fever, whose temperature had fallen that day by crisis, Dr. Gee said nothing, but wrote across the chart, as though he read in the house physician's manner a sense of satisfaction at the event and wished to warn him: "*Quod non est prater naturam non fidendum.*"

He held the science of physiology in little esteem in regard to any help it could give to medicine. He would rebuke the student who sought to explain facts observed at the bedside by doubtful truths learnt in the physiological class-room. "Clinical medicine," he was wont to say, "has taught physiology more than physiology has taught clinical medicine." The suggestion of a clerk that if it were true that a certain patient had a lesion in the pons, a particular symptom ought to be present, drew from him the prompt retort, "Well, Smith, take note of the fact that it *isn't*."

The unlooker recognised at once that it was in clinical medicine that Dr. Gee was the master. He knew himself that it was here he was most at home, and could trust his reasoning farthest. In a clinical lecture on hemiplegia he once permitted himself to explain certain phenomena by reference to developmental changes taking place in the nerve-tissues. The report of the lecture sent to him by his house physician was accompanied by a brief criticism of this explanation. Instead of dealing with the criticism, as he might well have done, Dr. Gee put his pen through the whole of the paragraph referred to, and wrote the following brief reply: "Dear ——, it is better that I stick to clinical medicine, yours truly, S. Gee." An illustration of that rare humility by which a man places himself beyond criticism.

Another illustration of Dr. Gee's humility was shown by the definite and specific value he placed upon the systematic work which hospital practice alone makes possible in medicine. Although private practice yielded him invaluable clinical material, especially in connection with diseases rarely seen amongst hospital patients, the loss of those opportunities of daily examination and record conferred by hospital wards was duly recognised by Dr. Gee after his retirement. When he was asked to revise his article on pleurisy, in *Allbutt's System*, he declined on the ground that he was no longer visiting physician at St. Bartholomew's. To most men it would scarcely have occurred to doubt their competence to undertake such a task, merely because they had retired from active hospital service for the brief space of two years. Indeed, many would have considered the leisure possible on this account a definite reason for undertaking the work. But Dr. Gee was afraid that the casual experience of such a disease allowed by private practice might not be enough to keep him in proper touch with its various manifestations.

I spoke just now of Dr. Gee's simplicity of life. How he looked to the crowd never bothered him. His disregard for appearances, and for what folk thought, was well illustrated by an occurrence which, when one who witnessed it related it to a colleague of Dr. Gee's, appeared to the latter quite unbelievable. As Dr. Gee was leaving Brook Street one day to visit the hospital, someone detained him in conversation after he had entered his carriage. The door was closed, but there was some confusion in fastening it. Each thought the other had done so, whereas neither had. The door swinging open as the carriage drove off, the first lamp-post caught it and broke it away at the hinges. Rather than be late at hospital Dr. Gee ordered the coachman to drive on, leaving the door behind, and so arrived at the Square, much to the surprise of the group of waiting clerks, and still more to the house physician, who stepped forward to open a door that was not there.

So much more might be said of Dr. Gee, but this short impression must suffice. No portrait of him adorns the Great Hall: this, too, is characteristic. His work remains, and the memory of him in those who, with the writer, feel they will not look upon his like again. T. J. H.

Books added to the Library during September and October.

Allbutt, Sir Clifford, K.C.B., M.D., and Rolleston, Humphry Davy, M.D. Editors of a System of Medicine by Many Writers.
Vol. IX: Diseases of the Skin. General Index. Medium 8vo. Lond. 1911.

Eden, Thomas Watts, M.D., C.M.Edin., F.R.C.P.Lond., F.R.C.S.Edin. A Manual of Midwifery. With 339 Illustrations in the text. Third Edition. Medium 8vo. Lond. 1911. (Two copies.)

Morris, Sir Malcolm, K.C.V.O. Diseases of the Skin: An Outline of the Principles and Practice of Dermatology. With 10 Coloured and 67 Black and White Plates. Fifth Edition. Crown 8vo. Lond. 1911.

Rose and Carless's Manual of Surgery for Students and Practitioners. Eighth Edition revised by Albert Carless, M.B., M.S.Lond., F.R.C.S. Demy 8vo. Lond. 1911. (Two copies.)

Taylor, Frederick, M.D., F.R.C.P. The Practice of Medicine. Ninth Edition. Post 8vo. Lond. 1911. (Two copies.)

Treves, Sir Frederick, Bart., G.C.V.O., C.B., LL.D., F.R.C.S. Surgical Applied Anatomy. Sixth Edition. Revised by Arthur Keith, M.D., LL.D.Aber., F.R.C.S. Illustrated with 137 Figures, including 58 in Colour. Small 8vo. Lond. 1911.

Whitelegge, Sir Arthur, K.C.B., M.D., B.Sc.Lond., F.R.C.P., D.P.H., and Newman, Sir George, M.D., D.P.H., F.R.S.E. Hygiene and Public Health. Illustrated. Twelfth Edition. Revised throughout. Small 8vo. Lond. 1911.

The following was presented by the London County Council:

Archives of Neurology and Psychiatry from the Pathological Laboratory of the London County Asylums, Claybury, Essex. Edited by Frederick Walker Mott, M.D., F.R.S., F.R.C.P. Vol. V, 1911. Crown 4to. Lond. 1911.

Laryngeal Obstruction in Children.

By A. E. STANSFELD, M.A., M.B., M.R.C.P.

IT is unfortunate, although perhaps inevitable, that the ordinary training of a hospital student includes very little experience of medical emergencies. The clinical clerk has no part in the Medical Casualty Department and it would be difficult to justify medical "night duties" for unqualified men, but the result is that many have to assume positions of complete responsibility without any practical knowledge of some of the most urgent and critical cases with which the physician has to deal. A brief consideration of the causes, diagnosis, and treatment of laryngeal obstruction in children may therefore prove of some value to those who have not yet seen many examples of this condition nor purchased experience at an exorbitant price. No group of cases presents greater difficulties in diagnosis, and perhaps there is none in which so much depends upon the decision of the practitioner.

The chief causes of largyngeal obstruction in children are—

1. *Acute laryngitis.*
   - (i) Catarrhal (including measles).
   - (ii) Catarrhal with spasm (= spasmodic laryngitis = laryngitis stridulosa).
   - (iii) Œdematous.
   - (iv) Membranous.
2. *Laryngismus stridulus* (= *spasmodic croup*).
3. *Congenital laryngeal stridor.*
4. *Papillomata of the larynx.*
5. *Foreign body impacted in the larynx.*

The principal symptoms of laryngeal obstruction are—

(i) Dyspnœa.
(ii) Stridor.
(iii) Change of voice.
(iv) Laryngeal cough.

It is to be noted that there is nothing pathognomonic in the dyspnœa; it occurs with all the conditions which will be mentioned as liable to be confused with laryngeal obstruction. Recession of the lower ribs and excursion of the larynx are simply due to imperfect expansion of the lungs in response to vigorous inspiratory efforts. They are as independent of the site of obstruction to air entry as is the cyanosis which results from the deficient aëration.

Paroxysmal exacerbations tend to occur in all cases of dyspnœa, especially during the night. They may be of any severity from slight increase of respiratory embarrassment to an attack which threatens rapid asphyxia and the relative influence of two elements in the production of the dyspnœa, viz. local organic obstruction and reflex laryngeal or bronchial spasm, may be judged according to the degrees of dyspnœa between and during the paroxysms.

Stridor is a scraping sound produced chiefly during inspiration. The more urgent the obstruction the more high-pitched and musical is the stridor, and mothers then speak of it as "crowing" or "croup." Like dyspnœa stridor does not definitely indicate laryngeal obstruction. It may be produced by compression of the trachea or larger bronchi without affection of the larynx and on the other hand it is sometimes absent when definite obstruction exists in the larynx.

But alteration in *character* of the voice and cough, apart from mere weakness due to debility or asphyxia, does definitely indicate affection of the larynx. Hoarseness is the earliest change in the voice and this may be followed by diminution in volume until the child becomes completely aphonic. The cough has that laryngeal character which mothers call "croupy," and this will be readily recognised after a little experience but can hardly be described. Its tone is retained later than that of the voice.

In addition to these symptoms others due to associated conditions may be present and will be mentioned in order below.

Catarrhal Laryngitis usually occurs, with or without bronchitis, as the result of exposure or in the course of one of the specific fevers, especially measles. In the simple form slight fever and general malaise are associated with mild symptoms of laryngeal obstruction. The condition reaches a height within twenty-four hours and subsides after a few days.

The laryngitis of *Measles* is an early symptom and often remains quite insignificant. But in some cases it is exceedingly severe and as it is most marked during the second and third day of the disease, that is, before the appearance of the rash, diagnosis from laryngeal diphtheria may be difficult. A mistake may lead to the gravest results, for although administration of diphtheria antitoxin in suspicious cases is justifiable and practically harmless, admission of a case of measles into a diphtheria ward means exposure to a second infection while the child is in a particularly susceptible condition, and concurrence of measles and diphtheria greatly increases the gravity of the prognosis. But there is another great danger. Laryngeal symptoms of sufficient severity to demand tracheotomy in a case of diphtheria do not necessarily justify operation in a case of measles. We know by experience that when a certain stage is reached in diphtheria delay is unprofitable; obstruction will probably increase, and even if it does not do so the heart, profoundly affected by the diphtheria toxin, cannot stand continuance of the strain to which it is already subjected. Tracheotomy is practically never required in uncomplicated measles. The laryngitis may be very severe but it tends to clear up spontaneously after the first three days, and if the patient can be tided over a few bad hours he may be spared the shock and immediate danger of an operation, the discomforts of its after-treatment, and the greatly increased risk of broncho-pneumonia which it entails.

Coryza, more marked fever than usually occurs with diphtheria (temperature 102° to 104° F.) and *Koplik's spots* are the chief positive features. Koplik's spots appear about the second day as slightly raised, minute white specks surrounded by red areolæ and situated on the buccal mucous membrane chiefly along the line of the lower molar teeth. Detection of these is of the greatest diagnostic value; they are almost always present in measles and are strictly pathognomonic. The fauces are usually reddened and the throat may be sore but no membrane is visible. Koplik's spots gradually disappear and the severity of the laryngitis usually diminishes shortly before the appearance of the rash, but in doubtful cases the earliest signs of the latter should be looked for behind the ears and on the forehead at the roots of the hair.

It is to be remembered that measles and diphtheria may be associated in the same patient, but this occurs most commonly in fever hospital practice, diphtheria being acquired when the acute symptoms of measles are already subsiding.

Spasmodic Laryngitis is ordinary catarrhal laryngitis with the addition of laryngeal spasm. It occurs in children of neuropathic tendency and the spasm is paroxysmal, occurring particularly at night and waking the child from sleep. At these times dyspnœa may be very urgent with marked stridor and a "ringing" laryngeal cough which is followed by long "crowing" inspiration. But death practically never occurs during an attack; when asphyxia seems imminent the spasm relaxes and the child is gradually relieved, perhaps for a few hours, perhaps for the remainder of the night, but, except in very mild cases, paroxysms are apt to recur on several successive nights.

The most important feature to be noticed is that symptoms of laryngitis are present between the attacks of spasm and that spasm entirely ceases when the laryngitis disappears. This distinguishes the condition from laryngismus stridulus.

Œdematous Laryngitis.—In children this may be due to scalds, the result of drinking hot liquids, to trauma, or to local sepsis. In any case the history and the local condition of the neck and fauces will usually determine the nature of the obstruction.

Membranous Laryngitis is almost always diphtheritic and pending bacteriological investigation must be treated accordingly.

The symptoms of laryngeal diphtheria usually appear gradually, but this fact must not be insisted upon to the exclusion of cases in which the onset of laryngeal obstruction is comparatively abrupt. Many patients require tracheotomy within twelve hours of a time when their mothers thought them to be in good health. However, the usual history is that the child was noticed to be unwell, inclined to lie about and to refuse food; some hours afterwards "croupy" cough commenced and a little later hoarseness and difficulty in breathing. The child generally looks pale and anxious and is rather restless. There is moderate pyrexia (temperature 100°–101° F.), but constitutional disturbance is apt to be slight compared to that which occurs with faucial diphtheria. The breathing is stridorous and dyspnœa is chiefly inspiratory. Cough is frequent and laryngeal in character and the voice is hoarse. There may be membrane on the fauces, but this is often absent and sometimes not even redness can be detected.

In a severe case dyspnœa gradually increases, cyanosis appears, and the accessory respiratory muscles are brought into play. There is increased laryngeal excursion, the supra-clavicular fossæ are sucked in, and the lower ribs show marked inspiratory recession. The voice becomes completely lost, cough soon ceases, and the child, refusing to lie down, tosses about restlessly. Gradually, however, strength fails; restlessness gives way to the quiet of exhaustion, dyspnœa becomes chiefly expiratory, cyanosis fades to pallor, the pupils dilate and, if unrelieved, the child dies of asphyxia. The last stage occupies only about one half to two hours.

Laryngismus Stridulus is a functional condition due to spasm of the larynx without any local inflammation of the mucous membrane. It is essentially a symptom of rickets and occurs in children under two years of age, particularly at night and during the spring months. The spasms are paroxysmal and closely resemble those of spasmodic laryngitis. The child wakes with loud crowing inspiration, laryngeal cough and hoarseness or aphonia, and may rapidly approach a condition of asphyxiation before the spasm relaxes. But there is no febrile disturbance and between the attacks, which are very apt to recur, there are no catarrhal symptoms. Slight respiratory embarrassment may continue, however, for several days together.

The chief diagnostic features of laryngismus stridulus are, therefore, the age of the child, the presence of rickets, the characteristic transient attacks of laryngeal obstruction, usually at night and of any severity, and the absence of any catarrhal symptoms in the intervals between the paroxysms.

Other nervous manifestations of rickets, namely general convulsions or carpopedal tetany, may be present in the same child, but apart from these there may be signs which indicate increased irritability of the neuro-muscular system. The most readily detected and the only one which need be mentioned here is Chvostek's sign. This is often present and consists in a twitch of the facial muscles on one side in response to mechanical stimulation of the facial nerve by tapping over the point where it becomes superficial just in front of the ear.

Congenital Laryngeal Stridor is not an acute condition but some confusion exists concerning its relationship to

other forms of obstruction, and it might sometimes be mistaken for them. Stridor is noticed soon after birth and the sound which accompanies inspiration is described as "croaking" in character; the expiratory sound is less loud and may be absent. Sometimes stridor is diminished or even disappears during sleep, but it may be practically continuous night and day, becoming exaggerated and of higher pitch ("crowing") when the child is excited. There is accompanying dyspnœa but no cyanosis and no disturbance of general health. The voice and cough are normal and diagnosis depends upon the history of persistent stridor dating from birth. All symptoms gradually disappear after about the first two years of life.

The exact cause of this condition is a matter of dispute but most observers attribute it to a slight congenital deformity of the epiglottis accompanied by functional disturbance.

Papillomata of the larynx are usually multiple and situated upon the vocal cords. The onset of symptoms is gradual and hoarseness is usually first noticed. Later all the symptoms of laryngeal obstruction may be present and paroxysms of dyspnœa are apt to occur. But the condition is rare and a certain diagnosis can only be made by laryngoscopic examination.

Impaction of a Foreign Body in the Larynx is attended at the onset by a severe paroxysm of coughing and choking, but subsequent symptoms depend upon the position which it occupies. There may be evidence of continuous laryngeal irritation and obstruction. On the other hand, there may be a long period of quiescence before alteration in the position of the foreign body causes a recurrence of symptoms. If, therefore, a foreign body might account for the patient's condition, and even if the mother has no suspicions, a finger should be passed over the back of the tongue to explore the entrance to the larynx. Examination on the X-ray screen may, but seldom does, assist the diagnosis, and only an expert is likely to obtain a satisfactory view with the laryngoscope. One may therefore have to be satisfied with simply diagnosing obstruction, and if the case be urgent tracheotomy must be performed without delay.

The chief conditions which may simulate laryngeal obstruction must now be considered. They are—

ABOVE THE LARYNX:

Retropharyngeal Abscess—

(i) Local pyogenic infection.

(ii) Tuberculous infection (from spinal caries).

BELOW THE LARYNX:

1. *Obstruction of the Trachea*—

(i) Foreign Body.

(ii) Enlarged Thymus.

(iii) Enlarged Glands or Abscess in the Mediastinum.

2. *Obstruction of the Larger Bronchi*—

(i) Foreign Body.

(ii) Enlarged Glands or Abscess in Mediastinum.

3. *Broncho-pneumonia.*

In differentiating laryngeal conditions from obstruction in other parts of the air-passages we rely, as already stated, chiefly upon the fact that the voice and the cough retain their natural character when the larynx is not directly affected. Their volume may of course be diminished but there is no hoarseness and no croupy cough. Save for this, the symptoms of obstruction above or below the larynx will not appreciably differ from those due to obstruction in the larynx itself. There is usually continuous dyspnœa and this may show exacerbations and be accompanied by frequent cough, especially when the trachea or bronchi are affected.

Retropharyngeal Abscess in children is most often due to direct infection by pyogenic cocci penetrating the posterior pharyngeal wall. It may give rise to very acute symptoms in the course of a few days, and many cases prove fatal for lack of proper treatment. Abscesses which are due to forward spread of tuberculous infection from the spine are usually less acute, but they may be the earliest evidence of caries. In any case the child looks pale and ill. The temperature is raised, and the respiration is hurried. The head is extended on the neck with the chin thrust forward so as to straighten the passage from the mouth to the larynx, and this attitude is so characteristic that it should at once suggest the true cause of the respiratory distress. On inspection of the mouth the soft palate is usually seen to be bulging forward and on passing a finger backwards and upwards behind it, a fluctuating swelling can be felt in front of the vertebral column.

The diagnosis is quite simple if the possibility of retropharyngeal abscess is born in mind, but unfortunately it is sometimes forgotten and tracheotomy may be performed before the true nature of the case is discovered. Or even worse than this may happen, and the physician has the mortification of recognising in the post-mortem room that a single stroke of the knife would have saved his patient's life.

History may lead to suspicion of a *Foreign Body in the Trachea or Bronchi*, and this may be confirmed by examination with the laryngoscope, bronchoscope, or X rays, but the diagnosis usually depends upon physical examination of the chest, which reveals deficient air-entry or collapse in some particular lung area.

In other cases symptoms and signs may lead to diagnosis of *Enlarged Thymus, Mediastinal Glands*, or *Abscess*. These are not common causes of obstruction; in fact, enlarged mediastinal glands, though quite commonly discovered post-mortem, usually produce no local symptoms at all. Sometimes, however, they appear to be responsible for cough, which may be paroxysmal and closely simulate whooping-cough.

Tracheotomy, that life-saving and death-dealing operation, has been performed on many occasions in cases of *Broncho-pneumonia* without any affection of the larynx. This very grave mistake is probably due to a wide-spread belief that recession of the ribs means laryngeal obstruction, and it is therefore well to draw attention to this error again and to repeat that the chief indications of involvement of the larynx are changes in the character of the voice and cough. Unnecessary operative interference in the severe cases of broncho-pneumonia which simulate laryngeal obstruction is absolutely disastrous and should practically always be avoided by proper examination of the patient. Broncho-pneumonia develops very early in some cases of diphtheria and may be present at a stage when tracheotomy is justified, but the existence of definite signs of consolidation in the lungs should always lead to careful re-consideration of the facts suggesting laryngeal obstruction.

TREATMENT.

Catarrhal Laryngitis.—The patient is kept in bed in a well-ventilated room of which the temperature is about 60°–65° F. Direct draughts are to be avoided but there should be free circulation of air and therefore a tent over the bed is undesirable. A steam-kettle containing tinct. benzoini co., one drachm to the pint, is placed with the nozzle about two feet from the patient's head and a linseed poultice (changed every four hours), or antiphlogistine (changed every twenty-four hours), is applied over the larynx. Fluids only are given and the bowels are well opened by a dose of calomel, followed by a saline purge if necessary. Talking is restricted as far as possible and under this simple treatment patients usually recover rapidly.

Rarely, severe cases of laryngitis occurring with measles may not be sufficiently relieved by the above measures. In such cases intubation should be tried before tracheotomy is resorted to, even if the former involves the constant presence of the practitioner for some hours, because severe obstruction is not usually of long duration and once relieved it does not tend to recur.

Spasmodic Laryngitis is treated in exactly the same way as simple catarrhal laryngitis but with the addition of potassium bromide and chloralamide. The dose may consist of one grain of each of these drugs for each year of life; a dose is given at bedtime and repeated if the child wakes during the night. In severe cases with frequent spasm doses may be given at regular intervals, *e.g.* six-hourly, throughout the twenty-four hours. Many of these cases are associated with enlarged tonsils and adenoids, and the naso-pharynx must therefore be carefully examined and treated if necessary when the laryngitis has subsided. At the same time due attention must be paid to the general health and hygiene.

Œdematous Laryngitis is treated according to the same methods as catarrhal laryngitis, unless it be seen very early when œdema is more threatening than developed. At such a stage the poultice is replaced by an icebag and the child, if old enough to understand, is given ice to suck, but probably these measures only tend to prevent and not to reduce œdema.

It is necessary to keep these patients under close observation and to have everything in readiness for the performance of tracheotomy should need for operation arise. Scarification of the larynx is of doubtful value and the inexperienced should certainly prefer the more radical method of treatment.

Membranous Laryngitis.—The treatment of laryngeal diphtheria only will be considered under this heading because other cases of membranous laryngitis are so rare as to need no special mention beyond the fact that they are uninfluenced by diphtheria antitoxin.

We have, then, to mention local treatment, general treatment, administration of antitoxin, and operative treatment. The local measures for inflammatory conditions of the larynx have already been detailed; all are applicable in cases of diphtheria. As regards general treatment it is to be remembered that diphtheria is a constitutional disease, that toxins are circulating throughout the body and particularly affecting the cardio-vascular system. The strength must be maintained by as generous and nourishing a diet as the patient is able to swallow and the heart must be encouraged by cardiac tonics if there be any sign of weakness. The most valuable drug is strychnine, best given hypodermically and at regular intervals. Curschmann's solution (containing 33 per cent. camphor) is another excellent cardiac tonic suitable for hypodermic administration (*e.g.* ℥j four-hourly for a child of two years), and brandy (*e.g.* ℥xx three or four-hourly for a child of two years) is also indicated by cardiac weakness.

The value of diphtheria antitoxin diminishes as the disease progresses, and it is therefore of great importance to give it early and in sufficient quantities. As soon as there is any reasonable suspicion of laryngeal diphtheria 8000 units of antitoxin should be given subcutaneously. This quantity is independent of the age of the child and should be repeated in twelve hours if suspicion remains or is confirmed and the child is not definitely recovering. A third dose may be given after another twelve hours, but it is doubtful whether any benefit results from administration of more than 24,000 units and it is certainly better to spread this over twenty-four hours as suggested than to give the whole at one time.

If dyspnœa is urgent or increasing and unrelieved by the treatment already adopted, operative measures will have to be considered. There are two methods, tracheotomy and intubation, but the latter is only of limited value for it requires considerable skill and practice, and an intubated patient is always a danger unless there is some one immediately at hand to replace the tube when it is

accidentally coughed out. Tracheotomy is therefore most usually adopted. We cannot discuss technique and after-treatment here but merely mention the indications for operation. These are chiefly dyspnœa, cyanosis, and restlessness. The degree of dyspnœa is perhaps best estimated in children by the amount of recession of the ribs and provided that there be no other cause for dyspnœa, well-marked recession is one of the safest guides as to the necessity for tracheotomy. Cyanosis evidences the deficiency of aëration and restlessness always precedes the final stage of asphyxiation which no patient should be allowed to reach.

Laryngismus Stridulus.—Children who are subject to this affection must be relieved of all possible causes of reflex spasm, either direct, such as draughts, or indirect, such as adenoids, teething, and gastro-intestinal disturbances. At the same time vigorous anti-rhachitic treatment, including attention to the general hygiene, must be adopted. Potassium bromide and chloralamide should be given regularly as in spasmodic laryngitis, and small doses will usually be found sufficient if combined with appropriate general treatment. Belladonna is also said to be useful.

During the attacks the child should be held up to an open window while a hot or cold sponge is placed over the larynx. Placing the hands in cold water or sprinkling water over the face will also sometimes abort an attack. In more severe cases it may be necessary to place the child in a hot bath and douche the neck and shoulders with cold water.

Congenital Laryngeal Stridor is uninfluenced by treatment and happily no urgent symptoms are likely to arise.

Papillomata of the Larynx require avulsion by the laryngologist but in mild cases the reflex spasms may be temporarily allayed by bromides and chloralamide.

Foreign Bodies impacted in the Larynx.—An attempt should first be made to remove these with the finger and if this fails and symptoms are urgent tracheotomy must be performed. The first forcible expiration after inspiration through the operation wound may then succeed in dislodging the foreign body.

If there be time for more deliberate measures laryngeal forceps may be employed and their direction guided by use of a laryngoscope. But only an expert laryngologist is likely to succeed by this means in children and tracheotomy instruments must be at hand in case sudden laryngeal spasm or displacement of the foreign body cause complete obstruction.

Retropharyngeal Abscesses must be evacuated by different routes according to the nature of the causal organism. Those which are due to pyogenic infections are approached through the posterior pharyngeal wall and great care must be exercised to prevent the pus from flowing down into the trachea. Anæsthesia should be very light and the child should be held head downwards during the operation.

In the case of a tuberculous abscess the incision is made behind the sterno-mastoid so that the cavity does not communicate with the pharynx, and all the usual precautions for preventing secondary infection are adopted.

Foreign Bodies in the Trachea or Bronchi.—The child should be inverted, but all preparations should previously have been made for performance of tracheotomy lest the dislodged foreign body should obstruct the larynx. If inversion fails tracheotomy must be performed and an attempt made to reach the foreign body by means of a pair of membrane forceps.

For the symptoms due to *Pressure upon the Trachea or Bronchi* there is usually little to be done. Anti-spasmodics sometimes relieve cough and exacerbations of dyspnœa and if an abscess were diagnosed and the general condition of the patient permitted, operation would, of course, be indicated.

The University of London Officers' Training Corps.

AT all the Universities there are now contingents for training students and undergraduates to fit them to be officers. The Hospital is the headquarters of "A" section of the Medical unit of the University of London O.T.C. The London Corps has now been established for three years, and is running very well. The camp has been each year better than the last. This summer at Bordon was the best of the lot. The work is thoroughly practical, and gives men a good insight into the organisation and work of the R.A.M.C. in time of war. The objects of the Corps are to fit men to be officers either in the Special Reserve, or in the Territorial forces, or as volunteers, if need should arise in the course of a war, to supplement the regular establishment. The Certificates A and B also give a man who passes them certain advantages if he wishes to join the R.A.M.C. or the I.M.S. It is to be hoped that many of the Freshmen now entering will join the Corps. Forms of application for enrolment can be obtained of Bridle, and information can be given by him, or by the O.C., Major Herringham, who will meet recruits in the Old Surgery at 5 p.m. on Tuesdays, November 7th and 14th.

The Pathological Department.

SINCE the opening of the new block our Hospital has possessed one of the finest pathological departments in the country, but it is felt that under existing arrangements the students do not derive the benefit from it that they should. The student's time at the Hospital is of necessity limited, and all too short for him to acquire a thorough knowledge of his profession. The application of pathology in its clinical aspect, however, has become of such importance to the general practitioner that it has been deemed advisable to make some alteration in the teaching of the subject. It is with this object that the scheme mentioned below is to be brought into force in January, 1912. At the present time there is a considerable amount of clinical pathological work carried out in the wards which is of little value either to the student or the Hospital records. The student, having received no previous training in pathological methods, labours under a great disadvantage in attempting to carry out the investigations required by the physician or surgeon for whom he is working, and it is felt that this could be avoided were he supervised by the Pathological Department; moreover, he would be able to perform more elaborate investigations than hitherto, and so obtain a wider knowledge of the subject.

The proposed scheme will be based on the following regulations:

Each physician, surgeon, and surgeon in charge of a special department will appoint a pathological clerk each three months to work in the wards. As far as possible the clerks will work in pairs for a corresponding physician and surgeon, and thus gain experience in both medical and surgical cases.

The duties of the clerks will be as follows:

(*a*) To attend in the Clinical Pathological Laboratory from 10 a.m. to 1 p.m. each day.

(*b*) To receive from the demonstrator-on-duty the materials to be examined, or to collect such from the wards when necessary.

(*c*) To carry out all investigations under the supervision of the demonstrator.

(*d*) To report the results of their investigations to the demonstrator, who will sign the reports before they are sent to the wards.

The demonstrators will undertake the following duties:

(*a*) One, or more if required, will be on duty each morning from 10 a.m. to 1 p.m.

(*b*) He will look through the "request cards" for the day, and distribute the work to the clerks concerned.

(*c*) He will supervise and teach the clerks in their investigations, and be responsible for all reports sent to the wards.

(*d*) He will hold each morning a "grind" in clinical pathology of not more than half an hour's duration. These will be systematic in character, comprising such bacteriological, hæmatological and chemical methods as are required in the M.B. examinations of the Universities of London, Oxford, and Cambridge.

(*e*) He will keep a record of the clerks' attendances and of the work carried out by them, thus insuring that each clerk will complete the syllabus.

In order to carry out these regulations the co-operation of the resident staff will also be needed. They must see that the "request cards" are sent up to the receiving-room before 10 a.m. each morning, otherwise the investigations will not be carried out until the following day. Exception to this rule will only be made in cases of urgency, when the card must be signed by a member of the senior staff, and marked "URGENT!" They will see that all their investigations are carried out by the Pathological Department, with the exception of such urine testing as is carried out at the present time by the ward clerks and dressers.

One of the great drawbacks to the present system (which the new scheme will entirely replace), has been that the research clerks and dressers have been allowed to hold other appointments concurrently with their pathological clerkship. In future the clerks will not be allowed to hold any other morning appointment, or to attend the morning out-patient departments. They will be allowed to hold the post-mortem appointment, for which they will have a preference over other students. Although it would at first sight appear that this scheme is adding time to the present curriculum, it is in reality diminishing it, as the student will be holding the two appointments of research clerk and cutter in three months instead of occupying six months as heretofore.

University men who have held this post will be excused from attending the classes necessary for their examination in practical pathology.

The scheme, which has the sanction of the Medical Council, has been constructed so as to make it as attractive as possible for the student, and to interfere as little as possible with his curriculum; its success will, however, depend very largely on his co-operation with those who are wishing to give him greater advantages.

Men wishing to hold the appointment must first apply personally to the member of the staff by whom they wish to be appointed, and then give their names to one of the demonstrators of pathology.

The Chronicles of Christopher.

No. VI.—On Fractures.

TALKING about fractures, ["Look here, is this a Chronicle of Christopher or a story by W. W. Jacobs?"—Ed.] well, of all the many difficult problems that a doctor is called upon to face I do not hesitate to select a fracture as the most difficult, and, incidentally, the least remunerative.

The text-books are ridiculously misleading. You read about comparison with the sound side and measurements, evidence of deformity, whilst manipulation to obtain crepitus must always be avoided; and you would conclude from all that they say that anybody who had had no more education than a few visits to a night-school and who was a little above a congenital idiot would be able to detect any fracture, and, what's more, to treat it.

My experience of out-patients is that their normal limbs are generally the queerest, most mis-shapen objects—deformity indeed! It's just the same if you attempt to diagnose nervous diseases by the gait. Ask the next out-patient you meet to walk across the room and describe, in terms of normality, the gait he will demonstrate, whilst he is the cynosure of all eyes: dancing and deportment is not yet an obligatory subject in the Board Schools.

Measurements—yes. I remember one Sunday afternoon when a man was brought into the Surgery with query fracture of the right femur; his left leg had been amputated at the hip-joint some years previously. What provision does a text-book make for that contingency or for another which I have twice experienced, that of a query fractured femur with an old badly set fracture of the other femur having an uncertain amount of shortening?

Do you really want to know the best way to learn all about fractures? Don't read any books, don't waste your young life in the Surgery. Saunter into the Law Courts, into the King's Bench, and in one of the courts you are sure to find a barrister brow-beating a poor beggar of a doctor-witness in cross-examination; and this is the sort of dialogue you may hear, from which you will gather that the lawyer is telling the doctor he is a fool, and is not charging him six-and-eightpence for the information:

Barrister: "Ah, doctor, you have been in charge of this case for three months?"

Doctor (slowly, hesitatingly, trying to decide whether there is in this simple question some trap to avoid, but remembering that he is on oath to tell the truth, the whole truth, etc.): "Yes."

Barrister: "Did you have a skiagram taken?"

Doctor (with confidence): "Yes."

Barrister: "What did it show you?"

Doctor (still with confidence): "That there was a fracture of the femur at the juncture of the upper and middle thirds."

Barrister: "Yes. Did you set the fracture?"

Doctor: "Yes."

Barrister: "What method did you employ?"

(*Doctor*, in a curious mixture of scientific and lay phraseology, succeeds in persuading everybody in the court, himself included, that the General Medical Council ought to take away his license to practise and brand him as a public menace).

Barrister (cheerily): "Thank you, and when you put up the fracture was it in the proper position?"

Doctor (with the air of a drowning man grasping a straw): "Yes."

Barrister: "What position *was* it in?"

(*Doctor* hopelessly embarks upon another career of explanation, and is finally helped out by the Barrister interrupting: "Oh, never mind, doctor, did you measure the limb?")

Doctor: "Yes."

Barrister: "How frequently did you measure it?"

Doctor (desperately): "Once."

Barrister: "Thank you doctor, *that* will do."

(*Doctor* leaves the box, the slight emphasis on the "that" in the barrister's concluding remark reminding him unpleasantly of a similar expression from an examiner he met in his youth at the Colleges, when "that" did indeed do.)

It may happen that *you* will at some time be called upon as a witness in such a case, and you must not make such an exhibition of yourself; you must be fore-armed to meet the fuzzy-headed gentleman. Speak out like a man when describing your treatment, whereupon he will proceed to quote from Mr. Jones's book on fractures to the effect that this authority adopts a treatment absolutely opposite to yours.

Ask to see the book, and look at the date. If, as is not improbable, economy has been studied, and an ancient edition purchased, you can spread yourself in scoffing about antediluvian ideas and prehistoric methods. But if a recent edition is handed to you you cannot adopt that sort of attack. Instead, you had better say, "Well, since Mr. Jones says *that*, the best thing you can do is to get *him* here and examine *him* upon the point."

When you learn anatomy and physiology you are taught that the bones are filled with good red marrow. Nothing of the sort. They are filled with black ingratitude, which comes out of them when they are broken. With that fundamental established in your mind you already have an elementary notion of the right way to treat a fracture.

A savant has laid down the rule that the first thing to do when called to a labour case is to ascertain that the patient is pregnant. He was the type of man who might have given as the first rule in the treatment of fractures—when called to a fracture refuse to go until you have joined the Medical Defence and filed your bankruptcy petition.

Old Students' Dinner.

THE opening of the Winter Session was celebrated on October 2nd by the customary annual gathering in the Great Hall of the Hospital, when nearly 170 old Bartholomew's men dined together. Mr. Jessop was in the chair and several distinguished guests were present, including Lord Sandhurst (the Treasurer of the Hospital), Sir Thomas Barlow, Sir Henry Butlin, Sir Clifford Allbutt, Sir William Collins, Sir Edward Letchworth, Sir Malcolm Morris, Sir James Porter, Sir William Gubbins, and Professor Gardiner.

The toast of the King having been duly honoured, Mr. Jessop rose to propose "The Hospital and Medical School," and said that he wished first to recall the conditions of the School in 1881, and he eloquently contrasted existing conditions with those of that period. At that time the income of the School was at its highest, members of the staff were fewer, and some lecturers received stipends equal to professors at Edinburgh University. Now things were reversed: students were fewer and incomes less. The greatest contrast of all, perhaps, was afforded by the advance in pathology; bacteriology was then unknown, or rather the whole subject might have been put in a nutshell, as "pyæmia = pus in the blood."

Institution of special departments had meant a remarkable increase in the staff. To enumerate, the additions included: Two physicians, two surgeons, an obstetric physician, two aural surgeons, two throat and ear surgeons, two electrical medical officers, a dermatologist, three dental surgeons, four anæsthetists, two pathologists, besides a small army of demonstrators and clinical assistants.

Mr. Jessop emphasised that if we meant to maintain our great prestige and renown we must find the endowment, and on all hands it was agreed that the suggestion to have a Charter of Incorporation for the School was fitting and correct.

With a substantial capital an all-round benefit to the School, to its teachers, and to the whole world of medicine must accrue. A draft in general terms had been approved by the Medical Officers and Lecturers, and when it was finally adopted by the Hospital it was intended to present it without delay to the Privy Council, with a petition to his Majesty.

After referring to the generosity of the Misses Lawrence in increasing the value of the Lawrence Scholarship to £115 per annum, Mr. Jessop enumerated the honours which had been gained by the Hospital during the past year. Our Consulting Surgeon, on whose shoulders had fallen the mantle of oratory of Lawrence, Paget, and Savory, was now Sir Henry Butlin, Bart. Knighthoods had been bestowed upon Sir Anthony Bowlby, Sir George Newman, Sir Frederick Wallis, and Sir Frederick Eve; and Dr. Raglan Thomas, Sir W. Collins, Surg.-Gen Lukis, and Mr. Shipley had been honoured in their several capacities. The School records were also highly satisfactory; the scholastic honours included the Gold Medal in the M.S.Lond.; the athletic honours an invincible season for the Association Football team.

In the midst of our rejoicings, said Mr. Jessop, it was fit and proper to remember those who had this year joined the majority. Our losses included Henry Power, the first Ophthalmic Surgeon to the Hospital, whose handsome face and unclouded brow had given happiness to countless sufferers; and Samuel Gee, who would ever be remembered as one of our greatest physicians, a true philosopher, and a master of clinical medicine. Coming to us from University College Hospital, Gee soon became thoroughly engrafted as a Bart.'s man. A philosopher to the end, he had written to Dr. Robert Bridges about a week before his death: "It is a great disappointment that I cannot climb hills as once I did. I know it would be foolish to try. I console myself with Bacon's saying, 'The vale best discovereth the hill.'"

In most touching and affectionate terms regarding the great losses the Hospital had thus sustained, Mr. Jessop concluded a most impressive address.

Lord Sandhurst, who replied, pointed out that inasmuch as for several years quite unavoidable expenses of the Hospital had exceeded the income by about £10,000 annually, the institution was really a poor one, and that consequently the Govenors were unable to do all they felt desirable either for the Hospital or the Medical School. He assured the audience, however, of his sympathy with the needs and aims of the School, and promised every assistance that he and his colleagues could afford.

Dr. Norman Moore proposed "The Guests" in terms which enhanced, if possible, his reputation for both learning and wit, and called upon Sir William Collins to reply. Sir William referred in a very amusing way to the efforts to reform the University of London, of which he was Vice-Chancellor, and then dwelt upon the desirability of medical men taking a more active part in public and national affairs.

The health of the Chairman was then proposed by Mr. Bruce Clarke, and the party adjourned to the Library, which was not vacated until a very late hour.

The Clubs.

RUGBY FOOTBALL CLUB.

1st XV *v.* London Irish

This match was played at Winchmore Hill, and resulted in a win for the London Irish by 2 goals, 3 tries (19 points), to *nil*. The Hospital had an extremely weak side out, the majority of regular playing members being away.

Some of the Freshmen showed up to advantage, E. J. Bradley and G. Kinneir in the forward line and C. H. Savory at back, while R. Hodson, though playing out of his proper place, did some good work at half.

W. A. Pocock unfortunately hurt his knee during the first half and had to leave the field, after having aided the Hospital side with some very able work.

The result, though poor, proves nothing. When the full team get together there will be every prospect of a good season; this, however, can only be accomplished by men turning out every Saturday. Team:

C. H. Savory (back); W. E. Wilson, W. Davies, R. Coyte, W. A. Pocock (three-quarters); R. Hodson, T. W. David (halves); A. Ferguson, L. Kitching, F. G. A. Smyth, E. J. Bradley, G. Kinneir, R. G. Lyster, G. T. Beyers, N. A. Scott (forwards).

HOCKEY CLUB.

ST. BART.'S *v.* BROXBOURNE.

Our first match was played at Broxbourne in wretched weather. Broxbourne opened the scoring through their inside left, Clow, after about fifteen minutes' play. The Hospital equalised a few minutes later by means of Brash, who, although the goalkeeper kept out his first shot, followed up and had no difficulty in putting through. Shortly after Broxbourne scored another goal through a corner, and then Stathers, by good individual effort, brought the scores level. Half-time arrived with the score two all.

Broxbourne immediately added to their score on the resumption, and held the lead until within ten minutes of time, when Bart.'s added two more goals in quick succession through Stathers. Unfortunately Broxbourne equalised within a minute of time through their goalkeeper, who had been changed to centre-forward. Whitehead in goal is a great addition to the team. McCall and Griffiths made a pair of safe backs. Team:

R. Whitehead (goal); H. F. Griffiths, H. D. McCall (backs); A. G. Turner, J. G. Ackland, C. J. Nicholson (halves); W. C. Spackman, G. S. Stathers, C. K. Sylvester, E. J. Y. Brash, W. V. Hughes (forwards).

ST. BART.'S *v.* LONDON HOSPITAL.

Played on Saturday, October 14th, on the London Hospital ground. Bart.'s were handicapped by the absence of Weller at right half. Steedman, who came in at right back, was in excellent form and considerably strengthened the defence. Although having easily the best of the game, we only won by three goals to two, scored by Sylvester, Brash, and Stathers. The ground was very bad, and would have been improved with a little rolling. Team:

R Whitehead (goal); M T W Steedman, H F Griffiths (backs); — Lyon-Smith, J. G. Ackland, C. J. Nicholson (halves); W. V. Hughes, G. S. Stathers, E. J. Y. Brash, C. K. Sylvester, A. G. Turner (forwards).

ST. BART.'S *v.* ROYAL ENGINEERS, CHATHAM.

This match should have been played at Winchmore Hill, but owing to pressure of work the Engineers were unable to get up to town. The Hospital played one short through the absence of our captain, Nicholson. We soon scored through Lovell and almost immediately afterwards through Sylvester. The Engineers then carried all before them, and at half time lead by 5—2. During the second half they added four more, whilst Sylvester scored our third. The Hospital had an off day and never seemed to settle down, whereas the Engineers were at the top of their form. Our backs played very well, but it is impossible for two men to mark five forwards. Whitehead played a good game in goal. Team:

R Whitehead (goal); M T W Steedman, C S Atkin (backs); J. G. Ackland, G. P. Selby (halves); E. J. Y. Brash, G. S. Stathers, A. J. Lovell, C. K. Sylvester, H. E. Griffiths (forwards).

Reviews.

THE PRACTICE OF MEDICINE. By FREDERICK TAYLOR, M.D., F.R.C.P. 9th edition. Pp. 1121. Illustrations, 67. (London: J. & A. Churchill.) Price 18*s.* net.

Less than twelve years has elapsed since the first appearance of Dr. Taylor's text-book on medicine, and the ninth edition now lies before us. We heartily congratulate the author upon his achievement, and note with pleasure that a third edition of the Italian translation is already in course of publication.

The present volume has been thoroughly revised and brought up to date, and entirely new articles upon Pellagra, Meralgia Paræsthetica, Pneumococcal Meningitis, Myotonia Atrophica, Amyotonia Congenita, Enterospasm, Hirschsprung's Disease, Intermittent Claudication, Congenital Family Cholæmia, Peritoneal Adhesions, Lymphatism, Bacilluria, and Pneumaturia, have been added.

Considerable additions have also been made to some of the original articles. The recent work of Mackenzie and Lewis has received notice in the pages devoted to physical examination of the heart and vessels, but unfortunately the electro-cardiograms and diagrams of pulse-tracings are very badly reproduced. Some diagrams showing distribution of sensory changes and several illustrations have been added to the section on nervous diseases, but their number might still be increased with advantage.

The article upon syphilis hardly does justice to the large amount of recent work upon the subject, and a fuller account of the late visceral lesions, which are the particular province of the physician, might be included under this heading. In fact, we feel that the chief defect of the book from the point of view of the beginner is the absence of a more obvious system of classification. The book is massive, composed of a number of densely packed articles with very little explanation of their relationships. A few pages at the commencement of each section devoted to classification according to the site and nature of the lesions would render the book much more intelligible to the student, and more valuable to the practitioner for reference.

The inclusion of a section devoted to diseases of the skin has always formed a popular feature of the book, but we think that the time has come when this branch of medicine should be relegated to special text-books. It is certainly impossible to give an adequate account of so important and difficult a subject in seventy unillustrated pages.

The number of pages in the present edition is practically the same as in the previous issue, but the size of the page has been increased, and the alterations and additions fully justify the increase of price from 16*s.* to 18*s.*

A POCKET ATLAS AND TEXT-BOOK OF THE FUNDUS OCULI, WITH NOTE AND DRAWING BOOK. Text by G. LINDSAY JOHNSON, M.A., M.D., F.R.C.S., with Drawings from Life by ARTHUR W. HEAD, F.Z.S. (London: Adlard & Son.) Price 10*s.* 6*d.* net.

Authors and publishers alike are to be congratulated on this production. Dr. Johnson has admirably succeeded in putting into so small a space as 200 pages a remarkable amount of interesting and valuable information, whilst the second object of the book is preserved—that of including 55 coloured pictures of normal and pathological fundi. The latter are the work of Mr. Head, which is sufficient guarantee of their excellence; whilst, as we have had an opportunity of seeing some of his original drawings, we can unhesitatingly commend Messrs. Adlard on the faithfulness with which the reproductions have been made by the three-colour process.

It is rather difficult to deal in a schematic fashion with the details of the text. It must be understood that this is no ophthalmic text-book, but that the author had limited himself to considerations of internal diseases of the eye and the methods of ordinary (and, we must add, extraordinary) examinations. These ophthalmoscopic details are described at great length and with perfect clearness. It was only to be expected that any work on the microscopical anatomy of the eye from the pen of Dr. Johnson would be undeniably complete; in fact we are disposed to question whether the chapter on the anatomy of the choroid and retina has not been over-treated in a book of so small a size. The frequent reference to conditions in the eyes of the most unlikely members of the animal kingdom have literally made us gasp to think of the extent to which the authors' labours must have extended. Now we know that a curious crater-like hole of the disc occurs in the elephant, that the normal crocodile's fundus has the appearance we associate with "retinitis pigmentosa," and that the elastic fibre layer of the choroid in the giraffe is brilliantly coloured, with many other interesting details of animal friends, from seals to flying squirrels, from bears to beavers.

It is equally impossible to over-praise Mr. Head's contribution to the book. As the title is "A Pocket Atlas and Text-Book of the Fundus Oculi," his share might be considered of the major importance. We ourselves have seen Mr. Head's illustrations in *Frost's Atlas of the Fundus Oculi*, so that some of the present ones are not new to us, but the uniform excellence of the fifty-five is remarkable. Mr. Head has thoughtfully provided an ophthalmoscopic Note and Drawing Book with a red and black coloured pencil and sheets of paper with skeleton charts showing position of the macula and disc. The note-book is removable, but the entire little work is compactly bound and is portable enough to be carried in the pocket.

It is an artistic little production, very different from the majority of text-books we are asked to review. At times it soars a little perhaps above its avowed purpose, but nobody who takes the faintest interest in ophthalmic work should fail to obtain a copy.

THE NEW PHYSIOLOGY IN SURGICAL AND GENERAL PRACTICE. By A. RENDLE SHORT, M.D., B.S.(Lond.), F.R.C.S.(Eng.). Pp. 200. (Bristol: John Wright & Sons. London: Simpkin, Marshall, Hamilton, Kent & Co.). Price 4*s.* 6*d.*

For many years the science of physiology has been much neglected by the average medical man. A certain elementary knowledge has been looked upon as a compulsory nuisance which is finally disposed of by the passing of an examination, and it is to be feared that this view has not only been professed by students but admitted by many clinical teachers. Such an attitude is much to be deplored, and we heartily welcome the several manuals upon applied physiology which have appeared within the last few years.

Of these we can strongly recommend the one now before us. It is intended, the author says, for the general practitioner, the consulting surgeon, and candidates for the higher examinations in physiology. Perhaps it will be most welcome and appropriate to those who have recently qualified, whose clinical enthusiasm is fresh, whose desire to keep up to-date is keen, but whose ardour for continuous reading in the ordinary text-books is somewhat diminished.

This little book may be almost described as "light literature," and may enable many of its readers to realise for the first time the bearing of physiology upon practical medicine. Chapters on the hæmorrhagic diathesis, chloroform poisoning, nerve injuries, the surgical physiology of the spinal cord, cerebral localisation and the action of cutaneous anæsthetics are among the most interesting from the point of view of the surgeon. Others of a more general or strictly medical nature are included, but have been dealt with more fully by Langdon Brown in his *Physiological Principles in Treatment*—a book which remains the best and most scientific model of its kind.

The *New Physiology* is clearly written and mere hypothesis is conspicuously absent. A short bibliography is appended to each chapter, the index is complete, and the publishers have produced a very neat little volume.

CLINICAL SURGERY. By C. B. LOCKWOOD. Second edition. (Henry Frowde and Messrs. Hodder & Stoughton). Price 5*s.* net.

A chapter of this little book is a tonic, or rather it is an *apéritif* which creates an appetite for further surgical reading and ensures its digestion. Nobody who has heard a lecture by Mr. Lockwood will need reminding of his unique manner in dealing with subjects which other surgeons either neglect entirely or merely discuss in an unenthusiastic fashion. It is a great pleasure to read these well-known lectures at one's leisure, whilst all who have not had an opportunity actually to hear a lecture should be eager thus to secure an introduction to a master of his art.

We always think that Mr. Lockwood is at his happiest when his subject is of that "simplicity" which a casual acquaintance treats almost with contempt. Thus the lecture on "Varicose Veins" literally gives one, who had hitherto believed himself beyond teaching in this subject, furiously to think; whilst the general lectures on "Clinical Reasoning," "Introduction to the Study of Clinical Surgery," and "The Essentials of a Diagnosis," are to be read and re-read with the greatest pleasure and profit.

It is futile to quote isolated passages from lectures the value of which lies in their complete perusal, but the temptation to select just a few is irresistible. "We enter the temple of science through the portals of doubt"; "Do not be led away by that dreadful fallacy of diagnosing what is commonest"; "The best text-books are the patients in the out-patients' rooms and wards of the hospital"; "Heroic surgery practised upon heroes"—are a few examples of the terse epigrammatic language which strikes home at once. "A human being whose intestinal contents are escaping through an artificial opening upon the surface of the body is a very unhappy person. He will submit to severe and dangerous operations to be rid of his trouble" is an example of an opening remark which is brilliant in its simplicity yet power in striking the key-note of the lecture that follows. And through page after page there ripples, when occasion demands, a delightful little wave of humour which partakes always of the nature of the rapier of sarcasm and never of the bludgeon of abuse.

It is interesting to observe from frequent allusions that Mr. Lockwood evidently favours the infective theory for the origin of malignant new growths, whilst he has clearly a feeling at the back of his mind that heredity plays some part in their causation.

In conclusion, we observe that the title of this edition is simply "Clinical Surgery," in contrast to the original title of "Clinical Lectures and Addresses in Surgery." This, we are sure, is not merely to economise type, but we venture to conclude that the author has with quiet confidence realised that his work deserves the dignified title of "Clinical Surgery," and when we mention that among the subjects considered are "Salivary Calculi," "Fractures of the Patella," "Amputations at the Hip and Shoulder-Joints," "Fæcal Leaks and Fistulæ," "Malignant Disease of the Tongue," "Carcinoma of the Breast," "Varicose Veins," "Swellings, above, below, and within the Neck of the Scrotum," each skilfully including details of a far-reaching nature, we can only applaud any lack of hesitation to select the comprehensive title.

The new chapters are "The Wind after Abdominal Operations," and "Fractures of the Patella and their Surgical Treatment." We hope Mr. Lockwood will continue to publish anything fresh upon which he lectures, if, indeed, there is anything left worth mentioning which he has not already treated.

A MANUAL OF FEVERS. By CLAUDE BUCHANAN KER, M.D.(Ed.), F.R.C.P.(Ed.). (London: Henry Frowde and Messrs. Hodder & Stoughton.) Price 7*s.* 6*d.* net.

We have often thought that there was undoubtedly a need for a small compact work on fevers written for the student and general practitioner. So far as we are aware no other book on the subject of the same scope has actually appeared. The exhaustive treatises on smallpox and other fevers, which have from time to time been published, are far too voluminous for the student to acquire the outlines he desires, and Dr. Ker's little work should have a ready demand. We must confess to a certain criticism that he has omitted all mention of pneumonia and influenza. The former, most unfortunately, becomes confused in the student's mind as a disease of the lungs pure and simple, and the circumstance that it is an acute specific fever often never dawns upon him sufficiently strongly to obliterate his early impressions.

Similarly influenza, which may perhaps have been omitted because it is not a pathological entity, obtains such inadequate consideration in text-books on medicine (of the student type, of course) that its treatment here would, we think, enhance the value of the book.

The style throughout is excellent, but we must quarrel with the author's occasional use of hyper- and hypo-leucocytosis (a particular *penchant* of fever specialists, we believe). We presume that hyper-leucocytosis is used in the ordinary sense of leucocytosis. At first sight it suggests particularly marked leucocytosis, but then hypo-leucocytosis, which is doing duty for leucopenia, is nonsense.

"Fourth disease" is considered, and the author does not agree with all other authorities that its existence must be ignored. A particularly good chapter gives a clear, sensible discussion of vaccination, and disposes of anti-vaccinationists' arguments better than we have hitherto seen that done. We wish Dr. Ker's book every success.

PUBLIC HEALTH LABORATORY WORK. By KENWOOD. Fifth edition, pp. 440, with 96 illustrations and four plates. (H. K. Lewis.) Price 10*s.* net.

This, the fifth edition of Professor Kenwood's well-known laboratory book, will be found a useful aid to students who are undertaking the course of work required by the Department of Public Health. The general scheme of the book is admirable, the illustrations clear and accurate.

The subject-matter of the book falls naturally under various headings, and these the author treats separately without unnecessary overlapping. In the part on water analysis, we see with some disfavour that the obsolescent and academical method of Thresh is praised rather than that more practical method of Winkler, for estimating the dissolved oxygen in water. The chapter on the interpretation of analytical results is as clear as so difficult a subject can be made. The section devoted to air analysis is worthy of all praise; and that dealing with food examination seems to us altogether satisfactory. We consider, however, that the author's treatment of the vast question of sewage analysis is slightly sketchy.

We are sorry to see included in this book some sixty pages on Bacteriology; we think such might well be left to larger and more truly bacteriological text-books. The subject of bacteriology, as applied to public health, is so vast that it is unfair to Dr. Savage, who contributes this section, to ask him to condense so much of his valuable work and knowledge into so small a space. Needless to say his contribution, though so contracted, is at the high standard that marks him as one of our leading authorities on public health bacteriology.

THEORY AND PRACTICE OF THYROID THERAPY. By HERBERT EWAN WALLER, M.R.C.S.(Eng.), L.R.C.P.(Lond.). (London: John Bale, Sons & Danielsson.)

Cretinism and myxœdema are now well-recognised conditions, but very few practitioners are cognisant of the various minor degrees of thyroid inadequacy with which Dr. Waller's little book is chiefly concerned. The author acknowledges his indebtedness to Dr. Leonard Williams, but he is prepared to go even further than the latter. Enlarged tonsils and adenoids, rickets, dental caries, goitre, the vomiting of pregnancy, and some of the symptoms of the menopause are among the phenomena attributed to lack of thyroid secretion, and on the subject of chronic constipation Dr. Waller writes: "I have had almost invariably good results, and have only failed two or three times to cure constipation by the administration of thyroid."

We hesitate to agree as to the frequency of these associations, but we are fully prepared to admit that the influence of thyroid and other internal secretions upon body metabolism is more profound and more diversely exhibited than has hitherto been generally supposed.

Identification of symptoms and of clinical indications for thyroid treatment must be mainly the work of the physician, but their explanation belongs more properly to the physiologist. Variable factors must be reduced to a minimum and reasonable control experiments must be instituted before a theory concerning the relationship of the thyroid gland to the calcium and iodine of the body can be established with any degree of probability. The portions of the book devoted to speculations upon this subject are therefore of less interest than those which are directly clinical. There are a few technical errors, such as reference to the appearance of the rash of measles on the fifth day of the disease, and the statement that—"It is the business of the surgeon to remove the adenoids and leave behind the mucous membrane," but the general style is simple and readable.

HINTS FOR THE GENERAL PRACTITIONER IN RHINOLOGY AND LARYNGOLOGY. By Dr. JOHANN FEIN, Privatdocent at the University of Vienna. Translated by J. BOWRING HORGAN, M.B., B.Ch. (London: Messrs. Rebman, Ltd., 129, Shaftesbury Avenue. Pp. 234, 40 figures, and 2 photographic plates. Price 5s. net.)

More than a passing word of praise is due to the translator. Without the original before us we are unable to judge how much has been gained by its translation, but we conclude that the task has been excellently performed, for its crisp, vigorous English makes the book exceedingly attractive and easy to read. Occasionally the style is quite epigrammatic. The operation for adenoids, for example, is said "to look very simple, and this is especially the case if we consider it to consist in the performance of a few scraping and levering movements in the naso-pharynx, and the removal of a few insignificant shreds of tissue." (The author might have added that blood-letting is often the only objective evidence of an operation having been performed.) And, again, "One of the disadvantages of performing the operation for adenoids under an anæsthetic is that the growth is often swallowed, and may then, of course, not be demonstrated to the child's parents." (We doubt if the *British* parent displays so much curiosity.) At times the expressions used are quite startling in their unexpectedness; as in describing the incision for acute peritonsillar abscess "the result," says the author, "is often blood and disappointment instead of pus and relief."

Such terseness, however, adds to the weight of the points emphasised; incidentally we have gained a new word—"aprosexia." The attitude adopted throughout the book is that of crediting the reader with absolutely no special knowledge of this region of the body, and although at times one gathers that the author has evidently a very poor opinion of the "average G. P.," yet no sensible man in search for knowledge can feel any resentment. We ourselves have been particularly impressed by the admirable judgment which spent two and a half pages in describing how to manipulate a tongue spatula, and exactly thirteen words in dealing with malignant tumours of the pharynx.

A strong plea is made throughout the book for local as well as general treatment, *e.g.* in syphilitic disease of the pharynx and larynx; but we cannot help feeling that the frequent failures to observe general diseases upon which the author insists would not be likely in the case of men well trained in methods of examination such as obtain at this hospital for example.

There are some very sensible remarks upon the general and local effects of tobacco smoking, upon the results of operations in singers, and upon epistaxis, to select three important subjects. Without hesitation we commend this little book to all in search of a work which fulfils exactly what it aims at fulfilling—to give general practitioners a limited but applicable knowledge instead of an extensive knowledge which they are unable to apply: hints in the best sense of the word and not a book of reference.

A Women's Guild for St. Bartholomew's Hospital.

A VERY well attended meeting was held in the Great Hall on Monday, October 23rd, at the invitation of Lord and Lady Sandhurst, to inaugurate a Women's Guild for St. Bartholomew's Hospital.

The objects of the Guild are—

(*a*) To provide clothes for the use of necessitous patients in the wards.

(*b*) To provide clothes for necessitous patients on their discharge from the Hospital.

(*c*) To take up any other work in connection with the Hospital which from time to time may commend itself to a general meeting, with the sanction and approval of the Treasurer and Almoners.

Lord Sandhurst briefly opened the meeting and introduced Mrs. Lauriston Shaw, who in a most interesting and able speech gave an account of the founding and growth of a similar guild at Guy's.

Lord Sandhurst then proposed two resolutions:

(1) That a Women's Guild for St. Bartholomew's Hospital should be formed.

(2) That the following officers and executive committee be elected: *Chairman:* Lady Sandhurst. *Vice-Chairman:* Mrs. Norman Moore. *Hon. Treasurer:* Mrs Jessop, 73, Harley Street. *Hon. Secretary:* Miss R. Tweed, 45A, Addison Gardens, W. *Hon. Work Secretary:* Mrs. Tooth, 34, Harley Street. *Committee:* Lady Cohen, Lady Lawrence, Mrs. E. J. Layton, Lady Bowlby, Mrs. Bruce Clarke, Mrs. Griffith.

These Dr. Norman Moore seconded in one of his happy, humorous speeches, with many references to the past work of the Sisters since the time of Rahere in providing clothes for the patients, and the resolutions were unanimously passed.

Mr. Bruce Clarke moved a vote of thanks to Lord and Lady Sandhurst and Mrs. Lauriston Shaw, which was passed enthusiastically.

Tea was provided by the Hospital.

A more detailed account of the proposed working of the Guild will appear in a later issue.

Correspondence.

THE ABERNETHIAN SOCIETY.

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

DEAR SIR,—I have read your article on "The Abernethian Society" with considerable amusement and sorrow, for you say that the "seniors present are men whose qualification is measurable in months only and who realise how very little superior is their knowledge to that of their juniors." Unfortunately that was not my experience when I joined in 1878, for I remember several students saying that they would rather give an opinion in front of the senior physicians and surgeons than before several of the newly qualified men who were present and who simply laughed and sat upon them with their superior knowledge and so prevented them trying again. I remember sitting in the room several evenings a stranger amongst strangers, and was never spoken to by the seniors and therefore gave up attending.

Probably the same reason prevails now, as I see the meetings are patronised by comparatively few unqualified men.

Yours very truly,
W. H. SQUARE.

BRIDGE HOUSE,
LEIGHTON BUZZARD,
BEDS.
October 5th, 1911.

DISCOURTESY AT BART.'S.

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

DEAR SIR,—This is one point I should like to raise if you will give me a short space in the Journal, and that is the want of consideration shown by the junior staff to the general practitioner. As an old Bart.'s man when I started in practice some years ago I used to send cases to the Hospital which could not be well treated at home, and more especially those requiring surgical treatment. The cases were generally admitted, operated on and sent back, but no communication was received as to what was found or as to what had been done; occasionally the cases were refused, again without any communication to the poor general practitioner. Of course, it may be argued that the staff have not time, but I cannot believe this is the case, for I know when I was an H.S. I had to find time to communicate with the doctors who sent cases to the Hospital; these were provincial hospitals I admit, but at these the junior staff is worked just as hard as at a London hospital. My partner is a Thomas's man and naturally sends his cases there, and always receives a polite note saying what the staff thinks of the case, and what they propose doing, or have done. These notes often come from the members of the visiting staff. What is the consequence? I now send most of my cases to St. Thomas's Hospital, and when either of us require a surgeon to come and operate or give his opinion on a private case, we send for a Thomas's man, or make an appointment with one and send the case to him. Thus one gets alienated from one's old hospital, which, in the case of such a fine old place as Bart.'s, is a pity, to say the least of it.

Perhaps the consulting staff at Bart.'s do not care to have cases sent them from general practitioners, even as private patients.

I am, sir, yours faithfully,
C. F. WIGHTMAN.

ROYSTON,
October 10th, 1911.

THE CHRONICLES OF CHRISTOPHER.

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

SIR,—"Christopher" no doubt does not intend us to take his "Chronicles" seriously, but underlying his humour is a great deal of sound sense, and I was particularly struck by his remark last month upon house surgeons. I support his statements from my own experience. I am a man who has had for private reasons to delay qualification for some years, and I subsequently returned comparatively recently to finish my dressings. I dressed actually under house-surgeons separated by nearly five years' interval, and the contrast between them was as striking as it was agreeable.

It seems to me that house-surgeons very often fail to realise how much difference they can make to the life and happiness of the humble dresser, and, however clever he may be, an H.S. will, it seems to me, have failed in his office if he finishes without leaving a certain amount of affection behind him in the minds of the men who worked under him. My condemnation of the house-men in the past is not meant to be sweeping, and I think of a few only (my own house-surgeons were among the number), but without hesitation I agree with "Christopher" that *nous avons changés tout cela*, and the present-day dressers are to be much congratulated.

Yours very truly,
"CHRONIC."

[This letter was crowded out of our last issue.—ED.]

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

SIR,—Has "Christopher" heard of the following Sprichwort?

"Warum ist die Luft des Schwarzwaldes so schön?
Weil der Bauer am Abends sein Fester festmacht."

Yours, etc.,
G. G.

MÜNICH,
BAYERN.

The late Dr. Conolly.

[An obituary notice of the late Dr. Conolly appeared in the July Journal. At the request of some of his friends we publish the following additional notice.—Ed.]

The brief announcement of the death of Noel Conolly, at Drummoyne, Sydney, in the July Journal, will have come as a great shock to his many friends in this country. He was born in Australia and educated at Bedford, and in 1897 came up to Bart.'s for his Medical Education. It was there I first got to know him, and gradually to learn his sterling worth. He was a hard-working, methodical student, and invariably gave of his best to whatever subject he was working at, and I believe I am right in saying that he never came down in any examination.

A pretty wit and a merry disposition made him the most delightful of companions, and wherever he might be he was the life and soul of the party. Immediately after qualifying he was appointed Casualty Officer at Bristol Royal Infirmary, and after six months became Gynæcological Resident, which post he held for a year. One of his Colleagues at the Infirmary writes of him: "He was a great favourite at the Royal Infirmary—Residents, Staff, Students, Nurses and Patients all devoted to him. He was always ready to do any odd job, and it was to him the nurses went when some extra dressing, etc., was wanted, and he was invariably ready to go on duty for a Resident who wished to get off.

"We had a big Fête run in the Zoo for one of the Hospitals and he organised and brought off a most successful comic Cricket Match, which culminated in the Camera blowing up while he was photographing the teams, and he was carried off in an Ambulance, gesticulating wildly. He was given a Farewell Dinner, to which practically all the Staff and Students went, and was presented with an Illuminated Topical Song, setting forth his various doings. The Dinner was unique in being got up for a 'Resident,' and especially for one who was a foreigner to Bristol, and only there a short time. He was a good friend, a good worker, and always the life and soul of any amusements."

The last time I saw him was soon after that Farewell Dinner, and I remember the difficulty I had to get him to speak about it, although he was intensely proud of the compliment. He told me he was asked to "dine with one or two of us," as he was leaving Bristol. On going to the place appointed and asking for his host, he gave his name and was astounded at the waiter throwing open a door and calling out, "Gentlemen, our guest." Assembled were his fifty or sixty Hosts, and this was what he had imagined was to be a quiet party of two or three. It was as great a compliment as his friends could have paid him. His was a fine character, a generous and loving heart, fearless and upright, loved by all who came in contact with him.

ALEX. S. PETRIE.

Appointments.

ROBERTS, L. EDGAR, appointed R.M.O. to the Victoria Hospital and Dispensary, Lewes.

* * *

New Addresses.

ADDISON, C., 14, Briardale Gardens, Platts Lane, Hampstead.
ALLNUTT, E. B., Westminster Hospital, S.W.
ANDREWS, S., Gaisgill, Barnet Lane, Elstree.
BAINBRIDGE, F. A., University of Durham College of Medicine, Newcastle-on-Tyne.
BINNEY, C. N., Walton-on-the-Hill, Surrey.
BINNS, J. B., 153, Bow Road, E.
BUTLER, H. B., Belmont House, Epsom Road, Guildford.
BUTLER, T. H., 26, Adelaide Road, Leamington.
CARPENTER, E. G., Sutherland House, London Street, Hyde Park, W.
CHURCH, Sir WILLIAM, Bart., Woodside, Hatfield.
CLARKSON, T. H. F., Lt.-Col. R.A.M.C., Ancaster, 48, Granada Road, Southsea.
CODRINGTON, W. J., The Cottage, Munslow, Craven Arms.
DAVIES, I. J., 11, Tanza Road, Parliament Hill, N.W.
DUPRÉ, W. H., Kent and Canterbury Hospital, Canterbury.
FIELDING, C. H., Capt. I.M.S. 17th Infantry, Manipur, Assam.
FISHER, A. G. T., University of Bristol, Bristol (from October).
FOWLER, W. E. L., "Otherton," Stanley Road, Carshalton-on-the-Hill.
GAYFORD, C., Bank Chambers, 218, Strand, W.C. Tel.: City 9506.
GILLIES, H. D., 18, Upper Wimpole Street, W.
GORE, A., 2, Cherry Garden Avenue, Folkestone.
GRAHAM, G., Nicolai Platz No. 1 III/R, München, Bayern, Germany.
GRONE, F., Alexandra Buildings, Hong Kong.
GURLEY, J. H., Capt. R.A.M.C., Royal Hospital, Chelsea.
HALL, P. "Glenholme," Prince's Avenue, Hull.
HENDLEY, H., Col. I.M.S., Deputy P.M.O., H.M.'s Forces in India, Simla.
JAMESON, R. W., P.O. Box 598, Bulawayo.
JORDAN, A. C., 11, Bentinck Street, Cavendish Square, W. Tel. 5340, Mayfair.
KENDALL, T. M., 37, Walbrook, E.C.
KHAMBATA, R. B., 31, Kittredge Road, Calaba, Bombay.
LAIDLAW, F. F., Uffculme, Cullompton, Devon.
MAXWELL, J. PRESTON, The Hospital, Yungchun, *viâ* Amoy, China.
OLDHAM, B. C., Lt.-Col. I.M.S., Lorne, Foxholes Road, Southbourne-on-Sea, Hants.
PARKER, G. D., 1F, Hyde Park Mansions, W.
PINKER, H. J., 10, Braidwood Terrace, Mutley, Plymouth.
ROBERTS, J. E. H., 15, Devonshire Place, W.
SCOTT, SYDNEY, 130, Harley Street, W.
WHITE, E., Essex County Hospital, Colchester.
WIGAN, W. C., U.M.C.A., Likoma, Nyasaland.
WILLIAMS, H. O., Public Health Department, Haverfordwest, Pembrokeshire.
WILSON, H. L., 3, Gordon Square, W.C. (not Golden Square, as stated in the September issue).
WOODFORDE, A. W. G., "Thornycroft," Ripple Road, Barking, Essex.
WORTHINGTON, G. V., Luxor, Upper Egypt (Winter).

Births.

BEGBIE.—On October 2nd, at the residence of her father, the wife of Major F. Warburton Begbie, R.A.M.C., prematurely, of a son, who survived his birth only a few hours.
GRIFFIN.—On October 19th, at Baldock, Herts, the wife of John P. Griffin, M.R.C.S., L.R.C.P.(Lond.), of a son.
NICOLL.—On October 15th, at Kajang-Selangor, the wife of Charles Vere Nicoll, M.R.C.S., L.R.C.P., of a son.

Marriages.

GORDON—BANCROFT.—On September 6th, at St. Mary's, Tenby, by the Rev. William Gordon, assisted by the Rev. Chetwode Ram, rector of Tenby, Frances Jervis Gordon, M.R.C.S., L.R.C.P., to Francis Gwendolen Bancroft.
MAIDLOW—CROSS.—On September 21st, at Hambridge Church, by the Vicar (the Rev. C. L. Marson), William Harvey Maidlow, M.D., F.R.C.S., of Ilminster, eldest son of the late William Smith Maidlow, of Croydon, to Iris Christine Sylvia ("Queenie") Cross, second daughter of Mr. and Mrs. Cross, of Bullen Court, Ilminster, Somerset.

Death.

JACKSON.—On October 7th, at his residence, 3, Manchester Square, W., John Hughlings Jackson, M.D., LL.D., D.Sc., Hon. M.D. Bologna, F.R.S., Consulting Physician to the London Hospital and to the Hospital for Epilepsy and Paralysis, aged 76.

Notice.

WE have received from Messrs. WELFORD & SONS a number of their preparations, including humanised, peptonised, and sterilised milk, "sauermilch" and "sauermilch whey."

Whilst the name of Messrs. Welford upon any preparations is a sufficient guarantee of purity and perfection of manufacture, we can personally guarantee their palatability, and the sterilised preparation in particular is delicious.

"Sauermilch" is prepared with the organisms recommended by Professor Metchnikoff—the bacillus of Massol and the *Streptococcus lacticus*. As the treatment by "sour milk" is very much to the fore at present, we can heartily recommend a preparation which is absolutely trustworthy and which can be supplied by Messrs. Welford's in town or in the country with the minimum of delay. Another preparation, "sauermilch whey," contains less protein, and will generally be found suitable in the few cases in which the ordinary preparation is not well digested.

"Sauermilch cheese," "curdled milk," and "specially prepared butter-milk" are also supplied, and we are so satisfied with the excellence of what we ourselves have sampled as to infer the excellence of these also.

Acknowledgments.

L'Echo Médical du Nord (4), *The New York State Journal of Medicine* (2), *The Practitioner*, *The Nursing Times* (4), *The British Journal of Nursing* (4), *The Hospital* (2), *The Student*, *Guy's Hospital Gazette* (2), *The Middlesex Hospital Journal*, *University College Hospital Gazette*, *St. Mary's Hospital Gazette*, *St. Thomas's Hospital Gazette*, *The London Hospital Gazette*, *St. George's Hospital Gazette*.

NOTICE.

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

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

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

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

St. Bartholomew's Hospital Journal.

VOL. XIX.—NO. 3.] DECEMBER, 1911. [PRICE SIXPENCE.

St. Bartholomew's Hospital Journal,

DECEMBER 1st, 1911.

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

Calendar.

Fri.,	Dec.	1.	—Dr. Tooth and Mr. Waring on duty. Clinical Medicine. 12.45. Dr. Herringham.
Mon.,	,,	4.	—Special Lecture. 12.45. Dr. Fletcher. Examinations for M.D. and M.S.(Lond.) begin.
Tues.,	,,	5.	—Dr. Norman Moore and Mr. Bruce Clarke on duty.
Wed.,	,,	6.	—Clinical Surgery. 12.45. Mr. Lockwood.
Thurs.,	,,	7.	—Abernethian Society. 8.30. "Medical Casualties." P. Hamill, M.B. 1st and 2nd Examinations for M.B.(Oxon.) begin.
Fri.,	,,	8.	—Dr. West and Sir A. Bowlby on duty. Clinical Medicine. 12.45. Dr. Tooth.
Mon.,	,,	11.	—Special Lecture. 12.45. Mr. West. 1st, 2nd, and Part I of 3rd Examinations for M.B.(Cantab.) begin. 1st Examination for Med. Degrees. (Lond.) begins.
Tues.,	,,	12.	—Dr. Ormerod and Mr. Lockwood on duty. Part II of Third M.B.(Cantab.) begins.
Wed.,	,,	13.	—Clinical Surgery. 12.45. Mr. Lockwood.
Thurs.,	,,	14.	—Abernethian Society. 8.30. Clinical Evening.
Fri.,	,,	15.	—Dr. Herringham and Mr. D'Arcy Power on duty.
Sat.,	,,	16.	—Oxford Michaelmas Term ends. Special Lecture. 12.45. Dr. Adamson.
Mon.,	,,	18.	—Cambridge Michaelmas Term ends.
Tues.,	,,	19.	—Dr. Tooth and Mr. Waring on duty.
Wed.,	,,	20.	—**Winter Session Divides.**
Fri.,	,,	22.	—Dr. Norman Moore and Mr. Bruce Clarke on duty.
Mon.,	,,	25.	—**Xmas Day.**
Tues.,	,,	26.	—Dr. West and Sir A. Bowlby on duty.
Fri.,	,,	29.	—Dr. Ormerod and Mr. Lockwood on duty.
1912 Mon.,	Jan.	1	—**New Year's Day.**

Editorial Notes.

WE have frequently meditated upon the probable sensations of an editor who sees a fragment of his *clientèle* reading his publication. We refer, of course, to the editor of an ordinary periodical, for in a hospital the editor speedily becomes inured to such experiences; he is ever among his readers and could not get away from them if he would. And from within he rarely hears anything but adverse criticism, to which fortunately the appreciation from without supplies an efficient antidote. "What a rotten Journal" frequently represents the only observation upon the fruit of the labours of many weary hours snatched from the scant leisure afforded by a house-appointment. "'Christopher' bores me to death," says another, whose taste in humour is of the Charley's Aunt variety, and who has not the discrimination to realise that "Christopher" may indeed be caviare to the general so far as he is concerned. "More sport" demands a third, not appreciating that to old Bart.'s men the bare recital of cricket scores is precious poor reading; and "What is the use of *that* article," sneers a fourth, ignorant of the value which the majority of readers will set upon every word of *that* article.

A good journal is very like a good dinner; you may leave out a course or two and yet do yourself pretty well. You may even spread yourself on one dish: one reader, we know, buys the JOURNAL for "Christopher" alone, but although the compliment is irresistible we cannot recommend a meal off sweets.

Some of our critics from within would do well to take to heart *our* criticism, that a thing is not necessarily "rotten" because *they* cannot understand it.

As for ourselves, we are comforted by the reflection that many critics are of the class described by Milton, of whom to be dispraised were no small praise.

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The numerous friends of Sister Kenton (Miss Bryan) among old Bart.'s men will hear with interest of her retirement, and they will, without exception, share the regret among the present members at the loss the Hospital has sustained. During her ten and half years' career in Kenton —two years with the late Mr. Walsham and the remainder with Mr. Lockwood—Miss Bryan has established an unequalled reputation as a nurse and a teacher. No dresser who has worked in Kenton can have failed to value his advantages, whilst to have been a house-surgeon in this ward was an inestimable privilege. And no patient, from a qualified medical man to the humblest labourer, can have hesitated to place his sense of security in her skill, her wisdom, and her unlimited capacity for taking pains.

But Sister Kenton has achieved even more than this; she has gained the affection and esteem of all members of the Hospital, not merely of her own "firm," but of every "firm," medical and surgical, by the sweetness of her disposition and her invariable sympathy. It is unnecessary to add that a striking characteristic has been the lively interest she has always evinced in all matters relating to Bart.'s, and those belonging to Bart.'s.

Sister Kenton will leave us with regret, but she must leave us with pride at the recollection of the infinite happiness she has directly and indirectly been the means of creating.

It is gratifying to realise that in her new appointment as Superintendent of the Special Probationers' Home in King's Square, Sister Bryan will not be cut off from us entirely, but will still belong to us, and, we hope, will continue her interest in us. We wish her every happiness in her new sphere, and with this wish we confidently couple the names of all Bart.'s men, present and past, who have had the privilege of her friendship.

* * *

To follow directly in the footsteps of such orators as Professor Marsh and Dr. Horder is no small undertaking, and it was appropriate that the first paper of the session by a member of the junior staff before the Abernethian Society should have been read by the President.

Mr. Starkey's title, "Nurse," very properly attracted an audience of which any speaker might have been proud. Cleverly and concisely he dealt with the subject, not from an exhaustive but from an introductory point of view, and no greater appreciation could have been possible than the subsequent discussion, which was probably longer, and certainly more spirited, than any to which we have listened.

On the whole we were not surprised at the comprehensive grasp of human nature, the extensive experience and the deep thought which were mirrowed in the stream of eloquence flowing almost uninterruptedly as one speaker after another rose, nay sprang, to his feet. For Mr. Starkey had with refreshing originality and commendable enterprise selected a subject of very great importance to medical students, whose ignorance of the details of nursing is often a serious imperfection in general practice; and his introduction served to stimulate a discussion which helped to establish a clear idea of the professional relations between doctor, nurse, and patient, the occasional irrelevance of which must be attributed to an anxiety on the part of the speakers to indicate their appreciation of its importance.

Classification was the keynote of the discussion. One speaker classified nurses according to their relations to the medical profession and to patients; another according to their physical and mental qualifications; a third according to their psychical attributes; a fourth according to the motives for which they entered the profession—because their intentions were matrimonial, or because they felt they had a mission, or because they had been disappointed in love and wanted a change, or because they could not get on at home and wanted another sort of change, or because of the necessity of earning a living. This speaker thought that the first motive actuated the majority, but as he admitted in his family-history a strong susceptibility and high degree of mortality his views could hardly be regarded as expressed "without prejudice."

The discussion finally took the form of an amicable wrangle as to how much nurses ought to be taught and whether or no the clinical side of their training was being developed at the expense of the purely personal nursing. Gentlemen were beginning to establish their ideas of a curriculum for those responsible for the training of nurses to follow, when the closure was timely applied, and we departed with the conviction that the general impression was that any undesirable features in nurses that had been enumerated were exceptions in the members of a very charming profession.

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WE are reluctant to leave this attractive subject without discussing another topic to which it has led. "Medical men have to learn a lot of unnecessary and useless stuff," said one speaker, "and so they don't see why nurses shouldn't do the same." An ignoble sentiment this, and a silly one. The education of medical student and nurse proceeds to a certain extent along similar lines; it comprises training of the mind and actual instruction. The latter is of infinitely more importance to the nurse whose preliminary training in anatomy, physiology, bacteriology, pathology and so on need be (and, in fact, must be) very superficial to train her to appreciate the very large number of practical details she has to master. The period of training of the medical student, comprising "a lot of unnecessary and useless stuff," is comparatively very long, partly because he is in this way best educated for a future career as a medical practitioner, and partly because the training must embody the possibilities of a great number of different purposes. Nurses, on the other hand, are trained for one purpose only—to nurse.

And yet even this "lot of unnecessary and useless stuff" would appear to be insufficient. Recently we have seen a capable if somewhat intolerant article demanding fuller biological courses. For medical men who intend to become private practitioners the present curriculum is quite adequate, admits this article, but it contends that for those who are going to occupy official positions under sanitary and health authorities and who will have to give counsel on social problems, a supplementary course in Variation, Evolution and Inheritance is imperative. Why? Because in the Annual Report of the Chief Medical Officer to the Board of Education some statements give evidence of that official's ignorance of advance in knowledge of Evolution—his views are evidently Lamarckian.

We have no intention of entering into any discussion whether or no the swing of the pendulum has brought Lamarckianism into favour again. We wish only to point out that very few students commence their career with the intention of hall-marking themselves at the outset as future practitioners, consultants, specialists, public-health officials, anatomists, physiologists, biologists and so on. The curriculum attempts to supply an elementary training which forms an excellent introduction to any or all of these spheres; not only can it not go further, but in the profession itself there are grumblers that it attempts so much.

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WE were certainly not aware that in our views regarding the teaching of medical clerks we had been anticipated by several years; but shortly after the publication of the last JOURNAL we enjoyed a conversation with an eminent member of the staff, whose experience of teaching is, perhaps, unequalled in this Hospital. It appears that the project of establishing some appointment for medical clerks, which would be more or less parallel to that of surgery dresser, has been mooted on several occasions. For certain reasons it is impracticable. It is impossible to entrust any "medical case" to an unqualified man: a patient's complaint of a pain in the chest may be simple indigestion or a thoracic aneurysm, for example. Again, it might be thought that a department could be allotted to clerks to examine and treat simple or common ailments, but a little more than superficial consideration leads one to conclude why it is that a "medical case" cannot be turned over to a large number of students.

A thousand dressers may examine the average non-acute surgical case without harming or inconveniencing the patient; but the repetition of the prolonged and complete examination which a "medical case" involves may result in the "simple or common ailment" developing into one the seriousness of which cannot be exaggerated.

* * *

GREATLY daring, however, we venture to offer our idea of one improvement. It is a platitude to insist that a good teacher *nascitur non fit*: it is equally a platitude to maintain that an eminent clinician with the highest academic distinctions may not be able to teach at all. But, quite apart from these considerations, is not "examition-medicine" quite different from "medicine," and may not the more recently qualified man be better able to teach students, because he is more *au courant* with examination wrinkles, and is also nearer the intelligence of his pupils? Of course in this connection we do not mean *any* recently qualified man; we mean the exceptional man, who has been qualified a few years only, and from whom the savour of examinations has not yet departed.

In this connection we anticipate a challenge. Examiners are drawn from those who are farthest removed from examinations, so that the seniors should be the best teachers to defeat examiners, and examination wrinkles should be unnecessary and useless.

We meet the paradox by an appeal to metaphor. One may regard the ideal teacher as a man who has advanced sufficiently far along the path of knowledge to enable him to plant himself at the meeting point of many cross-roads. Having become familiar with all of these paths he is able to direct a timid traveller along any one of them. He has not yet emulated the older explorer who has followed one of the paths to its termination there to remain; and who whilst knowing the most minute details of the district he has reached, has long since forgotten the steps of the journey he has traversed and the very existence of the cross-roads and the parts to which they lead.

* * *

IT is not often that a paper is contributed by a member of the Junior Staff with pretensions to expertness of opinion. Mr. Heald's paper to the Abernethian Society on "The Prospects of a Medical Man in Canada" was compiled at only two days' notice, as he gallantly stepped into the breach left by the illness of the advertised speaker.

Yet his paper was so excellent that we do not hesitate to describe it as one of the most valuable we have heard read at the Abernethian Society. We repeat that it is rare to find a member of the Junior Staff with so much personal experience that his own observations form a valuable guide. Mr. Heald went out to see for himself; he investigated the conditions obtaining in all the most important districts of Canada, and he was able to tell us the advantages and disadvantages, the requirements and the prospects of an enterprising medical man.

We wish that more papers of this description were from time to time forthcoming; their value is unquestionable, for in these pessimistic days we want to know if things are better in other parts of the world.

* * *

IT is superfluous to make any further reference to Professor Marsh's lecture which forms the major portion of the JOURNAL. We promised last month to publish it; we are deeply conscious of the honour of being able to fulfil this promise.

One word perhaps may be added. When we wrote to Professor Marsh for permission to publish it we received an early reply, including permission, in these words: "Of course; Bart.'s comes first."

We are no strangers to Professor Marsh's patriotism; we rejoice that through such patriotism Bart.'s does, indeed, come first.

* * *

WE published last month an account of the inaugural meeting of a Women's Guild for St. Bartholomew's Hospital at which the Treasurer (Lord Sandhurst) presided. This month we have much pleasure in publishing the speech made by Dr. Norman Moore on that occasion.

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WE observe with much pleasure that Mr. C. Firmin Cuthbert, who is very well known to both the present and past generations of Bart.'s men, and who has recently been elected to the Fellowship of the Royal College of Surgeons of Edinburgh, has just been appointed High Sheriff of the City of Gloucester.

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A CHANGE in the teaching staff has recently occurred. Dr. Drysdale has resigned his position of medical tutor and has been succeeded by Dr. Horder.

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WE heartily congratulate Dr. W. H. Hamer (M.D. Cantab., F.R.C.P., D.P.H.), who at a meeting of the London County Council on November 14th was unanimously elected Medical Officer of Health and School Medical Officer for the County of London.

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WE congratulate Mr. W. Girling Ball on his appointment as Assistant Surgeon to the East London Hospital for Children, Shadwell.

* * *

DR. BERNARD HUDSON, M.D.(Cantab.), M.R.C.P., has recently taken the M.D.(Lausanne). The degree entails an examination not merely in Final subjects, but also in preliminary subjects—classics, biology, anatomy, etc. In spite of the examination being conducted entirely in French, Dr. Hudson was placed first on his list and took a very high place in the Final. We heartily congratulate him on his fine achievement. Dr. Hudson has been appointed British Consul at Davos.

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LIEUTENANT-COLONEL R. BIRD, C.I.E., M.B., Professor of Surgery, Medical College, Calcutta, and *ex-officio* Surgeon to the College Hospital, is placed on special duty with the suite of His Majesty the King-Emperor during the royal visit, from November 27th.

The Public and the Healing Art.*

By HOWARD MARSH.

IT was—as your most courteous and helpful Secretary informs me—in 1862 that I was your Vice-President, and that in 1864 and 1868 I sat in the chair which your President now so much adorns. Nothing is fresher in my mind, when I think of St. Bartholomew's Hospital and the days of Auld Lang Syne, than the evenings which I spent as a member of the Abernethian Society. I remember two events which conferred imperishable renown upon it. It was here that James Paget, when he had been a medical student only about two months, read a paper on, and showed drawings made by himself, of the parasite which was afterwards named by Richard Owen, *Trichina spiralis*. In an In Memoriam of Sir James Paget in the *St. Bartholomew's Hospital Reports*, vol. xxxv, 1899, I described the remarkable circumstances in which this discovery was made, the importance of which you are fully aware of. Some of you may like to look the matter up. The second event was the reading of a paper by Dr. Kirkes, containing the first account of embolism which appeared in England. Here was an example which has many parallels, where a great discovery is made almost at the same moment by two independent observers. In this instance the two men were Virchow, in Germany, and Kirkes, in England. This is a very attractive subject, but it lies beyond my present task.

Your papers and discussions were—as I am certain they are to-day—highly interesting and instructive. I have heard Sir William Savory declare that he would any day rather attend a meeting of the Abernethian than of the Royal Medical and Chirurgical Society.

Your President said that for to-night something about bone-setting would be of interest, and I have made this subject my text, from which, however, I shall wander pretty widely. The topic was no doubt suggested by recent occurrences in which Mr. Stead, Editor of the *Review of Reviews*, a bone-setter (or rather, as he calls himself, a mechano-therapist) and I were the *dramatis personæ*. Mr. Stead wrote an article in his *Review*, in which he spoke of the bone-setter in question as a person who was performing cures wholesale in cases of which the profession was entirely ignorant, by methods of which they knew nothing, and the nature of which through jealousy, pride, and prejudice—they obstinately refused to investigate. In short Mr. Stead showed himself to be very credulous, very ignorant, and very abusive. Of the mechano-therapist I know only that he has a practice in Park Lane, and that he was recently the defendant in a trial in which it appeared that he had twice within a few days, when the patient was under an anæsthetic, employed mechano-therapy in a case which for all he knew was either sarcoma or advanced tuberculous disease of the knee (and for which amputation was performed to save the patient's life a few days later). My part, at the request of the Editor of the *British Medical Journal*,* was, as far as my knowledge carried me, to tell the truth, the whole truth, and nothing but the truth about bone-setting. The gist of what I had to say was as follows: Bone-setters cure many cases. They most astonish the public, and approach most nearly to the miraculous, when they break down adhesions which have followed fracture or some other injury, or "rheumatism," and which, though they are slight, cause pain when the part in which they are present is moved. They put in semilunar cartilages or slipped tendons—but this latter condition is rare—or they move joints which have been kept too long at rest. They rupture small ganglia about the wrist, and say (and believe) that they have put a little bone in, or they "put in" hysterical joints. If the patient complains of pain or stiffness in the spine the bone-setter finds that one of the buttons of the back (his picturesque name for the spinous processes) is out, and at once forcibly puts it in. The button which is out is identified either by its prominence or because it is tender on firm pressure.

When it is borne in mind that the bone-setter's method is practically limited to forcible movements it is easy to see that his cases, as to their result, fall into two groups: those which forcible movement can cure, and those in which forcible movement is either useless or positively mischievous. The former are his successes; the latter make up his failures and his disasters.

The relative proportion of these two groups in the practice of different bone-setters varies within wide limits. The late Mr. Hutton, while he met with many notable successes, had few disasters, for though he did not know what different cases were, he could often see that there were some that he had better have nothing to do with. Others, with less discernment, tread a more thorny path.

The point in all this, you will see, is that there are many cases the cure of which lies in the use of movement. Any case of this kind a bone-setter will probably cure. There are plenty of such cases, and, in the past, partly because regular practitioners were afraid of doing harm, and partly because they had not realised its frequent value, they did not use movement in many instances in which, in their hands, as in the hands of the bone-setter, it would have produced a cure. People are even sometimes cured by an accidental wrench which ruptures adhesions about, *e.g.*, the shoulder or ankle.

Surgeons cannot, nor should they try, to prevent patients from going to bone setters, but they should be careful not to lay themselves open to defeat by omitting to use movement in suitable cases.

In regard to surgery a bone-setter is merely one of the public. He knows no more of surgery than the man in the street. Indeed, he ostentatiously repudiates the connection, and clearly defines the distinction. He claims, in fact, to be a specialist in a department of the healing art which lies external to the confines of surgery. His view is that surgeons have to do with diseases, operations, and so forth, and are acquainted with the big bones. But they are so ignorant about the little ones that they positively dispute their existence. Hence it is that these little bones have become the exclusive province of the bone-setter; and they are always at his call, like Roderick Dhu's Clan Alpine warriors, ever ready at a moment's notice, wherever and whenever they are wanted. The bone-setter can tell in any given case exactly where the particular bone is out by pressing around and finding a tender spot. This tender spot means, to the surgical mind, a bruised semilunar cartilage or a painful adhesion. True, the bone-setter detects these wicked little bones in what seem, to an unenlightened anatomist, to be most unlikely places—just under the last inch of the tendo Achillis, or just below the anterior iliac spine. But if the anatomist does not know they are there the bone-setter does, for he is frequently putting them in. He hears them go in with a snap. This snap, often heard when a joint that has long been fixed is suddenly moved, is pointed to by bone-setters as a plain demonstration that the bone has gone in. These snaps, however, are not due to the concussion of two joint surfaces as they are returned into contact, but, on the contrary, to the separation of surfaces which have become stuck together by inspissated synovia. Many persons can make their fingers crack by pulling at them till the joint surfaces suddenly separate. In severe cases it is not one bone that is out; there may be four or five, their number being in proportion to the amount of pain or stiffness of which the patient complains. The bone-setter puts them in only one at a time. If a cure does not result when he puts the first little bone in, he puts in another, and continues the proceeding till all are adjusted, and the cure is finished. When a cure does not ensue, it shows that the surgeon, by his wrong treatment, has made such a result impossible.

Anyone who is good with his hands may become a bone-setter—a blacksmith or a wheelwright, or a shepherd who is often catching and handling sheep. Many bone-setters start without training of any kind, on finding that they have a special gift, just as another might have skill in music or painting. Some, in short, like poets, are born, not made. Blaise Pascal's father, when he put his hip out by a fall on the ice, was treated by two gentlemen bone-setters in the neighbourhood of Rouen. I don't know the result.

Members of our profession are apt to regard all bone-setters as dishonest quacks. I do not take that view.

* The Sessional Address before the Abernethian Society, October, 1911.

* *Brit. Med. Journ.*, October, 1911.

Rogues there are who impose upon the credulous for their own purposes, but some are guileless country-side philanthropists like those blacksmiths who extract teeth gratis, or at 3*d.* each. I believe that bone setters are, on the average, about as honest or dishonest as other people. Bone-setters mostly believe what they say—and why not? For they sometimes produce cures which astonish not only their patients, but themselves. Of course, they sometimes fail, but then surgeons, they say, never succeed, and, moreover, make the cases incurable.

It is interesting to notice that surgery and bone-setting had a common origin. In both alike the primary impulse was to find how disability and suffering could be relieved. The two parted company when some remained mere empirics, and others became students. The former entirely skipped diagnosis. They acted like one who, finding that a door would not readily open, should immediately force it, without first trying to turn its key, or noticing its structure, to learn whether a smart push might not smash it, or whether he might not break the glass and cut his fingers. If a knee was stiff, without asking why it was stiff they worked it backwards and forwards as they might forcibly open and shut a door whose hinge was rusted up. If a knee was bent they forcibly straightened it, as one might straighten a piece of wood warped in the sun. Thus they were properly termed empirics—for they performed an experiment to see if moving a joint would cure it, as others might strike a stone to see if it would break.

Others, in the original group, took another course. Finding that, although they often did good, they as frequently did harm, they tried to find out in what the difference consisted. Moreover, they laid themselves out to study the nature of various diseases. In other words, they became scientific workers in the field of pathology. It matters not that they knew nothing of science in the advanced stage which it has reached in our day. In their attitude of seekers after truth, that is, after facts—as people who wanted to know—they were on the same errand as Newton, Darwin, or Lister. The inevitable result has followed. Bone-setters, except that they are more cautious and know that their manipulations may do harm, and so refrain from treating cases which they do not like the look of, are to-day very much the same as they always have been. The late Mr. Hutton used to say, "Don't bother me with anatomy; I can cure you, what more do you want?" This, concisely expressed, is the bone-setter's creed to-day, as it was centuries ago. Cases that have come under my own observation confirm the statement that bone-setters make no diagnosis, and have no knowledge of the real nature of the cases which they treat. In all the following instances joints were—or were to be in a day or two put in: a tuberculous hip, a hip which had been already excised, a large sarcoma of the lower end of the thigh-bone, a bursa over the tuber ischii, a slight lateral curvature—said to be a case in which the pelvis had opened and both the hips were out—an elbow and an ankle, both healthy joints sent by me as test cases, and for each of which I paid a fee of ten shillings. Then there has been the recent case in the Law Courts in which a tuberculous knee in an advanced stage was twice "examined" under an anæsthetic, although the operator, the leading bone-setter of the day, could not say whether the disease was tuberculosis or sarcoma. Let me state that I am not pronouncing any judgment on bone-setters, but merely saying in what their practice consists.

Anyone who is concerned with things medical must find the attitude of the public, not only to bone-setting, but to Christian science, patent and quack medicines, and Lourdes an interesting study. How is it, as we so often see, that people have strong beliefs on subjects about which they can have no personal knowledge to guide them? For instance, how is it that a mother feels she knows enough, on the one hand, about the cause of her boy's pain and lameness, and, on the other, about a bone-setter, to justify her in placing the case in his hands? Or, if what she calls her liver is troubling her, why does she buy a liver-pad at eighteen shillings and constantly wear it? The answer in part is that the caution and shrewdness which she exercises in the affairs of every-day life, about which she knows a good deal, *e. g.* shopping, managing servants, getting her daughters married, and so forth, do not avail her when she is face to face with things about which she knows literally nothing—for what *does* she know about hip disease or her own liver? She obviously has no materials out of which to construct an intelligent estimate of the situation. What happens, although she is not aware of it, is that her usual method of thinking things out ceases, and she becomes a prey to her emotions. Being swayed by anxiety and hope, she blindly believes, as by faith, that the bone-setter or the liver-pad will work a cure. Instead of being a rational she is an emotional being. Nor must the influence of mere fashion be forgotten. This goddess plays her part in the healing art, just as she does in hats, crinolines, or their opposites, or in men's frock-coats, or umbrellas as to knobs or crooms. I remember when Sir William Gull, Sir William Jenner, Sir Andrew Clark and Sir William Broadbent were each the fashionable physician of the day. When he was at the height of fashion Gull, on being asked on a Monday to see an urgent case, said he could not come till Thursday as all Grosvenor Square were waiting to see him; and it was told of one of his predecessors that people who were ill dared not die till he had been to see them. Horace Walpole, you may remember, tells us how Bishop Berkeley, of Cloyne, made it the fashion to drink a pint of tar water every morning before breakfast. On this Walpole records a good epigram:

> "Who dare deride what pious Cloyne has done?
> The Church shall rise and vindicate her son.
> She tells us, all her Bishops shepherds are—
> And shepherds heal their rotten sheep with tar."

Christian Science is now on the top of the wave of fashion here and in America where that most audacious person Mrs. Eddy has made a whirlpool in which thousands are engulfed. My belief is that there is a great deal in Christian Science. Many people feel ill; of these some are really ill with cancer, gastric ulcer, locomotor ataxia, etc.; others have symptoms but no diseases. They are overworked or underworked, or neurotic (but I don't know what that means); they take drugs or eau de Cologne, they have worries about servants, or losses at bridge, or religious difficulties, or they are over-introspective. One is jealous because a neighbour has a motor or two new dresses to her one, or a white Aberdeen terrier. I could make this list reach from Smithfield to the Marble Arch, but it is already long enough. The salvation of such people lies in there being some fashionable remedy to which they can turn, such as bone-setting, tar-water, or Christian Science. And we must remember that, widely different as these remedies are, they have yet one thing in common. Each contains its kernel of truth. The harm comes when the pendulum swings too far. Bone-setters cure many cases; tar-water is a strong antiseptic; Christian Science is the very thing for many complaints which can be cured by suggestion. The drawback in each case is that they are often used beyond their proper limits. If bone-setters could only keep to adhesions (which careless surgeons may have overlooked), and leave tuberculous joints and sarcomas alone; if coal-tar products could be taken (in tabloids) for selected forms of indigestion; and if Christian Science could be limited to cases of psychic disturbance, of whatever origin, but of which it may be said, "The earth hath bubbles as the water hath and these are of them," and if it would leave such grave matters as glaucoma, renal calculus, and mammary carcinoma in other hands, and if Christian scientists would desist from the cruelty and nonsense of saying that there is no such thing as pain, at least till they have submitted, as a control experiment, to have cayenne pepper blown up their noses or into the corners of their eyes, all might be well.

But allowing full weight to these considerations, what still challenges attention is the extraordinary amount of credulity which people display in these matters, just as they do when we see clergymen, or their widows, and others with a small nest-egg believing in the safety of investing money so that it will double itself in a few years, and in the meantime bring in 12 or 15 per cent. interest. A little reflection brings the conviction that credulity is one of the most deeply rooted attributes of the human mind. It is as true to-day as ever it was that people like to be deceived—*Populus vult decipi.*

In instances without number we have evolved from our inner consciousness beliefs which have become expanded into whole systems which have attained acceptance in every community, and exercised a profound influence, while all the time they have been destitute of even the smallest foundation of reality. In how many baseless fabrics of a vision have not our progenitors put their trust for centuries on end. Knowing less than the little we know of the realities of things around us, and hard pressed by their environment, they have imagined gods to serve their turn at every hour of the day, and in every circumstance of their lives, to whom they have prayed and offered propitiatory sacrifice. And conceiving that their miseries were due to evil spirits they have invented schemes for driving them away. Church bells were meant for this purpose—and what a hideous din a dozen or two of the primitive bells used by savages must have made. Recently, in Norway, I saw the old wooden Vic churches, black with age, standing like sentinels against the sky line, with their roofs fortified with strange-looking emblems for keeping evil spirits away. And as we all know, the grotesque, yet often highly artistic gargoyles around churches (admirable specimens of which are to be seen at the beautiful church at Thaxted in Essex) were meant for the same purpose. On the roof of Notre Dame in Paris there are figures made, as some think, so appallingly grim and ugly that evil spirits, even of the deepest dye from the Latin quarter, will not come near them. Again, we know that the convulsions of epilepsy were thought to be due to evil spirits in the head, and that skulls were scraped through with sharp flints and the victims, as we may suppose, well shaken to dislodge them.

And is there anything more remarkable in the history of the human mind than the belief in the Evil Eye which existed, in every district of the known world, for many centuries, which exercised a cruel tyranny over all sorts and conditions of men, women and children, and which, as I have to show, still in this twentieth century maintains its hold amongst our enlightened selves. By the evil eye is meant a power of working evil which, as Bacon says, is ejaculated upon any object which it beholds. It was firmly believed by primitive races all the world over, and by the more recent ancient Greeks, Romans, and the rest, that some malign influence darted from the eye of angry, envious, or covetous persons, and so infected the air as to penetrate and corrupt the bodies of both living and inanimate objects. Heliodorus in the fourth century says, "When anyone looks at what is excellent with an envious eye he fills the surrounding air with a pernicious quality which transmits his own envenomed exhalations into whatever is nearest to him."

It was believed that the evil eye was hereditary and that many people by the glance of their eye caused injury against their will—this was said of that amiable personage, Pio Nino—and that in such cases mothers dared not expose their infants to their own fathers' gaze. All domestic animals were victims of the evil eye. If they were overlooked—as the saying was—they faded away and soon died; while, if an

infant or an animal died, it was the work of the evil eye. Pliny says that laws were enacted to protect crops from injury by the evil eye. The Neapolitans are to this day great believers. They call those who possess the evil eye "Jettatore" (they are often priests or monks), and if one of them appears all the people in the street scuttle off like rabbits into their burrows so that not a soul is to be seen. The Jettatore di bambino, the fascinators of infants, are most feared of all; they kill more of these little innocents than autumnal diarrhœa. If a mother sees anyone looking at her child (either because it is pretty or is crying or has very red hair), she picks it up in her arms and seems to be sharply scolding it. But she is really pouring out a torrent of incantations as she thinks the child has been "overlooked."

It seems easy to trace the origin and development of this grotesque belief. The power which the eye, alike in animals and in man, can exert is familiar enough. Birds of prey and snakes fascinate their victims. It is said that no animal can face the steady gaze of the human eye. You remember how Caius Marius saved his life by fastening his eye on the slave who had come to murder him and saying, "You kill Caius Marius!" and so fascinated him that he put his tail between his legs and withdrew.

I have heard that Lord Kitchener, who has a slight peculiarity in one of his eyes, used, when campaigning in Egypt, to slowly increase this as he fixed his gaze on a native whose obedience he required, with the result that the personage, believing that he was under the influence of the evil eye, immediately collapsed.

It is to the eye that many men owe much of the influence they exert over their fellows. Garrick had an eye which was possibly never equalled on the stage. Gladstone's eye was more than human, it was that of an eagle, and showed that he possessed the power of flight, the ferocity, and the determination of that illustrious bird. Sir James Paget was—I say it with the deepest respect common looking till you met his eye; but then you were spell-bound. Sir William Lawrence, in his later years one of the handsomest of men, had a beautifully toned grey-blue eye, which in quiet hours was benign and of purest ray serene, but which in a second of time could mantle up into forceful vehemence that made his antagonist surrender at discretion. You will not forget the eye of the present Archbishop of Canterbury when you have once seen it at close quarters. It stamps him for courage, rectitude and wisdom, as one of the foremost men of the day.

The sovereignty of the living eye is powerfully indicated by Byron when he says:

> "Oh, o'er the eye death most exerts his might,
> And hurls the spirit from its throne of light."

And there are Sheridan's lines on the same subject, though in another key.

> "Drink to me only with thine eye
> And I will pledge with mine,
> Or leave a kiss within the cup
> And I'll not ask for wine."

Thus at all times and in all places the eye has exercised mastery of the strong over the weak, often of the cunning over the superstitious and those who are easily gulled or cowed. It is an agent that is always ready for use whatever the occasion may be; and it has inspired beliefs which, although entirely false, have, by the victims of ignorance or credulity, been accepted as if they were solid realities.

To the same order belong the countless charms which have been used from immemorial times, and wherever human beings have existed for relief and protection from all the ills which flesh is heir to, and which have been largely employed to counteract the evil eye. Under the name of amulets they furnish a long catalogue, and many objects which have been regarded as mere ornaments, such as lockets suspended by necklaces (Fig. 1), and ear-rings, have originally

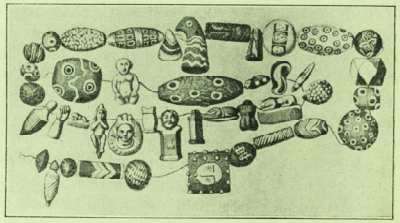

FIG. 1.—Necklace of amulets from a tomb at Kertch, many of the objects representing eyes, to counteract the evil eye. (*The Evil Eye*, Elworthy, fig. 21, by permission.)

been charms. We read in Judges, ch. viii, verse 21, that Gideon slew Zebah and Zalmunna, and took away the ornaments that were on their camels' necks. These ornaments (crescents in the revised version) were charms against the evil eye (*infra*).

Cameos (Fig. 2), from the Persian word Camahen, a loadstone, were used as amulets by the Arabs, and during the crusades the word cameo, as meaning a charm or amulet, passed into all European languages. The charm, in some cases, was an eye in the centre, surrounded by antidotes for every day of the week, *e.g.* a lion, dies solis; stag, dies lunæ; thunderbolt, dies jovis, and so on.

The serpent is the type of eternity, and, with its tail in its mouth, the symbol of perpetual union. The serpent was in much request, and was associated with Diana; and Minerva, or Athena, is accompanied by a serpent. A serpent stood guard at the entrance of the Tower of Athens and also of many temples and tombs. Mercury always had his caduceus—a rod with two serpents intertwined—with him to protect him from the malign influence and jealous

spite of his ill-behaved associates from Jupiter downwards, and also from the glances of those who would impede him on his errand.

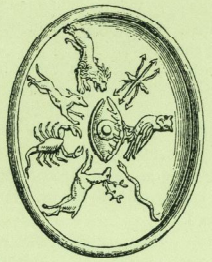

FIG. 2.—An engraved sard (quartz), in which the central eye is surrounded by an owl, serpent, stag, scorpion, dog, lion, and thunderbolt. (Elworthy, fig. 19, by permission.)

You know that an old horse-shoe is often nailed up on a stable door or over the entrance to a cow-shed; while if nailed on a churn it is certain to make the butter come, and that it is lucky to find one when you are out for a stroll. Now, the horse shoe represents the crescent, and the crescent as a new moon is the emblem of Diana, who was originally a moon goddess and the protector especially of women and children. The crescent is also represented by cows' horns, and again by joining two boars' tusks (Fig. 3) or wolves' teeth into a crescent, or by shutting the ring and middle fingers and extending the little and index

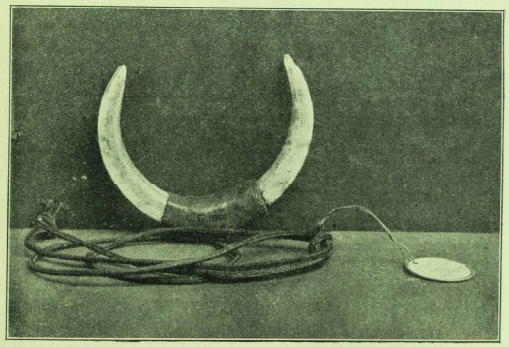

FIG. 3.—A crescent made of boars' tusks. Museum of Archæology, Cambridge.

fingers. In Italy to this day on a boat or the outside of a wine-cart you will see an eye painted as a protective charm, and under the body of the cart you may see the lantern swinging on the axletree, and by the side of it an old shabby cow's horn as a charm against many ills.

Masks (Fig. 4) were originally amulets, and were used either to shield the countenance, or—being made odd or hideous—to attract the first (always the most fatal) glance of the evil eye. These are a few of the principal amulets, but numbers of others could easily be mentioned.

But I must hurry on to point out that many of our beliefs and sayings of to-day are merely survivals from very ancient times. You know it is unlucky to be married in May. My friend, the Dean of St. Paul's, wishing to know the source of this cold blanket on the young man whose fancy, Tennyson says, in the spring, "lightly turns to thoughts of love," followed it back to Ovid (B.C. 43–A.D.

FIG. 4.—A horned mask in the Doria Gallery in Rome. (Elworthy, fig. 76, by permission.)

18), who, however, remarks that in his day it was a belief that was so shrouded in the mists of antiquity that he could not give its origin. Juno, you all know, when Mercury by Jupiter's orders slew Argus, put his hundred eyes into the peacock's tail. Ladies will not wear peacocks' feathers in their hats. Only five years ago an English lady saw one in the hat of a gentleman who came to call. She snatched the hat from him and threw it out of the hall door and soundly rated him. The feather is unlucky because the peacock is Juno's bird, and Juno punishes anyone who plucks out its feathers even to make a charm against the evil eye. Lucky sixpences with a hole in them are, like lockets, in their original meaning, charms or amulets.

The saying, "May your shadow never grow less," is very old. Here is its meaning. In putting up buildings it was always the custom in order to propitiate the ruling deity, whoever he happened to be, to provide him with a meal; and, on important occasions, a human being was walled up alive in the foundations. Mothers often sold their children for this purpose. At a later period, when customs were softened, some animal or bird was substituted for the man, woman, or child as the case might be. But even then a man's shadow might be

ingeniously substituted for the man himself. He was by some trick got to stand on the ground to be built upon, and the outline of his shadow was noted. He, however, died (let us hope more pleasantly than if he had been walled up) within a year. Thus a man who had lost his shadow was as good as done for. To this custom of thousands of years ago our saying is an unwitting allusion. It is very unlucky to break your looking-glass. This destroys your image or shadow, and you or a dear friend will soon die.

Substitution enables you to injure your enemy. Thus it is a common custom to make a little wooden image of an enemy and to shoot it in the belief that he will feel a pain where the arrow wounds the image. If anyone wants to kill his enemy he burns the image uttering certain incantations as he does so. An image of this kind was recently found in Somersetshire. In 1902, in Cambridgeshire, a man who had hurt his foot with a ploughshare rubbed ointment on the ploughshare to cure his foot, by this same substitution.

The evil eye was cast on anyone who excited envy. So it was unlucky to be praised, or receive good wishes, or to own happiness or good fortune. A few months ago a man wished his friend on the Stock Exchange hearty success in his business. He immediately begged him not to do so, for it always, he said, "brings bad luck." If you ask a man how he is he will probably not say he is wonderfully well but, "Oh, pretty well, thank you." Some one, on meeting Sir William Lawrence, once said to him, "Dear me, Sir William, how well you look." Lawrence answered this tactless remark a little tartly by—"I don't see why I should not look as well as you do." Ask a man in Suffolk how he is and he will probably not say, like Dickens's hero, "Never berrer," but "Kinder middling, thank ye."

You may see a maidservant, to make the fire burn up, put the poker on end in the fender and lean it against the middle of the top bar of the grate. She believes the poker makes a draught. But, ignorantly following the custom of the early Church, she is making the sign of the cross.

A drunken woman, at the Children's Hospital, after watching her child in a private ward slowly dying of tuberculous meningitis, one day covered up the clock. Scolded and asked why she did it, she said, "the child could not die as long as it could see a clock"—a very old idea.

We know it is unlucky to walk under a ladder. No doubt—if there is a brick, or a pot of red paint about to drop. But people think the mere act is unlucky and won't go under a ladder even if they see that nobody is on it. A ladder was leaning against a house in Bond Street two yards from a lamp-post. My carriage was waiting a few doors off. As I came out of a shop, a lady passing at the moment, thinking it unlucky to go under the ladder preferred to step off the pavement into the street—where she was as nearly as possible crushed between the lamp-post and my carriage which was coming to pick me up. She spoilt my luncheon.

Within recent times the body of a suicide was not allowed Christian rites but was buried at a four-cross-roads with a stake driven through it and deep into the ground, the idea being that the evil spirit which had inspired the rash act must be pinned down so that he should not play any more mischievous pranks. Certainly it would never do to turn him loose in the churchyard.

When a child sheds a milk tooth it must be burned, for if it should be eaten by a dog the next will be a dog's tooth.

It is the devil who spills your salt to make you quarrel with your neighbour at table. Throw three pinches of salt over your left shoulder into his eye to drive him away.

In Scotland, if a cow has to be driven along a public road, a sprig of rowan berries is tied to her tail to protect her from being "overlooked."

You know those solemn sentences that are pronounced at the graveside, "earth to earth, ashes to ashes, dust to dust." Are they not a supreme epitome? It is then that we leave alike those who have been a curse to their fellows, but whose account here below is now closed, and those whose loss to ourselves leaves a blank for evermore, and we feel—

> "Oh, for the touch of a vanished hand,
> For the sound of a voice that is still."

Whence these words? which, as far as we can see, will last as long as human burials go on. Turn to the first book of Horace's Odes and take the twenty-eighth. You will then hear the ghost of Archytas, who is wandering disconsolate along the shore near which he was drowned, challenge the sailor who is passing by, and ask him for the present of a little sand. "Though," says he, "you are in a hurry, you need not tarry long. After thrice sprinkling the dust over me you may proceed."

> "Quanquam festinas, non est mora longa; licebit,
> Injecto ter pulvere, curras."

Horace, you will remember, died B.C. 8, and the saying must have already been old even in his day.

Well, I am sure you will own that, as I said at the outset, I have wandered widely from my text, but my object has been, in addressing you who are just entering upon a road along which I have been trudging for half a century, to offer some explanation of the attitude which the public take up in relation to things medical. So that when you are told of marvellous cures, and when you hear of people wearing liver-pads made of shreds of carpet, and finger-rings for "rheumatism," because they cured Mrs. Jones, Mrs. Robinson, or the Duke of Wellington, you can see the matter in its true light, and remember that patients are not scientific observers, but the lineal descendants of believers in ghosts, the evil eye, vampires, and all the rest, and who, though, naturally, they would scorn to allow it, are equally a prey to credulity, and equally unable to discriminate between realities and the unchecked and egregious creations of the human mind.

The Old, Old Story.

I.

There's the devil of a bother for
A surgeon-man of fame.
An auro-nasal wallah and
His name's a well-known name,
Though now he's lying doggo and
His head is bowed with shame!

II.

The auro nasal surgeon-man
Was lately asked to see
A case of nasal hæmorrhage
That asked for cautery—
A proposition not too tough
For even you or me!

III.

The lady was a danseuse and
Just crowning her career
In vaudeville by marrying
A youthful Vere de Vere,
And even then with eyes of faith
Could read her title clear!

IV.

It seems he bungled badly and
In some mysterious way
He cauterised her cheek instead—
At least that's what they say,
And now by gad! the beggar's got
The deuce and all to pay!

V.

But how he came to do it! Well!
In matters such as these
You've always *tot sententiæ*,
You bet! *quot homines*,
So pay your money like a man
And play what card you please!

VI.

The usual yarns are flying round
And heaps and heaps of lies,
But why go further when the thing's
So simple otherwise?
The caut'ry cauterised her cheek
Because he caught her eyes!

J. W. L.

A Women's Guild for St. Bartholomew's Hospital.

A SPEECH DELIVERED BY DR. NORMAN MOORE AT THE INAUGURATION, OCTOBER 23RD, 1911.

AS one of the senior members of the staff I am very glad to support this movement, as expressing the opinion of all the members of the staff in the most cordial way in favour of this proposal, but I feel that I am not quite the most appropriate person to have seconded this resolution.

Who are really the senior members of the staff? Who are the people whose office has longest existed in this Hospital? There is no doubt about it. These people are the sisters, for their office has not changed its name since the time of Rahere and of King Henry I.

Edeva, the first sister whose name we know, lived in the reign of King John. She came from the village of Writtle, in Essex. The next sister known to us by name is Isabella of Bray, grand-daughter of a very charitable man, Adam Scott, clerk of the works of St. Paul's when it was being rebuilt by Roger Niger, Bishop of London, in the reign of Henry III. She had a little landed estate which she conferred upon the Hospital when she became one of the sisters. Thus if antiquity stands for anything, a sister ought to be speaking to you now instead of a physician.

Well, times have changed, and the monarch who looks down upon Lord Sandhurst from the walls of the hall made considerable alterations, not only in Smithfield, but also in all England, yet the sisters still remained. They had charge of wards, and did some of the work that sisters do at the present day.

There were 100 patients and no nurses at first except the sisters. However, the predecessors of Lord Sandhurst and of the almoners required a good deal more of sisters than charge of their wards. They were required to spin large quantities of flax and wool. So much was given to each one, and the sister was bound within a reasonable time to restore it to the treasurer and almoners who sent it to the weaver. They were allowed to ask patients to assist, but they were bound to return to the treasurer and almoners this wool or flax thoroughly spun.

Then occasionally gifts of clothes were made. There are, in the reign of Edward VI, records in the minutes of shirts given to the matron for division among patients in several wards. So that something, in addition to nursing, has always been done by the sisters.

How many times have we noticed, say, a child—a little barbarian, not merely dirty, but ragged, without any decent garments. Our efforts are directed to reducing its temperature and pain, but in about ten days it appears to be a model child—a little angel—largely due to the efforts of the sister of the ward.

There is a sad aspect of this provision of clothes as well as cheerful. I remember, as Casualty Physician, seeing a young woman who seemed very ill and ought to have come into the Hospital at once. I said, "You cannot go on, you are risking your life. You ought to come in this very day." She said, "I already have a brother in the hospital, and if his clothes were not decent or in order it would distress him and probably retard his recovery." She was ready to sacrifice, if not her life, which was what she was risking, certainly her comfort, in order to see that the brother's clothes were attended to.

King Henry VI was very much attached to this Hospital. In St. Bartholomew-the-Less the Master in that king's time, John Wakering, put up a window in which he represented what he thought the works of mercy connected with the Hospital, and one part represented clothing the naked. So that from that early time the very idea you are now trying to carry out was already floating in spirit throughout the Hospital.

Anyone who has known sisters or nurses in this Hospital knows that they never confine their duties to those handed to them in a printed charge, and that they feel the encouragement of the poor to be a part of their duty.

I like to support the proposals of Lord Sandhurst in the strongest way and to second both resolutions.

The Cambridge Graduates' Club.

THE Thirty-sixth Annual Dinner of the Cambridge Graduates' Club took place at Frascati's Restaurant on November 7th, and was attended by sixty-one members and twenty-three guests. The Cambridge man who "does not care for dinners" makes an exception of this one; everyone enjoys it, and each year's meeting seems, if possible, to be more successful than the last. Mr. Shipley, the Master of Christ's College, occupied the chair, and in giving the toast of "The Club" contrasted the St. Bart.'s of his student days with the Hospital, including our new buildings, to-day, and hoped for a speedy relief of the cramped condition of the Medical School in Cambridge. He himself had once hoped to do something practical in medicine, but in Cambridge the magic of Francis Balfour led him away. (Cambridge men will feel that though Medicine has lost, Zoology must be congratulated).

Dr. Tooth proposed the health of the guests. He was present at the second meeting of the Club and he has missed not more than three or four of the annual gatherings since. The Club did not always enjoy its present popularity, and Dr. Tooth dates the change from the time when Dr. Morley Fletcher became secretary and instituted the introduction of guests.

Dr. Garrod and Sir Anthony Bowlby returned thanks for the guests.

The Chairman was toasted with enthusiasm after a delightful speech by Dr. Norman Moore. After referring to some of the past worthies of Christ's, Dr. Moore enumerated their voluminous works with which it is necessary for Mr. Shipley in his capacity as Master to be intimately acquainted. But the Chairman's face confessed that he could not repeat "Paradise Lost" from memory, much less the writings of Cadworth and of Henry Moore, and he was evidently relieved when Dr. Moore conducted him to the safer topic of grouse-disease. In concluding, Dr. Moore referred to a former meeting of the Club at which Mr. Shipley had presided—"You see how he has flourished since we last drank his health fifteen years ago: let us hope that he will continue to flourish more and more."

The latter half of the evening was spent as usual at Dr. Morley Fletcher's house, which adds more than anything else to the unique enjoyment of the meeting. Mr. Baynes had arranged an excellent musical programme, and contributed to it with Messrs. Just, Carte, Russell, Wright, Whitehead, Jennings and Barnsley. Mr. Whitehead's conjuring and Mr. Barnsley's "speech" were particularly appreciated, and Dr. Moore's wonderful story of "Hairy Rouchy" was received with the usual applause.

The secretaries, Dr. Horton Smith Hartley and Mr. Etherington Smith, and Mr. Henry Burroughs, who acted during the unavoidable absence of the latter, are to be heartily congratulated upon the success of their arrangements.

The Chronicles of Christopher.

No. VII.—On Examinations.

IT is a platitude to assert that by the time we have reached our Finals we have had our fill of examinations: the butt of our own foolish aspirations, the sport of fond, ambitious, but ill-calculating parents, we have run the gamut of various examining bodies up and up in the scale of University and medical mile-stones, until when we have reached the highest note we are too weary to appreciate it.*

There are many features relating to examinations, but avoiding as well as I can the chronicle of my own petty doings I will confine myself to a discussion of examiners and examinees. It has often been done before, for I, myself, have read "examiners upon examinees" and "examinees upon examiners," but without any intention of plagiarising I mean to string together a few of my own observations.

What strikes one most in a hospital is the existence of so many varieties of examinees. That there are good and bad examinees is a very elementary reflection, but the degree to which goodness and badness can extend is really remarkable. Let us consider the bad examinees first. At the very bottom of the series are a few unfortunates who appear to be congenitally incapable of passing an examination. It is not easy to say why, but whatever their knowledge it is always below par, or perhaps it is more charitable to conclude that they fail, not from want of knowledge or intelligence, but simply because they approach the subject from an entirely different point of view. In fact, when one realises the existence of students who, still unqualified, can boast (if boast is the correct term to use) of being contemporaries of some members of the senior surgical staff, what one wonders at is not that they take so long to qualify as that they ever get qualified at all.

The average type shows a few failures during his student career, which is increased about 50 per cent. in duration, but there is one type which I have observed with much interest—the man who by some strange fatalism never passes an examination (no matter its nature or difficulty) at the first attempt. He starts for an examination obsessed by this ruling idea, and he never feels satisfactorily settled until the orthodox failure has been accomplished.

Take now the other end of the series—the born examinees. In this Hospital there are not a few gentlemen who have never failed in an examination. Furthermore there are, here and there, awe-inspiring individuals in whom by no stretch of imagination could one expect failure at any examination, not even the Final Fellowship. I have often

* This metaphor is a trifle mixed, but we think we understand what is meant.—ED.

wondered whether there can really be something specific about these gifted examinees which enables them to pass, or if it is entirely their super excellence.

I put it this way because I have heard it stated that "there is a way to pass examinations," and I can quite believe it. I have a friend who was up for his Final at one of the Universities. He was told to look at a disc, and as he had never seen one in his life he picked up the ophthalmoscope in despair, and applied it to his eye *secundum artem* hoping against hope that something would be revealed to him. He saw just as much as he expected to see, and with courage born of desperation gave expression to a long-drawn out whew of amazement. "Yes," said Mr. Examiner, approvingly, "it *is* a large retinal detachment, isn't it?" It may be that this was the turning-point of the examination, it may be that he had done so well that this trifle could not make much difference; at all events it is in support of the contention that some examinees may be good because they know how to pass.

Let me now turn to discuss the relation of examiner and examinee. The usual attitude of the examinee is that the examiner is a deadly foe, whose very worst is to be expected, a sentiment which is expressed, of course, by the common phraseology: they "ploughed" me, "plucked" me, "spun" me, "biffed" me, "bumped" me. At the same time the examinee frankly admits that regarding as he does the examiner as a foe pure and simple, he on his side is prepared to use any methods, fair or foul, in what he regards definitely as a battle, and the triumphant expression "I biffed them" is comprehensively suggestive. The only sportsmanlike term in current use is when a man says, "I came down," from which I surmise he is using the metaphor of hurdling and regards the examination as a fair obstacle he is called upon to negotiate, and, continuing the metaphor, concludes that his failure is due to his own fault.

I have often wondered at the etymology of some of these examination phrases: "to biff" and "to bump" are clearly slang expressions; "to pluck" is a logical (more or less) extension; but why "to plough" or "to spin"? I came across two ingenious comparisons recently. Examiners were said to be either vultures or husbandmen, because a vulture is defined as a rapacious and filthy bird which destroys its prey by plucking it; and a husbandman is a man in a low condition of life who supports himself by the use of the plough.

The examinee, on the eve of announcement of the result, is an interesting if undignified object. Let us suppose that he has been a candidate for the Natural Sciences Tripos at Cambridge. Despair is a wretchedly inadequate term to describe his appearance. Of course he is hopelessly "biffed"; he won't even get an "ordinary"; if he is allowed "the General" he will be lucky; old Greasy (his affectionate sobriquet for his revered tutor) was quite right two years ago when he advised him to chuck Honours and read for "the General," and so on.

To-morrow comes, and he has got a Second. His self-complacency is disgusting. He explains now how but for a weak Chemistry practical he would have got a First. He relates with much unction how he met old Greasy in "the K. P." and told him how glad he was that he hadn't taken his advice two years ago. Oh, these "hopelessly biffed" men make me cynical! You can meet them about the Hospital after any examination. They "haven't the remotest chance of getting through," they say; well then you are justified in asking them to lay you odds of fifty to one. You will very soon find that their idea of the odds is actually about five to four on.

My final reflection is upon examination results. In the course of my career I have sampled all methods of obtaining the result. I have fought in a crowd outside a door upon which a list was nailed, and by dodging one elbow I have caught sight of the Honours list and discovered that my name was not there; squeezing up between two others I have then been enabled to gain similar information about the First Class, and then I have grinned and borne it until the Second Class came into view. I have known what it is like to tear open a letter with nerveless fingers, and I have experienced the same sensations in a more acute but less prolonged form with a telegram. I have even tried the method of despatching a friend to the seat of war subsequently to have an opportunity of studying the emotions as expressed in gait and mannerisms. Now that my examination days are over I regret that two methods of communication were missed—I was never informed by telephone nor did I ever hear my name read out in a pass list. Which method of reaching the end is the best I cannot persuade myself to conclude, but I have no hesitation in selecting as the worst that barbarous relic of mediævalism which obtains at the Colleges. Can anything be more unnecessarily brutal than that twenty minutes' imprisonment vainly endeavouring to comfort oneself and others whilst realising how futile such proceeding is? To wait breathless as the numbers are called and then to march to one's fate when your own number is reached with a jaunty air as if an attitude of strong assurance could now be of any avail? To listen to the obsequious perfunctory condolence of the janitor as he hands out a pink return-ticket available for three months, or in the case of specially favoured individuals for six? To walk out upon the Embankment and then—for some of us may be just a little over-wrought—to gaze drearily into the dark river below, pondering upon the responsibilities of existence.

The Clubs.

RUGBY FOOTBALL CLUB.

The beginning of the season was not marked with success, for, owing to the absence of many of the regular team, the 1st XV sustained heavy defeats at the hands of the London Irish and Old Blues.

Against the U.C.S. Old Boys, however, the Hospital was well represented and won the match easily.

Coventry and Bedford, the next two matches, proved exceedingly fast and enjoyable, and although the Hospital lost on both occasions by narrow margins, yet the play throughout pointed to a fairly good team for the cup-ties.

The Old Whitgiftians lost to the Hospital on a very wet ground.

R. Hodson is very useful at back, and we are fortunate in being able to fill so satisfactorily the place left vacant by Beyers.

T. H. Just is now playing outside-right in the three-quarter line and should do very well after a few more matches.

As regards the forward line, the chief defect is lack of weight. They play with plenty of dash and should make a useful pack.

The 2nd XV has had to oppose some strong sides, but here again G. A. Letchworth and T. H. Cunningham have some very good material to draw from, and the team should be able to register a good many wins before the cup-ties.

A 3rd XV is being formed as the number of playing members has increased and there is more keenness; matches are now being arranged for this season, and any gentleman wishing to play who did not put his name down on the list at the beginning of the term should give his name to the Hon. Secretary at once.

Results of Matches.

		For.			Against.		
		Gls.	Trs.	Pts.	Gls.	Trs.	Pts.
1st XV *v.* Old Blues .	Lost .	—	—	— .	9	4	57
1st XV *v.* U.C.S. Old Boys	Won .	4	4	30 .	—	—	—
1st XV *v.* Coventry .	Lost .	—	2	6 .	2	—	10
1st XV *v.* Bedford . .	Lost .	1	1	7 .	1	2	10
1st XV *v.* Old Whitgiftians	Won .	—	4	12 .	—	1	3

ST. BART.'S *v.* U.C.S. OLD BOYS.

During the first half the only score was a penalty goal by A. Ferguson. Seven tries were scored in the second half by T. H. Just (2), R. H. Williams (2), J. V. Fiddan, H. M. Gilbertson, and C. Bilderbeck. Three of these were converted by A. Ferguson. Team:

R. Hodson (back); H. J. Bower, C. Bilderbeck, C. H. Savory, T. H. Just (three-quarters); F. H. Robbins, R. H. Williams (halves); A. Ferguson, J. V. Fiddan, H. M. Gilbertson, R. L. Kitching, J. Mudge, E. J. Bradley, F. G. A. Smythe, R. B. Pullin (forwards).

ST. BART.'S *v.* COVENTRY.

This match was played at Coventry under splendid weather conditions. A very fast game ended in a somewhat unlucky defeat for the Hospital. The Hospital forwards played well in the loose but were outweighted in the scrum with the result that the Coventry backs had far more of the ball than ours. The defence of the backs was splendid except for one or two lapses. The attack, though often well developed, lacked sting in the final stages, and except for two fine efforts by H. J. Bower we made no really dangerous movements. Bower's two tries were the result of powerful runs along the touch-line, in the course of which several opponents were handed off in each case. Coventry ultimately won by 2 goals to 2 tries. A feature of the game was the good work of Williams, whose taking of difficult passes caused several rounds of applause. Team:

C. H. Savory (back); H. J. Bower, E. D. Richards, W. A. Pocock, C. Bilderbeck (three-quarters); F. H. Robbins, R. H. Williams (halves); A. Ferguson, J. V. Fiddian, H. M. Gilbertson, J. Mudge, F. G. A. Smythe, R. B. Pullin, N. A. Scott, T. David (forwards).

ST. BART.'S *v.* BEDFORD.

This match was played at Bedford. We were without Pocock, who was deputised by Savory. Richards was in splendid form, and besides dropping a neat goal in the second half showed excellent defence throughout. The forwards again gave evidence of hustling powers, several well-managed rushes being brought off, Ferguson and Fiddian being prominent. Their lightness is still a handicap in the scrum. Robbins and Williams play very well together and the passing was of a high order. Ferguson was playing extremely well when he had the misfortune to break a rib, and his loss immediately told on our already light scrum. This, no doubt, turned the match against us, as we were leading and pressing at the time of his injury. Just, who was also playing well, injured a muscle at a critical moment and one or two good chances were lost at the end owing to his retarded movements. Team:

R. Hodson (back); H. J. Bower, E. D. Richards, C. H. Savory, T. H. Just (three-quarters); R. H. Williams, F. H. Robbins (halves); A. Ferguson, J. V. Fiddian, H. M. Gilbertson, J. Mudge, F. G. A. Smythe, E. J. Bradley, N. A. Scott, R. B. Pullin (forwards).

ASSOCIATION FOOTBALL.

MIDDLESEX CUP, 2ND ROUND.

ST. BART.'S *v.* RAVENSBOURNE AT WINCHMORE HILL ON NOVEMBER 4TH.

This match ended in an easy victory for the Hospital by 6 goals to 0. Last year we defeated our opponents by 3–0 in the semi-final, and as our team was weaker than last year we did not expect to win so easily.

The backs and halves had plenty to do in the first half and they accomplished their work well in spite of one or two miskicks. Butcher in goal was safe, but inclined to hold on to the ball too long.

Ravensbourne won the toss and decided to play with the wind; the Hospital kicked off defending the pavilion end. At first the Hospital defence was troubled by the strong wind, added to the fact that the ball was very light and miskicks were frequent. During the first ten minutes Ravensbourne consequently pressed and missed two splendid opportunities of scoring.

After this the Hospital backs judged their kicks better and the forwards settled down and showed good combination. There was a lot of mid-field play, but just before half-time Waugh opened the scoring with a stinging shot which completely beat the Ravensbourne goal-keeper.

On change of ends the Hospital forwards had matters all their own way and goals came rapidly.

Waugh scored three more goals with splendid shots.

A pretty bout of passing let Jamieson in and then Wippel further added to the score with a beautiful shot from an awkward angle. There was no further scoring and the Hospital won as stated.

In the second half the defence had little to do; the forwards played well, Waugh showing to great advantage.

The left wing was not altogether a success. Atteridge seems to understand the game and should improve, but Soden is inclined to hold on to the ball too long and his centres are very poor; however, with practice he should develop into a useful player. Team:

V. H. Butcher (goal); H. Rimington, J. W. Stretton (backs); P. A. With, G. E. Dyas, C. R. Taylor (halves); W. P. Wippell, G. D. Jamieson, A. J. Waugh, K. D. Atteridge, W. Soden (forwards).

ST. BART.'S *v.* OLD WESTMINSTERS.

Result—Hospital 2, Old Westminsters 1.

This match was played at Winchmore Hill on November 11th. The conditions were hardly ideal for good football, the ground being in a sodden condition, while a drizzle commenced soon after half-time and continued until the end of the game. This may in some measure have accounted for the poor game, the standard of play being very mediocre. The Hospital had out a weak side, and it was fortunate for their record that the Old Westminsters are not nearly so strong as in previous seasons. Waugh lost the toss and kicked off, the Hospital defending the pavilion goal. Before five minutes had elapsed the Hospital were a point up, Waugh receiving the ball about thirty yards from goal; running between the opposing backs he put the ball into the net well out of the custodian's reach. On re-starting, the Old Westminsters at once pressed, and a long shot, which Butcher might have cleared, struck the cross-bar, and rebounding into play, was banged into the goal by the opposing outside left. Play deteriorated after this, and though the Hospital were rarely on the defensive, the whistle blew for half-time with the scores level. In the second half the play was without incident for some time. About twenty minutes before the end a corner, well placed by Atteridge, came out to Soutter, who shot from some twenty yards out, and the ball was deflected by one of the Old Westminsters' backs out of the goal-keeper's reach into the net. In the latter stages of the game the Hospital missed several opportunities, and one centre from Soden should certainly have been turned to account. The Old Westminsters rarely threatened danger, their wing men always finishing up their efforts poorly.

The Hospital team showed little combination, but Waugh played very hard and did any amount of work, both in attack and defence. Cole played well at inside right, but the remaining forwards were weak. The backs and halves did most that was required of them, and Butcher in goal had nothing to do after the first ten minutes. Team:

V. H. Butcher (goal); J. S. Soutter, E. G. Dingley (backs); E. M. Grace, C. R. Taylor, J. R. Stoddart (halves); N. S. Soden, W. R. Dickinson, A. J. Waugh, P. C. Cole, K. D. Atteridge (forwards).

HOCKEY.

ST. BART.'S *v.* ROYAL NAVAL COLLEGE, GREENWICH.

Played at Winchmore Hill on November 1st. The Hospital had a strong side out for this match, as last season we were rather badly defeated by the R.N.C. In the first half the whole team played very well together, the forwards combining and shooting excellently, and at half-time the score was 9–0 in our favour. On the re-start the Hospital immediately scored again and succeeded in holding the upper hand. Towards the end the R.N.C. attacked strongly and scored their only goal, time arriving with the score 15–1. Weller was played forward for this match and proved a great success, scoring four of our goals. No less than six fell to Sylvester, whilst Brash and Turner each scored two. Whitehead, who had had very little to do, changed places with Turner a few minutes from time and scored with an excellent shot. Team:

B. Whitehead (goal); M. T. W. Steedman, C. S. Atkin (backs); N. Duggan, J. G. Ackland, C. J. Nicholson (halves); A. G. Turner, C. A. Weller, E. J. Y. Brash, C. K. Sylvester, T. E. Osmond (forwards).

ST. BART.'S *v.* WATFORD.

This match was played on our ground on November 4th. It was not a very enjoyable game, owing chiefly to the large number of fouls which occurred. The Hospital played well and quite deserved the win of 3 goals to 1. Watford protested against the hard shooting of our forwards in the second half, Weller particularly coming in for adverse criticism. The latter scored two of our goals and Sylvester the other. Team:

B. Whitehead (goal); H. E. Griffiths, H. D. McCall (backs); N. Duggan, J. G. Ackland, C. J. Nicholson (halves); A. G. Turner, C. A. Weller, E. J. Y. Brash, C. K. Sylvester, T. E. Osmond (forwards).

ST. BART.'S *v.* WOOLWICH GARRISON.

At Woolwich, on November 8th. The Hospital had a strong side out for this match, as we expected a very close fight. After about fifteen minutes' play Sylvester scored. Almost immediately the Garrison equalised through their centre-forward. The Hospital continued to press, and Sylvester succeeded in putting us ahead shortly before half-time. In the second half the Hospital halves and backs were too good for the opposing forwards, and were continually feeding their forwards, with the result that we scored five more goals without reply.

Nicholson played extremely well at half, controlling the ball well. Duggan should make an excellent right half, but at present is too slow. Mawer was safe in goal, but had very little to do owing to the soundness of the backs. Team:

P. U. Mawer (goal); M. T. W. Steedman, C. S. Atkin (backs); N. Duggan, J. G. Ackland, C. J. Nicholson (halves); A. G. Turner, C. A. Weller, E. J. Y. Brash, C. K. Sylvester, T. E. Osmond (forwards).

ST. BART.'S *v.* H.A.C.

This match was played at Winchmore on Saturday, November 11th. It was one of the nicest games we have had this season, although the ground was very greasy owing to heavy rain the night before. The Hospital played down the hill first half, and at half-time the score was 0–0, each side missing chances. Soon after re-starting Spackman scored from the right. By an individual effort Turner scored a good goal, and directly after a third goal was obtained. The H.A.C. then played strongly, and scored a goal through their centre forward, and within a minute the same player scored their second—an offside goal. The H.A.C.'s defence was very sound, and their outside forwards sent across many good centres. Team:

B. Whitehead (goal); H. E. Griffiths, H. D. McCall (backs); N. Duggan, J. G. Ackland, C. J. Nicholson (halves); W. C. Spackman, C. A. Weller, E. J. Y. Brash, A. G. Turner, T. E. Osmond (forwards).

An Operation in the Back Country.

PERHAPS we are not so shut off from the outside world as some, but here, thirty miles from anywhere and 150 from Melbourne, we have to do most things for ourselves, and make use of whatever we have at hand to do it.

A few weeks ago I was accosted by one of the station hands, a red-bearded Scotsman, who asked me if I would "have a look at his horse." A few years ago this man was the station cook, but they found he was a better gardener, so now he has changed his vocation. Like everyone else in these parts he owns a horse.

I followed him to the stable, and was shown a horse with an enormous lump on the side of his face. Sandy gave the following history:

About fourteen months ago the animal was kicked just below the eye by another horse. The face swelled at first, but after a week or so it appeared to be quite well.

About six weeks later the cheek began to swell again, so Sandy asked the advice of an amateur "vet.," who examined him and said there was a small bone broken. The horse was turned out for a few months, during which time the lump grew much larger and the horse rapidly wasted away.

The next man to attend the horse was the village blacksmith, who examined the mouth, and extracted two teeth from the sound side. He could find no sign of decay on the side with the lump, so advised a good strong blister; this suggestion, although the treatment for every malady of the horse out here, was not carried out.

At times during the last few months there had been some discharge from the nose.

After a brief examination, I came to the conclusion he had an empyæma of the antrum, so I told the old man I was no horse doctor, but thought there must be some matter inside the bone which ought to be let out. I advised him to see a veterinary surgeon. However, seeing a "vet." in these parts is easier said than done. Sandy was much attached to his horse, but everyone else, including "the Boss," considered the cheapest and easiest way out of the difficulty would be to shoot the animal. Sandy confided to me that if he could get a few days off he would take the horse to a "vet." in Bendigo. He would give £5 to have him cured.

At this suggestion, of course, I pricked up my ears and told him if he could not get anyone else, and would trust the horse to me, I would explore the lump. I began to wish I had posed as "a specialist" on the subject. The old man was only too pleased, so next day being Sunday, and the only day there would be hands enough at the homestead to throw the horse, I arranged to operate at 10 a.m.

The men knew all about throwing a horse, so I examined an old skull which I had discovered to get my landmarks, whilst they bound the steed.

Having examined the teeth again more carefully, and failed to find a cause for the mischief there, the question arose whether it would be better to work up under the lip or make an external incision. Sandy said he would never want to sell the horse, and did not mind if I left a scar, so I decided on the external method as being the simpler.

I had some chloroform with me, but decided it would be safer to work without an anæsthetic, so after a little preliminary cleaning up, I made a good bold incision over the lower part of the swelling, and stood back till the animal had quietened down. I then stripped back the periosteum, and bored a hole through the bone with a gimlet. Nothing came away, so I inserted a probe, and found very foul-smelling pus, too thick to come through the ¼-in. hole. I tried to enlarge the opening with an auger, but found it would not bite on the bone, so I enlarged downwards, towards the nose and the teeth, with a chisel, till I could get my finger comfortably inside the cavity.

After evacuating much foul-smelling pus, I felt a spicule of bone growing up from the floor. This I cut away, and then, as I could find no dead bone or any sign of an old fracture, I scraped the walls of the cavity, irrigated with a solution of lysol, and with the aid of a darning-needle and a hair from the horse's tail, I tied a good big tube in the wound.

Except when I made the skin incision, the animal did not seem to feel much pain, though he rather objected to the use of a hammer on the chisel.

Three days after the operation I met a doctor who had had some experience of veterinary work during his country rounds. When I told him about the operation, he said he had seen two or three horses operated on for the same complaint. He considered the horse should do well, but would almost certainly be left with a small permanent sinus. He advised me to take the tube out and pack the cavity with gauze, rather tightly for the first week or so, and loosely afterwards. In his experience they did much better when treated thus.

It is now a month since the operation. The lump has diminished to about a quarter its original size, and there is scarcely any discharge when I take out the gauze drain and syringe the cavity, which I do once a day. The horse is rapidly putting on condition, and was quite lively yesterday when put in a gig for the first time since the operation.

I have heard nothing more about the £5, so we are all content.

G. W. T.

Reviews.

PRACTICAL ANÆSTHETICS. By H. EDMUND G. BOYLE, Assistant Anæsthetist to St. Bartholomew's Hospital. 2nd edition. (London: Henry Frowde and Messrs. Hodder & Stoughton. Oxford Medical Publications.) Price 5s. net.

It might be questioned whether such an art as the administration of anæsthetics can be learnt from any text-book. Mr. Boyle's book goes, we believe, as near this achievement as is humanly possible. "Practical Anæsthetics" is the title of the book, and, indeed, merely academic considerations are not considered at all, whilst the physiological side of anæsthesia is touched upon only when any practical application is achieved by its consideration.

In his preface to this, the second edition, the author states that thorough revision and correction has taken place, although from our recollections of the previous edition (which we read with great advantage) much correction can hardly have been necessary.

The new features include a description and impartial *résumé* of the open method of administration of ether. The pros and cons are stated so clearly that not even the most inexperienced should be in any doubt regarding the possibilities and contra-indications of this much-debated method.

Spinal analgesia is treated in the most comprehensive manner, and we must express our special admiration at the completeness with which the author clears away many clouds of misconception and confusion regarding the comparative values of this method and those of general anæsthesia.

Reference to the author's extended laryngotomy tube and to his modification of Hahn's tube must not be omitted. We have seen these tubes in actual use, and can unhesitatingly endorse the claim that they are less in the way of the surgeon than the original apparatus. They enable the anæsthetist to remove himself to a considerable distance from the patient, and still further ensue the comfort of those engaged in the operation.

Not the slightest practical detail relating to the administration of anæsthetics has been overlooked. We have no hesitation in describing Mr. Boyle's book as a thoroughly reliable guide, and it is equally a duty and a pleasure most warmly to recommend it.

ROSE AND CARLESS'S MANUAL OF SURGERY. Eighth edition, revised by ALBERT CARLESS. (London: Baillière, Tindall & Cox.) Price 21s. net.

We have already seen four reviews of this work, and to our mind unnecessary condemnation has been expressed of the circumstance that some of the plates are misplaced in the book. It is true that in one instance an unfortunate coincidence has arisen: the plate illustrating malignant disease of the rectum is placed opposite the letter-press dealing with strangulated hernia, and the appearance of the plate is somewhat suggestive of the condition arising in strangulation and so may be misleading. But only very few plates are out of position, so that we feel that the criticism this error has caused has been excessive, and it is only just to the publishers to state that they noticed the mistake before the date of actual publication and that the error has now been rectified.

Since the issue of the last edition Professor William Rose has passed away after a long and painful illness. Professor Carless, who has been, of course, joint author since the first edition in 1898, points out that the characters and scope of the famous text-book will not be altered by his colleague's death. It is for this reason, no doubt, that much of the work with which Professor Rose was more intimately associated remains quite unmodified, and we observe this particularly with regard to the operations for hare-lip and cleft palate. Brophy's operation, for example, which is now quite familiar in this hospital and is gradually gaining favour throughout the metropolis, is not mentioned.

We had not an opportunity of seeing the last edition, but we can boast of being one of the few who read the sixth edition twice through from cover to cover. We observe that a number of previous illustrations have been improved, and that a considerable number, including some fine coloured plates, have been added. Some excellent photographs illustrating practical details of applying splints and reducing dislocations are much to be commended. In a fairly critical survey we find that the present edition is thoroughly up-to-date so far as general surgery is concerned. Thus vibro-massage is mentioned, and the method of administration of "606" is described, although we gather that the author is not very enthusiastic as to its possibilities and regards it as in the experimental stage. Gauvain's method of treating spinal caries, with an illustration of his familiar "back-door splint," is explained. (It will be recalled that a long article by Dr. Gauvain with many illustrations appeared in the April number of the JOURNAL.)

The chapter on anæsthetics now includes a full description of spinal analgesia.

We doubt if any of the treatment advised departs from the teaching which obtains in this school, except perhaps that the preference for gastrostomy in carcinoma of the œsophagus is supported, we believe, by very few of our surgeons.

Rose and Carless has run through eight editions with three reprints and translations into many languages within fourteen years. This alone is sufficient recommendation. It is a difficult and important problem to advise elementary students regarding purchase of the first text-book on surgery, for their first book will necessarily be their sheet-anchor and will influence their aspect of the subject for the rest of their lives. But we believe that this classic is eminently suitable for the elementary student, for those preparing for the higher surgical examinations, and for the general practitioner.

HYGIENE AND PUBLIC HEALTH. By Sir ARTHUR WHITELEGGE, K.C.B., M.D., and Sir GEORGE NEWMAN, M.D. 12th edition. Pp. 760. Illustrations 50. (London: Cassell & Co., 1911.) Price 8s. 6d. net.

It is only three years since the last edition of this text-book appeared, but the extensive alterations that appear in the present volume bear witness to the rapid advances in relation to public health that are being made both in science and legislation.

An important alteration appears upon the title-page, and we offer hearty congratulations to the authors upon the honours that they have received since the appearance of the last edition of this work.

On comparing this volume with the previous edition it is seen that the general arrangement of the contents has been but little altered, but there have been added an extra chapter upon military hygiene, an appendix dealing with infantile mortality, and twenty-six new illustrations.

The whole book, moreover, has been carefully revised, new facts appear on almost every page, and many of the chapters have been entirely re-written, in particular those dealing with schools and the duties of medical officers of health. Although so large an amount of new material has been added the length of the book has only been increased by 100 pages, and it still remains a marvellous example of the successful condensation of the extremely heterogeneous material that constitutes the science of hygiene and public health.

The text-book is so well known and enjoys so high a reputation that further description is superfluous. It is short enough to be suitable for the elementary student, and at the same time contains in a condensed form nearly all the facts required by those studying for the diploma of public health.

MANUAL OF SURGERY. THOMSON AND MILES. Vol. I.: GENERAL SURGERY. Fourth edition, revised and enlarged. (Henry Frowde and Hodder & Stoughton.) Price 10s. 6d.

Perhaps the chief feature of this well-known manual is the compactness and readability of its instruction. Whilst no space is wasted with ostentatious padding, no essential detail is omitted. The printing is for the major portion of the book large, the illustrations numerous and excellent.

We have no hesitation in recommending it as a reliable surgical text-book.

It is perhaps as well to point out that this volume deals with general surgery only. A second volume deals with regional surgery, and a third volume with operative surgery. The volume we are considering is not merely an introduction to the general principles of surgery as its title would lead one to suppose. Thus, whilst the details of pathology and bacteriology with considerations of wounds and repair and all other general topics are considered in the briefest but adequate manner, the surgery of the blood-vessels, lymphatics, nerves, the skin and subcutaneous tissues, the muscles, tendons and bursæ, and injuries and diseases of bones and joints also come within the consideration of this volume.

The whole book is written in a dogmatic, didactic style, and one feels no hesitation in accepting the author's views on any topics which are open to controversy. Where so much is excellent it is difficult to select any features of particular merit, but we have been most of all pleased with the chapters on fractures, on wounds by firearms and explosives, and on constitutional effects of injuries, syncope, shock and collapse, the cause and treatment of which are admirably expounded.

SURGICAL APPLIED ANATOMY. By Sir FREDERICK TREVES, Bart. Sixth edition. Revised by Professor KEITH, M.D., F.R.C.S. (London: Messrs. Cassell & Co.) Price 9s.

Only the most elementary student can fail to be acquainted with this famous work. Written as far back as '83 its mission was to endow the enormous accumulation of facts necessary in the study of human anatomy with the interest which one always feels to be associated with practical illustrations drawn from medical and surgical experience. It is a pity, perhaps, that such a work may not be regarded as a guide limiting the amount of knowledge necessary for the medical student, but we fear the arbiters of the curriculum will hardly permit the study of anatomy to proceed on that basis, and this work can only remain as subsidiary, but with the virtue of indicating to the student the comparative practical value of the various details. We gather that the main features of the work have been left unaltered in the present edition, and that Professor Arthur Keith is responsible for the additions and minor alterations.

One feels it impossible, or at least unnecessary, to commend a work of this nature. It is a book *sui generis*, and little more is called for than to announce that its sixth edition has arrived. That there have been a great number of reprints is only to be expected, and one cannot but commend the painstaking of an author who publishes revised editions of a subject which, like anatomy, can undergo very little alteration.

BONE-SETTING AND THE TREATMENT OF PAINFUL JOINTS. By FRANK ROMER and L. ELIOT CREASY. (London: James Nisbet.) Pp. 62. Price 1s. net.

This little reprint, simple and elementary as it seems, deals with a subject which is probably responsible for a greater loss of prestige to our profession than any other branch of medicine or surgery. In spite of the studies and writings of Wharton Hood, dating back now thirty years, the proper treatment of injured joints is but little realised by the average practitioner, and the occurrence of painful stiff joints, the result of excessive rest, is far too common. These papers, reprinted from the *Lancet* and *British Medical Journal*, give briefly but carefully the principles of treatment of such stiff joints as carried out by Wharton Hood's successors. For those who are interested in the subject they will probably prove only suggestive, and should lead on to a perusal of Wharton Hood's own writings and of other modern works on sprains such as that of Whitelock.

DISEASES OF THE SKIN. By Sir MALCOLM MORRIS, K.C.V.O., and S. E. DORE, M.D. Fifth edition, 1911. Pp. 762, with 10 coloured and 67 black and white plates.

New editions of Sir Malcolm Morris's well-known text-book on skin diseases appear almost with the regularity of the seasons. In the comparatively short space of eighteen years no fewer than five separate editions, exclusive of reprints, have come out, a fact which testifies far more convincingly than any mere commendatory notice of ours to the popularity and success of the work. Since we welcomed the last edition in 1908 the volume has still further grown in bulk to the extent of seventy pages with an additional twenty black and white plates. The coloured illustrations remain unchanged. This increase in bulk is mainly due to a new chapter on affections of the mucous membranes and to the additional work in connection with syphilis, which constitutes the most important advance in dermatology which has been made since the appearance of the fourth edition. There is also adequate mention of the method of treatment by means of carbon dioxide snow, which had come scarcely into use at the time of the issue of the previous edition. One point which we are particularly glad to notice, because we drew attention to the necessity of some alteration ourselves in 1908, is that the chapter on primary and secondary lesions has been strengthened. The general appearance of the book has been maintained throughout its various editions, and it is no doubt desirable that it should be, for people become familiar with the particular get-up of a certain work, and a sort of "good-will" attaches itself to it. Still, we feel that this would be a more comfortable book if the size of the page were further increased and a freer spacing were allowed to the text. This is almost the only criticism which we have to offer on the present volume, which will, we know, worthily sustain the reputation of its precursors.

Correspondence.

THE LATE DR. GEE.

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

DEAR SIR,—I was very glad to read Dr. Horder's eloquent appreciation of the late Dr. Gee in your last issue. For the notices which have appeared outside the pages of the ST. BARTHOLOMEW'S HOSPITAL JOURNAL seemed to me totally inadequate. The writers did not appear to realise that a great teacher and master of medicine had passed away. I suspect that this is largely because he revealed himself more fully to his juniors than to his contemporaries. He freely acknowledged the mental stimulus he derived from contact with students. Everyone of us who had the honour to act as his house-physician felt, I am sure, the reverence and admiration so well expressed by Dr. Horder. Medicine may change, but Dr. Gee's methods of exact observation and clear deduction will never become obsolete. No man could better distinguish the essential from the accidental features of a case, and no man could impress them better on his hearers. His terse descriptions, couched by preference in Saxon words, sank into the memory; the cardiac liver "plump and tender," the "navel, red and pouting" in chronic peritonitis are examples of his phraseology which come back to me as I write.

His *Auscultation and Percussion* and his *Medical Lectures and Aphorisms* are recognised as classics, but very little has been said of the value of his original contributions to our knowledge. Yet cyclical vomiting of children was originally described by him, and he gave us some of the earliest observations on infantile scurvy. He discovered the action of apomorphine, which was first prepared in the chemical laboratory of our Hospital. With Sir Thomas Barlow he described the post-basic meningitis of infants, and with Dr. Money, diffuse glioma of the pons. To this list several scarcely less striking examples could be added.

Stories innumerable are, of course, current, but one I will repeat as highly characteristic. A neurotic lady said, "None of you regular practitioners can do me any good; I must take to Christian Science." "True, madam," he replied, "very true. Imaginary remedies for imaginary ills."

He stood aloof. The inevitable result has been that in a few short years of retirement his memory has faded from the popular view even more quickly than is the common fate. To this he would have been as indifferent as he was to fame and applause. But his pupils, who owe so much to him, are more jealous of his memory. Therefore I welcome Dr. Horder's words, and am constrained to add this brief tribute.

Faithfully yours,
W. LANGDON BROWN.

LATERAL LITHOTOMY.

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

SIR,—I was somewhat surprised to find a surgeon of Dr. Maxwell's experience taking up the cudgels in the September number of the JOURNAL in favour of lateral lithotomy for vesical calculus.

I am, however, in agreement with Dr. Maxwell in that I believe the operation to be easy and safe in suitable cases; but I think there is no doubt that the operation has fallen into desuetude, not from any intrinsic demerits, but solely from the fact that nearly all surgeons now do the crushing operation where crushing is possible. It is exactly in cases where crushing is impossible that the suprapubic and not the lateral operation has to be resorted to.

It is, however, chiefly the following sentence of Dr. Maxwell's that I should like to be allowed to criticise: "With lithotrity I shall not deal; it is acknowledged that it 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 only a few cases every year." Now I venture to think that if the ordinary surgeon does not operate by litholapaxy on his few yearly cases, it is a great pity both for himself and his patients. The idea that litholapaxy is an operation for experts alone is strongly to be depreciated. I can speak from my own personal experience, as for some years I only had the opportunity of operating on a few cases, though at the present time I am doing a good number; as this experience may perhaps help those who have some diffidence about undertaking the operation, and I hope may tend to dispel the idea that litholapaxy is a kind of juggling feat, I will give it.

I had the advantage of doing my first two litholapaxies under the immediate supervision of an experienced operator, and since that time have never found myself unable to crush any stone which was not too large for the largest lithotrite introducible. I have operated on 61 cases with one death—52 by litholapaxy and 9 by suprapubic lithotomy. I have records of all these cases except a few of the earliest, but forbear to burden this letter with such details as ages of patients, weights and stones, size of lithotrite and evacuating catheter used, and the number of introductions necessary, and suffice it to say that the suprapubic operations were in all but two instances done on very small children with very large stones. The crushing operation is now so well known that the huge stones of olden days are seldom seen, and it is rare to get an adult patient whose calculus is too big to crush. With children, however, the case is different, and in quite a fair proportion of cases the operator has the mortification of finding that the largest lithotrite he can introduce cannot be locked after grasping the stone. In these circumstances I have always resorted to the suprapubic operation. As Dr. Maxwell rightly emphasises, it is illogical to attack an abdominal viscus from the perinæum, in addition to the undesirability of dragging a large stone through what must, in the nature of things, be a comparatively small opening. I know that many operators, both in this country and elsewhere, prefer the lateral operation, even for fairly large stones, and I should do it without hesitation if I had ever seen the suprapubic cases do badly; but in my experience they do remarkably well, and the operation is easy provided the bladder can be well distended with fluid.

Now, as regards the difficulties of litholapaxy, real or supposed. I think that much of the supposed difficulty arises from the inexperienced operator's morbid dread of nipping the bladder mucous membrane in the lithotrite or even perforating the walls of that viscus. This fear is certainly very much exaggerated. The operator cannot, of course, use a steel instrument in the bladder with the same careless freedom with which he uses a poker between the bars of a grate, but on the other hand there is no need to treat the walls of that organ as though they were made of wet tissue paper. If the female blade is resting on the lowest part of the fundus the male blade may be opened and closed with the greatest confidence, and the operator is apt to wonder *why* there is always a fragment waiting to be grasped between the blades, the fact, of course, being that the little currents made by the movements of the male blade, wash the fragments into the female blade.

As regards the advantages of the operation they are so well known that it is superfluous to dwell upon them. We usually find it difficult to keep the patients in hospital after three or four days. The after-treatment is practically *nil*, the patient being simply kept in bed and given plenty of fluid. Children are certainly the most satisfactory patients of all, as their bladders are always healthy, and I have never found that the operation was any more difficult to perform than in adults.

Are there any disadvantages? To my mind only one—the amount of time necessarily consumed in the operation, if the stone is large. In patients whose condition is good this is perhaps not a very serious matter, but in old and debilitated subjects I think a cutting operation has its place on account of the celerity with which it can be completed. The only fatal case in my series occurred in a very feeble old man, whose calculus took one and a half hours to crush; the crushed and dried fragments weighed over three ounces. The stone could no doubt have been extracted by suprapubic incision in one fourth of the time, which might have made all the difference to the patient, and I now look upon it as a serious error of judgment that I did not adopt this course.

The present state of opinion in this country as regards the operation of choice is reflected in the following sentences from the report of the Inspector General of Civil Hospitals, United Provinces of Agra and Oudh, who is himself a surgeon of wide experience, for the year 1910. "It is unsatisfactory to have to note the large number of lithotomy operations still performed. Crushing should by now have almost completely superseded the cutting operations, but out of 875 operations for stone there were 301 cutting operations, of which 46 only were suprapubic."

In conclusion, I think that if Dr. Maxwell will give litholapaxy a fair trial he will speedily come to regard it with all the enthusiasm which he now has for lateral lithotomy, an operation which, good as it would be if there were no lithotrites, must gradually come to occupy a position of less and less importance in the eyes of the surgeon of the present day.

I am, etc.,
R. F. BAIRD,
Major, Indian Medical Service.

GONOA,
UNITED PROVINCES, INDIA.
October 9th, 1911.

DISCOURTESY AT BART.'S.

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

DEAR SIR,—Many thanks for publishing my letter in this month's JOURNAL and also for the leading article. The latter, however, is not correct in all its statements. For instance, "even letters introducing casual out-patients, subsequently admitted or not, are *invariably* answered." This has not been my experience. The last two or three cases I sent with notes were not answered. One case was admitted, operated on, and sent home and died a few weeks later. What was found and what was done I was not informed. The same want of courtesy has been my experience many times in the past. Of course I may be the exception which proves the rule. I hope I am. One does not expect to hear about cases sent up without a note certainly, and with my past experience I should not expect to hear about cases sent with a note.

I know the Junior Staff is worked hard, and this, I suppose, must be their excuse.

I am, sir,
Yours faithfully,
C. F. WIGHTMAN.

ROYSTON,
HERTS,
November 4th, 1911.

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

DEAR SIR,—I feel sure that the majority of Bart.'s general practitioners who have read the letter from an alienated Bart.'s man in your last issue headed "Discourtesy at Bart.'s" will agree with me that a more appropriate title would be "Discourtesy to Bart.'s"

If the charge of discourtesy is intended to refer to the resident staff of the present day, then I venture to state that it has no foundation in fact.

Whenever a patient comes to my out-patient department with a card or letter from a doctor, a letter is invariably written in reply either by myself or my house-surgeon. This is the universal practice on the surgical side so far as I am aware, and the custom was certainly observed when I was a house-surgeon thirteen years ago.

It is therefore surprising to hear that the house-surgeons of some fifteen years ago showed such want of consideration to Mr. Wightman.

It would be interesting to know why your correspondent has nursed an alleged grievance so long before ventilating it, and why in ventilating it he goes out of his way to conclude with a cynical gibe at the hospital staff, many of whom, as his teachers, have a claim to his respect if not to his patients.

Yours truly,
C. GORDON WATSON.

HARLEY ST., W.
November 7th, 1911.

THE RESEARCH DEFENCE SOCIETY AND ANTI-VIVISECTION SHOPS.

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

SIR,—We desire to make a special appeal for the purpose of undoing the harm which is done by anti-vivisection shops and processions. The exhibits in these shops are of a most misleading nature, and the truth as to anæsthetics is carefully concealed. No operation, more than the lancing of a vein just under the skin, is allowed to be done on any animal in this country unless the animal is under an anæsthetic throughout the whole of the operation.

It will be remembered that one of these shops, on the death of H.M. King Edward VII, distributed a leaflet suggesting that His Majesty's death was due to medical treatment.

We have, of course, received many complaints against these shops. We find that the police have no power to close them, and we can only place men outside them to give our leaflets to passers-by.

But this constant giving of literature is a heavy expense to our Society. We therefore appeal for special contributions toward this purpose. We make this appeal with confidence, for we are sure that the public recognises the grave harm which is done by these shops, especially to children. All contributions should be sent to the Hon. Treasurer, Research Defence Society, 21, Ladbroke Square, London, W.

We may, perhaps, take this opportunity of mentioning that a letter has just been received from Sir Apolo Kagwa, K.C.M.G., the Prime Minister of Uganda. It is dated from Mengo, Uganda, September 26th. "I really think," he says, "that in a few years' time sleeping-sickness will be extinct in Uganda, and people will become immune from the disease." If this happy result is obtained, it will, without doubt, be due to the work done by the Royal Society Commission, who gained their knowledge on the subject by experimentation on animals.

We remain,
Yours faithfully,
CROMER, *President.*
SYDNEY HOLLAND, *Chairman of Committee.*
F. M. SANDWITH, *Hon. Treasurer.*
STEPHEN PAGET, *Hon. Secretary.*

21, LADBROKE SQUARE,
LONDON, W.
November 1st, 1911.

THE HUNTERIAN SOCIETY.

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

DEAR SIR,—May I call the attention of "Bart.'s" men to the advantages offered by the Hunterian Society, which is one of the oldest of the medical societies in London, being founded in 1819.

Fortnightly meetings are held during the winter months at the London Institution, Finsbury Circus, which is of easy access from all parts by reason of its central position and proximity to the Moorgate Street and Liverpool Street Stations.

At the meetings papers are read, and cases and specimens are shown; in general, emphasis is laid on the practical and clinical aspects of the questions treated. The meetings and the Annual Dinner also constitute pleasant social gatherings.

Every year the Society awards a silver medal for the best essay by a general practitioner embodying the results of his own observations.

Each Session the Society holds clinical meetings at some of the hospitals, and Fellows have an opportunity of seeing cases of exceptional interest. They also have the privilege of obtaining books from Lewis's Library.

The subscription is half a guinea, with an entrance fee of half a guinea.

I am, Sir,
Yours very faithfully,
ALFRED C. JORDAN, M.D.
Hon. Librarian and Junior Hon. Secretary, Hunterian Society.

11, BENTINCK ST., W.

Royal Naval Medical Service.

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

Staff-Surgeon A. H. Skey, to the "Indomitable," undated.

Surgeon E. M. Browne lent to Shotley Training Establishment, October 30th, 1911.

Royal Army Medical Corps.

From the London Gazette:

Capt. F. G. Richards to be Major, August 17th.

Capt. F. H. Noke retires on retired pay, September 20th.

Major A. O. B. Wroughton, from half pay, is restored to the establishment, September 20th.

Major A. Pearse retires on retired pay, November 15th.
Lieut.-Col. H. J. Barratt from the R.A.M.C. to be Colonel, October 2nd.
Major B. J. Inniss to be Lieut.-Colonel, November 2nd.
It should have been stated that Lieut.-Cols. T. H. F. Clarkson and H. W. Austin retired during the past summer.

* * *

Capt. Noke's retirement was owing to ill-health.
Major A. O. B. Wroughton is posted to Canterbury.

* * *

Col. W. G. Bedford on return from Hong Kong will be Principal Medical Officer, London District.
Col. A. T. Treherne has proceeded to India.
Major E. P. Sewell has embarked for Ceylon, where he will be Sanitary Officer.

* * *

Capt. M. F. Grant has been appointed Adjutant of the R.A.M.C. School of Instruction, 1st London Division, Territorial Force.

* * *

The following have joined the Royal Army Medical College for the senior course:
Capts. G. E. Catheart, J. H. Gurley, P. H. Lloyd Jones, L. V. Thurston, C. H. Turner, and H. T. Wilson.

* * *

The name of T. R. Hudleston should have been added to those who were successful at the recent examination for commissions.

* * *

Lieut. (on prob.) B. Biggar from the seconded list is restored to the establishment.
Lieut.-Col. B. J. Inniss has been transferred from Gravesend to Belfast.
Major R. Lloyd will proceed to India (Lahore) this trooping season.
Lieut.-Col. H. W. Austin has taken up a retired pay appointment at Fort Sternford, Devonport.

Appointments.

HACKER, H. J., M.R.C.S., L.R.C.P., appointed House-surgeon to the Huntingdon County Hospital.
MILLER, T. M., M.R.C.S., L.R.C.P., appointed Surgeon to R.M.S.P., SS. "Carmarthenshire."
STORRS, W. T., M.R.C.S., L.R.C.P., appointed Hon. Assistant Surgeon to the Tunbridge Wells General Hospital.
TODD, F. R., M.R.C.S., L.R.C.P., appointed Assistant House-Surgeon to the West Kent General Hospital, Maidstone.

New Addresses.

BALL, W. GIRLING, 143, Harley Street, W.
BOWDEN, R. T., Rochford, Turketel Road, Folkestone.
GIBSON, A. J., Addenbrook's Hospital, Cambridge.
GORDON, F. J., Westholme, Horncastle, Lincs.
GREY, C. G., Crowborough, Sussex, and Southern Nigeria.
HOOD, T., Chester Lodge, York Road, St. Albans, and Lagos.
HOOTON, G. A., c/o Dr. Brewitt, Estcourt, Natal.
KEMP, J. R., Oakhurst, Woodhay, Newbury.
LANE, W. B., Lt.-Col. I.M.S., 58, Rotherwick Road, Golders Green, N.W.
LLOYD, R. A., Capt. I.M.S., 21st Punjabis, Peshawar.
MAPLES, E. E., Medical Officer, Warri, Southern Nigeria.
MILLER, T. M., Surgeon R.M.S.P., SS. "Carmarthenshire."
PHILLIPS, P. T. SPENCER, Great Baddow, Essex.
RICHMOND, W. S., 39, Elvaston Place, Queen's Gate, S.W.
SEWELL, E. P., Major R.A.M.C., Military Hospital, Colombo, Ceylon.
STANSBY, C. J., Grove Lodge, Winchmore Hill, N.
TODD, F. R., West Kent Central Hospital, Maidstone.
WHITE, C. F. O., The Croft, Carbis Bay, Cornwall.
WRIGHT, A., 31, Sterndale Road, Hammersmith, W.

Births.

CLARKE.—On November 5th, at Amphill, Reading, the wife of Fielding Clarke, M.R.C.S.(Eng.), L.R.C.P.(Lond.), etc., of a daughter.
HILL.—On September 24th, at the London Mission, Peking, China, the wife of R. A. P. Hill, M.B., D.P.H., of a daughter.

Marriages.

BREMER—MACKENZIE. On October 14th, at St. George's Presbyterian Church, Johannesburg, Karl Bremer, M.B., B.S., of Cradock, to Alice Elizabeth, eldest daughter of Mr. and Mrs. Thos. Mackenzie, Johannesburg.
HILL—ELLIOTT.—On September 27th, at St. Mary's, Clapham Common, John Percival Hill, M.R.C.S., L.R.C.P., to Harriett Agnes Elliott, daughter of Mr. and Mrs. Elliott, 61, The Chase, Clapham Common.

Death.

PULLIN.—In October, at his residence at Abernethy House, Sidmouth, Thomas H. S. Pullin, M.D. (St. Andrews), F.R.C.S., L.S.A., aged 87.

Notice.

MESSRS. J. S. FRY AND SONS, LTD., have been awarded the Grand Prix at the Turin Exhibition by the International Jury. It is hardly necessary to add that the Grand Prix is the highest possible distinction, and Messrs. Fry are to be congratulated on this latest addition to their already long list of international honours.

Acknowledgments.

The Practitioner, The Nursing Times (3), *The British Journal of Nursing* (3), *The Student* (3), *The Medical Review, L'Echo Médical du Nord* (3), *The Stethoscope, Giornale della Reale Societa Italiana d'Igiène, The Magazine of the Royal Free Hospital, The Guy's Hospital Gazette* (2), *St. Thomas's Hospital Gazette, Middlesex Hospital Journal, The London Hospital Gazette, St. Mary's Hospital Gazette, The New York State Journal of Medicine.*

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 5*s., 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 1*s. 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* 1*s.* 6*d. or carriage paid* 2*s.* 3*d.—cover included.*

St. Bartholomew's Hospital Journal.

VOL. XIX.—No. 4] JANUARY, 1912. [PRICE SIXPENCE.

St. Bartholomew's Hospital Journal.

JANUARY 1st, 1912.

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

Calendar.

Mon., Jan. 1.—**New Year's Day.**
2nd Examination Society of Apothecaries begins.
D.P.H. Conjoint begins.
Tues., ,, 2.—Dr. Tooth and Mr. D'Arcy Power on duty.
1st Examination Conjoint Board begins.
Wed., ,, 3.—1st Examination Society of Apothecaries begins.
Thurs., ,, 4.—2nd Examination Conjoint Board begins.
Fri., ,, 5.—**Winter Session Resumes.**
Dr. Garrod and Mr. Waring on duty.
Mon., ,, 8.—Examination for Matric. (Lond.) begins.
Cambridge Lent Term begins.
Tues., ,, 9.—Dr. West and Mr. Bruce Clarke on duty.
Final Examination Conjoint (Med.) begins.
Thurs., ,, 11.—**Abernethian Society: Mid-Sessional Address.** Mr. D'Arcy Power on "Evolution of the Surgeon in London."
Final Examination Conjoint Board (Mid.) begins.
Fri., ,, 12.—Dr. Ormerod and Sir A. Bowlby on duty.
Final Examination Conjoint Board (Surg.) begins.
Sat., ,, 13.—Oxford Lent Term begins.
Tues., ,, 16.—Dr. Herringham and Mr. Lockwood on duty.
Thurs., ,, 18.—Abernethian Society. "Feeding of Children." T. H. Thursfield, M.D.
Fri., ,, 19.—Dr. Tooth and Mr. D'Arcy Power on duty.
Tues., ,, 23.—Dr. Garrod and Mr. Waring on duty.
Thurs., ,, 25.—Abernethian Society. "Appendicitis," R. M. Vick, M.B.
Fri., ,, 26.—Dr. West and Mr. Bruce Clarke on duty.
Tues., ,, 30.—Dr. Ormerod and Sir A. Bowlby on duty.
Thurs., Feb. 1.—Abernethian Society. "Possibilities of Hypnotism," H. G. Baynes, M.B.
Fri., ,, 2.—Dr. Herringham and Mr. Lockwood on duty.

Editorial Notes.

WE wish all our readers a "Happy New Year." We will go further and extend the greeting to all Bart.'s men, with the hope that those who are not subscribers always borrow the JOURNAL, and the expectation that they will accordingly determine that the first of their new year's resolutions shall be to become subscribers themselves.

From one point of view a happy year for the doctors is a year of a very different kind for the public, and we imagine the cynical laity picturing the profession desiring raging epidemics and horrible accidents much in the same spirit as the soldiers of fortune used to clink their glasses to a bloody war and rapid promotion. Need we add that our wishes are not of this order? We wish all our readers plenty of work in the coming year, sufficient good health to do it, and prosperity whatever the circumstances which the legislators may arrange for them.

* * *

As a Christmas number the present one is conspicuously unostentatious. But the editor of the ordinary monthly magazine prepares his "Christmas number" during the cricket season, whilst we who live from hand to mouth have few enough crumbs to spare from one month to another.

And after all one month in a hospital is very like another. Disease does not stand still because the festive season has arrived, and it is only because Sisters and nurses each do the work of a dozen that a hospital is enabled to celebrate Christmas in the fashion which makes it a perfect paradise for the patients and an object-lesson to visitors who, to their amazement, find that the wards are the direct antithesis of the gloom and misery they had (confusing effect with cause) imagined them to be.

As we write, Christmas is already some days distant, and we can only intelligently anticipate that there will be this year the same patients, the same indefatigable Sisters, the same troupes, singers, and other entertainers, only that

everything will "go off" far better than it has ever done before. Perhaps it is a legitimate excuse that generally speaking it is more pleasant to think of Christmas in anticipation than in retrospection.

* * *

DR. LANGDON BROWN is always a very welcome speaker at the Abernethian Society, and his paper on "Rectal Feeding and Special Forms of Nutrition" attracted a large audience.

Dr. Langdon Brown dealt first with the cult of various fashionable diets and vogues of treatment, and his explanation of the origin of these fashions was exceedingly interesting. For example, the failure to recognise physiological albuminuria actually led to the much-advertised purin-free diet, later to reach its high-water mark in the temple not a thousand miles from Trafalgar Square, and other crazes, he explained were based on foundations even less stable. Any success which had attended the "sour-milk" treatment was generally due, not to the wonderful potency of the bacilli concerned, but to one of three causes: first (as is inevitable) suggestion in neurotics; secondly, the circumstance that by this "treatment" the sufferer receives a large amount of nourishment in the form of milk; thirdly, the advantage in certain forms of diabetes.

The main portion of the paper dealt with rectal feeding, and we can only describe this dissertation as of the highest value. "What evidence is there that food administered by the rectum is utilised?" asked Dr. Langdon Brown, and he answered the question by an appeal to experiments and to clinical observations.

There is no doubt that dextrose is absorbed from the bowel; the alteration in the respiratory quotient proves that. Two cases of fistula of the thoracic duct and of chyluria showed that there is strong evidence that absorption of fat is almost *nil*; whilst the observation that the nitrogenous metabolism of a person on nutrient enemata is almost identical with that when he is on salines alone, afforded conclusive evidence that the absorption of nitrogenous substances is practically absent.

And although there is no doubt that dextrose is absorbed, yet this amount is very little, for as soon as strong solutions are employed osmosis sets in and prevents retention.

Some workers have attributed to the rectum remarkable powers of absorption and digestion, but their results have depended upon the percentage of the original in the fluid recovered from the bowel—a very fallacious criterion.

The subject formed a convenient introduction to feeding in gastric ulcer. Not only is the amount of food that can be administered exceedingly small, but rectal alimentation in itself causes secretion of gastric juice, the worst condition to present to the ulcerated mucous membrane of an empty stomach. For these reasons it is difficult to understood why so convenient an innovation as Lenhartz' diet should have been so tardily accepted by the profession as a whole. Dr. Langdon Brown avowed himself a firm supporter of this dietetic treatment of gastric ulcer.

Reference was then made to the recently published advice to administer sugar to diabetics by the rectum, the claim having been advanced that assimilation occurred; but neither on physiological nor clinical grounds could Dr. Langdon Brown as yet support the results which had been claimed.

An excellent discussion followed, several gentlemen present being able to describe their own experiences with Lenhartz' diet and their conviction of its superiority. An interesting point was raised as to the psychical side of oral feeding; and, in answer to a question, Dr. Langdon Brown emphasised the importance of Pawlow's "appetite-juice," believing its loss to be a factor in the bad physical and mental effects of gastrostomy. He stated that he had known marked improvement in the mental condition follow mastication of the food, which was then passed through a funnel into the gastrostomy wound.

* * *

DR. ERIC MARSHALL has probably had larger audiences, more distinguished audiences, more illustrious audiences; but we are fairly confident that he has never had, and never will have, a more appreciative audience than that which welcomed his lecture, "Farthest South with Shackleton," in the Abernethian Theatre on November 24th. There cannot be one Bart.'s man who does not feel the credit of belonging to a hospital which furnished the doctor accompanying Sir Ernest Shackleton's famous exploration to the South Pole; and we have all felt proudly conscious that from his association with a great feat and from his own personal achievements Dr. Marshall has brought enhanced reputation to Bart.'s.

Those who knew Dr. Marshall before he went were well aware that he was just the man for the work; but, if Dr. Marshall will permit us to say so, we were certainly not aware that he was also a brilliant lecturer.

There can hardly be one reader who is unacquainted with the geographical details of the expedition which got within one hundred miles of the South Pole, and we should not be breaking fresh ground in the enumeration of the principles and of the hardships and difficulties that the undertaking involved. With characteristic modesty Dr. Marshall refrained in his lecture from telling us very much of his own doings, although those were exactly the details we wished most to hear. Nevertheless, we have gathered an impression which has been more or less completed from facts which Dr. Marshall has most generously given to the JOURNAL. We need make no further recommendation, therefore, of the article which appears in this number; the details are of the most absorbing interest, and they have the additional value that they have hitherto not been published anywhere.

We have most gratefully to acknowledge our indebtedness to Sir Ernest Shackleton for his generosity in not only giving us permission to reproduce his famous illustrations but for lending us the blocks from which they are prepared. We have also to thank Messrs. Heinemann and Dr. Marshall himself, whose interest on our behalf obtained this great privilege.

* * *

ONE of our valued contemporaries refers editorially to the phenomenal number of their House-men who, during the year, have been off duty through ill-health, with the consequence that the rest of their Junior Staff, who have succeeded in remaining totally, or at least relatively well, have had to pay by doing the work of the invalids as well as their own. The suggestion is then advanced that the House-officers should be allowed to select their future colleagues, and an amusing examination is appended, which deals with a candidate's *physical* fitness for his post, based first on his athletic record, and secondly, on his ability to live on "simple fare," and exist without more oxygen than is afforded by the air within the hospital gates.

It is with the blush of shame mantling our cheeks at the recollection of having been "septic" twice and of living, more or less, in a condition of chronic malaise for the rest of the time, that we realise how swiftly and mercilessly we should have been "ploughed."

But there is one balm that is always ready for the sick House-man. He learns the *esprit de corps* of his colleagues—in this Hospital, and we have every reason to suppose in all other hospitals—who are not merely willing, but absolutely eager, ungrudgingly to transfer the invalid's work to their own already over-burdened shoulders.

* * *

MR. TREMBLE is already well known to JOURNAL readers, and his contributions are always received with the greatest appreciation. His article in this number is a companion one to "Instincts and Memories" of a few months back.

In his present article Mr. Tremble shows that crime represents the supremacy of egoism over altruism. He appears to be somewhat disturbed by the anxious question of Civilisation *versus* Natural Selection, and he returns to this point again and again. But of course we are frequently met by examples, other than laws against crime, of the artificial barriers which civilisation interposes to the free play of natural forces, both as regards personal existence and perpetuation of the species. We have the law of primogeniture as a noteworthy example wherein man sets the principle of natural selection at defiance, and there may also be included in the same category, the general tendency of many other laws, of many charities, and in fact the work of our profession as a whole. Mr. Tremble will no doubt attack the problem from this point of view some day. Meanwhile we feel that he is not satisfied with punishing in social defence a criminal who may merely have acted in accordance with instincts quite acceptable in less civilised societies. We are reminded of some words on the subject by Dr. Claye Shaw, "Man is of the nature of a wild beast, impulsive and liable to explode, but educable to an artificial restraint, the perfection of which cannot be measured and the responsibility of relapsing from which can with difficulty be appraised."

* * *

IT is with a full appreciation of the compliment we are paying Mr. Tremble that we have associated his article with Dr. Claye Shaw.

In the December number of *Baily's Magazine of Sports and Pastimes* appears, "On Temperament in Sport," a subject which, as usual, Dr. Claye Shaw's magic pen has invested with his world-wide renowned charm.

It is with leadership in sport that Dr. Claye Shaw primarily deals. "Temperament" is the essential feature, he says, and by "temperament" he means qualities born with the man and but little alterable by any effort he may make. This is by no means synonymous with "character," which is largely made by one's own efforts and is the product of the action of the physical and social environment on the innate temperament. It is the character (often "a thin veneer") which we always see, the basic temperament but rarely, as for example under the influence of great stress; so that the apparent character is apt to be deceptive.

There is something very wonderful in everything about which Dr. Claye Shaw writes. You read it for the first time without stopping, too fascinated to pause, and then you read it again (and probably again and again) and weigh the carefully chosen sentences, and you begin to find that you are being induced to think.

It is easy, perhaps, to attract superficially, but it is a wonderful thing to do that and to make people think.

And in this article we see that "sport" is merely the handle upon which to hang more important truths. "Happy is he who knows what he can do and what is outside his powers, and who has the opportunity and integrity to withdraw when he finds his inability to direct!" In these concluding words we see an application to leaders in every branch of human activity.

* * *

IT is with particular pleasure that we publish a contribution under the well known initials "R. B. P." Mr. Price will not readily be forgotten as a successful editor, whose own brilliant *jeux d'esprit* are quoted and re-quoted, and which have set a standard in the Hospital few are willing to emulate. Mr. Price appears to have been seeking a "cure for rhymorrhœa" in a sea voyage. This is on homœopathic lines, if we may put any faith in the advice we saw offered a few years ago to inhibit *mal de mer* by sedulously and pertinaciously wooing the muse from one end of the voyage to the other.

* * *

MR. K. M. WALKER will be equally well remembered as a contributor to the JOURNAL. He has sent us a most interesting article. The futility of research work seems almost endorsed by his evidence that savage tribes can do as well empirically, whilst the reference to means of eliminating the unfit comes most appropriately into line with Mr. Tremble's article.

* * *

MR. J. E. R. MCDONAGH has from time to time published several articles in the JOURNAL upon the diagnosis and treatment of venereal diseases, and we have heard very many expressions of appreciation from practitioners, who have found these articles of great value. To the December *Practitioner*, Mr. McDonagh contributes "The Treatment of Venereal Diseases as we see them to-day," an article which must be thoroughly recommended as an admirable authoritative *résumé* with no theoretical prejudices, but based upon the results of the author's own clinical experiences.

Vaccines in gonorrhœa are quickly but satisfactorily dismissed. So long as the infection is limited to the urethra this method of treatment is valueless: the advantage of *fresh* cultures is insisted upon.

Mr. McDonagh has always been a warm supporter of treatment by urethral injections. Once again he repudiates the bogey of "driving back the infection." Infection will certainly go back if injections are not used, and gonorrhœal cystitis, he reminds us, is very rarely seen.

A warning, which cannot be over-emphasised, is given that gonorrhœa in its early stage suffers from lack of treatment, in its late stage from over-treatment, as excessive use of *strong* injections may lead to injury of the mucous membrane.

* * *

IN one particular we are at variance with Mr. McDonagh: he would make syphilis a notifiable disease. This is not the place to discuss a complicated social problem and Mr. McDonagh has doubtless arrived at this conclusion only after much thought. But the subject has been thoroughly well ventilated in America; we have read the discussions and have agreed with the conclusion drawn that greater evils would result from notification than at present obtain.

It is certainly a curious feature, as Mr. McDonagh points out, that whilst the Continental sufferer is acquainted with the nature and gravity of a syphilitic infection, the average Britisher first stoutly denies such a possibility and then expresses the most violent indignation. Here, thinks Mr. McDonagh, lies the root of the evil, for he is of opinion that a cure can be guaranteed if a patient is treated with salvarsan in the primary stage.

* * *

FEELING the pulse of the medical world, as one can do from within a London hospital, one may be pardoned the conclusion that "606" is rather more on its trial than twelve months ago, and the inevitable tendency is to relegate this epoch-making drug to the category of those new things which have not come up to expectation, but, after a meteoric career, have proved but a flash in the pan.

It must be remembered that as our knowledge of the action of salvarsan increases, our methods of administration alter and improve. Now, it is recommended to give *two* intra-venous injections with a ten to fourteen days' interval, and in all other stages than the primary, to follow up the injections with mercurial treatment, since each of the two drugs seems to enhance the action of the other.

* * *

EMPIRICAL as the Wassermann reaction is, it is a most useful test, says Mr. McDonagh. Those who deny its efficiency are usually those who repudiate the utility of salvarsan, who have never done a reaction themselves, nor given an injection. Whatever we have got to learn regarding the reaction, we may be sure of one thing—that the so-called (cheap and easy) modifications of the original test are unreliable.

* * *

IT seems to us that Mr. McDonagh's article is a plea for tolerance. As he rightly points out, it is no discredit to Sir Jonathan Hutchinson if his time-honoured pill treatment has been superseded by better forms of treatment, any more than it will be to Ehrlich if salvarsan is superseded by something better.

* * *

WE publish this month three more letters on the subject of discourtesy towards general practitioners, but with their publication this correspondence must cease. On the one hand it would be silly to deny in the face of such letters that some ground for complaint has arisen. On the other hand we have reason to think that the examples quoted are exceptional, and that more toleration would have been extended had all the circumstances been known. On their side, too, the Junior Staff would be prepared to complain of the lack of courtesy shown to them by general practitioners, and to contend that it is very rare indeed for them to receive any acknowledgment of the letters they do write.

It is obviously most desirable that the relations between the Staff, Senior and Junior, of the Hospital, and practitioners should be most amicable; and although superficially the ventilation of the grievance may not appear to have yielded very much, we sincerely hope that it will lead to a better understanding.

* * *

THE *Year Book* for 1912 has just been published. It will be sent post-paid to all old Bart.'s men and should be in their hands shortly after these lines are in print. We desire to make a very warm appeal to every recipient to send the small sum asked for it—half a crown. The advantages of the *Year Book* are very great, and we know that it is not want of appreciation but mere forgetfulness which is the cause of so many omitting to send a donation. The *Year Book* is compiled with a great deal of labour and the expense entailed is considerable. The receipts hitherto have been very scanty, and we hope that every Bart.'s man will send Mr. Sargant his half-crown and prevent the imminent danger that its future publication must cease.

* * *

WE offer our heartiest congratulations to Surgeon-General Sir Charles Lukis, who has recently been created a Knight-Commander of the Star of India.

* * *

WE congratulate the following gentlemen who have passed the Final Examination of the Royal College of Surgeons of England: Messrs. D. Rankin, P. A. Reckless, J. H. Conolly, A. C. Haslam, H. R. Jeremy, R. C. Harkness, H. M. Johnston, C. G. Aickin, J. R. H. Turton, and H. Robinson.

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Farthest South with Shackleton.

I WONDER what Sir Ernest Shackleton would give as the greatest difficulty associated with an Antarctic exploration; probably finding the money for the purpose. After hearing Dr. Marshall's description of the details of the hardships we conclude that a still greater difficulty would be finding the men.

There are undoubtedly a large number of young men without domestic or other ties in whom the old spirit of adventure has not yet burned itself out who would be anxious to volunteer, but the man suitable for such work is, we imagine, not very readily found. We gather that in his physique he is not necessarily of a type. He may be short or tall, light or heavy, but he must be—tough. Endurance to cold is not restricted to the corpulent nor to the full-blooded, although in general it will be found that the well built man of moderate stature is best suited to the rigours of an Arctic winter. Great weight is against the man—he will go through ice and snow and get lost in a crevasse. Great height is against him—he takes up too much room and as a rule is less resistant. Moderation appears to be the essential feature, and not only the happy mean as regards his physique but as regards his temperament. He must be very, very adaptable. Think of your men cooped up month after month together and realise the strain upon their tempers; think of the irritation one man may cause by his idiosyncrasies, refusal "to give and take" and to fit in with the others. Think how the leader of the expedition has to select his party with all these considerations before him and you will come to believe that his difficulty after all is not *embarras de richesses*.

Perhaps the most important requirement—an obvious one it is true—is that the man must have a good circulation; the only sufferer from frost-bite on Shackleton's expedition was a man with a relatively poor circulation.

As we listened to Dr. Marshall's description of the long winter in the hut we realised that they had heaps to do in the mornings, for although it was dark, there was plenty of work for the forthcoming expedition; but we were amazed to hear that after all they did not find it so very dull. Of course they argued sometimes, but then they were all men of even temperament and had agreed to accept a final reference on all debatable topics or else stop the subject. (Would that all arguments in more temperate climes were so conveniently terminated!)

But it is in the physiological and medical details that we are naturally most interested. The diet on an Arctic expedition must be of a high calorie value, but in addition there must be a generous protein allowance, since the muscular work entailed is enormous and the tissue-waste must be appropriately repaired. To take all the food you can, seems a very simple problem; to take much more than

you can possibly eat seems simpler still: but when you hear of the difficulties of transport, that ponies die and the load has to be *hauled* by the men themselves, that forced marches on no food with meals at intervals of thirty-six hours have to be faced, then the problem appears to be one of extraordinary difficulty, such difficulty in fact that on the actual expedition 91 days' rations had to suffice for 126 days.

A full day's ration comprises 2 lb. 2 oz. of solids. The constituents are: pemmican (which is 60 per cent. fat), plasmon biscuits, "Emergency Bovril ration," oatmeal, plasmon cocoa, chocolate 2 oz., sugar 4·5 oz., and cheese. Sugar, said Dr. Marshall, is marvellous stuff. In his arrangement of the dietary he increased the sugar content from the 3·8 oz. of his predecessors to 4·5 oz., and the ponies themselves thrived best on a food which contained a large amount of cane sugar. As a further improvement he advises still more concentrated proteins, an example of which has recently been produced in Germany.

"When we were on the shortest rations we simply longed for fat and carbohydrates," said Dr. Marshall. "We thought and talked of nothing else." (Vicariously they appeared to derive some satisfaction from the recollection of their dreams, which were all variations upon the same subject—the suet pudding smothered in treacle which they would enjoy on their return.)

They could not even smoke to their hearts' content. Their allowance was 1½ lb. each man to extend over four months. We have figured this out and it is precious little. Of course when they hungered for a smoke they would puff at anything—infused tea-leaves or the grass picking in their fur boots, but—we know something about that grass packing and we would have to want a smoke badly enough before we accepted *that*. When they were most racked by hunger, as a last resort they had Tabloid "Forced March," which of course did not satisfy their hunger, it merely paralysed their gastric mucous membrane or the "hunger-centre" and for an hour or two it "took their minds off it." We presume "Forced March" contains cocaine and other analgesics, and it might be tried by house-surgeons on duty in lieu of the lapses from their occasional meals. We were naturally anxious to learn what sort of a gorge they indulged in when they got back to full supplies. "We had the appetite," said Dr. Marshall, "but we simply couldn't eat. Our stomachs had evidently atrophied or contracted to about the capacity of half a pint, and all we could do was to eat small quantities every half hour day and night for a fortnight by which time our hunger was appeased."

We heard one interesting physiological side-light. When the second pony died they ate him: he died at the end of a hard day's march and his meat made them all very ill. Apparently this was due to the muscles being full of fatigue products and so, highly toxic. The dead pony's "emergency ration" came in useful too: it consisted of dry carrots, turnips, currants, sultanas, cane sugar and a little coca leaf.

Yet after all it was gratifying to hear how little they suffered eventually from their hardships. Of course they lost weight. Dr. Marshall himself lost 30 lb., thirty good pounds too, for he started without any superfluous fat. But the loss was very speedily regained. Incidentally he stated that the best preparation for exploration was "training." It was quite a fallacy to suppose that an idle luxurious existence which accummulated fat and so a store-house for the winter was the best precaution. He himself took courses of Sandow's exercises and he advised all his companions to take hard exercise during the winter which preceded the journey. Those who followed his advice came off best, as no time was wasted in getting fit before their condition was really needed.

We believe that one medical text-book gushes over the wonders of the thermogenic centre by stating that a man may journey from pole to equator without the variation of one degree in his temperature. The temperature sometimes fell to 94°, said Dr. Marshall, and it never got above 97·8° on the Plateau. Small wonder why. All their heat had to be supplied by food; there was no artificial heating except for cooking purposes. We confess to surprise amounting positively to amazement at the information about clothing. "We had to avoid perspiration," said Dr. Marshall—we confess we should not have found that difficult—"for the subsequent evaporation would have been very unpleasant." And this is what they wore: *Imprimis* a thick pair of Jaeger pants or pyjama trousers, Jaeger vest, shirt, and sweater; over that blue pilot cloth suit, then Burberry wind proof clothing; two pairs of wool socks, fur boots, fur mits and

SOME OFFICERS OF THE EXPEDITION (DR. MARSHALL THIRD FROM THE LEFT).

THE UNION JACK FARTHEST SOUTH.

woollen helmets. And this in a temperature 60° below zero! Yes, indeed, the Arctic explorer has a good circulation! And Dr. Marshall set the fashion of discarding the blue pilot cloth trousers and wore far less than the average man here wants in the winter. "We never suffered from skin troubles," said Dr. Marshall, "for we very rarely sweated, although our scalps got in very bad condition because we had constantly to wear our woollen helmets."

And yet they all got colds once only—when they had opened a bale of clothing packed in England and let out some of our beastly catarrhal organisms into the hut. They got very bad colds, so bad that it took half an hour (!) of that germ-free air outside to cure them, and the cook, who nursed his indoors, was two or three days before convalescence was complete. What must their leucocytes have thought of it all—their long holiday with no organisms to vanquish? No wonder that they assimilated all the food they could get when they returned and the competition in the post-prandial leucocytosis became excessive.

"THE NIMROD."

The medical details of the trip were scanty. We could not penetrate Dr. Marshall's modesty. His kit for the Southern Journey was limited by Sir Ernest Shackleton to 10 lb. and he managed to cut it down to 7 lb. On the Southern Journey the medical stores were carried in a bag weighing 2 lb. containing: Laxative vegetable, boric acid, perchloride of mercury, iron and arsenic, quinine, adrenalin, cocaine, zinc sulphate, aloin, chlorodyne, sulphonal, soda mint, bismuth pepsin and charcoal, pot. chlorate, ammon. bromide, sod. salicylate, morphine, 2 clinical thermometers, tabloids of "Forced March." The following were also carried: 4 field dressings, 4 bandages, wool, cyanide gauze, 2 pieces wood splinting, court plaster, "New Skin," 1 pair dental forceps, 600 tabloids Easton syrup—7 lbs. in all. "In the cold," said Dr. Marshall, "regulation of the bowels is of great importance." There is a prejudice against the use of magnesium salts, which, through causing a drain of fluid from the body, increase susceptibility to cold.

But Dr. Marshall's experience runs counter to that of his predecessors. He tried magnesium salts and has no word against them.

Those with metal stoppings in their teeth used to suffer in consequence of the cold transmitted. Frost-bite gave the same sequelæ as burns of the second and third degree, and it is interesting to hear that Dr. Marshall used picric acid in their treatment. The old idea of treating frost-bite by rubbing with ice seems to be all very well—in the text-books. In the Antarctic regions where the ice and snow are often as hard as metal this form of treatment is hardly likely to be appreciated or successful.

It was most interesting also to hear that men who have suffered from frost-bite in any particular part have the resistance of that part lowered in some way so that they are liable to suffer again in the same situation. Apparently some local change in the arteries occurs. We were surprised, too, to learn that one does not get harder and harder, but that the explorer's first experience is his easiest, and he feels the cold more and more on successive expeditions.

As a protection against snow-blindness Dr. Marshall introduced dark amber glass spectacles which have never before been used in Polar work. The amber cuts out all the violet and ultra-violet rays (all actinic rays) far more effectively than smoked or blue glass.

* * *

We wish we were able to do justice to our admiration of the men who are able to go through such experiences. Those who heard Dr. Marshall's lecture and learnt from his clear, simple descriptions and his admirable photographs must have acquired the same impression, that adequate expression of admiration is impossible. For the benefit of those who were not present at the lecture we have collected together these scientific fragments which we think will greatly interest them, and perhaps they can read in our bald statement of facts some conception of what it must all entail.

Instinct and Crime.

By J. TREMBLE, M.B., B.S.

SOMEONE said once that the hardest part of writing a novel was to find the title. This must be my excuse for the fact that many things will be found in this article not comprised in the above heading. Many subjects will be discussed, and others not discussed will be touched upon, which smack of nothing criminal, but which yet may assist us in getting a rational view of crime. The relation of the black races to the white may, for instance, seem beyond the point, but I hope to show that one common law lies at the root of the rise and the fall of man, and that law is the law of instinct.

Man is a double-faced creature, though he may not realise it. Each one holds in his outward form the inner beings of two men, or shall I say of two organisms—a material and a spiritual, a lower and a higher. The difference between them has been the parent—the maternal parent—of civilisation. To it she owes both her birth and her upbringing. The two selfs of a man are for ever at war, and the struggle between them represents the struggle between the individual and the race.

Man's dual individuality is represented by two separate sets of instincts, which indeed constitute his individuality. The one group comprises his purely animal, his lower tendencies. To this belong those instincts of fear, curiosity, and most potent of all, sex, that regulate the life of every highly organised creature. The second comprises one large all-powerful instinct—the social instinct. It is this that is the most important factor of human life.

It follows, of necessity, that there should be antagonism between these two groups, and man's body is the field on which their bloody wars are waged. It is from this that his dual nature arises, for he is at once an egoist and an altruist. On the one hand, he is an animal with animal passions and instincts; on the other, he is a social unit, fighting instinctively for the preservation of his race, and it is only as the later social tendencies have ousted his primitive forces that civilisation has been able to progress. The aim of both is the same—the preservation of man but with this difference: the one aims to preserve man as a race, the other as an individual. The lesser fact has been swallowed in the greater.

The existence and antagonism of the two natures of mankind has been the theme of much fanciful literature, prominent amongst which may be placed the *Dr. Jekyll and Mr. Hyde* of R. L. Stevenson. Stories have, however, been told of like phenomena in lower animals, as, for instance, of a sheep dog that at night roamed the hills and devoured the very sheep he tended in the day.

Is this social instinct a fact? Does it really exist as a governing factor of life, or is it merely a catchword of scientists and preachers? Is not all life material, and is the essence of evolution not merely the struggle for the individual life? One has been so brought up to regard evolution as Nature's red-toothed war, and natural selection its only weapon, that it is at first difficult to realise that the days of such things passed many thousands of years ago, passed, in fact, when the character of evolution changed from the purely physical to the mental and moral. The materialism of life applies only to the lowest organisms. The struggle for life was only a starting force; as a continuing force it is of no importance, it is in fact, worse than useless. It has had to give way to altruistic considerations to the struggle for the life of others. Perhaps the dawn of maternal love marked the birth of the social instinct. However that may be, it now forms a corrective to the beast and has in its turn given birth to the complicated system of law and life that we see carried on round us day by day.

If we sketchily trace the growth of the gregarious tendency we may see what an important factor it has been in the existence of different animal races. In its simplest form it is seen in a shoal of herrings. The fish travel in groups, each, however, still holding itself totally independent of the rest. No altruistic feeling enters into the compact. It is merely a defensive alliance on the principle that several thousands of eyes are better than two eyes. When one fish sees an enemy it darts off, moved by the instinct of self-preservation, and the others follow. They have realised that unity is safety, but have got no further.

As we pass into higher regions, gregariousness ceases to be entirely defensive, and becomes offensive. The maximum that "Unity is safety" is replaced by "Unity is strength." At the same time other bonds spring up to pull tighter the social tie. Gleams of maternal affection here and there creep through. Some attempt is made to fit the young for the struggle before turning them loose on the world. The dog-fish keeps its young by it for some time, teaches it who are its enemies and who its prey, which its food and which its masters, and finally sends it off, possibly with a thrill of pride in her woman's heart, well-equipped to look after itself and pass the lesson on.

From these rudiments springs family life, and once that has been established a great step has been made towards aggregation into tribes. Paternal love springs up and joins with a mother's love to further the family interests; both in time expand to embrace the interests of the tribe, and eventually blossom out into an ardent fostering of the interests of the entire race. Shoals of fish illustrate a defensive alliance, hordes of wolves an offensive alliance, troops of monkeys show a trivial interest and co-operation; for man has been reserved the expansion of mind necessary to the common good and growth of all his kind.

When the gregarious instinct has led to the establishment of social communities, division of labour comes into force.

Each man does work that is specially suited to his capabilities and the place he lives in. He becomes a specialist, and lives by exchanging the produce of his labour for other necessities of life manufactured in other parts. Thus an efficiency springs up that is impossible under nomadic conditions. Settlement occurs, and natural facilities are utilised and assisted. Certain of the community fight for their fellow-men, and in return are kept by them. The fighting force of that community is bound to be more efficient than that of one where every man is his own soldier and his own farmer and husbandman as well.

At the same time laws are formulated as the inevitable result of the social instincts. Certain actions are recognised to be detrimental to the common weal. Rebellion and insubordination to those appointed to transact the common affairs tend to weaken the social bond. Murder is disruptive of peace; theft becomes, under the circumstances, an injustice, and a certain control over the sexual and other passions is found necessary for the public good. Gradually the system spreads until vast fields are covered, but precisely the same principle underlies the civil crime of infringement of copyright as the public crime of murder.

Thus all this springs from man's recognition of the fact that unity is strength, in other words, from his higher instinct of social aggregation. And the more marked that instinct has been, the more powerful has the race become. The Australian aborigines and the South African Bushmen have not learned, and cannot completely learn, the lesson that united they may stand, but divided they must certainly fall, and therefore they are quickly dying out under the white man's influence. Such races can have no part in the world's progress; they are retrogressive, they must go. Nature's aim is the perfection of man, and to that end the single life, the type, everything that stands in the way must be swept down.

All this is simply a justification of what was said at the commencement—that it is only as the later social tendencies have ousted the primitive forces that civilisation has been able to progress. The primitive animal instincts have had to be subordinate to the social instinct, the individual to be sunk in the race.

"The individual withers and the world is more and more."

Man's sexual instinct, for instance, is directly opposed to the law of rape, his instinct of acquisitiveness to that of theft, but as the laws have sprung from a higher order of things his primitive inclinations have just so far had to be suppressed.

But it must be observed that this higher instinct has been a gradual growth and a fairly recent development. It was no sudden transition, even as nothing in Nature is sudden. The position of civilised man to-day has been gained at the cost of many bitter lessons, of many wars, of frequent false steps. It has been a continuous battling against the tide—the tide of the primitive instincts. They were not easily suppressed. No amount of will-power would do it in the first place. Set a thief to catch a thief—it takes an instinct to suppress an instinct.

We, to-day, hold the premier position. We have advanced so far, which is further than some have got yet. There are races still struggling, still groping, to whom intellect has not yet come to support the social strivings. The number on our milestone is a higher number than theirs, though our destination is still a long way off. For, it is to be observed, when intellect, when thought and philosophy come to our aid the struggle is made much easier. But these are a late development and that is our advantage. These other races—I am referring now to the vexed colour problem—are still fighting along with only the stimulation of the social instinct. They are not level with us yet. They are not our equals, though that is no legitimate cause for pride. The black man may be our brother, but he is our younger brother, our baby brother almost. It is undoubtedly our duty to help him in the fight, to educate him. The white and black races are in the position of master and child, and as no one would think of educating a child by treating him as an intellectual equal, and as it is acknowledged that castigation is good for the soul, so it follows that the treatment meted out to the lower native races must differ from that we give to our equal powers. Education that is premature and hurried spoils the whole effect. The black man's brain is developmentally still a child's, and nothing but harm can come of treating him as a grown-up and allowing him a grown-up's latitude.

To come now to the bearing of all this upon crime. It must be understood, of course, that we are speaking here of crime, not as every offence against the law, but as certain gross acts of violence and abuse. This social instinct is, as already said, of a moderately recent development. Strong as it is, the primitive instincts are much older. Now, it is well known that in any process of devolution or retrogression evolution exactly retraces her steps. That is to say, that those functions most recently acquired are the first to be lost. Primitive functions are naturally most stable, being the essential. In alcoholic intoxication or opium poisoning the first functions to be lost are those of the frontal area, the higher mental and moral processes. These are followed in regular retrogression by the motor functions, until eventually perhaps the medulla oblongata is the only part of the brain that is doing its work. The same thing applies to instincts—primitive instincts remain when the latter developments have been lost. Thus the social tendency we have spoken of must necessarily be amongst the first to go and its inhibiting influence removed. That leaves a field open for the lower, more selfish instincts. Man, in other words, returns to the condition of a beast. He has no control over himself; he obeys Nature as she manifests herself in him, which is exactly as she manifests herself in the lower animals.

Now take the case of a man in the earlier stages of alcoholism, that is to say, before all his brain centres have been put out of action. Alcoholism is a devolution; the inhibiting influence of the social instinct is therefore very soon removed and leaves the man a prey to his passions. In this condition he might do anything that any other beast might do. His primitive instinct of sex, for instance, might lead him into acts of which in his sober senses he would strongly disapprove. He would commit deeds of extreme violence, because with the vigilance of a lower animal he would be on the look-out for injuries, and resent them to the utmost. The inhibition of intellect has been taken away from him. This fact is recognised in our courts of law, where a plea of drunkenness is often put forward to procure a mitigation of the sentence.

The same remarks apply to an incipient lunatic, or even one in whom the process is well established. He, too, is devolving, is on the retrograde. He, too, is the slave of his passions. He has slipped back and stands on a lower rung of the moral and mental ladder. Rape, homicide, even theft therefore cease to be criminal for him. He is an animal—a dangerous one—and obeys his natural impulses. He should be looked after.

It is not argued that rape and theft are never committed except the person be insane. Some there are whose moral sense is so low that the social instinct in them has not overcome the greed for personal gain and gratification. But a few words may be said on the subject of murder. The social instinct is so well developed in every man as to make it likely that murder is impossible in a sane condition. Animals can commit no murder. They kill only for food or in self-defence. Why, then, should man, in whom the social sense is admittedly the strongest, and who of all should have the most marked antipathy to killing, be possessed of the prerogative of murder? To any ordinary person the idea of homicide is repulsive, because he is sane, and in the same condition the subject will not bear thinking about. It is to my mind inconceivable that any normal person could kill a fellowman for purposes of gain. Homicide in self-defence can easily be understood, and legally is termed justifiable. But one who kills a man for revenge must surely be of unsound mind. The injury for which he seeks redress has so worked on him as to upset his mental balance. He is, for the time being at least, insane. The process of devolution has begun, and the inhibiting bands upon him are loosened. To say that the punishment he metes out far outstrips the crime is surely to confess that his sense of proportion is lost, that he sees things with a blood-shot and ill-judging eye, that he is, in other words, insane.

So far the explanation is simple, and probably will be accepted by most. But how to explain those murders in which robbery seems the sole object? No long ago there was a case in point when a man murdered another in a train in the north of England and decamped with a bag of money his victim was carrying. The motive here seemed clear: it was robbery, and the murderer was hanged. But what do we know of the true circumstances of each case? Is it not possible that poverty had turned the guilty man into an incipient lunatic? May not a sense of degradation, a fear of disgrace, the knowledge of the social ruin that awaited the exposure of his pecuniary affairs have made him lose his reasoning faculties, and deprived him temporarily of his highest feelings and instincts? There are other things too—the ruin of a wife or children, the loss of an honourable position, dozens of other things that might quite conceivably have an evil influence on a previously normal mind. Books of fiction are full of such. Surely from all these we can find an excuse, or better, a reason, for each murder. Surely it is not straining a point to take a merciful view of the situation, and say that all murderers are insane! Even the old highwaymen and footpads did not murder those they held up, and only injured them if they resisted. There is not a murder—whether its motive be vengeance or robbery, or jealousy or politics—but is significant of some taint of insanity in the guilty man. He is the creature of his lower instincts, having lost his higher. In those cases where the motive seems to have been robbery pure and simple, how seldom is the enormity of the crime commensurate with the pecuniary benefit that ensues!

If one grants that the case is fairly stated then one must go further and say that the extreme penalty of the law ought never to be indulged in. The hangman's office should be abolished, for it is merely keeping back that social perfection the race is trying to attain. The tempering of justice with mercy is one of the tenets of civilisation, and no lunatic is responsible for his actions. Each murderer, therefore, ought to be treated as a lunatic and restrained. One might say that if capital punishment were abolished an outbreak of crime would follow. But if we believe that murderers are insane then that argument falls, for no sane man would be prompted to murder. The idea is abhorrent to him. If a man is going to kill another he will kill him whatever be the penalty, and no man in his normal senses would kill a fellow being, however light the sentence. Would a change from a rapid and painless death to years of confinement in an asylum prove such an incentive to crime? Probably not, even if the above argument were entirely false. A man who commits murder does not think of the penalty he incurs.

There are arguments from an economic point of view, too, but they will not be mentioned. I have tried to prove the point from a purely scientific side; I have tried to show that certain crimes are the outcome of uncontrolled instinct, and as such should be regarded mercifully, which course would be in the end one step nearer to that ideal that man is reaching for.

Savage Medicine.

A RECENT paper which appeared in the JOURNAL on the subject of medicine in Argentina has suggested to the writer that the medical ideas of that vastly more primitive sister state Paraguay may not be without interest. The study of the medicine of untouched savage races is full of suggestion. Underneath the elaborate superstructure of superstition and legend lies a foundation of truth. The primitive clinician, armed with his spear and his arrows, has in a great number of instances arrived at the same goal as the experimental pathologist with his microscope and his laboratory. The majority of the triumphs of modern medicine are old-fashioned and accepted remedies in the forests of Africa and of Paraguay. That this is a sober truth and no journalistic extravagance may be seen from the following notes which the writer has had the opportunity of collecting during a recent journey through Paraguay.

The Lencua Indians of the Paraguayan Chaco are as low in the human scale as any race in South America. Their notions of clothing are as scanty as their knowledge of Tariff Reform, and nevertheless their system of Medicine includes chapters on vaccine-therapy and on the Bier treatment.

The efficacy of venous congestion is widely recognised amongst these so-called benighted savages. Suction, according to the technique of Queen Eleanor, is employed for the relief of a great many of the aches and pains from which even primitive and healthy mankind is not altogether exempt. In no case is the remedy more systematically applied than in the treatment of snake-bites. My informant (who has lived for many years amongst the Lencuas) narrates that on one occassion he discovered an old Indian undergoing treatment for a bite situated on the dorsum of the foot. The bite was surrounded by well-marked œdema, which slowly extended from the ankle up the leg. Six Lencua experts were in attendance. The method which they adopted was obviously in accordance with a definitely formulated mode of procedure, and the cure was continued without interruption for three days and nights. The treatment consisted in the production of a swelling just beyond the advancing edge of œdema by means of suction. By subsequent skilful massage this artificially produced area of congestion was pressed down in the direction of the wound. At each application of massage blood was seen to flow momentarily from the small punctured wound made by the snake. Suction was applied at successively higher levels in the leg, the course of the internal saphenous vein and of the lymphatics draining the inner aspect of the limb being followed. The patient was very collapsed and suffered from hæmaturia and hæmatemesis. He was heard to remark mournfully that he did not wish to go up to the sky nor yet down below the ground. At the end of three days the patient had completely recovered and the medical party retired to a well-merited rest.

The prophylactic treatment of snake-bites amongst Lencuas is even more remarkable. The method is that of producing an excess of antibody by means of the inoculation of an attenuated virus. The manner of obtaining an attenuated virus is eminently more satisfactory than that which is in vogue in many of the more pretentious European institutes. It is based on the knowledge of the fact that at certain seasons of the year snakes are less venomous. At such a time the snake is captured and the patient immunised by scratching the skin with the poison fangs. "That which hath been is that which shall be; and that which hath been done is that which shall be done: and there is no new thing under the sun." (Eccl., Ch. I.)

The modern physician sometimes complains that the practice of blood-letting which was so universal during the middle ages has in these days been too completely abandoned. The Lencua Indian, whose ancestors were never guilty of the excesses of the mediæval barber, uses this valuable remedy with discretion and moderation. He restricts it to cases of hyposystole and cardiac distress. When a hunter is suffering from the strain involved in running his stag to earth and slaying it with his primitive weapons he resorts to a mild blood-letting. With the pointed antlers of his quarry he makes three or four punctures in his arm or leg and allows a small quantity of blood to escape. Blood-letting in the Paraguayan wilds is known merely as a remedy for "tiredness."

The other branches of medical science are perhaps a little less advanced in Paraguay. Herbs are used, and the younger shoots of a small palm cabbage are employed as a purgative. The soft pulp extracted from the leaves of the familiar decorative palm is a food as well as a medicine. In times of sickness every other form of diet is abandoned.

Gynæcology is not considered of much importance amongst Lencua practitioners. The Lencua mother is generally considered capable of managing her own affairs. Twins are recognised as an unmitigated nuisance and are killed as soon as convenient. Deformed children suffer a similar fate. Premature labour is produced by pressure applied over the hypogastrium. The mortality in these cases is high.

Epidemiology is given an important position in Paraguay. There are no vested interests or mawkish sentiments to hamper the carrying out of its dictums. If an Indian dies in the afternoon the village is abandoned by the evening.

Architecture is simple, building material cheap, ground easily acquired and epidemics few. Whether or not as a result of this continual house shifting the Lencua Indian is an excellent prognostician. He can generally decide from his neighbour's "facies" whether it is advisable to start packing.

The hopeless "chronic" is naturally not regarded with favour. He is a menace to the public, and his hoverings on the brink of oblivion have an unsteadying effect on the whole village. It has been discovered that an incision in the abdomen large enough to allow of the introduction of a hot stone or of a fish-bone quickly re-established the equilibrium of the village. Forensic medicine and coroners' inquests are unknown.

K. M. WALKER,
Buenos Aires.

The Poet all at Sea.

When from out their sounding caverns
Jove unlocks each straining breeze,
When they sweep in wild confusion
O'er the seas,

When upon the whirl of waters
Rides the shrieking hurricane,
Dragging chaos and destruction
In its train,

When across our noble vessel
Blinding spray is driving thick—
Then in that ecstatic moment
I am sick.

When a fine poetic frenzy
Seizes on me standing there,
All is spoilt by this confounded
Mal de mer.

When amid the howling tempest,
Drawing inspirations from it,
Thoughts and words crowd thick upon me—
Then I vomit.

Though I strive to give expression
To the thoughts that fill my soul,
I can only faintly murmur:
"Pass that bowl!"

Thus my spirit groans in travail,
Undeterred by each vain trial,
But so far the net result is
Only bile.

R. B. P.

In Memoriam.

FRANCIS EWBANK.

THOSE who were at Bartholomew's between 1863 and 1867 will well remember Francis Ewbank as one of the best and most popular men of that time. His death, which took place at Ryde on November 25th at the age of 65, will be deplored not only by the older generation of Bart.'s men, but also by a wide circle of all kinds of people whom he attracted by his own generous capacity for friendships, for his interests and activities reached far beyond his professional relationships.

Ewbank was educated at Tonbridge School under the head-mastership of Welldon. Subsequently he became a pupil at the Sussex County Hospital. Sir Francis H. Lovell, who knew him well, says: "Ewbank and I and Arthur Humphry were fellow students at the Sussex County Hospital between 1860 and 1863. Ewbank was living with a relative in Brighton at the time and attended the hospital as a non-resident student. In 1863 we all entered as students at Bartholomew's and so continued until we qualified. Towards the end of our student days Humphry had a serious illness which proved fatal. Ewbank with characteristic kindness assisted in nursing him. This incident will show his warmth of heart. By his will Humphry left to each of us a ring which Ewbank always wore and very highly prized. He was one of the best sort, most unselfish, and equally ready to sympathise in the sorrows, or throw himself into the joys of others." After qualifying in 1867 he went to Bombay to take up a general practice, which proved to be of an unsatisfactory character, consisting largely of going off to incoming ships to tout for patients. This was not to his taste. On returning he became House-Surgeon at the Royal London Ophthalmic Hospital, then at Moorfields, working under Bowman, George Critchett, and Jonathan Hutchinson, and a staff which consisted of the pick of the London Schools. He gave up this appointment to become private assistant to Sir James (then Mr.) Paget, succeeding Mr. (now Professor) Howard Marsh, who writes of those days:

"I first knew Frank Ewbank when he was a student at St. Bartholomew's Hospital, where he came especially under my notice because he was an intimate friend, I am not sure that he was not a relation, of Sir Thomas—then, as we always delight to remember him—plain Tom Smith. At that halcyon time, when Mrs. Smith was yet with us to charm us all by her beauty and her gentleness, it frequently happened that some of our little coterie, including James Andrew, Church, Alfred Willett, Morrant Baker and myself dropped in after dinner for a chat or a game of whist, and then a smoke. Ewbank, 'almost one of the family,' who had recently followed me as assistant to Sir James Paget, was often one of the party. He was good-

looking, with a frank open face, and his manners were very attractive, for he was a marked example of a gentle-man whose position was due not to any pushful effort on his own part (he had no taste for the vulgar music of the big drum), but to the favourable impression which he made and which secured pleasant recognition wherever he went. Sir James Paget—whose acquaintances were much more numerous than his intimates—and his family looked upon him as one of their personal friends for whom they had a real regard and in whom they took a warm interest."

Having a bent towards mechanical work Ewbank decided to take up dental surgery and became a student at the Dental Hospital of London, and afterwards at the Dental School of Harvard University, being probably influenced in doing so by the fact that he had relations resident in America. On his return to London he assisted the late Sir John Tomes in his practice—this was about 1872—and afterwards joined Mr. Alfred Coleman in Savile Row, with whom he worked until the latter retired. He then removed to Queen Anne Street, where he continued to practise with great success until 1895, when he retired.

In 1879 he and Mr. Lyons were appointed Assistant Dental Surgeons to St. Bartholomew's. These were the first appointments of Assistant Dental Surgeons to the Hospital. In 1884 he succeeded Mr. Coleman as Dental Surgeon and worked unremittingly and devotedly until 1888, when, owing to his large private practice, he did not seek re-election.

Ewbank was unmarried and spent much of his spare time at the Arts Club, where he made many artist friends. This led to his selecting St. Ives, where there is a considerable artists' colony, as his usual winter quarters. It was whilst staying there, at the Tregenna Castle Hotel, some five or six years ago that he had a slight cerebral hæmorrhage from the effect of which he entirely recovered.

In the summer of 1911, when in Scotland, he had another stroke which produced weakness of the left arm and leg. He travelled south and was for a short time in town under the care of Dr. Henry Head and Dr. Risien Russell, and then came to the Old Parsonage House, St. John's, Ryde I.W., where he received the devoted care of his nieces. He was extraordinarily brave and composed. With an old medical friend he discussed the significance of his symptoms quietly and calmly, and feeling great weariness and unable to bear the thought of lingering illness welcomed the end. This came quietly, the result of another large vascular lesion.

Ewbank was a genial and most liberal-hearted man, a delightful companion in whose company it was impossible to be dull. He was an ardent lover of golf and of other healthy and manly sports, and an excellent billiard player. He was a fairly good shot, and for some years he had a gun on a Scotch Moor with his friend Mr. C. S. Tomes, thoroughly enjoying the life of a shooting lodge. Endowed with a keen sense of humour, full of original fun and anecdote, he enjoyed hearing or telling an amusing story. Some of his old friends recall with pleasure quiet evenings spent with him exchanging stories and talking about books and their authors. A special favourite of his was Oliver Wendell Holmes, but he was fond also of deeper reading. It was his habit to always have on hand some scientific book of an advanced kind, and so kept himself *au courant* with recent advances in science and engineering. Had he undertaken serious scientific work he would probably have made his mark.

Those who knew him, recognising the equal charm and uprightness of his character, will cherish his memory as a true friend, sincere and unselfish, beloved and esteemed, and free from a trace of littleness of mind and heart.

Reviews.

VICIOUS CIRCLE IN DISEASE. By JAMESON B. HURRY, M.A., M.D. (Cantab.). (J. & A. Churchill, London.) Price 6*s.* net.

The term "vicious circle" is one which is frequently used in medicine without a clear idea of its meaning; and so far as our experience extends we can support the author's view that, although vicious circles are exceedingly common, no text-book of medicine has hitherto attempted to discuss their pernicious influence on the course of disease.

"Vicious circle" the author defines as a morbid process in which two or more disorders are so correlated that they act and react reciprocally on each other. His object throughout the book is to study conditions in which the *Vis Naturæ Medicatrix* fails, and not only fails through inefficiency but becomes the *Vis Naturæ Devastatrix*.

Dr. Hurry has ingeniously employed this scheme with reference to practically every variety of disease, and he supports his conclusions by references to eminent authorities in almost all cases. Occasionally we think the author's own description is more satisfactory than the explanation of the vicious circle appended in the bibliographical references, as the authorities quoted may not have so accurate a conception of what constitutes a vircle circle as Dr. Hurry.

This systematisation can hardly fail to stimulate thought and give a better impression of the relations which the organs of the body have with each other. Perhaps the only objection that can be urged is that for the sake of completeness there has been included a considerable number of circles which are almost too obvious to be described, particularly in such instances as mechanical and infective circles.

We share the author's preference of "vicious circle" over "cycle" as the idea of continuity is better maintained, although some authorities repeatedly employ the latter word.

We congratulate Dr. Hurry on a very original and really literary production.

A TREATISE ON TREATMENT. By JOGENDER LAL CHUNDRA, L.M.S. (Calcutta University). Price Rs. 9-6 (12*s.* 6*d.*).

Quite apart from the interest necessarily associated with an Indian production, this book is of real value. Dr. Chundra has laboriously collected the pith of current therapeutics embodying the authority of the most eminent European workers. He has added a large number of prescriptions, which include allopathic, homœopathic, and native remedies, with a great deal of useful and interesting information on dietetics, the whole forming a compact and exhaustive manual of treatment. A few special subjects are treated far more fully than in English works. The discussion of venereal diseases, for example, is carried out with a frankness which lends some colour to the charge we have often heard levelled against the prudery of English writers. We certainly endorse the publisher's claim that no medical library is complete without it.

A SHORT PRACTICE OF MEDICINE. By ROBERT A. FLEMING, M.D., F.R.C.P.E., etc. Second edition. (London: J. & A. Churchill.) Price 12*s.* 6*d.* net.

We must confess to experiencing some difficulty in cataloguing this book. On the one hand, although its size (there are 808 pages) relegates it to the category of "text-books," the matter is so very concentrated, and elementary principles are in general so much avoided, that only a student with a good working knowledge of medicine would find the book useful. On the other hand, it is impossible to quarrel with the information given; all details are not only trustworthy, but remarkable comprehensiveness has been aimed at. In no spirit of disparagement we shall best describe this text-book as an eminently suitable guide for examinations, and in fact we have never encountered a better work of this nature.

One exception to the preceding must be made. "Diseases of the Nervous System" are not only treated with the same exactness as the rest of the book, but so much care has been taken to make this very difficult subject easy of understanding, and yet omit no mention of any recognised disease, that considerably more than one fourth of the entire book has been occupied. It is not out of place to add a special word of praise for the style of the book: the printing is very large and clear—this perhaps makes the book appear larger than it really is—and there is a welcome absence of typographical errors.

WEBSTER'S NEW INTERNATIONAL DICTIONARY OF THE ENGLISH LANGUAGE. (London: G. Bell and Sons, Ltd., Portugal St., W.C.)

We believe it was Dr. Johnson who was reported to have read pages of a Greek lexicon regularly by way of diversion. Whether this is true or no there is no doubt that one might read pages of *Webster's Dictionary* as a routine practice with profit and pleasure. Turning to the meaning of "Dictionary" as given in this work itself we find—"A book containing the words of a language usually arranged alphabetically with explanation of their meanings." But "Webster" is a great deal more than this: it is a large "Dictionary," but so complete are the definitions that it is also a small encyclopædia. Merely as an instance we cite *Mendelism*. The person wholly ignorant of what Mendelism was would find, not a few words of introductory description, but a concise, cleverly written description of the details of the principles which would leave him in no doubt.

We have found much interest, too, in testing the dictionary by a reference to various medical terms such as a layman might be expected to display some curiosity about; in every case we have been assured of the care with which the information on each subject has been chosen.

To the would-be literary man "Webster" may well be a luxury and a necessity. Is he in any doubt regarding the exact application of a choice word? "Webster" will quote him examples of its use by writers of unimpeachable ability. Is the word he is thinking of not exactly satisfactory to the context? "Webster" appends in all cases synonyms which may yield just the delicate shade of difference he is looking for.

The second important feature of this valuable dictionary is the guide to pronunciation. This is absolutely the last appeal, and a special list is included of words with two or more alternative pronunciations with corresponding authorities.

As regards the other information in this remarkable compilation it is really too extensive for detailed description. The history of the English language, which is given in the fullest detail, classified illustrations which are generously supplied and a biographical dictionary may be mentioned as some of the more useful features.

The successful medical man is said to be jack of all trades and master of one, and there is no hesitation to recommending *Webster's Dictionary* as an assistance to achieving the first qualification.

[A large number of reviews are held over.]

The Chronicles of Christopher.

No. VIII.—A REMARKABLE COINCIDENCE.

KIMSHURST, my Junior H.S., had found a book of tickets for Switzerland. With the swift determination which characterised most of his actions he packed up his traps in half an hour and started for *Wintersport*, scribbling a postcard in the train to me informing me what he had done, and that he had wired to Blenkinsop in Sheffield asking him to do a *locum* for a fortnight. It was just after Christmas and we went on duty at 9 a.m. Blenkinsop could not arrive for some hours even if he came at all so I turned into the Surgery to do Junior as well as Senior. I spent the morning dodging backwards and forwards between the wards and the Surgery and that is how it happened.

One of my dressers asked me to look at a rash on a man's legs; it certainly was curious, and I fired in all sorts of questions in the hope that one might hit the mark. His occupation I found was that of an undertaker's assistant, which did not throw much light upon his complaint. I had been long enough in the profession to have learned the wisdom of procrastination—so I procrastinated.

Immediately after this, H.P./D. asked me to look at a belly. A man of the costermonger type with a very flushed face was lying huddled up on the stretcher. As occupation sometimes plays its part in acute abdominal cases, I asked him, mainly as a matter of form, what his work was: "Hundertiker's assistant," was the reply.

* * *

In the course of my career I have come across many curious occupations, from "wooden-dummy maker" to "worm-eater," but I had never until that day encountered an undertaker's assistant. And now here were two consecutive cases with this ominous occupation! What could it mean? Was there some peculiar association of Christmastide with disturbance in metabolism of those engaged in undertaking? But then doubt crossed my mind: the first man with the purpuric eruption on his legs looked the part to the life—face, dress, manner; this second patient was of entirely different appearance. Eagerly I questioned him again. "Hundertiker's assistant, guvnor; yus, hundertiker's assistant."

I had a sudden inspiration and bolted into the Abernethian room. I remembered that Douglas on the morning of his final Colleges had noticed that a horse named Diploma was in for some race or other that day. He had backed it and the horse got second, and Trevor had got three months in both Surgery and Medicine, but, as he philosophically observed, if he had got through probably the horse would have won and the omen would have been vindicated. I know nothing

about horses and horse-racing, but I scrutinised the lists of animals in *The Sportsman*, utterly bewildered by the technical phraseology. But what association could possibly exist between undertaking and such names as Battaglia, Helen of Troy, Isvolsky or Whistling Rufus? By a stretch of imagination it might be said to apply to Eternity, but he was not running until March, and the only other horse with the slightest approach to consecutiveness was Query, and I could not understand from the paper what he was in for or was supposed to be going to do.

So I abandoned that project, but for the rest of the day I was nervous and anxious. By way of insuring myself I told everybody I met of the coincidence and feverishly I questioned every new patient as to his occupation. It is hardly too much to say that the whole Hospital shared my fever and time after time I had to answer the eager question "Has the third turned up?" with a sad negative, each repetition of which intensified my gloom. But gradually I transferred anxiety regarding myself to anxiety regarding the second undertaker's assistant. Could the omen be for him? In a cynical sense, of course, we are all undertaker's assistants, so a third was easily supplied. I could see that he had an acute attack of appendicitis and that operation was certainly indicated. At last I persuaded him to be opened up and I telephoned to our Chief on duty.

* * *

But before he came the patient's wife arrived. If he looked little enough like an undertaker's assistant, she certainly looked a good deal less like an undertaker's assistant's spouse. "Hoperation, no blooming fear," said she, and the patient was perfectly satisfied to allow her to be the sole judge and arbiter of his fate. I raved and stormed—"Can't you understand that your husband is desperately ill, and that he may die if he isn't operated on." "Well," she replied deliberately, "if the Lord means to take him, He'll take him." I am not often beaten for retort, but I threw up the sponge this time.

So there was nothing for it but to explain to Mr. Golding, to express my regret, and let him return to his dinner table.

* * *

It was at mid-night, and on my night-round Sister Surgery had something of great importance to impart. A very nice old clergyman had been to see our patient (who was, or ought to have been, one of his parishioners), and had informed Sister that the "hundertiker's assistant" was a good-for-nothing scamp, who never did any work of any description. The load on my mind might speedily be removed, and I rushed upstairs to tackle this "hundertiker's assistant." Employing some powerful similes and reproaches, the feebleness of which was balanced by their ferocity, I cursed him for thus misleading doctors by lying about his occupation. He was greatly indignant. "Yer go and ask Muster Biker, the hundertiker at Ball's Pond Road; the larst job of work I done was for 'im." "When was that?" "'Bout two year ago." "And you've done nothing since?" "No"—indignantly and emphatically.

I turned away satisfied; not by the most extravagant exaggeration, not even for the unexacting requirements of an oracle could he have been termed an "undertaker's assistant."

* * *

The "hundertiker's assistant" survived his refusal to undergo an operation.

* * *

I have never met another undertaker's assistant.

Correspondence.

DISCOURTESY AT BART.'S.

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

DEAR SIR,—I did not intend writing again, but I feel I must answer Mr. Watson's letter. Firstly, he criticises the heading of the correspondence, and suggests what he thinks a more appropriate one. It is immaterial to me and to the case what heading is used—I, personally, did not use or suggest it, so perhaps Mr. Watson will argue the point with the Editor. Secondly, Mr. Watson says, "*If* the charge of discourtesy is intended to refer to the resident staff of the present day, then I venture to state that it has no foundation in fact." It *is*, and the fact has a solid foundation in spite of the denial in the letter. I am assuming that "present day" means during the last twelve months. The third point simply states what happens in the case of patients sent to your correspondent's out-patient department. I am glad to think that in this department things are as they should be.

As to the latter part of the third paragraph, Mr. Watson qualifies his statement by saying—"As far as I am aware." This shows that the point I raised was not known to the staff—at any rate not to the whole staff—and therefore justifies my letter.

The fourth paragraph is curious. Why does your correspondent tie the argument down to fifteen years ago? There was nothing in my previous letters indicating that I referred to that period; as a matter of fact I was complaining of what has happened in recent times. I have not nursed my alleged (and a very real) grievance so long. Facts are stubborn things, and are not done away with by simple denial.

Yours faithfully,
C. F. WIGHTMAN.

ROYSTON,
HERTS,
December 6th, 1911.

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

DEAR SIR,—It appears to me rather a pity that Dr. Wightman's letter in regard to writing to the doctor who sends cases to the Hospital with notes has been received in an antagonistic spirit.

Dr. Wightman states a fact in his own experience, and surely the more courteous and correct attitude would have been to have expressed regret that he should have had cause to complain and to have recommended that the staff, both visiting and resident, should make special effort to avoid such oversight in the future.

I am sorry that Dr. Wightman is not alone in his experience, in spite of what Mr. Gordon Watson may affirm in his letter dated November 7th. Hearing nothing after a case I had sent up returned home, I wrote to the surgeon, who replied that he would ask his H.S. to write to me. I never heard a word, and that is three years ago.

We all know how hard House-Surgeons are worked and the short time at the Surgeon's disposal, but if a rule were made and invariably adhered to that the doctor be written to, it would fittingly complete the good work done by the Hospital, and for which both patients and doctors are so grateful.

I am, yours faithfully,
ALEX. S. PETRIE.

BARCLAY HOUSE,
YATELEY,
HANTS.

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

DEAR SIR,—In common with the other members of the Junior Staff, I read your correspondent's letter in the November JOURNAL with considerable astonishment.

For the general practitioner to accuse the house-surgeon of discourtesy certainly seems an aggravation of the old "pot and kettle" story.

Instances of the opposite nature occur daily to most of us. Patients are sent up bringing a card with "admit" or "for admission" written across it, or half a sheet of notepaper with the same or similar inscription; ofttimes they are on stretchers in the middle of the night, and no warning is sent of their arrival or any note of the previous history of the complaint. Others, again, *are* announced on the telephone, but when they appear it is found that no mention was made of various conditions which render them unsuitable for hospital treatment and often apparently the cause of the practitioner's anxiety to get rid of the case.

Even on full duty we always try to write a few lines to practitioners who send patients with letters or cards, but, except in rare instances, these receive no acknowledgment, and members of the Visiting Staff state that in the majority of cases where they send a full report to the doctor the latter does not trouble even to write a few words of thanks. Needless to say there are many, especially among the old members of the Hospital, who in all their dealings with us show every kindness and consideration.

Dr. Wightman seems to think it is a personal favour to the Visiting and Resident Staff to send the Hospital cases; as a matter of fact these institutions are largely used to get rid of inconvenient patients and to cover errors in diagnosis and treatment, so that the practitioner is the real gainer.

We are appointed here to look after the patients *in* the Hospital, and this alone is as much as any man can do efficiently, and all additional work, done as it must be in spare time, is purely gratuitous.

All inquiries sent through the Steward's Office are always promptly attended to.

We do not grudge our friends at St. Thomas's Dr. Wightman's patronage, the honour of which we trust they will duly appreciate.

Yours truly,
H. S. CRICHTON STARKEY.

December 18th, 1911.

SISTER KENTON'S RETIREMENT.

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

DEAR SIR,—I have read in the JOURNAL for this month the very kind things written of me, and should like to thank those whose thoughts you have expressed. I have always received the greatest kindness and courtesy from those with whom I came in contact—from the "Intern," who taught me as a new "Pro" to spell "Leucocyte," to my last house-surgeons, who must have suffered sometimes I fear from the great tiredness which made me consent to give up the work I have loved so well. May I express what I feel by quoting from a nursery rhyme as illustrating, perhaps, how such pleasant relations came about:

"'What makes the lamb love Mary so?' the eager children cry;
'Oh! Mary loves the lamb you know!' the teacher did reply."

If I have trespassed too much on your limited space do not "crowd me out" but "cut me down," leaving just my gratitude and my affection for all my old friends, in whose welfare I shall never cease to take the greatest interest.

I am, dear Sir,
Yours very sincerely,
G. BRYAN.
(Late SISTER KENTON.)

December 12th, 1911.

The Clubs.

ASSOCIATION FOOTBALL CLUB.

THE HOSPITAL *v.* THE FOXES F.C.

Result—Hospital 2, Foxes 1.

This match was played at Winchmore Hill on November 25th. A very poor game resulted, and it was only in the last quarter of an hour that the pace became at all fast. At the beginning of the game the Foxes did most of the attacking, and scored through their centre forward when about ten minutes had elapsed. After this reverse Bart.'s played up, but were unable to pierce their opponents' defence; several opportunities were missed by both sides, but nothing further was scored before half-time.

The home side commenced well in the second half, and the Foxes were continually on the defensive, but no scoring resulted. The Bart.'s defence was later on very shaky, and the Foxes might easily have increased their lead, but Butcher was able to deal with all the shots that threatened danger. About ten minutes from time Waugh beat the backs and finished up with an excellent shot which found the net. Also immediately after the re-start the Hospital scored again, Waugh passing to Osmond, who was lying unmarked, and the latter beat the goal-keeper with a hard cross-shot. The home side from now until the end of the game did all the attacking, but no further score resulted.

Bart's were handicapped by an injury to Soutter early in the game, and though he remained on the field he was a "passenger." The home forwards were weak in front of goal, but their combination was quite good. Wippell was hardly at his best. The halves and backs were on the whole poor, though Dingley's tackling was good at times. Team:

V. H. Butcher (goal); E. G. Dingley, J. S. Soutter (backs); E. M. Grace, C. R. Taylor, W. S. Soden (halves); K. D. Atteridge, T. F. Osmond, A. J. Waugh, C. D. Jameson, W. P. Wippell (forwards).

THE HOSPITAL *v.* BRIGHTON COLLEGE.

Result—Brighton College 3, The Hospital 3.

The Hospital were only able to find ten men who would undertake the journey to Brighton on December 2nd. However, A. L. Corbett kindly filled the vacancy in the Bart.'s side, and thanks chiefly to him they were able to put up an excellent fight against the active College boys. Bart.'s kicked off and at once attacked, and might have scored in the first minute. The attack was kept up for some ten minutes, but as soon as the College became dangerous the visitors' defence broke down, and the opposing centre-forward had no difficulty in beating Butcher. Play was very keen after this, and after Pascall had missed an open goal Corbett worked his way through and scored with a clever shot. The play was very fast all through and the Bart.'s defence had many anxious moments, but the backs and halves played very well and Butcher in goal was safe. The next score fell to the Hospital, but the goal was very lucky: in attempting to clear, one of the home backs kicked the ball on to one of his own side, and it rebounded into the net. The College equalised shortly afterwards, their centre-forward running through and giving Butcher no chance.

The second half was even more keenly contested, and at one period the Hospital defence seemed to tire, and with the forwards failing to afford much relief the home side had all the game.

Butcher effected some fine saves, and before long the Bart.'s defence began to recover. Play was transferred to the other end, and several opportunities were missed. Twenty minutes from the end Corbett gave Soden an opening, and he had no difficulty in beating the home goal-keeper. The College made strenuous efforts to draw level, but were unable, owing to Dingley's tackling, to get really dangerous. However, some five minutes before time the home centre-forward again beat Butcher after an individual effort and made the scores level. When the whistle went for the last time Bart.'s were pressing.

The pace throughout was very hot, and the Bart.'s defence must be commended for the way in which they rallied in the second half. Butcher in goal saved finely on occasions, but he took many risks. He must endeavour to get the ball away quicker. Dingley improves every time he plays, his tackling being especially good. Corbett alone, of the forwards played really well, and without him the Hospital would hardly have escaped defeat.

Mention must be made of the sporting way in which members of the second team and others gave their services for a match so far from town. Team:

V. H. Butcher (goal); E. G. Dingley, S. H. Hodge (backs); E. M. Grace, C. R. Taylor, J. R. Stoddart (halves); S. Soden, A. L. Corbett, D. B. Pascall, N. R. Dickinson, E. A. Brock (forwards).

J. W. Stretton has been elected a member of the Corinthians F.C.

The Hospital Dance.

THE Annual Hospital Dance took place at the Wharncliffe Rooms, Hotel Great Central, on November 30th. Lady Sandhurst again graciously acted as Lady President. For the first time since the dance was held we engaged Joyce's Band, and this proved a great success. We can confidently say that every one of the 350 guests present thoroughly enjoyed the evening.

Royal Naval Medical Service.

The following promotions, appointments, etc., have been notified since November 20th, 1911:

Surgeon W. P. Yetts promoted to Staff-Surgeon, with seniority of November 22nd, 1911.

Fleet-Surgeon H. W. A. Burke has been placed on the retired list, December 13th, 1911.

Staff-Surgeon E. Folliott, to the "Iphegenia," to date January 4th, 1912.

Staff-Surgeon L. M. Morris, to the "Victory," for disposal, to date January 1st, 1912.

Appointments.

BURNE, T. W. H., M.B.Lond., appointed Surgeon to s.s. "Theseus," Ocean Steamship Company.

MOLONEY, M. F., M.B., appointed (by Waterford County Council) Coroner for the County of Waterford, and assigned to Western Division.

Examinations.

UNIVERSITY OF LONDON.

Third Examination for M.B., B.S., October, 1911.

Pass List.—T. P. Edwards, G. Hadfield, G. W. Lloyd, M. D. Mackenzie, C. T. Neve, E. B. Smith.

Supplementary Pass List.—Surgery, Midwifery, and Diseases of Women: J. Wroth Adams, W. C. Dale, A. Ferguson, R. Pearse, F. S. Williams.

CONJOINT EXAMINATION BOARD.

October, 1911.

The following have completed the examinations for the diplomas of M.R.C.S., L.R.C.P.:—J. Wroth Adams, T. E. Ashley, H. W. Barnes, E. R. Evans, J. W. W. Hogan, G. A. Hooton, R. S. Morshead, H. B. G. Russell, L. L. Satow, H. W. Scott, T. H. G. Shore, A. B. P. Smith, A. R. Snowdon, D. M. Stone, E. J. Storer, F. C. Wright.

Birth.

ORMEROD.—On December 18th, at Beauchamp Lodge, Wimborne, the wife of Ernest W. Ormerod, M.D., of a daughter.

Marriages.

CRUDDAS—LUNHAM.—On December 7th, at Trinity Presbyterian Church, Cork, by the Rev. J. Howard Murphy, D.D., assisted by the Rev. Wm. Mackeown, Major Hamilton Maxwell Cruddas, I.M.S., Queen's Own Corps of Guides, Mardan, India, third son of the late John Cruddas, of Newcastle-on-Tyne, to Helen Madoline, youngest daughter of the late Thomas Lunham, J.P., and Mrs. Lunham, Lotamore, Cork.

LAIDLAW—WRIGHT.—On August 24th, at All Saint's, Helensburgh, by the Rev. J. Bradford, F. F. Laidlaw, M.A.(Cantab.), M.R.C.S., L.R.C.P., surviving son of the late William Laidlaw, of Eastfield, Galashiels, to Maud, second daughter of W. R. Wright, Esq., of Helensburgh.

O'CONNOR—OTTO.—On November 10th, 1911, at the Peak Church, Hong-kong, Francis William O'Connor, M.R.C.S., etc., second son of the late F. W. O'Connor, Limerick, to Zella, eldest daughter of William Otto, Natal, South Africa. South African papers, please copy.

Death.

TREVELYAN.—On December 11th, Edmond Fauriel Trevelyan, M.D., of 40, Park Square, Leeds, aged 52.

NOTICE.

WE are indebted to the famous manufacturers, Messrs. J. S. Fry & Sons, Ltd., for some most acceptable samples of their productions. These have included cocoa and chocolates in plain and fancy boxes; the latter are most elegant articles and acceptable for their own sake when the contents have (speedily) disappeared.

"Chocolate animals" have proved some of the chief attractions in the wards at Christmas, and at this festive season those on the look-out for sweets, without which no entertainment is ever complete, would do well to write to Messrs. Fry for their illustrated price list, which includes a very great number of charming novelties in chocolates whose quality is as good as it has ever been, which means that nothing better is possible.

Acknowledgments.

The Practitioner, The Nursing Times (2), *The British Journal of Nursing* (2), *The Student* (2), *The Hospital, L'Echo Médical du Nord, University College Hospital Gazette, The Guy's Hospital Gazette* (2), *St. Thomas's Hospital Gazette, The London Hospital Gazette, St. Mary's Hospital Gazette.*

NOTICE.

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

The Annual Subscription to the Journal is 5*s., 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. XIX.—NO. 5.] FEBRUARY, 1912. [PRICE SIXPENCE.

St. Bartholomew's Hospital Journal,

FEBRUARY 1st, 1912.

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

Calendar.

Thurs., Feb. 1.—Abernethian Society. "Possibilities of Hypnotism," H. G. Baynes, M.B.
Fri., ,, 2.—Dr. Ormerod and Mr. Lockwood on duty. Clinical Lecture. Medicine. 12.45 p.m. Dr. Herringham.
Mon., ,, 5.—Special Lecture. 12.45 p.m. Dr. Lewis Jones.
Tues., ,, 6.—Dr. Herringham and Mr. D'Arcy Power on duty.
Wed., ,, 7.—Clinical Lecture. Surgery. 12.45 p.m. Mr. Lockwood.
Thurs., ,, 8.—Abernethian Society.
Fri., ,, 9.—Dr. Tooth and Mr. Waring on duty. Clinical Lecture. Medicine. 12.45 p.m. Dr. Garrod.
Mon., ,, 12.—Special Lecture. 12.45 p.m. Dr. Adamson.
Tues., ,, 13.—Dr. West and Mr. Bruce Clarke on duty.
Wed., ,, 14.—Clinical Lecture. Surgery. 12.45 p.m. Mr. Lockwood.
Thurs., ,, 15.—Abernethian Society.
Fri., ,, 16.—Dr. Ormerod and Sir A. Bowlby on duty. Clinical Lecture. Medicine. 12.45 p.m. Dr. West.
Mon., ,, 19.—Special Lecture. 12.45 p.m. Mr. McAdam Eccles.
Tues., ,, 20.—Dr. Herringham and Mr. Lockwood on duty.
Wed., ,, 21.—Clinical Lecture. Surgery. 12.45 p.m. Mr. Bruce Clarke.
Thurs., ,, 22.—Abernethian Society.
Fri., ,, 23.—Dr. Tooth and Mr. D'Arcy Power on duty. Clinical Lecture. Medicine. 12.45 p.m. Dr. Ormerod.
Mon., ,, 26.—Special Lecture. 12.45 p.m. Mr. Harmer.
Tues., ,, 27.—Dr. Garrod and Mr. Waring on duty.
Wed., ,, 28.—Clinical Lecture. Surgery. 11.45 p.m. Mr. Bruce Clarke.
Thurs., ,, 29.—Abernethian Society.
Fri., March 1.—Dr. West and Mr. Bruce Clarke on duty. Hitchens Prize. Applications for Luther Holden Scholarship to be sent in.

Editorial Notes.

WITH precocious confidence we had thought ourselves to be proof against the blandishments of good resolutions such as assail the flesh at this season of the year, but we are merely as other men. We had resolved to start the JOURNAL well in the new year by giving an interesting "stock-taking" of matters in which Bart.'s and Bart.'s men had been concerned in 1911. And like most good resolutions our scheme had turned to Dead Sea fruit by the end of the first week of the month. We had promised ourselves also to include an elaborate account of the Christmas festivities; and all that have evolved as representative of the aftermath are a few reflections upon an extraord inaryletter we have received.

It was sent by "an old Bart.'s man with the courage of his convictions," yet his courage has oozed out so that he has reached the end of his letter with insufficient to enable him to entrust us with his name and address (not necessarily for publication, as we editors have it). This is on the whole fortunate, for we are spared the privilege of printing his letter, the sentiments of which towards ourselves may be surmised when we state that the mildest is to charge us with being "the incarnation of hypocrisy."

* * *

IN brief, our anonymous correspondent is "sick of this canting humbug about Xmas in the Hospital. For the benefit of the staff, both medical and nursing, desirable patients are kept in for weeks or even months, long after any necessity for treatment has departed. They are pampered and petted whilst the really needy and sick poor are crowded out." We ourselves, asserts our correspondent, must be quite aware that this is the case, and yet with smug, respectable complacency we actually have the assurance to proclaim that Christmas is a veritable paradise for the patients and an object-lesson to visitors. (He is quoting from our notes in last month's JOURNAL.)

"Sisters, nurses, and house-men subordinate all else for

weeks beforehand to the useless task of decorating the wards and entertaining *blasé* and indifferent convalescents instead of applying their energies and financial resources to genuine charitable ends."

In conclusion, we are credited with "*one* word of truth" in our notes of last month. We stated that there would be "the same patients, the same etc." "I have no doubt," says he, "that there *will* be the *same* patients—a particular stock of desirables brought in year by year to assist in the scheme of decoration."

* * *

WE are writhing too much from this Parthian shot even to remonstrate, but this letter at least points a moral if it fails to adorn a tale. Why cannot something be done at Christmas for the poorest of the out-patients, for the wholly destitute? One hospital we know holds annually its "out-patient tea," and it is not asking too much to hope that we may in the future achieve something similar. Surely the advantage of seeing or even of knowing that one's charity is being directly applied would stimulate many to help financially, and the burden of the actual undertaking would be readily borne by many in authority we know.

* * *

WE have the greatest pleasure in publishing Mr. D'Arcy Power's Mid-Sessional Address before the Abernethian Society. It would be an impertinence to recommend this scholarly article, and gratuitous impertinence at that, for there cannot be one reader who is unacquainted with the many valued articles which Mr. Power has generously given to the JOURNAL. We are glad, however, to take this opportunity of thanking him for his courtesy in providing us with the manuscript, and for his taking so much trouble to secure the illustrations so that we are enabled to publish the entire address so soon after it was delivered. We would at the same time express our gratitude to him for his many kindnesses during our term of office. Mr. D'Arcy Power is the perfect contributor, and were there a few more like him the post of Editor would be a sinecure.

* * *

IN the *Clinical Journal* (which is published by Messrs. Adlard) for December 27th and January 3rd appear two exceptionally interesting articles entitled "With Dr. Samuel West and with Mr. Lockwood in the Wards of St. Bartholomew's." These articles have succeeded in giving a very vivid description of the cases seen in the course of visits to the ward, and not only the cases themselves are considered, but general topics and side issues in medicine and surgery are introduced.

Thus, Dr. West's cases include; first, a woman with thick arteries, and some important points in blood-pressure and in albuminuric retinitis are mentioned. Post-basic meningitis is the next case shown, and Dr. West states that he has seen one case only of what he believes to have been tubercular meningitis get well. A case of chorea next occupies attention, with some valuable hints on treatment.

A girl with a pronounced presystolic murmur affords an opportunity for discoursing upon the cause of the second heart sound; the second sound at the apex we are told is connected with the passage of blood from the auricle to the ventricle, and is not the second sound transmitted from the base.

A nervous case, a case of Addison's disease, and one with a blood infection are also shown. In exhibiting the last-named Dr. West has some pertinent remarks to make on vaccine-therapy. In reference to the statement which is often heard that vaccines do no harm if they do no good, he objects that it is a good deal to ask to believe that something which is so potent for good cannot also have the power of producing harm.

* * *

LIKE Dr. West, Mr. Lockwood has succeeded in crowding in a good deal of his subject on the occasion of the reporter's visits to his wards; and even divorced from their clinical features the descriptions given are remarkably graphic.

The first case shown gives scope for Mr. Lockwood's well-known insistence upon the necessity for taking a culture in every septic case, and, again, the question of vaccination is to the fore. "Without a clinical diagnosis vaccination is mere surgical quackery."

A case of retention is then shown to illustrate the method of supra-pubic cystotomy, and one of varicocele to emphasise many points in the treatment of hernia.

We cannot refrain from quoting the conversation which ensued with the mother of a patient in illustration of several practical features in the operation for hæmorrhoids. "Would the patient not have spasmodic contractions after the operation? No; the sphincter will be put at rest. Second, Would not the pain be dreadful? No; a morphia suppository will be introduced into the rectum. Third, Would he not suffer from the wind? No; a tube will be left in the rectum to let it out. Fourth, Would not those silk ligatures have to be pulled away? No; catgut will be used; there will be no ligatures to come away. Fifth, But the pain will be dreadful when the bowels act? No, cocaine will be applied. Finally, Then why did I not have all these things myself? Because your operation was performed many years ago."

Other patients introduced are, one with extensive injury to the foot, and one who underwent amputation for diabetic gangrene. The former describes the indications for amputation, the latter, the precautions adopted in such unfavourable circumstances.

We warmly commend these articles to our readers, and trust that we shall have an opportunity of seeing in print the clinical experience of some of our other physicians and surgeons.

* * *

THE *Clinical Journal* is including a series of interesting articles by Dr. James Rae entitled "The Deaths of English Kings." These began in the issue for December 20th and they should appeal to all who belong to a hospital of such historic associations as ours, despite the sweeping condemnation we have heard from the lips of one of our surgeons that "History is all lies."

Dr. Rae points out that he is not the first to study this subject. A series of articles appeared in the *British Medical Journal* of 1910–11, and dealt with the kings from Henry VIII to George II, preceding rulers being omitted because of the impossibility of obtaining sufficient information. Dr. Rae, relying on mediæval chroniclers, and later on individual biographies, has started with William the Conqueror; and his reconciliation of the peculiar phraseology of these historians with modern pathology is most ingenious and probable, not only when the conclusion drawn is perhaps obvious, but when it must from the nature of the facts supplied be purely speculative.

* * *

IN only seven cases have we any account of a necropsy; post-mortem appearances of two others are referred to, and nineteenth century opening of the tombs of five more are recorded, says the author.

William I died of fatty overgrowth of the heart, and not from rupture of the bladder as an account of his accident might suggest. Henry I, of course, succumbed to ptomaine poisoning, and the chroniclers report that the man who extracted his brain died a few days later. Stephen's death is problematic; an appendix abscess seems reasonably probable. Richard I died from septicæmia. His physician, Marchadeus, extracted the wooden part of the arrow which struck him down, but failed to withdraw the head. And an interesting side-light on the position of the profession in those days is afforded by the information that Marchadeus ("*ille carnifex*") was executed a day or two afterwards.

Green peaches and sweet ale caused an enteritis which proved fatal to John.

Edward III probably died of syphilis, and the same infection is attributed to Henry IV (gumma of the bundle of His is the diagnosis reasoned out), to Henry VIII (foul ulcer of the leg and "lingering fever"), and to James II (cerebral hæmorrhage resulting from syphilitic endarteritis). The clinical picture of Edward VI's illness suggests syphilis of the lung with an alternative of pulmonary tuberculosis. Dr. Rae supports the former by the "faintness of spirit" which characterised him in contrast with the proverbial euphoria of tuberculosis.

Edward I probably died also of syphilis.

Both Mary and Elizabeth appear to have fallen to a virulent form of influenza.

Oliver Cromwell and James I died of tertian fever Charles II of chronic interstitial nephritis.

Richard II died of symptoms referable to cerebral tumour or anorexia nervosa, whilst smallpox, ergotism, pellagra, hepatic abscess, cancer of the rectum, syphilis or acute dysentery are the differential diagnoses to decide between regarding Henry V.

Edward IV apparently died of pneumonia.

Richard III was the only English King since the Conquest to die in actual battle.

* * *

WE have taken the liberty of extracting a few of the many interesting details of Dr. Rae's articles. Other articles have yet to appear as he has included every English king from William I to William IV. The original chronicles, their English translation and Dr. Rae's notes and conclusions must all be read in combination adequately to appreciate the extent and interest of his work.

* * *

WE have great pleasure in announcing that Dr. George Graham (who is at present studying in Münich) has been recently elected to a Beit Memorial Scholarship for Medical Research.

* * *

WE heartily congratulate Mr. Harold Wilson on his appointment as Surgical Registrar.

Mr. Wilson, who is an M.S.(Lond.) and an F.R.C.S. (Eng.) has demonstrated in the dissecting room for the past six years. He is assistant surgeon at the Cancer Hospital and Surgeon to Out-Patients at the Victoria Hospital for Children.

We heartily congratulate Mr. Girling Ball on his appointment as Surgeon to the Alexandra Hospital for Hip-Disease.

* * *

THE vexed question of the courtesy or legitimate title of doctor is far from new, but Mr. Hawes' interesting letter certainly expounds the *reductio ad absurdum* side of the matter so admirably that it rescues it from the charge of banality, and we are ill-disposed to hinder its publicity.

Mr. Hawes says it is no wonder that the laity are rather hazy on the subject. "Rather hazy" appeals to us as euphemistic to say the least. The inquiring laymen is given to understand that a Bachelor of Surgery may be a B.C., a B.S., or a B.Ch. Having mastered the meaning of M.R.C.S. and L.R.C.P. he is confronted with an F.R.C.S., an L.R.C.S., and an L.S.A., with an L.M.R.C.P. and an L.M.S.S.A., which appear to be two or more rolled into one. (It is not surprising that misconceptions arise, and that the lady with her C.M.B. is frequently identified as bearing the same qualification as the gentleman who proudly exhibits his newly acquired M.B., B.C.)

And if his thirst for information is not yet satiated we have plenty more ready for him, and he will be keen indeed if he can acquire the meanings, let alone the relative values, of an M.O.H., an L.A.H., a D.T.M., an L.S.Sc., a D.P.H., a B.A.O., and an L.F.P.S.

To the average layman, anyone who practises the healing

art in any form is "a doctor," and it is enough for him to realise vaguely that all doctors are not M.D.'s, but that M.D.'s are in some way superior. No wonde , then at many "plain M.R.C.S.'s" growl that they do not obtain due recognition, whilst they regard their diploma as superior to some provincial M.B.'s or even M.D.'s. And it all becomes even more of a muddle when, as Mr. Hawes points out, we write to the M.R.C.S. as "Dr.," and to the M.D. as "So-and-So, Esq., M.D." Personally we always use this form of address. The "Esq., M.D." form is ever so much prettier, whilst we fancy that our custom of writing as "Dr." to all members of the profession who are M.R.C.S.'s is one of laziness—it is so much easier to write "Dr." than "Esq., M.R.C.S., L.R.C.P.,"—tinged with the feeling that we are giving him the courtesy title because he is a practitioner, and it is only fair to style him as such in the eyes of the world instead of puzzling them with the mysterious symbols following his name.

In nearly all other countries in the world all medical men are M.D.'s, but we suppose the confusion arising from the multitudinous titles in this country will always continue. For even if we gave everybody an M.D., the attempt to contrast and compare the various doctorates throughout the country would lead to a complexity even more intolerable than that which obtains at present.

* *

THE general public can hardly be expected to realise that human milk is not merely a chemical compound which can be exactly reproduced by synthesising its constituents, but that it contains human characters which are unanalysable. There is in all probability, moreover, not a little truth in the traditional idea of the specificity of any one mother's milk for her own child; and the psychological aspect of breast-feeding might well prove a fascinating study to anybody disposed to undertake it.

Quite apart from this consideration, many patent-food manufacturers do not attempt even to produce a fluid which is chemically equivalent. "There is not even a passable imitation of human milk," said Dr Thursfield as an introduction to his lecture on "Infant Feeding" before the Abernethian Society, "and there are only three conditions which justify a doctor in advising that breast-feeding should be relinquished—constitutional or severe local disease in the mother, or clear evidence of the infant's inability to thrive on the breast."

We were glad to hear so clear and dogmatic a representation of the function of patent foods by a physician of experience and authority. Dr. Thursfield had taken great pains to collect the analyses of all the well-known preparations, and the discrepancies illustrated in many, particularly in the inadequacy of protein and fat-content, were almost incredible.

After a short dissertation upon the practical details of breast-feeding, in which the influence of diet and exercise upon the mammary secretion was considered, and certain fallacies, such as the proverbial value of alcohol, exposed, Dr. Thursfield spent the rest of his lecture in an exhaustive account of the methods of artificial feeding. He expressed the hope that the Pure Milk Bill to be introduced in the near future by Mr. John Burns would do much to remove the appalling tuberculous condition of so much of the milk used in this country. He reminded his audience that boiling, which amply suffices to kill the organisms of diphtheria and scarlet fever, does not destroy the tubercle bacillus.

During the past summer our house-physicians had an excellent opportunity to study the dietetic and drug treatment of ailing infants, so it was not surprising that the discussion which followed Dr. Thursfield's lecture, if short, was of an expert character.

* * *

THERE can be no two opinions about the performance by the Dramatic Club: it was a brilliant success. But it was more than that, it was a triumph over the pessimistic prediction that had been issued upon the policy of employing local talent only and dispensing with outside assistance for the female impersonations.

We must express our unqualified approval of this year's proceeding, a revival, by the way, of the custom of years ago. The pleasure of seeing only men whom you know far outweighs the loss of effect necessarily resulting from the laryngeal and other physical differences which prevent a grown man from giving a perfect representation of a woman.

"New Men and Old Acres" was in such circumstances an extremely ambitious undertaking. It is a comedy, and not a farce, and it calls for real dramatic ability; but so excellent was the rendering of feminine mannerisms, particularly by Messrs. Lukis, Stott, and Starkey, that from time to time it was obvious that the audience was engaged in a struggle between the inevitable impulse to laugh at the absurdity of men making love to each other, and the desire to treat an admirable work of art as a serious dramatic exposition. Elsewhere we publish a full critique of the play. To this we would only add that this year's performance was unanimously held to be the best in the history of the Dramatic Club. On all sides we heard unstinted approbation, but the greatest compliment of all must be reserved for the spontaneous one of a ward-maid at the dress rehearsal. She was observed by one of the Sisters to be leaving the hall, weeping bitterly; and to an inquiry she sobbed out, "Oh, they've parted," an allusion to the temporary separation of the lovers in Act II. She was persuaded to return by the Sister, wise in her knowledge of human nature and relying on her experience of stage-craft to anticipate the inevitable, with the assurance that all would come right with marriage bells in Act III.

As we go to press we hear with the deepest regret of Sir Henry Butlin's death. We hope to publish an obituary notice in our next issue.

The Evolution of the Surgeon in London.*

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

MR. PRESIDENT, LADIES AND GENTLEMEN,—When the Committee of the Abernethian Society honoured me with the request that I should deliver the Mid-sessional Address I had just finished reading some of the minutes of evidence given before a Royal Commission concerned with the improvement of medical education. I learnt from these minutes that the English hospital surgeon was like no one else in the world. He combined in himself the duties of a German University professor—without his emoluments—whilst he conducted a busy practice more or less on business lines.

A subject for my address seemed ready to hand, for I thought that it would be interesting to trace the process by which we had arrived at so unique a position and to ascertain whether it was by accident or whether it was not really due to the English genius for decentralisation and independent action—that capacity for undertaking responsibility—which has been the secret of our great colonial expansion.

Looking backwards I see that the first London surgeon appears as a gentleman at the most courtly and picturesque time of English history when Edward III was on the throne and the Order of the Garter had been recently instituted; later, in the Tudor period, when everyone was bourgeois the surgeon had fallen from his high estate and was bourgeois also; during the Stuart and Commonwealth periods he emerges once more as a gentleman and of the best type, for he maintained his Royalist sympathies but tempered them with the gravity and sagacity of the Puritans. He was a wit in the days of Queen Anne, but under the Hanoverians, with a few brilliant exceptions, he was little better than a tradesman. In the Victorian era he became a gentleman again, and as the classes differentiated themselves in England the surgeon rose from the lower into the upper middle class. The introduction of anæsthesia did much to help the upward movement. Men of better education and finer feelings replaced the callous but kind-hearted surgeons of the pre-anæsthetic age. Something of the old leaven yet remains, for surgeons as a class are more brusque and more independent than their brethren in other branches of the profession.

Now I propose to show you these various steps in the evolution of a London surgeon, and to let a typical representative of each speak for himself.

The first person to whom I would introduce you is *Master John Arderne*, because he is the first surgeon who practised in London of whom we have any detailed knowledge. You will observe that he called himself *Master* John Arderne because he was a master Surgeon, and he is represented sitting in his Master's chair in the act of operating (Fig. 1). He is wearing a cap and gown just as a University graduate does at the present time to denote his standing. But there is no evidence that Arderne was a University graduate, although Montpellier and Paris gave a degree in Surgery at this time and the terms Master and Doctor were used interchangeably to denote the highest position in each faculty. Arderne owes his cap, gown, and title to the fact that he was a member of the guild or fraternity of surgeons of London. This guild was a small body of men who had been trained in the wars and acted as the consulting surgeons of London when they were at home. I do not think that their number ever exceeded sixteen or eighteen at any one time.

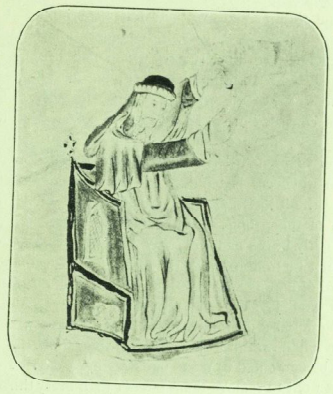


FIG. 1.—MASTER JOHN ARDERNE (1307–1400).

John Arderne was a member of the knightly family of Saxon origin which was the first in England to adopt the Norman custom of a surname, and the name itself is interesting to us because it is still borne by one of our most respected physicians, Dr. Arderne Ormerod. Arderne was born in 1307 and lived until nearly the end of the century. His date is easy to remember because he was contemporary with Chaucer and with Edward the Black Prince, whom he seems to have known personally, and for whom he expresses that contemporary opinion which time has endorsed. He says in the preface to one of his treatises: "I wrote this pamphlet with my own hand in the same year when the strong and warlike Lord was taken to God viz. in 1376, and may God assoil him for he was the very flower of chivalry without equal." Embedded, too, in one of Arderne's manuscripts is the story of the Prince of Wales's feathers which we all learnt at school, how "he obtained

* The Mid-sessional Address delivered at the Abernethian Society, January 11th, 1912.

the feather from the King of Bohemia whom he killed at Cressy in France." It is just possible that Arderne may have been present at the battle, but it is more probable that he heard the story at first hand, and he is the sole authority for the statement. He seems to have gone abroad as a young man in the suite of Henry Plantagenet—the first Duke of Lancaster—and to have served later in the train of John of Gaunt. You will see in the portrait (Fig. 1), which is copied from a manuscript written a few years after his death, that he is represented with just such a bifurcate beard and clean-shaven upper lip as was worn by John of Gaunt, time-honoured Lancaster. Arderne mentions cases under his care at Antwerp, at Algeçiras in Spain, and in Aquitaine. From 1349 until 1370 he practised at Newark-on-Trent, and he only moved to London late in life. He was then admitted a member of the guild of surgeons, after which he always speaks of himself as Master John Arderne whereas before this he is plain John Arderne.

Arderne shows in his writings how near he was to the beginnings of English surgery, for he blends a knowledge of Saxon leechdom with the surgery which had been recently introduced from Montpellier and Padua by the learned men who came to the court of Henry Beauclerc. Saxon medicine consisted in a knowledge of herbs, but it was overlaid by a mass of superstition involving the use of charms or spells. Arderne was a skilled herbalist who used a charm whenever he could. He says of one spell: "I used to write it in Greek letters that it might not be understanded of the people. And if anyone carries the charm written fairly in the name of God Almighty, without doubt he will not be troubled with the cramp." We can afford to be proud of him as a surgeon, for when the whole profession dressed wounds as often as possible and with the most irritating applications he taught that "those who dress wounds often are not practitioners but fools. A leech should be contented to make one dressing a day. I myself was not wont to remove them oftener than every third day." Arderne shone, too, as an operating surgeon. He made clean cuts with a scalpel when his contemporaries used an écraseur. He was not afraid of bleeding, and he staunched it by pressure with clean sponges wrung out of very hot water when everyone else employed styptics and the cautery, and he invented and practised an operation which has not long been re-discovered. But he was far in advance of his time, and after his death his methods fell into disuse for nearly five hundred years.

Arderne was as clever a man as he was a surgeon. He was essentially a man of the world, fond of a joke and equally fond of a fee. His advice to surgeons is excellent and runs in the following words translated from the Latin in which he wrote it:

"First it behoveth him that will profit in this craft of surgery that he set God before him in all his works and evermore call meekly with heart and mouth his help. And sometimes let him give of his winnings in charity to poor men as far as he can that they, by their prayers, may get him grace of the Holy Spirit. Let him never talk boastingly and let him abstain from speaking too much, especially amongst great men. Let him answer all questions warily lest he be ensnared for if his actions often differ from his intentions he will lessen the esteem in which he is held. A leech should not laugh nor talk too much and as far as possible he should avoid the company of knaves and dishonest persons. Above all things he ought to be constantly employed in the affairs of his craft and he should be seen to study, to write and to pray for he will then be considered, and indeed will actually become, a learned man. He must always be sober for drunken-ness destroyeth all virtue. Scorn he no man, for he that scorneth another shall not himself go unscorned. Should he be asked about another leech he should neither disparage him nor overpraise him but answer courteously 'I have no true knowledge of him but I have learned not nor have I heard about him anything but what is good and honest.'" "And of this," says Arderne, "'shall come honour and thankfulness to each party.'" "Do not stare too hard at the lady or her daughters or at other fair women in great men's houses. Do not offer to kiss them nor to stroke their hands lest you rouse the anger of the master of the house or of his retainers. As far as possible grieve no servant but get their love and their goodwill.

"When a sick man comes for advice speak not roughly to him but beware of becoming over familiar. Bear yourself according to the social position of the patient, to some revererently, to all courteously. If he wishes for an operation let the leech ask his fee boldly and according to his standing, but be he ever chary of scarce asking [*i. e.* asking too little], for over-scarce asking setteth at nought both the market and the thing. Therefore, for the cure of *fistula in ano*, when it is curable, ask of a rich man an hundred marks or forty pounds [that is to say, in the money of our time, from £65 to £915] with a suit of clothes and an annuity of one hundred shillings a year [equivalent to about £65]. Of less men forty pounds or forty marks [*i.e.* £560 to £65] without the annuity. And take not less than one hundred shillings [£65] for never in all my life took I less than one hundred shillings for the cure of this sickness."

These extracts are sufficient to show you how surgery was practised in London in the fourteenth century. The surgeon was a gentleman able to hold his own with the best in the most chivalrous time and at the most courteous and extravagant court in Europe. Clean thinking, free from professional jealousy, well read, skilled in worldly wisdom, and a master of his art. His fees were enormous, but those of us who are steeped in Froissart know that the scale of living was then higher than it is now. Jousts, tournaments, pilgrimages, and wars where the lord was followed by his own retainers had made men familiar with the spending of large sums of money, and a fat

knight taken prisoner on the field of battle and put to ransom would be more than enough to pay the surgeon's fee for the cure of the fistula caused by the heavy armour and the wet saddle which had been used in the campaign. The surgeon's charge, too, was inclusive and for a course of treatment which extended over many months, and obliged him to live in the castle of his patient, so that he could rarely have treated more than one person at a time. Arderne gives the names of his patients, and we learn from history that several of them were living years after they had been under his care. The great Douglas was amongst them. We know that he had assistants, although he does not mention their names, because he warns us against associating with knaves and thieves (I make no imputation on my present assistant surgeon, house surgeons, and dressers; they are all honourable men for whom I have the greatest love and the highest respect). Five hundred years ago things were different, and in John Arderne's time it was an article of faith with the common people that every surgeon was a thief, a murderer, or a swindler, and that the assistants were worse than the master. Indeed, William of Salicet, who lived in the generation immediately before Arderne, says gravely enough, "A wise surgeon will refrain from stealing anything whilst he is in actual attendance upon a patient, because such an action *may* cause the patient to lose confidence in his surgeon, and the operation may thus prove less successful than it would have been since the patient has lost the good opinion he had of the operator." It is clear therefore that both the pathology and the morality of surgeons have improved with the lapse of years.

The nursing of the time was good. It was done by ladies, the wives, sisters and sweethearts of the patients, who had been familiar from their youth upwards with the treatment of wounds, sword thrusts and sprains, for the customs of the day gave them ample opportunity of practising their skill, and all the romances of the time show them to have been excellent nurses.

Arderne died about the end of the fourteenth century but his spirit lingered in English surgery for some years later.

The tradition was carried on by Thomas Morstede and John Harvey, the king's surgeons, and in 1422 an attempt was made to combine the surgeons and the physicians of London into a single corporate body. The scheme was well thought out and was launched in 1423 just after Henry V had died of an empyema at the age of thirty-five and when there was a lull in the hundred years war with France. It was intended that the surgical side of the profession should be governed by two surgeons who must have been born within the realm of England. No surgeon was to be allowed to practise in London unless he had been previously examined by the two master surgeons acting with two similar masters of physic controlled by a rector. A surgeon after examination was to be presented to the Mayor and Alderman and there was a fine of one hundred shillings for practising without a licence.

Every surgeon called on to treat a case likely to end in death or permanent disablement was obliged to call into consultation the Rector of Medicine or one of the two masters of surgery within three days of his first attendance, and a like course was to be pursued if a surgeon was going to perform any serious operation. The rule was made as much in the interests of the surgeon as of the patient, and it is expressly laid down that the rector and masters were to attend these consultations without any fee under a penalty of twenty shillings. A surgeon duly convicted of malpraxis or of infamous professional behaviour was brought before the Mayor who was to punish him with fine, imprisonment, or "puttynge him out from alle practice in chirurgery for a tyme or for evermore after the quantite and qualite of his trespass." A patient needing a surgeon, if he had fallen into such poverty that he could not afford a fee, was to appeal to the Masters of Surgery, who would assign him a good practitioner "busily to take heed of him without expence." These were some of the ordinances, but the details of the financial side of the scheme are not forthcoming. In 1428 active military operations were recommenced in France when the Earl of Salisbury invested Orleans. The surgeons trooped out of England again, and on their return the wars of the Roses had reduced everything to chaos.

I do not know of any further records of surgery in London until the closing years of the century when a leading London surgeon appears in a much less satisfactory aspect. I am indebted to Dr. W. M. Palmer's interesting account of "Old Time Doctors," which appeared in the *Proceedings of the Cambridge Antiquarian Society* (vol. xv, n.s. vol. ix), No. 3, p. 266, for the following account of the Rev. John Dobson and Surgeon Browne:

John Dobson, the parish priest of Melbourn, Cambridgeshire, had an attack of paralysis, of which he says that "by the visitation of God he was taken and suddenly benumbed with a great palsy on his left side, that is to say from the highest point of his arm to the lowest part of his foot on the same side." He could say mass but he could not perform an important part of the office, the elevation of the host. Failing to get cured at home in the month of July, year not stated, but probably about 1494, "for the due cure and perfect remedy of his infirmity he came in a horse-litter from the town of Melbourn to the City of London." Here he consulted John Browne who was renter or youngest warden of the Barbers' Company, and it was agreed that "John Browne should endeavour him by the grace of God to do his cure for the recovery and help of the said sickness," and that Dobson should pay him £10 for the cure, a considerable sum because the yearly value of the vicarage of Melbourn at this time was less than £20. The covenant agreed that half the money was to be paid when

the vicar could walk without a crutch and could hold both arms above his head, or, as he put it, "when he might go without a staff and wield his arms up to his head so that he might say mass and do such things as longeth to his office." The other half was to be paid thirteen weeks after he was made completely whole. This arrangement, as Dr. Palmer points out, seems satisfactory; it was so far as the patient was concerned, but what about the poor surgeon? It allowed him nothing for his trouble in case he did not effect a cure. But the surgeon was a wily man, a man of experience, this was not his first case and perhaps he had had failures. So he persuaded the vicar to be bound in an obligation of £30 to compel him to fulfil his part of the bargain when cured and so worded it that he could be sued for the amount in about six months' time. The cure went on during the summer and autumn and well into the winter, but without much improvement to the patient. At length the obligation or bond became due, but when the surgeon asked for some recompense for all his trouble the vicar replied, "I am in like case as when first you took me in cure and no better," and refused to pay. Browne, therefore, sued him in the Sheriff's court. The vicar put in surety and was prepared to answer, but the surgeon's real object was explained by the priest himself, who says, "Browne now proceedeth no further in the action, but lets it depend in the Court to the intent that Dobson should lie still in London to his great costs and charges unto such time as by that means he should be fain to pay Browne £5 that he demandeth for his labour." The poor paralysed vicar in London lodgings all that winter sends his piteous bill of complaint to the Chancellor asking in the reverence of God and in the name of charity that this suit of debt may be tried in the King's Court and settled so that he may be allowed to return to his country vicarage. The Chancery proceedings tell no more of his story, but Dr. Palmer notes that the next appointment of a vicar of Melbourn was in 1503. The story does not redound to the credit of the London surgeon who held a high official position at the end of the fifteenth century, and shows that he had left the path of professional charity marked out by Arderne, who you remember advised that "the surgeon of his gains should sometimes give to poor men."

The fifteenth century, therefore, opened with a noble attempt to combine medicine and surgery. It closed with the case I have just related, showing that our profession had already entered on those business methods which were so fiercely attacked by the Elizabethan surgeons.

Surgery in London underwent a remarkable revival in the sixteenth century, a revival which began in part within the walls of this Hospital and at the hands of surgeons who had received their training in the wars. Richard Ferris and Robert Balthrop wrote nothing, or perhaps it would be more correct to say that none of their writings are known to us, but they exercised a very powerful influence for good on the whole of the succeeding generation of surgeons, many of whom were proud to say that they had been their pupils. Of Ferris we know very little. Robert Balthrop's monument is in the Church of St. Bartholomew-the-Less, high up in the east wall behind the organ. The mention of these two serjeant-surgeons brings us at once to the surgeons of the Elizabethan period, surgeons who were wholly different from the learned and gentlemanly John Arderne as well as from the money-grubbing John Browne. The Elizabethan surgeons lived at a turbulent time, and like their fellow-citizens they were noisy, self-opinionated, quarrelsome persons, undeniably skilful in their art, yet so honest and clear sighted that seeing abuses in their profession and the danger of its becoming a mere business they deliberately set themselves to work to amend it. Fortunately for us they lived in a literary age, many of them were versifiers—I may not call them poets—and they wrote so well that it is still a pleasure to read their writings. One of the chief surgeons of this period was *William Clowes*, a Warwickshire man, who was born in 1540 and was apprenticed to George Keble. In 1563 he was a surgeon in the army commanded by Ambrose, Earl of Warwick, and after the Havre expedition he served for several years in the navy. He was admitted to the Barber-Surgeons Company in 1569, and then settled in London. He was appointed Surgeon to St. Bartholomew's Hospital in 1575, becoming full surgeon in 1581, and he was also surgeon to the Blue-coat School. In 1583 he went to the Low Countries with the Earl of Leicester, and in 1588 he served in the English fleet against the Spanish Armada, after which he was appointed Surgeon to Queen Elizabeth. He died at Plaistow in Essex in 1604.

Clowes published his books at intervals between 1575 and 1596, and Dr. Norman Moore well estimated their value when he said: "They are the very best surgical writings of the Elizabethan age; they are all in English, the style is easy and forcible, sometimes a little prolix, but never obscure." They have one great merit: the author gives his own experience and relies but little upon other people's work. In this respect he resembles Arderne, and the notes of cases, written in plain English, had become by this time a feature of English surgical literature.

Master Clowes in the following sentences gives a taste of his quality as well as a picture of the state of surgery as he saw it in London. Other surgeons of the time paint in similar colours, so that we may be sure it is tolerably correct. He says: "Where the learned physician or surgeon cannot be had for counsel I am herein to admonish the friendly reader to take heed and not to commit themselves into the hands of every blind buzzard that will take upon them to let blood, yea! to the utter undoing of a number. For many in these days being no better than runagates or vagabonds, do extraordinarily, yea, disorderly and unadvisedly intrude themselves into other

men's professions, that is to say not only in letting of blood but also do take upon them further to intermeddle and practise in this art wherein they were never trained nor had any experience; of the which a great number be shameless in countenance, lewd in disposition, brutish in judgement and understanding as was their unlearned leader and master Thessalus, a vain practitioner, who, when his cunning failed straightways sent his patients to Lybia for change of air. . . . This their grand captain was by profession a teazler of wool and also a forerunner of this beastly brood following; which do forsake their honest trades, whereunto God hath called them and do daily rush into physic and surgery. And some of them be Painters, some Glaziers, some Tailors, some Weavers, some Joiners, some Cutlers, some Cooks, some Bakers, some Chandlers. Yea, nowadays it is apparent to see how Tinkers, Tooth-drawers, Pedlars, Ostlers, Carters, Porters, Horse-gelders and horse-leeches, Idiots, Apple-squires, Broom men, Bawds, Witches, Conjurors, Sooth-sayers and Sow-gelders, Rogues, Rat-catchers, Runagates and Proctors of Spittle-houses with such other-like rotten and stinking weeds which do in town and country without order, honesty or skill daily abuse both physic and surgery, having no more perseverance, reason or knowledge in this art than hath a goose, but a certain blind practice without wisdom or judgement and most commonly useth one remedy for all diseases and one way of curing to all persons both old and young, men, women and children, which is as possible to be performed or to be true as for a shoemaker with one last to make a shoe to fit everyman's foot and this is one principal cause that so many perish."

Clowes' outspoken expressions did not always render him very acceptable to his contemporaries and sometimes led him into trouble; thus it is recorded in the minutes of the Barber-Surgeons Company on "28th February 1576 here was a complaint against William Clowes by one Goodinge for that the said Clowes had not only misused him the said Goodinge in speech but also most of the Masters of the Company, with scoffing words and jests, and they all forgave him here openly in the Court and so the strife was ended upon condition that he should never so misbehave himself again, and bonds were caused to be made to that effect." But alas for the frailty of human nature: in the very next year on March 25th, 1577, "here at this Court was a great contention and strife spoken of and ended between George Baker and William Clowes for that they both contrary to order and the good and wholesome rules of this house, misused each other and fought in the fields together. But the Master Wardens and Assistants wishing they might be and continue loving brothers pardoned this great offence in hope of amendment." Clowes at this time was surgeon to Queen Elizabeth, and his opponent, one of the Earl of Oxford's men, was appointed Serjeant-Surgeon in 1591, and became Master of the Barber-Surgeons Company in 1597. But Clowes had an irritating way of writing about those who disagreed with him in professional politics. Of one such he writes that "he was a great bugbear, a stinging gnat, a venomous wasp and a counterfeit crocodile."

It is clear that surgery had fallen to a very low ebb by this time, and had become a mere trade. But the efforts of Gale, of Clowes, of Hall and of Read rescued it and raised the standard again to that of a profession—that is to say, of an occupation where the main object is to help, money-making being subsidiary.

You will observe that these surgeons are still called Master as evidence of their standing in the profession and not as a courtesy title. They had passed a superior examination in surgery which was called "taking the Great Diploma," and corresponded, in fact, to our examination for the F.R.C.S., and having passed this they were entitled to the prefix of Master. It is for this reason, I suppose, that

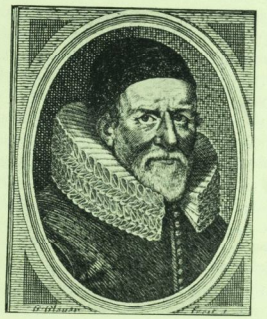


FIG. 2.—JOHN WOODALL (1569-1643).

we, amongst all the professional medical men of the world, still call ourselves Mr. and not Doctor.

I leave these turbulent surgeons of the Elizabethan period and pass on to the next generation, taking *John Woodall* (Fig. 2) as the type. We know but little of his life. He was born about 1569, and at the age of twenty he served in Lord Willoughby's expedition to render assistance to Henry IV of France. He then travelled for many years in France, Germany and Poland, gaining his livelihood by the practice of his profession, until his familiarity with the plague tempted him to settle in London during the great epidemic of 1603. Shortly afterwards he was appointed by Sir Thomas Smith to the post of Surgeon-General to the East India Company. He became surgeon to St. Bartholomew's Hospital on January 9th, 1616, and was elected Master of the Barber-Surgeons Company in 1633. He complains in 1639 that time has overtaken him "so that now I am forced to conclude, having run through the cares of sixty-nine years; old age being an enemy to study, for my sight being

weakened, my memory much impaired and my capacity utterly unable to perform so hard a task" as the continuation of his surgical treatises. He died in the autumn of 1643.

If Woodall had done nothing else he would deserve the lasting gratitude of every sailor, for he inferred the efficacy of lime-juice from the happy accident of two ships' crews, one smitten with scurvy, the other free from it, differing in this one article of diet and nothing else. In the eyes of his contemporaries Woodall did much more, for they probably thought but little of his lime-juice treatment of scurvy. He published, in 1617, the *Surgion's Mate*, and in 1628 the *Viaticum*, being the pathway to the *Surgion's Chest*, text-books of surgery which long formed part of the library of every surgeon and surgeon's mate (or assistant) by sea as well as by land. For us Woodall stands out as the one surgeon in the reign of James I who carried on his craft as a profession and not as a trade. The art of surgery had fallen to so low an ebb that he is almost literally correct when he says in his preface to the *Viaticum* that "for this forty years last past no surgeon of our nation hath published any book of the true practice of surgery, to benefit the younger sort, these my mean treatises only excepted."

I have shown you that in the time of Arderne surgeons held a sufficiently good position to allow time for the cultivation of the humanities. The Elizabethan surgeons had to fight an army of quacks, and had but little leisure to sacrifice to the graces. It was left for Woodall to attempt to free the surgeons from the thraldom of the physicians. It had long been laid down that a surgeon ought not to give medicine without the counsel of the physician, but Woodall, voicing the opinion of his contemporaries, says:

"It is expedient and just where learned counsell may be had to make use of it, for that by such counsell there is safety. Nevertheless know that it is uncharitable to forbid an expert surgeon at any time or in any place the use of the nstruments and medicines which are necessary to his art for the curing of his patients . . . for worthy artists, viz. Surgeons who are approved by the laws of the Realm ought to be free to exercise their art for as in Master Gale's comparison (who was a late good writer in Surgery) which upon the like difference he then made of a Shipwright and a Carpenter, who were both of necessity to use one and the same instruments to perform their several works withal; even so must every honest artist legally bred in the art of medicine, be tolerated to practise by what title soever you please to call him. Then, if so, he must by consequence have the free use of all such instruments and means as may best and with most ease perfect what he intends, to wit, the cure of man's body; for although the Carpenter may say to the Shipwright, Thou art not to use the Axe, the Adze, the Saw, the Hammer nor the Plane etc. for all these tools appertain and are proper to me for my art and I cannot build without them, even so might the other make a like fair answer and say, They are also as proper for *my* art and without them in like manner *I* cannot build. In like manner might the Joyner and other Tradesmen say. And no less may it be said of the art of medicine: for whether he be called physician, surgeon or leech or what other name men please to impose upon him, if they admit, yea and appoint him to cure wounds, tumours against nature, ulcers, erysipelas, herpes, the pestilence or whatsoever other disease is incident unto man's body, it is but fitting that he be free to have the proper use of all medicines and instruments most apt and meet to bring the same his intended scope to pass, and that without offence of the law, notwithstanding any by-law made by any for private lucre to hinder the prosecution of the well-healing of the diseased people."

The attempt to obtain a free hand for the surgeons was futile. In June, 1632, an Order in Council was promulgated with a clause to the effect that no chirurgeon "doe dismember, trepan the head, open the chest or belly, cut for the stone or do any great operation with his hand upon the body of any person . . . but in the presence of a learned physician, one or more of the College or of His Majesty's physicians."

Master John Woodall incidentally gives an account of the state of surgery abroad, which shows that it was on a much less satisfactory footing than in England, for in some of the German towns at any rate it was a close guild, whilst here it was open to anyone who chose to be apprenticed to a member of the United Company of Barber-Surgeons and had sufficient knowledge to pass their examinations. Woodall says—"The Surgeons orders are generally that every City, Town Corporate, or place privileged hath a constant rule, as by ancient custom and tradition, of the allowing of only an usual, accustomed number of Chirurgions thereunto appertaining, so that, for one instance, if the City of Hamburg hath twelve chirurgions belonging thereunto, although a thousand pounds should be tendered in any way to produce a freedom for a thirteenth chirurgion, it could not prevail, nor would be taken there; as likewise it generally is so all over Germany and each Chirurgeon is bred and must be a Barber, and so all are Barber-Chirurgions. And if any one die, his art, office and place rests in the power and disposing of his wife to the use of her and hers, so that whosoever marrieth her or compoundeth with her, of what nation or country soever he be that shall exercise the place it is alike, provided that he be brought in by the widow as her husband or Agent for her, he is capable of a place void, having first made his masterpiece and performed some manual exercises usual with them in his art of chirurgery, thereby to give sufficient testimony to the world of his answerable skill in his art or science, as namely, either by grinding and setting a delicate lancet and therewith opening several veins smoothly; for the more manifest effecting thereof to the brethren of his calling one will lend him his vein, namely one on the thumb, one on the foot, and one on the arm, one other on the forehead. As also by the neat and exact making an artificial Emplaster, Unguent or the like; which done, being by the rest of the Masters of the City approved of . . . he is then esteemed a regular person and also having made the Brotherhood of the place and himself well drunk once, twice or thrice he is, I say, (ipso facto) admitted to be a brother and freely use his function and is styled by the name and honour of a Master of his profession. Thus much of their custom. But our customs are different from theirs and far better, namely our Company of Chirurgions of the City of London, in the Hall of the Society have a more commendable custom for we not only examine Chirurgions and try their skill in that way as being of ancient time used and practiced amongst us but also we have profitable, learned and experienced lectures read amongst us."

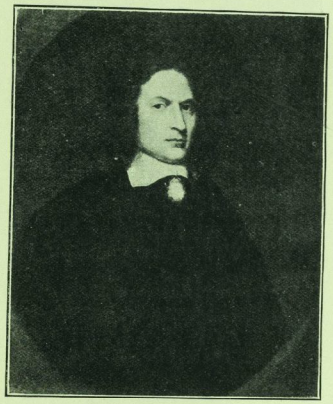


FIG. 3.—RICHARD WISEMAN (1621–1676).

Fortunately for the profession of surgery, Woodall was succeeded by *Richard Wiseman* (Fig. 3), one of the best, most observant, and most practical surgeons who had as yet appeared in England. Woodall to a certain extent, but Wiseman pre-eminently, gave to surgery the tone which enabled it to emerge from a mere handicraft and become a profession. He was a gentleman, in the sense that Arderne was a gentleman, fitted by his knowledge of the world to mix in the best society, and yet highly trained as a surgeon.

Wiseman was born in London at some time between 1621 and 1623, and there is a floating tradition, though I have never found any evidence, that he was the illegitimate son of Sir Richard Wiseman, Bart., of Thundersley Hall in Essex. Early in 1637 he was apprenticed to Richard Smith, who was probably a naval surgeon. At the end of his apprenticeship he entered the Dutch naval service, and served against Spain. When the Civil War broke out in England, Wiseman took the field on the King's side, and was, for many months, in continuous attendance upon Charles, Prince of Wales, afterwards Charles II, at first merely as a surgeon attached to the troops under the Prince's command, but afterwards as the Prince's immediate medical attendant. He went with his Royal master to France, to the Hague, and later to Scotland. He was taken prisoner at the Battle of Worcester, but was soon set at liberty, and from 1652 he settled in London, at first as assistant to Edward Molines of St. Thomas's Hospital, who had been taken in arms against the Parliament at Arundel Castle, and afterwards in the Old Bailey, where he soon obtained a large Royalist connection. Early in 1654 he was arrested on the charge of assisting a patient to escape from the Tower, and was sent a prisoner to Lambeth. His release was secured by the intercession of his friends, and he again practised in London. Two years later he was serving in the Spanish service, but he returned to London at the Restoration and settled once more in the Old Bailey. He moved to Covent Garden, was appointed Surgeon and afterwards Serjeant-Surgeon to the King, and died suddenly at Bath in 1676. A fervent Royalist and believing in the miracles wrought by the blood of Charles I, he yet married as his second wife Mary, the granddaughter of Sir Thomas Mauleverer the regicide.

Wiseman inherited from the Elizabethan surgeons the gift of clear and forcible writing in the narration of interesting cases which had come under his observation. He differs from all his predecessors in his powers of arguing from the particular case under discussion to a generalisation upon the principle involved. This, I think, was the great advance in surgery made by Wiseman. He no longer considered it an art to be followed for its immediate results, but he brought it into the condition of a science, crude, no doubt, but still into a new phase, and one of which his predecessors and contemporaries had no conception. Wiseman is the connecting link between the old and the new surgery. Speaking of the principles of surgery he says: "I have ventured to follow the laudable example of Mr. Clowes and Mr. Woodall and to put my own papers in print; that what was at first intended for my private satisfaction may be useful to others as well as to myself. In doing this, Reader, I have made a virtue of necessity and employed those hours for the public service which a frequently repeated sickness hath for this twenty years last past deny'd me the use of in my private occasions. It hath pleased God by casting me into such a condition to give me the opportunity of reading and thinking as well as practising. Both which are necessary to the accomplishment not only of an Author but indeed of a Chirurgeon. I cannot be so uncharitable to my brethren as to wish them the like sickness to oblige them to the like retirements for contemplation and study. But I do heartily wish that what

was necessity in me may be choice in them, viz. that they would set apart some time for reflexion upon their labours and for comparing the Empirical part of the profession with the rational. They will soon find how many gaps do still lie open in this goodly Fabrick and how much is wanting to make the building complete. . . . Know Reader, that as to these treatises, though in preparation to them I have read all the eminent Chirurgical Authors yet in the writing of them I was more conformed to my own judgement and experience than other men's authority. This will consequently make them liable to the censure of many sorts of men. Such ancient Practitioners as are unwilling now to be learning a new lesson, will be angry that those definitions and descriptions and sometimes Methods of Cure are receded from, which they learned when young: those being the basis of the whole superstructure of their practice. I desire such men to content themselves with neglecting them, they being not written for their use; but for younger men who have their principles and Maxims of Chirurgery yet to choose. Others wholly taken up with the novelties wherewith this age aboundeth will be angry that all the new Notions are not here pursued to nicety, and many little, both Anatomical and Chymical, punctilio's inserted and brought in on all occasions, instead of the old way of expressing the accidents of diseases with their causes and cure. I would have these men consider that I am a practiser not an Academic, that I delight in those things as far as they are useful to life, but thought it too great a digression from my present purpose to stuff up a practical book with such philosophical curiosities."

Noble words and worthy of a great surgeon. His personal character, his sound knowledge, and his social position must have helped the whole surgical profession to a higher position than it had ever before held, and must have assisted it materially in its struggle with the physicians. A gentleman, a scholar, and one who was known for his attempts to advance surgery along scientific lines could not have been wholly despised by the physicians; indeed there is plenty of evidence in his surgical treatises to show that he was on terms of equality and friendship with the chief physicians of the time.

The surgeon gained a still higher place in the next generation, for we find him consorting with the wits and poets at one of the most brilliant literary periods of English history. *William Cheselden* (Fig. 4) was born in 1688, and was descended from a family of wealthy graziers in Leicestershire. He received a good classical education, and began to teach Anatomy in 1711, the course consisting of thirty-five lectures repeated four times a year, first at his own house and afterwards at St. Thomas's Hospital, where he was elected surgeon in 1719. The success of his course is shown by the following minute in the books of the Barber-Surgeons Company:

"At a Court of Assistants of the Company of Barbers and Surgeons held on 25th March 1714; our Master acquainting the Court that Mr. William Cheselden, a member of this Company, did frequently procure the dead bodies of malefactors from the place of execution and dissect the same at his own house, as well during the Company's public lectures as at other times without the leave of the Governors and contrary to the Company's by-law in that behalf; by which it became more difficult for the beadles to bring away the Company's bodies, and likewise drew many members of this Company and others from the public dissections and lectures at the Hall. The said Mr. Cheselden was thereupon called in but having submitted himself to the pleasure of the Court with a promise never to dissect at the same time as the Company had their lecture at the Hall, nor without leave of the

FIG. 4.—WILLIAM CHESELDEN (1688–1752).

Governors for the time being, the said Mr. Cheselden was excused for what had passed with a reproof for the same pronounced by the Master at the desire of the Court."

Cheselden was intimate with Alexander Pope, who lay ill at his house in Queen Square, Westminster, and with Sir Hans Sloane. Jonathan Richardson the painter complimented him in verse, and painted his portrait. He attended the death-bed of Sir Isaac Newton. He was remarkable for his many talents. He was no mean artist, for he published a magnificent Osteographia or anatomy of the bones. He is said to have drawn the plans for Old Putney Bridge and for the Surgeon's Hall in the Old Bailey, so that he had pretensions to be an architect. I am reminded that one of the newly built streets in Putney bears his name. He was a keen patron of athletic sports, especially of boxing, and he was certainly the most dexterous surgeon of his age, with a special leaning towards diseases of the eye in addition to his skill in lithotomy.

Pope mentions him in his *Imitations of Horace* (Epistle to Lord Bolingbroke, Book i, Epistle i, lines 46–54).

"Late as it is, I put myself to School
And feel some comfort not to be a fool.
Weak though I am of limb and short of sight,
Far from a lynx and not a giant quite;
I'll do what Mead and Cheselden advise
To help these limbs and to preserve these eyes.
Not to go back is somewhat to advance
And men must walk at least before they dance."

In answer to an inquiry from Swift as to who Cheselden was, he says in a letter dated March 25th, 1736: "It shows that the truest merit does not travel so far any way as on the wings of poetry. He is the most noted and deserving man in the whole profession of Chirurgery, and has saved the lives of thousands by his manner of cutting for stone." It is clear that Pope had received much kindness at his hands, for writing to Mr. Allen, about a month before his death, Pope says: "There is no end of my kind treatment from the faculty. They are in general the most amiable companions and the best friends as well as the most learned men I know."

Percivall Pott (Fig. 5) added to the reputation of London surgeons in much the same way as his slightly older contemporary Cheselden. He was before all things a well-educated gentleman, who came of a better stock than most of his fellow surgeons. He was the son of a second marriage, his mother having been married first to a member of the Houblon family, the great Whig bankers who were the virtual founders of the Bank of England. He was born in 1714, and was elected Assistant Surgeon to St. Bartholomew's Hospital in 1744, becoming full Surgeon in 1749. He broke his leg one winter day in 1756 when he was riding down the Old Kent Road to visit a patient. This led him to study and write about fractures at the ankle, and

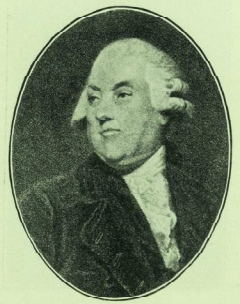


FIG. 5.—PERCIVALL POTT (1714–1788).

his name has been handed down to us by the familiar expression "a Pott's fracture." Pott deserves to be remembered as one of the first surgeons who lectured publicly on surgery in a medical school; many foreign surgeons attended his lectures and he thus exercised a great influence on contemporary surgery. No one before him had taught with equal authority or had been able to impress upon a whole body of students the individuality which was afterwards carried to perfection by his pupil *John Hunter* (Fig. 6). Yet Pott's teaching was widely different from that of Hunter. Pott was refined, he was widely read, he had the manners and thoughts of a gentleman. As a practical surgeon Pott ranks far before his pupil, Hunter, but as a scientific surgeon the pupil easily beat his master. Pott was the more fortunate because the clearness of his style enabled him to place his facts and speculations in the most attractive light, whilst Hunter was always struggling to make his feeble powers of expression convey the greatness of his ideas, for he was no master of words.

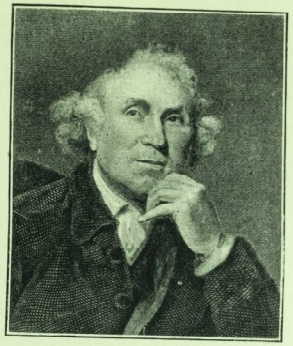


FIG. 6.—JOHN HUNTER (1728–1793).

John Hunter's influence on British surgery remained until our own times; for good, because he made surgery a science based on experiment; for evil, because he was brusque, wanting in manners and quarrelsome. His pupils were somewhat inclined to follow his example, and none more so than *John Abernethy* (Fig. 7), of whose common-sense and real kindliness of heart, concealed under a very rough exterior, innumerable good stories are told. Here is one: A farmer went to the great surgeon complaining of pain and weight in his head. The doctor said "How much ale do you take?" "Oh, I taakes my yaale pretty well." Abernethy (with great patience and gentleness), "Now then to begin the day—breakfast what time?" "Oh, at haafe-past seven." "Ale, then, how much?" "I taakes my quart." "Luncheon?" "At eleven o'clock I gets another snack." "Ale then?" "Oh yes, my pint and a haafe." "Dinner?" "Haafe-past one." "Any ale then?" "Yees, yees, another quart then." "Tea?" "My tea is at haafe past five." "Ale then?" "Noa, noa." "Supper?" "Noine o'clock."

"Ale then?" "Yees, yees, I takes my fill then, I goes to sleep afterwards." Like a lion aroused Abernethy was up, opened the street door, shoved the farmer out, and shouted after him, "Go home, Sir, and let me never see your face

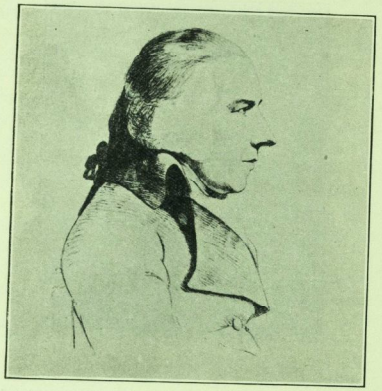


FIG. 7.—JOHN ABERNETHY (1764–1831).

again. Go home, drink your ale and be damned!" The farmer rushed out aghast, Abernethy pursuing him down Bedford Row with shouts of "Go home, Sir, and be damned!" But if Abernethy was merciless to this class of patient, he was unsparing in his attention to those who deserved his pity, and he often sacrificed his private practice to the needs of his hospital cases.

The brusqueness of Abernethy was more than counterbalanced by the geniality of Sir Astley Cooper, the handsomest man and one of the best surgeons in London at the beginning of the last century. Abernethy and Cooper, by their individual efforts, materially improved the position of the London surgeon. They founded the great medical schools attached to our hospitals, Abernethy at St. Bartholomew's and Sir Astley Cooper at Guy's. Their pupils settled in various parts of England and called their old teachers into consultation in difficult cases. Pott and even Hunter rarely went far from London; Abernethy and still more often Cooper were in constant requisition in the provinces.

The good work done by surgeons during the early Victorian era has been almost eclipsed by the glories of the later age. Sir William Lawrence, Sir Benjamin Brodie, and my own master, Sir William Savory, worthily maintained the Hunterian tradition of scientific surgery, whilst Robert Liston carried manipulative skill to its acme. He had never been equalled, and he has not since been excelled in brilliancy and rapidity of execution. But looking back upon them they seem to have lost somewhat of the spirit of tolerance which marked their predecessors. They hated each other very cordially and they were not slow to quarrel. With the introduction of anæsthesia came a more cultivated class of surgeon, foremost amongst whom was *Lister* (Fig. 8), "*præsidium et dulce decus*," as Horace said of Mecænas. His genius introduced new methods, his sincerity set a fresh example, his unruffled temper under the most bitter provocation was a testimony to the whole profession of surgery, not in London and the United Kingdom, but throughout the world. His work, indeed, led away many of the best intellects in the profession from surgery to pathology. The outcome was the science of bacteriology, and it has been left for us of the next generation to carry the teaching of the laboratory into the arena of the operating theatre, and to convert antiseptic into aseptic surgery by simplifying the methods whilst we maintained the principles.

Thus, Mr. President, ladies and gentlemen, I have endeavoured to fulfil the object I had in view at the beginning of this lecture. I have shown you how the London surgeon was originally a man trained in the wars just as the physician was trained at Courts. His training to face all emergencies at any time made him so self-reliant that his ardour had to be curbed from time to time by ordinances which compelled him to present for consultation all patients in danger of maim or death. His natural instinct of self-preservation led him to fight against quacks and unlicensed practitioners, whilst his desire to gain a livelihood caused him to ally himself with the general practitioners, who were, for many hundred years, the Barbers and Barber-Surgeons of London. In this alliance he always held a definite and superior position, for he was better educated and sometimes more intelligent.

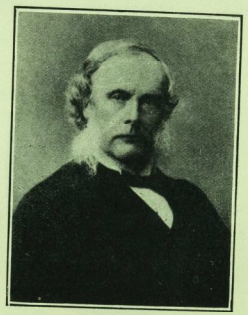


FIG. 8.—JOSEPH LORD LISTER.

We still have indications of this stage in evolution at the Royal College of Surgeons of England, where the Fellows have different aims from the larger body of members. Originally the surgeons were not teachers. When wars were frequent they rarely had a settled home and every surgeon of repute had travelled widely. Systematic surgical teaching did not begin until the middle of the eighteenth century, and it was not until then that the civil surgeon attained any recognised position. The rise of the medical schools at the end of this century gave him a position and a means of subsistence, but at first he inclined towards the side of general practice, and until quite recently a surgeon would attend a case of measles or scarlet fever as readily as he would undertake an operation. The introduction of antiseptic surgery led to an increase in the number of operations and consequently to increased specialisation. The London surgeon then confined himself to his own work, but at the same time he continued to teach, partly because it kept him cognisant of what was being done in his profession, partly because it was a means of bringing him into contact with those who might afterwards need his advice. There is some evidence to show that the process of evolution is not complete. It seems probable that the surgeon will not much longer occupy a dual position, for he will have to choose between a whole-time appointment as a teacher in charge of a charitable institution and a consulting surgeon who conducts his affairs on purely business lines. I do not know whether such a division is in the best interests of the community; personally, I think it is not. One or two men in each generation will stand out above their fellow surgeons, but the tendency will be towards a deterioration rather than an advance.

The Chronicles of Christopher.

No. IX.—On Dressers.

RICHARDSON, who was doing H.S. at "the Met." came in to dinner one evening, and expressed very freely his opinion of the difficulty of his job in comparison with ours. His chief grumble, it appeared, was the absence of helots in the shape of dressers "to do the dirty work." But Sinclair was on duty, West-Muir had just been up before the Governors for something his dresser ought to have done, and I had enjoyed a similar experience on account of something my dresser ought not to have done; so between the three of us we pretty soon persuaded Richardson that dressers, as he himself put it, were not an unmixed blessing.

To speak paradoxically, my first experience of dressers was to have none at all. April 1st came, and I had to go on duty without a dresser of any description. And well I remember that first morning, particularly when a frantic telephone message came from Sister Holborn to Mr. Chesterton "to please send up some of his dressers to do the dressings." I could not avoid the malicious question in reply, "How many would she like?" But she was proof against sarcasm.

That first fortnight was pretty awful, but on the fifteenth day two dressers arrived. One informed me that he had just returned from a holiday—his ratio I subsequently discovered to be three days' work and fourteen days' rest. The other appeared to have taken the fortnight to find his way to the Surgery. In a very short time I was led to the conclusion that fourteen days was a very moderate estimate of his latent period.

It took me three weeks to teach that second dresser why there were five different colours of papers in the Surgery; the distinctive uses of "ordinary" and "casualty" papers I never brought home to him. And as soon as he had mastered this colossal fact he utilised it with much cunning to deal out to duty patients papers of every colour except ours. I need not describe the howl of execration at our firm throughout the Surgery.

Yet with only two dressers we were a marvellous firm; our polyglotism was astounding. Between us we could speak or understand English, French, German, Italian, Spanish, Russian, Hebrew, Yiddish, American, and Czech. Lorenzo, the cunning dresser to whom I have alluded, had great artistic ability, and was said to be a genius at lots of things; but in medicine he was painfully slow. I was on duty one afternoon, and Lorenzo tramped up three flights of stairs to inform me that "dere vos a boy in de Surgery who had a stone trown at him" (he was the best linguist of us all, but English was his weak suit). "Well," I asked, pertinently I thought, "did it hit him?" He solemnly turned and tramped down the three flights of stairs and up again. "He says it hit him." "Where did it hit him?" seemed the inevitable query, but I saved time and went downstairs.

I well remember one big dresser I had, the laziest and strongest I ever knew. One day I contemplated a "plaster" in the Surgery and thus soliloquised, knowing he was well within ear-shot. "Nice job for somebody, a good hour's grind." Harlneck (that was his name) criticised the time—"An hour? why, I could do it in ten minutes." And he did! After that I would stimulate him to remove plasters by encouraging him to put up a new record. It was indeed a spectacle to watch him remove a plaster spinal-jacket in twelve minutes. He disdained implements and ripped it off with the good hands with which Nature had provided him. But even the conquest of records palls after a time, and Harlneck got sick of it. I eventually found him advising patients with fractured femurs, returning from their country residence near Swanley, to soak off the plaster in a hot bath, and walk up to the Hospital the next morning to show us the result. In this way we established quite a reputation throughout the Hospital for progressive methods of treatment; and the senior members of our firm got plenty of practice in wiring and plating.

There was one three months when I lived perpetually on the edge of a precipice. My dressers would keep patients with chronic hydroceles they had had for fourteen years waiting hours in the Surgery to show me; but I had only to turn my back for five minutes and they would fire out the most acute things or horrible compound fractures of the arm hastily splinted, and with instructions to come up in a fortnight. I had hourly visits to the dispensary, as the *C.C.C.* of my signature was easily forged, to explain prescriptions I could not even read; to hint that "Sandhurst mouth-wash" probably meant "Sanitas mouth-wash," and that minims were meant, not drachms, when tinct. nuc vomic. had been prescribed: but the climax was reached when one clever dresser, finding a patient with three dirty "old papers," comprising innumerable prescriptions, relieved him of them, tore them up, and despatched him to the dispensary with a nice clean paper bearing the single inscription, "Rep."

Yes, I've had dressers of all kinds. I once had seven dressers all falling over each other to work, and five at least were as good as house-surgeons; and, as I've already said, once I had no dressers at all. I've had dressers who *looked* young enough to be my sons and dressers who *were* old enough to be my father; dressers who would insist on calling me "sir," and who could not, even by violence, be deterred from taking off their hats to me in the square, and dressers who treated me as one man of the world treats another, and who would invite me to dine at their clubs; dressers who cringed to me, and dressers who patronised me, as—"I say, Chesterton, old chap, you might just explain all about auscultation and percussion when you've got three minutes to spare."

Yes, I've had every variety, and the most curious of them all was a dresser who never framed a sentence without including the word "practically," and who woke me at 3 a.m. with the request to go down and see a case, for "the man is awfully ill; I—er—think he's practically dead"

Good luck to you all, though, as Richardson put it, you are not unmixed blessings. Poetic justice will be meted out to some of you—for some of you will become house-surgeons.

Amateur Drama ic Club.

"NEW MEN AND OLD ACRES."

By TOM TAYLOR and AUGUSTUS DUBOURG.

Characters:

Marmaduke Vavasour, Esq. (*of Cleve Abbey*)	Mr. R. Sherman.
Samuel Brown (*a Liverpool Merchant*) ...	Mr. R. E. Barnsley.
Bertie Fitzurse	Mr. T. H. Just.
Mr. Bunter (*a self made man*)	Mr. M. Bates.
Berthold Blazenbalg (*a Mining Agent and Financier*)	Mr. K. J. A. Davis.
Secker (*Family Lawyer to the Vavasours*)	Mr. R. St. L. Brockman.
Gantry (*Butler at Cleve Abbey*)	Mr. E. A. B. Brock.
Turbit (*Clerk of the Works*)	Mr. H. S. Baker.
Montmorency (*Servant to Bunter*)	Mr. Brock.
Telegraph Messenger	Mr. G. N. Stathers.
Lady Matilda Vavasour	Mr. A. W. Stott.
Lilian Vavasour	Mr. T. S. Lukis.
Mrs. Bunter	Mr. G. T. Loughborough.
Fanny Bunter	Mr. H. S. C. Starkey.
Mrs. Brill (*Housekeeper at Cleve Abbey*) ...	Mr. R. G. Morgan.

Act I.—The Library of Cleve Abbey.
Act II.—Croquet Lawn in the Ruins of Cleve Abbey.
Act III.—At the Seat of the Bunters, Beaumanor Park.
Stage Manager: Mr. T. S. Lukis.
Assistant Stage Manager: Mr. G. N. Stathers.
Hon. Sec.: Mr. R. Sherman.
Prompter: Mr. F. A. Roper.

THIS year the Amateur Dramatic Club returned to their old habitat, the Great Hall, and their old custom of having all the parts played by men. There can be no doubt of the popularity of this reversion to the former plan, and its success was largely due to the excellent way in which the feminine characters were acted.

At the Christmas Entertainment it is emphatically not the case that the play's the thing, but the players. This is as well, for "New Men and Old Acres" is old-fashioned in technique and lacking in incidents on the stage, so that it is not easy for amateurs to shine in it. All the more credit therefore to the Club that the level of acting was one of the highest we remember.

The part of Samuel Brown did not give scope for Mr. Barnsley's characteristic humour, but he performed it with great success. His love-making was most convincing. Mr. Sherman did full justice to the part of Marmaduke Vavasour. Mr. Just succeeded admirably in the difficult task of making a fool of himself. Mr. Davis supplied the element of low comedy as Berthold Blazenbalg, with a touch of exaggeration which made it all the more amusing. In smaller parts Mr. Brockman, Mr. Brock, Mr. Baker, Mr. Stathers, Mr. Loughborough, and Mr. Morgan were all most successful.

Mr. Bates as Bunter the self-made man was quite a surprise. We are informed that it was his first appearance on any boards. If that is so our surprise deepens, for it has seldom been our good fortune to see a more finished character study portrayed by an amateur. Mr. Stott was so good as Lady Matilda Vavasour that it sounds ungracious to suggest that he must guard against a somewhat monotonous delivery. His gowns and his elegant figure excited much admiration. Mr. Starkey as Fanny Bunter, the intense maiden with high ideals and an undercurrent of guile, realised to the full the possibilities of the part. A special word of praise must be given to Mr. Lukis as Lilian Vavasour. In addition to making one of the prettiest girls we have seen played by a man, he acted throughout with sympathy and charm. His grief at the idea of parting from the old home was quite touching. When we remember that the responsible duties of stage manager fell upon him as well, the success of the evening must in a double sense be largely attributed to him. Mr. Roper as the prompter apparently had a light task, or else worked very unobtrusively, an excellent thing in prompters.

W. L. B.

* *

In Act I, Mr. Lukis wore a tailor-made skirt with white shirt and collar and tie. Mr. Stott looked stately in a morning costume of reseda-green skirt, with white muslin blouse and chatelaine. Mr. Starkey wore a bewitching dress of Rose du Barry with an overskirt of white lace and a large picture hat *en suite*.

In Act II, Mr. Lukis wore a charmingly girlish muslin frock with a large pink sash. Mr. Stott was attired in an elegant black satin charmeuse costume draped in ninon de soie. Mr. Starkey looked even more attractive than in Act I in a beautiful butcher-blue linen frock with white-awn Peter-Pan collar and cuffs.

In Act III, Mr. Lukis was seen at his best in a short-waisted blue satin frock self-embroidered with white lace yoke and undersleeves. He wore a large picture hat with a plume of white feathers, and a chiffon scarf draped round the shoulders. Mr. Stott wore a very charming black satin coat with lining and revers of Nattier blue, and a large black picture hat with lancar plume.

The Clubs.

ASSOCIATION FOOTBALL CLUB.

LONDON UNIVERSITY ASSOCIATION FOOTBALL CUP.

ST. BART.'S (HOLDERS) *v.* LONDON DAY TRAINING.

This match was played at Winchmore Hill on Friday, December 15th, 1910, before a small crowd of spectators. The ground was in a soft condition and in consequence the ball was difficult to control. St. Bart.'s kicked off, opposing the pavilion goal. At first the play was towards the visitors' end, and after about twenty minutes' play Waugh scored with a good shot. After this the visitors pressed, most danger coming from their right wing. The ball was very slippery, and Butcher gave away two rather soft goals before the whistle blew for half-time.

During the second half the play was of a ding-dong character, and although the Hospital defence held out, the forwards lacked the extra dash which would have turned some good movements to account. When the final whistle blew the score was still 2 goals to 1 in favour of our opponents.

In reviewing the game, it must be admitted that this defeat was unexpected, and came as a disappointment. However, on the day's play the Hospital deserved to lose, and if the Hospital Cup is to be retained, the team will have to display more keenness. Butcher in goal was particularly weak. Team:

V. H. Butcher (goal); H. Rimington and J. W. Stretton (backs); P. A. With, G. L. Dyas, and C. R. Taylor (halves); W. P. Wippell, G. D. Jameson, A. J. Waugh, K. D. Atteridge, and W. S. Soden (forwards).

THE HOSPITAL *v.* BARNET OLD ELIZABETHIANS.

Played on the home ground on Saturday, January 20th. The Hospital were poorly represented, owing to the United Hospitals' match *v.* Oxford University. The ground was in a terrible condition and in consequence accurate play was impossible. The visitors won the toss and elected to play towards the pavilion goal. The Hospital scored when the game was five minutes old, Jameson beating the goal-keeper with a good shot. A few minutes later the Elizabethians scored from a free-kick; it was a shot Butcher might have saved if he had been quicker off the mark.

The Hospital from now until half-time were always on the aggressive, and after clever work by Jameson, Cole had no difficulty in scoring. The visitors equalised shortly afterwards in a breakaway, Butcher again being at fault.

The second half saw Bart.'s with the greater part of the game, but the attack lacked finish. It was some twenty minutes from time when Jameson added a third goal, which was followed shortly after by another to the visitors, a misunderstanding in the back division resulting in a very soft goal. Jameson scored twice again before the end, but on each occasion the goal was disallowed. The game thus ended in a draw. The team was moderate, but Jameson was quite at his best. Cowper was slow at times. Dingley was good, and Maingot at outside right was brilliant at times. Team:

V. H. Butcher (goal); E. G. Dingley, J. S. Soutter (backs); E. M. Grace, C. R. Taylor, C. G. Cowper (halves); N. R. Dickinson, W. S. Soden, P. C. Cole, G. D. Jameson, R. H. Maingot (forwards).

Reviews.

SURGICAL TABLES. By MAURICE C. ANDERSON. (Edinburgh: William Bryce.) Price 1s. 6d. net.

A conscientious attempt to condense all essentials for examination purposes to the shortest possible limits. It will probably be of service for students who are revising. The author's addition of signs, which show that the section treated was asked as a question in the examination at Edinburgh University or the Royal Colleges, is a good one.

APPENDICITIS: WHEN SHOULD ONE OPERATE? By Dr. JULIUS BAUMGÄRTNER, Geheimer Medizinatrat. Translated from the second German edition by AMY H. HANDER, formerly member of the School Board for Wolverhampton. (London: T. Fisher Unwin.)

Without doubting the value of the monograph of so distinguished an author, we certainly question the opinion of the translator that it should be read by all thinking parents and teachers. We do not feel that the great happiness hoped for the distinguished surgeon who has written it is likely to be realised—that its wider circulation may be the means of saving many valuable lives. There is no necessity to put into the hands of the laity a treatise on the anatomy and pathology of the appendix to bring home to them the dangers of appendicitis. Surely no sensible person ("thinking parent and teacher") needs any such instruction to persuade him as to the advisableness of calling in

a medical man in any case with abdominal symptoms, and to leave to him the decision whether the sufferer has appendicitis, and, if so, what treatment is required.

ESSENTIALS OF SURFACE ANATOMY. By CHAS. R. WHITAKER, F.R.C.S (Edin.), Senior Demonstrator of Anatomy, Surgeons' Hall, Edinburgh. Second edition. Revised and enlarged. (London: J. & A. Churchill.) Price 3*s.* 6*d.* net.

This work may certainly be described as "Essential-," in that the details are cut down to the irreducible minimum. It is doubtless desirable that works on surface anatomy should be devoid of mere padding, but this does not mean that the attempt should be carried past the extreme. In this work insufficient diagrams are given; the details of many which are supplied are scanty, and of the twenty illustrations, three (Nos. 9, 19, 20) are quite out of place in a book on surface anatomy.

An even graver indictment is that some of the diagrams are misleading. In Fig. 6 ("Bony Landmarks of Cranium") MacEwen's suprameatal triangle is drawn absurdly large. In Fig. 5 the external jugular vein appears to start at the lobe of the ear instead of at the angle of the jaw; the phrenic nerve evidently passes behind the supra-sternal notch, and the carotid sheath and contents also pass up from the same notch or even from the other side of the middle line.

The author uses Chiene's method of cranio-cerebral topography, which, however accurate from an anatomical point of view, is utterly useless clinically, and it is the clinical application of surface anatomy which justifies the *raison d'être* of a book of this kind.

Thus on p. 19 the surface marking for the anterior branch of the middle meningeal artery is given as "the lower two-thirds of MN" (N being a point obtained by bisecting a line between two other points).

MINOR SURGERY. By LEONARD A. BIDWELL, F.R.C.S. London: University of London Press. (Messrs. Hodder & Stoughton and Mr. Henry Frowde.) Price 6*s.* net.

In this little work we have to welcome the inauguration of a new series of "London Practitioners' Manuals" under the auspices of the University of London Press, and bound—if our memory serves us—in the attractive colours of the Athletic Union of the University.

This series bids fair to be most useful, and, it may be added, ornamental. The present volume is termed *Minor Surgery*, but this constitutes a distinction which is often questionable, as many an eminent surgeon deprecates the adjective "minor" in application to most of the operative treatment included.

For ourselves we are inclined to quarrel with the advisableness of the general practitioner performing such plastic operations as hare-lip and webbed-fingers.

The book is thoroughly to be recommended. Parts of it, more especially the first two chapters, are too elementary, but the rest is excellent. After-treatment of operations and the preparations to be made in a private house for an operation are particularly well done. It is an admirable forerunner of what we feel sure will be a well-appreciated series.

ANÆSTHESIA AND ANALGESIA. By J. D. MORTIMER, M.B., F.R.C.S., London: University of London Press. (Messrs. Hodder & Stoughton and Mr. Henry Frowde.) Price 6*s.* net.

This is uniform with the work which has just been considered (*Minor Surgery*) and the two are at present the only ones published of the new series. Three others are in preparation, and we look forward to seeing them if they are of equal excellence. Every effort has evidently been made to avoid all matter of theoretical interest only and all information is clearly and concisely expressed.

The final chapter was a happy thought. It deals with the medico-legal position of the anæsthetist and includes the "Coroner's Catechism," with references and valuable comments.

The final words are to the effect that no one should engage in this or any kind of practice without becoming a member of the Medical Defence Union or the London and Counties' Medical Protection Society, a piece of advice which we enthusiastically endorse.

DENTAL ANÆSTHETICS. By WILFRED E. ALDERSON, M.D. (Durh.). With a Contribution on Analgesia by JOHN BOLAM, L.D.S. (Edin.). (John Wright and Sons, Ltd., Bristol.) 3*s.* net.

A good little treatise on anæsthetics in general with special reference to uses in dental surgery. The chapter on analgesia is complete, although it will probably not appeal to readers in this hospital where there is no dental school.

A HAND-BOOK OF PHYSICS AND CHEMISTRY. By H. E. CORBIN and A. M. STEWART. Pp. vii; + 519. Fourth edition. (J. & A. Churchill, 1911.) Price 7*s.* 6*d.* net.

The third edition of this work was reviewed in the JOURNAL for May, 1908.

In its present form the volume covers the extended syllabus of work required for the first examination of the Royal Colleges. Additional articles on Hydrostatics, Polarisation of Light and Röntgen Rays in the Physics Section, and several paragraphs in the Chemical Section have been included in this edition.

A MANUAL OF PHYSICS FOR MEDICAL STUDENTS. By H. C. H. CANDY. Pp. viii + 384. (Cassell & Co., 1911.) Price 6*s.* net.

This volume is an expansion of the *Elements of Physics for Medical Students* by the late F. J. M. Page, which was reviewed in these columns in May, 1908.

The defects pointed out in the original work have been remedied, but we notice some slight errors, *e.g.* Attwood's Machine for Atwood's Machine in the heading to Chapter II, and $\frac{1}{105}$ should be $\frac{1}{106}$ on p. 4.

The value of the book has been greatly enhanced by the inclusion of fresh articles and the re-writing of some of the old ones.

HEART SOUNDS AND MURMURS, THEIR CAUSE AND RECOGNITION. By E. M. BROCKBANK, M.D., F.R.C.P. (Senior Hon. Assistant Physician, Royal Infirmary, Manchester). (London: H. K. Lewis.) Price 2*s.* 6*d.* net.

This is an admirable little book. It begins with the simplest fundamental details, and explains fully the cause and variation in the normal sounds of the heart. Intra-cardial murmurs are then dealt with from a pathological and a clinical standpoint, and a final chapter treats exocardial sounds. The book is easily and quickly read, and particularly to the student just beginning clinical work it should be very valuable.

AIDS TO PRACTICAL PHARMACY FOR MEDICAL STUDENTS. By A. CAMPBELL STARK. Second edition. (London: Baillière, Tindall & Cox.) Price 2*s.* 6*d.* net (paper 2*s.*).

Although there is a tendency to disparage the acquirement of knowledge by such concentrated works as the "Aid" series there can be no doubt of their popularity, and in this particular instance we do not think that anybody would quarrel with the *raison d'être* of a work which compactly includes everything on the subject required for the Examinations in Practical Pharmacy and Materia Medica of the Conjoint Board. It is useful, moreover, in general work outside examinations.

DISEASES OF THE EYE. By CHAS. H. HAY, M.D. (New York), and CLAUD WORTH, F.R.C.S. (Eng.) Third edition. (London: Baillière, Tindall & Cox.) Price 10*s.* 6*d.* net.

Really one wonders where the tendency to elaborate modern medical text-books will end. Here we have a book of 427 pages on art paper in excellent printing, and including no fewer than 336 illustrations, of which actually 71 are coloured. And yet such a work is sold at 10*s.* 6*d.*, which can surely leave an absurdly small return to the authors unless they are actuated solely by philanthropic motives, and are sufficiently rewarded by the expression of appreciation.

Evidently neither trouble nor expense has been spared to make the book a comprehensive manual for the student and general practitioner.

Photographs from life illustrate the exact methods in such fundamental processes as eversion of the lids, testing the tension, and using the ophthalmoscope, etc.; photographs and diagrams show details in the stages of ophthalmic operations and the naked-eye appearances of, so far as we can see, every pathological condition. In this connection we must speak with unstinted admiration of the coloured illustrations; the artist has been remarkably successful in depicting a life-like appearance, and he has been faithfully served by his block-maker. An excellent scheme of including side by side the naked-eye and ophthalmoscopic appearances of each morbid condition deserves special praise, and we must particularly commend the care with which such illustrations are inserted to correspond exactly with the text, so obviating the frequent turning backwards and forwards of pages, which is always irritating, but which is so frequently required in text-books.

In this edition the application of vaccine-therapy in ophthalmic practice is treated by Mr. S. H. Browning, Bacteriologist to the Royal London Ophthalmic Hospital. This chapter is written in a simple but capable style, and we are quite in accord with most of the views expressed by the author. We have certainly seen some remarkable results follow the use of gonococcal vaccines; on the other hand we have seen cases in which not the slightest benefit followed this treatment, and our experience of vaccines in staphylococcal infections of the lids has evidently not been as satisfactory as that of the author.

Although there are nowadays a large multiplication of ophthalmic text-books, we have not the slightest hesitation in recommending this one as a first-class investment. Its most commendable feature in our eyes is the care which has been extended in illustrating all those details which are always so much clearer than innumerable pages of letter-press. Once again the inevitable *undine* is figured, but its inclusion is saved from our usual condemnation by the companion figure, which shows the method of using it.

OUTLINES OF BIOLOGY. By P. CHALMERS MITCHELL and G. P. MUDGE. (Methuen & Co.) Price 6*s.* net.

We welcome the new "Mitchell's Biology," which has been revised and supplemented by Mr. G. P. Mudge. "Mitchell" has always been a very good text-book, and its loss was felt at the beginning of the session when we found that the last edition was out of print. The present edition is undoubtedly one of the best books published on Elementary Biology, and should be found a boon to students entering on their year of medical studies (especially for the 1st Examination for the Conjoint Board). Many chapters have been supplemented and several new chapters added, and it now completely covers the ground for the "1st College." It will also prove a most useful book for students preparing for the examinations of the London and other Universities.

Correspondence.

THE TITLE OF DOCTOR.

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

DEAR SIR,—The disability under which holders of the Conjoint diplomas lie from not being allowed by etiquette to call themselves "doctor" has been fairly thoroughly discussed, but I wonder if it has ever occurred to you that the question has an almost ludicrous aspect.

I have a considerable number of correspondents in the profession, very nearly all of whom are either M.D., F.R.C.P., or F.R.C.S.: in writing to me, almost without exception, they address me as "Doctor H."

They, of course, are addressed as "So-and-So, Esq., F.R.C.S., or M.D.," so that we come to this *reductio ad absurdum*: the only man who has *no* right, courtesy or other, to the title of "doctor," is the only one who is generally addressed in writing as such, and that by the members of the profession.

Can one wonder that the laity are still rather hazy on these points?

I may say that six years' residence in either a British colony or a foreign country has very considerably modified the views I held when first qualified on the propriety, or otherwise, of calling oneself, or allowing oneself to be called, "doctor": it is unnecessary to labour this point.

Apologising for so much use of the personal pronoun,

Yours, etc.,

COLIN S. HAWES.

SOUTHSEA,
January, 1912.

"INSTINCT AND CRIME."

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

DEAR SIR,—Mr. Tremble in his interesting article on "Instinct and Crime" raises many controversial points, and it is difficult to find a sufficiently comprehensive point of view from which to criticise it. The conclusion, however, is very definite and can scarcely pass unchallenged. Mr. Tremble argues that if his case has been fairly stated, "then one must go further and say that the extreme penalty of the law ought never to be indulged in." That capital punishment, in fact, should be abolished.

It is unnecessary to discuss murder committed in self-defence, which is homicide, or murder prompted by the pangs of hunger, which form of murder is indulged in by animals and is excused. There remain other incentives to murder, of which those associated with the sexual instinct, such as jealousy and revenge, are the strongest.

Mr. Tremble suggests that in all such cases the primitive instinct prompts the crime, the controlling "social instinct" being for the moment in abeyance. "The process of devolution has begun."

If this were so, one would expect the animals that have not reached the stage of evolution attained by man to perform those acts perpetrated by the man who has lost his recently acquired social instinct. Yet "animals can commit no murder."

Hence, if it is a primitive instinct that incites a man to murder, it is not an instinct common to the so-called lower animals.

No one will deny that a murder prompted by jealousy is prompted by a primitive instinct, for, of all instincts, that of sex is prepotent; it is the *sine quâ non* of existence.

We are forced, then, to the conclusion that murder may be prompted by a primitive instinct, and, since it is destructive of life and anti-social, the instinct is termed *perverted*.

It cannot be maintained that such murders are committed as the result of a natural primitive instinct dissolved from the inhibiting force of a social instinct. They are prompted by a perverted instinct, which, in its exercise, is anti-social; and it is left for society to realise the danger of such an instinct in its midst and terminate its existence.

Even if it is pleaded that a perverted instinct is a sign of insanity the case is unaltered. Everyone is agreed on the danger to society of the procreation of insane persons, and although there are few people of such sanity as to urge their all being consigned to a lethal chamber, we may as well take full advantage of the chance offered by those who commit a murder by handing them over to the hangman's care.

Now, if it is once allowed that a perverted instinct may instigate a man to commit a murder, we may hesitate to assume that an absence of control by the "social instinct" is the explanation of those murders whose motive less obviously rests on a primitive basis.

For example, a murder committed for the purpose of robbery may be explained as dependent on the primitive instinct—the instinct that prompts a dog to fight another for a bone. And the simile is more exact when the robber-murderer is a poor man faced with starvation. This will not, however, explain all such cases, and Mr. Tremble suggests a number of contributing factors, such as despair, disgrace, and fear of degradation, which exert so evil an influence on a previously normal mind as to deprive it temporarily of its highest feelings and instincts.

On the evolutionary argument the highest feelings and instincts of man are those most lately acquired, and the possession of which marks the difference between man and other animals.

It would be supposed, then, that as these were shed the white man would approximate to the black man, to the monkey, to the beasts of the field. Yet, as we descend this scale, the less common becomes robbery as the incentive of murder, and so far as we know it does not exist as such among animals.

The criminal type is not a devolution to an animal emotion, it is an evolution from it. A series of steps may be traced from the hungry dog who fights another for his bone, and having vanquished him, retires content with his bone, to the hungry man who knifes another for his gold, to the scoundrel who, with a nicety of wantonness, most civilised, just slits his victim's throat before departing.

The sexual instinct furnishes an even better example of the fact that crime depends on evolution, and not on devolution.

The association of love and pain in its lighter and normal forms is found amongst animals, as in the habits of snails or in the playful bites of dogs. But where in the animal kingdom are there found such examples of perverted instinct as are suggested by the names of Marquis de Sade and Sacher-Masoch?

Here, again, the plea of insanity is not justified, for although the former spent his last thirteen years in a lunatic asylum, he was certified as sane by one of the greatest experts of lunacy of that time, and was merely consigned to the asylum by Napoleon in revenge for a pamphlet which he (De Sade) had written.

Against this theory of the evolution of perverted instincts from normal instincts it may be argued that perversion and the crime to which it leads is most common amongst the class from which criminals are recruited, and that this class is relatively low on the evolutionary scale. This is sufficiently true if men of great intellect are included in the category. There is, however, no paradox in this.

Whether or not evolution has occurred is uncertain, but whether evolution is leading to something greater and nobler is more uncertain still. There is something simpler and more divine in the life of a protoplasmic unit than in all the effort and intricate aspiration of modern man.

Yours truly,
A. GEOFFREY EVANS.

January 3rd, 1912.

Army Medical Service.

Colonel T. M. Conker to be Surgeon-General (December 11th).

Colonel F. H. Treherne has been appointed Principal Medical Officer, Bangalore and Southern Brigades.

Colonel W. G. Bedford, on return from Hong-Kong, has taken over the duties of Principal Medical Officer, London District.

ROYAL ARMY MEDICAL CORPS.

Lieut.-Col. S. Westcott, C.M.G., on return from India, has been appointed to the charge of the Military Hospital at Edinburgh.

Captain M. G. Winder has embarked for Jamaica.

Appointments.

ALMOND, G. HELY-HUTCHINSON, M.R.C.S., L.R.C.P., M.B., B.Ch. (Oxon.), appointed Medical Officer to Monkton Coombe School, Bath.

CANDLER, A. L., M.B., B.S.(Lond.), appointed Assistant Medical Officer at Claybury Asylum, Woodford Bridge, Essex.

DINGLE, PERCIVAL A., M.R.C.S.(Eng.), L.R.C.P.(Lond.), appointed District Surgeon, Sandakan, British North Borneo.

PRICE, R. B., M.B., B.S.(Lond.), appointed House-surgeon to the London Lock Hospital and Rescue Home, 283, Harrow Road, W.

STOKER, E. J., M.R.C.S., L.R.C.P., appointed House-surgeon at Westminster Hospital.

STRAHAN, S. S., M.R.C.S., L.R.C.P., appointed Medical Officer to the Manila Railway Company.

WAYLEN, G. H., B.C., D.P.H.(Cantab.), appointed Assistant House-surgeon to the Sussex County Hospital, Brighton.

New Addresses.

ADDISON, W. B., St. Mary's, Isles of Scilly.
ALLNUTT, E. B., West London Hospital, Hammersmith Road, W.
BAISS, L. A., Harberton, Swanage, Dorset.
BLOXSOME, A. H., King's Lea, Rhos Road, Rhos-on-Sea, N. Wales.
BOTT, Capt. R. H., I.M.S., Medical College, Lahore.
BREWER, A. H., Junr., Combemartin, St. John's, Woking, Surrey.
BROWN, A. C., Allahabad, United Provinces, India.
CAMPBELL, E. K., 36, Tavistock Place, W.C.
CANDLER, A. L., Claybury Asylum, Woodford Bridge, Essex.
DOWN, A. R., Broadview, Tiverton, Devon.
ELLIS, W. G., Singapore, Straits Settlements.
FINIGAN, D. O'C., Bridge House, Fordingbridge, Hants.
FLINT, H. E., Ránághát Medical Mission, Nadya, Bengal.
FRANCIS, T. E., Town Hall, Llanelly, and Brynteg, Tyrfran, Llanelly.
GIFFARD, Lt.-Col. G. G., I.M.S., Egmore, Madras.
HAILSTONE, J., 21, Lansdowne Terrace, Cheltenham (till May, 1912) Entebbe, Uganda Protectorate (after May, 1912).
HANNE, J. J. A., 123, Summer Road, Edgbaston, Birmingham.
HEPBURN, M. L., 111, Harley Street, Cavendish Square, W.
HILL, J. P., 10, Finborough Road, Stowmarket, Suffolk.
JOHNSON, G. I., Johannesburg, Transvaal, S. Africa.
MILNER, S. W., Stamford, Lincs.
NALL, J. F., Kalinga, Ellesmere Road, Babbacombe Road, Torquay.
NORRIS, F. B., Langley Lodge, Langley Road, Surbiton.
PRICE, R. B., London Lock Hospital and Rescue Home, 283, Harrow Road, W.
ROWORTH, A. T., 4, New Brighton, Monkstown, Co. Dublin.
STORER, E. J., Westminster Hospital, W.
THOMPSON, A., Highlands, Newbury.
TRIPP, C. L. H., The Chestnuts, Staplegrove, Taunton.
WAYLEN, G. H., Sussex County Hospital, Brighton.

Births.

BURKE.—On December 11th, 1911, at Gurkha Recruiting Camp, Gorakhpur, India, the wife of Lieutenant G. T. Burke, I.M.S., of a daughter (Joan).

DUNN.—On the 28th December, 1911, at 5, Beaufort East, Bath, the wife of Dr. Newton Dunn, of a son.

GRIFFIN.—On January 21st, at 1, Pavilion Terrace, Scarborough, the wife of W. B. Griffin, F.R.C.S., of a son.

HUNT.—On January 19th, at 17, Carlisle Mansions, Westminster, the wife of E. Henderson Hunt, F.R.C.S., of Secunderabad, India, of a daughter.

Deaths.

BISS.—On January 20th, at 2, Melina Place, St. John's Wood, N.W., Cecil Yates Biss, M.D., F.R.C.P., late of 135, Harley Street, W., aged 66.

WICKSTEED.—On January 8th, F. W. S. Wicksteed, M.R.C.S., L.S.A., of 88, Regent's Park Road, Gloucester Gate, N.W.

Acknowledgments.

The Practitioner, Giornale della Reale Società Italiana d'Igiene, The Medical Review, The Hospital (2), *The Pacific Medical Journal, The Eagle, The British Journal of Nursing* (4), *The Nursing Times* (4), *The St. George's Hospital Gazette, The London Hospital Gazette, The Stethoscope, The Guy's Hospital Gazette* (2), *L'Echo Médical du Nord* (2), *The Middlesex Hospital Journal.*

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. XIX.—No. 6.] MARCH, 1912 [PRICE SIXPENCE.

St. Bartholomew's Hospital Journal.

MARCH 1st, 1912.

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

Calendar.

Fri.,	March	1.	—Dr. West and Mr. Bruce Clarke on duty. Hichen's Prize. Applications Luther Holden Scholarship to be sent in. Clinical Medicine. 12.45 p.m. Dr. Garrod.
Mon.,	,,	4.	—Special Lecture. 12.45 p.m. Dr. Fletcher.
Tues.	,,	5.	—Dr. Ormerod and Sir A. Bowlby on duty.
Wed.,	,,	6.	—Clinical Surgery. 12.45 p.m. Mr. Bruce Clarke.
Fri.,	,,	8.	—Dr. Herringham and Mr. Lockwood on duty. Clinical Medicine. 12.45 p.m. Dr. Tooth.
Mon.,	,,	11.	—Kirkes Scholarship and Gold Medal. Special Lecture. 12.45 p.m. Mr. West.
Tues.,	,,	12.	—Dr. Tooth and Mr. D'Arcy Power on duty. Harvey Prize. Junior Practical Anatomy.
Wed.,	,,	13.	—Senior Practical Anatomy. Clinical Surgery. 12.45 p.m. Mr. Bruce Clarke.
Thurs.,	,,	14.	—Senior Scholarship. Junior Scholarships.
Fri.,	,,	15.	—Dr. Garrod and Mr. Waring on duty. Clinical Medicine. 12.45 p.m. Dr. Herringham.
Mon.,	,,	18.	—Special Lecture. 12.45 p.m. Mr. Harmer. 2nd Examination for Med. Degrees (Lond.) Pt. II begins.
Tues.,	,,	19.	—Dr. West and Mr. Bruce Clarke on duty.
Thurs.,	,,	21.	—2nd Examination (London) Pt. I begins.
Fri.,	,,	22.	—Dr. Ormerod and Sir A. Bowlby on duty.
Tues.,	,,	26.	—Dr. Herringham and Mr. Lockwood on duty. 1st Examination Conjoint Board begins.
Wed.,	,,	27.	—Cambridge Lent Term ends.
Thurs.,	,,	28.	—2nd Examination Conjoint Board begins.
Fri.,	,,	29.	—Dr. Tooth and Mr. D'Arcy Power on duty.
Sat.,	,,	30.	—**Winter Session ends.** Essays for Wix and Bentley Prizes to be sent in.
Mon.,	April	1.	—2nd Examination Society of Apothecaries begins.
Tues.,	,,	2.	—Dr. Garrod and Mr. Waring on duty.
Wed.,	,,	3.	—Examination for D.P.H. (Cantab.) begins.
Fri.,	,,	5.	—**Good Friday.** Dr. West and Mr. Bruce Clarke on duty.

Editorial Notes.

IT would ill become a great London hospital to withhold its tiny mite of tribute from that which is being universally paid to a mighty mind. Lord Lister was, so far as we are aware, in no way intimately associated with St. Bartholomew's, but every hospital throughout the world where modern surgery is practised is a monument to his everlasting memory; no other panegyric than that is needed.

* * *

It is a very pleasant duty this month to congratulate Dr. Archibald Garrod on his election as physician to the Hospital, and equally to congratulate the Hospital and Medical School. The eminent son of an eminent father, Dr. Garrod is the third of his family to possess the Fellowship of the Royal Society, and his distinguished career is too well known to be described in these columns. We wish Dr. Garrod the best of health in his new appointment, which will surely bring the highest renown to St. Bartholomew's.

* * *

By the death of Sir Henry Butlin, not only this Hospital and the medical profession as a whole, but the world has sustained a loss. Sir Henry was one of the few English surgeons who could claim an international reputation, for his wisdom and skill in diseases of the larynx and of malignant disease generally were world-wide known.

Although he retired in 1903, he was happily far from unknown even to the present generation of St. Bartholomew's men. He had left behind him a remarkable reputation as a teacher, a lecturer and an operator, and in addition he preserved the warmest interest in his medical school. Frequently "Surgical Consultations" were dignified by his presence, and enhanced by his eloquent contribution to the discussions. In his capacity as a public speaker Sir Henry took an obvious and pardonable pride. For his Mid-Sessional Address before the Abernethian Society in January of last year he selected "Public Speaking" as his subject,

and, if we remember, divided speakers into orators, eloquent speakers, good speakers, and so on, placing himself in the third of these classes—an unnecessarily modest "pass," as nobody who ever heard Sir Henry speak will need reminding.

Sir Henry was only sixty-six years of age, and it is cause for deep regret that the exertions of a most exacting life should have robbed the profession of one of its brightest ornaments at this comparatively early age.

Memorial services were held at St. Andrew's, Wells Street, and at St. Bartholomew's the Less, on January 29th. Sir Henry's remains were cremated two days previously at Golder's Green. A wreath was sent by a number of Sir Henry Butlin's old pupils. So many contributions were sent for this purpose that all could not be used and the surplus was added to the Hospital poor-box.

We are greatly indebted to Mr. Lockwood, his pupil, colleague and friend, for the sympathetic tribute we are enabled to include in this number. We beg, on behalf of the Hospital, Bart.'s men, present and past, to tender our respectful condolence to Lady Butlin and her children.

* * *

Although the financial condition of the Hospital has for some time past been a source of much anxiety to the Governors, it is only recently that the state of affairs has been made public. It appears that for the last five years the annual deficiency has averaged £7500, and that debts amounting to £57,360 have been incurred.

We are in a different position from most of the other great hospitals in being what is known as an endowed hospital, able until a few years ago to subsist entirely upon our own revenues without resort or appeal to public subscriptions. In order to meet the much-needed extension in 1902 stock was sold and a loan raised, resulting in a decrease of our income by £9000, and we have had to appeal to the public whilst labouring under the inestimably great disadvantage of a reputation for possessing colossal wealth.

Unless the deficit is promptly met we are faced with the prospect of having to close the whole of the South Block, with its 200 beds, with an accompanying reduction of the staff. Such an occurrence we can only describe as a national calamity, and it seems inconceivable that the oldest Hospital in the Kingdom, with the most glorious traditions, should be compelled to such a course. We understand that the Governors propose to make an urgent appeal to the City of London and the public generally, and that the claims and needs of the great City Hospital will be advanced at a dinner to be held at the Mansion House. An appeal will also be made to old students, and we have no doubt that the loyalty and affection of some four thousand old Bart.'s men scattered all over the world will strengthen the Hospital's position and prevent such a catastrophe as curtailing its efficiency and progress. In this connection we desire to call particular attention to the letter from Mr. Hayes which appears in our correspondence columns.

Mr. McAdam Eccles has recently contributed to the *Times* a letter which embodies his impressions upon the Insurance Act, drawn from a visit to Berlin, where he had an opportunity of observing the working of the German Insurance scheme in relation to the hospitals and to medical education.

The essence of Mr. Eccles's conclusions is that in voluntary hospitals, with the laudable idea of the rich helping the poor, such as we pride ourselves on in this country, the humanitarian side is seen at its highest; and a cordial relationship is established between student and patient which results in the evolution of the well-trained, humane G.P. for which the British medical profession is so famous.

In Mr. Eccles's opinion this advantage will be jeopardised under the working of the Insurance Act. In State-subsidised hospitals, as he has observed in Germany, there may be the highest medical efficiency; but just as charity is absent, so far as the financial resources of the hospitals are concerned, so is charity apparently absent in the attitude of the medical staff towards the suffering poor.

* * *

We have to announce that a Pensionership has been founded at the Epsom Medical College in memory of the late Sir Thomas Smith, Bart., K.C.V.O., with the provision that a candidate approved by the Council of Epsom College who is an old Bart.'s man, or the widow of such, will receive special consideration.

* * *

The question "What is insanity?" is one which at all times exercises equally the minds of the medical profession and of the laity. To the latter it must often appear ridiculous that even recognised authorities have no established criteria; but the absurdity of the paradox that one doctor will aver on oath that a certain person is insane, whilst another with equal conviction declares he is not, is not with the disputants but with their critics, explained Dr. Claye Shaw in a lecture entitled "The Mental Processes in Sanity and Insanity," delivered at the Medical Graduates' College and Polyclinic. "These critics do not see that a number, say nine, may be arrived at by two constructive processes, either by the multiplication of three by three or the addition of four to five; or that it may be similarly obtained by a destructive process, *e.g.* the lessening of eleven by two."

We speak in colloquial phraseology of a man "having a screw loose somewhere." Are we actually to conclude that the acts of an insane man are due to a fault in his cerebral machinery? Dr. Claye Shaw, in the course of his lecture, adopted this parallel, and in the development of it elucidated many mysteries and pointed out the limitations of comprehension even to the cognoscenti. The only difference between the sane and insane, he said, is that the latter has lost his brake power and the cerebral machinery is helpless, either because the driver is incapacitated, or else the brake itself will not act upon the structures it can no longer control.

To continue the parallel in a slightly different way, the sane and insane processes have different starting points, although they use the same rails, and the only clue to what is going on in the mind of the insane person is to be found by following up his speech and action until we arrive at the ultimate state which alone causes them. The mistake popularly made is to centre oneself upon the manifestations which set up so much alarm but which are really nothing but danger-signals. We have to decide whether the prime cause which started the process was unavoidable from the construction of the machinery or was deliberately brought about by the controller of the mechanism. That is Dr. Claye Shaw's description of insanity on a physical basis.

* * *

Women, says the cynic, are all alike in this, that they are all different. But the scientist sets the cynic at defiance; he regards woman as the conservative type in nature and so propounds generalisations. We well remember Dr. Claye Shaw's paper on the psychology of woman and the enviable stir which its publication aroused.

To this number of the JOURNAL he contributes an article on a subject which we believe has never yet received full consideration. Yet it is an aspect of the sex question to which the attention of any man, even the least observant, must frequently have been directed.

Even though our own experience is but of the slenderest we do not hesitate to express an opinion upon the reasons influencing women to sartorial peculiarities which show their eagerness equally for the dance and pneumonia. *Pace* Dr. Claye Shaw (and with the aforesaid reservation regarding our experience, or rather the want of it) we are of opinion that their more liberal covering of adipose tissue does come into consideration, and we cannot agree that it is the thinnest and skimpiest of their sex who appear to be the most indifferent to cold. We are not convinced that the love of "draughty" clothes is not based upon the *il faut souffrir pour être belle* principle. In relegating their habit to the sphere of attractiveness we speak with no disparagement; the action has become an instinct, an instinct which is so firmly rooted in the sex that it is displayed even in little baby girls.

Woman, says Schopenhauer, lives more in the present than does man; so fear of the consequences of her sartorial ventures may not weigh so heavily with her as with mere man, who cannot blind himself to what he regards as inevitable—pneumonia and rheumatism.

* * *

That Betsy Prig received her training at the most famous hospital in the world is a certainty which admits of no contradiction. Sairey, the one and only Sairey Gamp, has been claimed by Guy's upon evidence which, although mainly indirect, is reasonably strong. Further, since Sairey was "at home" with her colleague at the Doré Gallery on February 7th, we paid her a visit and learned from her own lips that "she was never at St. Bartholomew's."

And there we observed the scorn with which she regarded her modern representatives and welcomed her contemporaries, stimulated thereto from time to time by a magnificent Madame Mantalini. Alas! there was no Mr. Mantalini, who had doubtless found it too dem'd inconvenient, as the old lady said to the enthusiastic house-surgeon who had put up both her legs in plaster. In fact, the Dickens' males had responded very feebly to Sairey's and Betsy's warm invitation. A handsome Sidney Carton hobnobbed with an Artful Dodger of rather more villainous than artful mien (though he *was* artful enough to take the first prize for his costume) out of the sight of a Public Prosecutor who clearly had his eye on two daring Cheeryble "Brothers." But where was "Jack Hopkins of St. Bartholomew's," wearing his black velvet waistcoat with thunder and lightning buttons, and a blue striped shirt with a false collar (he was obviously "one of the nuts" of his period)? Where were Mr. Pickwick, Scrooge, The Fat Boy? All of these could have been impersonated to the life.

* * *

But the heroines! They were all there. Pretty sabotted Frenchwomen far from desirous of howling at Sidney Carton, three Dolly Vardons, Mrs. Gummidge and Mrs. Bardell, Lucie Manette, Dora Copperfield, Little Nell, Florence Dombey, Peggotty and Betsy Trotwood, The Marchioness, Mary (looking wistfully for her Sam Weller), and—creating sensation on sensation—the four Miss Kenwigses, with their youthful mamma; *mater pulchra, filiæ pulchriores*, if possible. We lost our programme, our cloak-room ticket, and finally the shattered remains of what was once a heart before we left, so it is just as well for susceptible mankind that these Early Victorian costumes are not seen in the wards and the theatres. We wonder how there could have been any bachelors at all in those days.

* * *

Dr. Eric Marshall must have been indeed gratified with the audience which greeted him at his lecture "Among Pigmies and Unknown Races in New Guinea." Many members of the staff were present and the Great Hall was filled to overflowing. Bart.'s is obviously proud of being identified with a man who has trodden regions hitherto unknown.

We have now followed Dr. Marshall farthest south among the icebergs and we have accompanied him among the swamps and pestilences of what appears to be a land rather more romantic at a distance than in close proximity. Really we wonder whither he will take us next.

In this lecture Dr. Marshall very wisely refrained from any lengthy description of the biological details of the expedition, but dealt with the lighter side and most amusingly of all with the habits and customs of the natives.

Thus we learned of the convenient methods of giving and taking in marriage. We understand now the market value of cutlery in New Guinea, and we can compare and contrast the relative value of your own and somebody else's wife with your own canoe or that of your father-in-law.

We are now quite *au fait* with the local equivalent of "widow's weeds"—weeds, literally and figuratively.

For the first time we really comprehend the power of literature—who would ever have thought of applying the sheets of the *Daily Mail* in the service of a *coryphée* in the *corps de ballet?* Incidentally, we wonder to what elevated (or base) uses the JOURNAL has been subjected.

We should, however, have been able to do more justice to Dr. Marshall's lecture if one of the New Guinea customs mentioned early in the evening had not appealed to us with irresistible force, and to which our thoughts continued to stray throughout the rest of the evening. Dr. Marshall's description of the ceremony of initiating young males into full manhood reminded us grimly of some of our recent experiences in the performance of Killian's operation for submucous resection of the nasal septum. Perhaps his New Guinea islanders were the sort of subjects we ought to have started on.

* * *

A friendly hostile audience, if we may use such a paradox, appreciated Mr. Baynes's extremely clever paper on "Some Possibilities of Hypnotism" before the Abernethian Society: they appreciated it to the extent of bombarding him with such volleys of questions that he took rather longer to answer his critics than he occupied in his original treatise.

It is, however, not surprising that much of the criticism was due to misconception, and perhaps also to an established prejudice in the minds of those alarmed to realise that the mysterious art of anæsthetisation might be superseded by the arrival of a telegram. Nor were other members of the audience quite sure to what extent other features of their craft might be represented in the future by suggestion, and they could not believe because they did not want to believe.

On the whole we think Mr. Baynes made a mistake in crediting his audience with too complete a knowledge of the fundamentals of the principle he was advocating, and great tribute must be paid to his patience and to his own clear understanding of the subject for the satisfactory manner in which he disposed of his cross-examiners. His plea for hypnotism amounted to this: If you treat the liver and kidney by chemicals in which they traffic, why not treat the disorders of the brain by ideas? He disclaimed unhesitatingly all the orthodox objections to hypnotism—the possibility of hypnotising people against their will, the injurious after-effects, both physical and mental. The whole process consisted, he said, in stimulating the will of the individual, and during hypnosis the subject showed a keener sense of right and wrong than was manifested during the waking state.

He hoped, he said, to see established in all big hospitals a department of psychical treatment; and just as our special departments are necessarily in the charge of specialists, so he thought this special form of treatment ought to be entirely the province of the expert.

With this number of the JOURNAL we complete our year of office as Editor. We desire to express our grateful thanks to all those who have generously given their services on the JOURNAL's behalf, particularly to Mr. Starkey, our Assistant-Editor; to Mr. Sargent, the resources of whose great experience have always been open to us; and to Mr. Etherington Smith, whom as Censor we rejoice to think we have troubled but seldom, but whose advice and discretion have been of inestimable value on the occasions when we have required them.

* * *

Editing a Journal is without doubt a liberal education; we have learnt the best and the worst of human nature. We have known what it is like to request an article and receive the MS. typewritten almost by return of post; and we have known what it is like to wait day after day for the contribution which *must* go in, and finally, on the eve of press, receive a farrago of illegible scrawl with the invitation to "lick it into shape" ourselves. We have known what it is like to taste the generosity of those whose every minute is gold in an unexpected prompt enthusiastic reply to a timid appeal; and we have known what it is like to write three, four, and even six letters to those who have only too much time on their hands, and to get no reply at all. (For the people who do not reply to letters we would devise a private and particular Hades which could give the original institution a long start and a beating.)

* * *

We cannot but regret that of all the good resolutions with which we started few have been realised; many in fact were stillborn. To a circle of readers whose kindly indulgence we have gratefully appreciated we offer our apologies for any shortcomings.

We retire with a hope tantamount to a conviction that in the hands of our successor, and of our successors, the JOURNAL will go from strength to strength. With genuine regret we realise that we are wielding the editorial pen for the last time; that when this number has safely issued forth we shall have five minutes' leisure to think, not about next month's JOURNAL, but about nothing at all; and that we must return to the obscurity whence we came to resume an individuality undignified by a plural nomenclature.

The Personal Equation in Temperature-Feelings.

By T. CLAYE SHAW.

IN studying the social psychology of the human race and the changes which from time to time occur in the relative status and aspirations of men and women, it becomes abundantly clear that an imperfect comprehension of the capabilities of either sex has had much to do with misunderstanding and under-rating possibilities of achievement. People talk of men's work and of women's work as if the limits of each were sharply defined, but everyday experience points to the fact that these are mutually interchangeable, and that usurpation of pursuit is largely due to accident and tyranny. Whatever it may ultimately do, psychology, for the present at any rate, rests upon anatomy and physiology, and a consideration of these ought to help us to the recognition of the delimitations which make complete vicariousness unlikely. Thus, the smaller musculature of women, though it is adequate for fine movements, cannot be compared with the more powerful system in men, and this accounts for the undoubted preponderance of men in what are essentially laborious occupations; but there appears to be ground for saying that women tolerate pain and privation better than men do, they have an average longer life, and there are certainly many more centenarian women than there are men. A friend of mine, who had attained his eightieth birthday, was congratulated by his gardener on the fact that he had become an "octogeranium"; but though to have extended the span of life ten years beyond the allotted time speaks volumes for moderation and sobriety of living, it is certain that one sees many more old women at work and pursuing a career of activity than men. Women see us into the world and they see us out of it, and though tradition has it that man was the first to enter upon an earthly career, it is more than probable that eventually woman will have her revenge—she will be the last to leave. I ventured once to lecture on the psychology of women, and was even tempted by a publisher to expand the lecture into a book, but I came to the conclusion that the time was not ripe for a treatise on the subject, and that, though we have a fair knowledge of the anatomy and physiology of the sex, there are yet many finer points to be settled which must have some bearing on the temperament and character. One of these is the question of sensibility to changes of temperature, and if it can be proved that a real difference does exist in this respect we shall have advanced a step nearer to the comprehension and toleration of some acts which otherwise are difficult to explain and may be occasionally uncomfortable. It is worth noting that women are generally credited with quicker perception and more acute receptivity of sensory processes than are men, and yet there is no doubt that they bear pain better and are more patient under suffering than men are, a result probably due to the fact that for thousands of years they have been a down-trodden and suppressed factor, which has had to protect itself by alertness to appreciate the numerous doubtful positions with which they were faced. This cultivated sensory and perceptive acuteness may reasonably be taken to explain the predominance of certain forms of occupation among women such as the exposition of occultism, for which there is now a considerable market, for thought-reading and for the imaginative disclosures of second-sight, etc. Witchcraft was essentially a woman's function. Physiologists, novelists, travellers, and even persons whose powers of observation have not been especially developed, are united in finding something mysterious in the extraordinary capacity of women to withstand, or even to ignore, degrees of cold registered by the thermometer at a time when men shiver and view with amazement their endurance. I have been so struck with this that I have thought that it might be of advantage to make some definite inquiries on the subject with the view of determining whether women do really possess any especial immunity in this direction, and if so, what is the meaning of it? It can be readily understood that if women are constitutionally more immune than men to changes of temperature they would show it by the disregard of special clothing in the ups and downs of the thermometer, by capacity for work in conditions which men find to be more or less unsuitable, or by their special fitness for the occupation of countries of extreme thermal variations. What do we find? It is no uncommon thing to see in the coldest and dampest weather frail and delicate women pace the thoroughfares in open-work stockings and clad in garments of the thinnest material; whilst at night they attend theatres, restaurants, and drawing-rooms in a state of skin exposure, which shows either a great insensibility to atmospheric surroundings, or a very determined intention to realise the finest conditions for obtaining fresh air. In the ball-room no sooner is the dance over than a rush is made by the female side of the temporary partnership for fresh air and the coolness of the garden; it matters not that snow is on the ground and the thermometer below freezing-point; out they must go, and the immunity with which they do it is surprising, whilst the reluctant partner, whose gallantry will not allow him to be left behind, has to face conditions which he inwardly resents and secretly vows not to subject himself to in future.

Owing probably to their abstention from tobacco-smoking and snuff-taking women are much more resistive than men to olfactory changes, hence their susceptibility to what they call "stuffiness," and it must be confessed that the eternal window question and the craze for fresh air in railway travelling has much to do with the splendid isolation of man in selecting a compartment where he can secure what are to him reasonable facilities for the journey, without the

drawback of sulky looks and physical discomfort. Few places are so cold and draughty as the stage of a theatre, but the way in which the slenderest excuse for clothing is tolerated can only be understood on the supposition that scanty garments have to be vicariously supplemented by extra agility. Up to now polar explorations have been confined to men, but it would not be surprising to hear that women, with their capacity for enduring privation and excessive changes of temperature, were contemplating expeditions to Arctic limits, which experience of their achievements in snow and glacier work has already demonstrated to be quite possible.

Women's power of endurance is not limited to the denizens of our own drawing-rooms and to the guardians of our own domesticities, for my friend Mr. Wyman Bury, the eastern traveller and explorer, says that in the Kaur (highland) mountains, situated about sixty miles from the coast in South Arabia and about 7000 feet in height, inhabited by the hill-tribes or early Joctan Arabs, there are four degrees of frost in the early mornings throughout the year, and here the female natives show great insensibility to cold and are very scantily dressed. Also among the Somalis—about 100 miles from Arabia—the women pay no heed to the cold, whilst the men shiver, stop up all the holes in the huts and cover their faces. Mr. Bury also says that among these people, whilst the men frequently die from pneumonia and phthisis, the women rarely do so; but no deduction can be drawn from this circumstance that can be applied to our women. For although the male rate of phthisis mortality has of late years exceeded the female rate in this country, the female rate is highest throughout the years when social dissipations are most indulged in. The process of exposure to cold is not apparently one of toughening. In presence of the general admission that women can withstand extremes of temperature better than men it has been suggested that there might be a difference in the relative frequency or number of the hot and cold skin-spots in men and women. To determine the truth of this I referred the matter to Dr. Henry Head, who has made especial observations on this subject; and I take the liberty of quoting his answer. Whilst stating that the facts (idiosyncrasy as to temperature-feelings) are undoubted, Dr. Head cannot give any data to strengthen the cases. He found, however, that women required water to be raised to a higher temperature before they experienced the unpleasant stinging sensation we call "hot"—and this accords with the familiar fact that nurses and washerwomen can wring out fomentations which are so hot as to be unendurable by others—but he did not know of any observations on the relative frequency or number of the heat-spots in the two sexes. Dr. Head adds that though many unmarried women complain bitterly of the cold, yet with complete and happy marriage the thyroid swells, and the same woman will show the characteristics mentioned—she will go about in open-work stockings and wear the thinnest clothes, and this change he regards as due to an internal secretion. Another suggestion made is that women are better supplied with adipose tissue than men, but against this is the fact that the most slim and the thinnest women are just those who seem most to revel in scant clothing.

Il faut souffrir pour être belle, and it is just possible that women may voluntarily undergo a considerable amount of discomfort in satisfying vanity—the feeling of going about in what is attractive. But however they may reduce their clothing so as to allow as little as possible to interfere with their graceful contour-lines, there are two articles which they will not dispense with, viz. corsets and high neck-wear, and both of these do, without doubt, protect very vital parts, and give a sense of support and comforting warmth. The London coster knows the value of keeping his neck warm, and the silk handkerchief folded once or twice round his throat has more meaning in it than being merely an economical device for preventing a large washing bill for collars. In order to arrive at a definite conclusion as to the susceptibility to changes of temperature of women of the working classes as compared with the men, I obtained categorical replies to some questions which I placed before two large employers of labour, one a distinguished baronet in a large cotton district, the other a medical friend in a country district, a man of wide experience and keen discernment. The former said that during the recent hot weather the female operators did not suffer more than the males, and that there were not more women off duty (owing to the heat) than men; also that when women and men worked together in hot rooms the former were not found to be more susceptible to heat than the latter; if anything the balance was in favour of the women. My medical friend's experience was not so favourable to the resistive powers of the women. He said that when women are employed in the fields (this is in the Cotswold district) they only seek work of a more or less stationary nature, requiring little walking. The women cannot (he continues) work so long in the fields, as there is little reaction of the skin, the latent energy is soon exhausted, and you will see them sitting in the hedgerows; thus they drink less, as the actual loss in the volume of blood is by no means so great as in man. The only women who do drink to any great extent are those whose work is in a hot, moist atmosphere, such as washing, cooking, etc., accounted for, of course, by the fact that they perspire more. It is an exceptional thing when going about the Cotswold villages in the winter months to see many of the female sex out of doors.

Women live at what we must, for want of a better expression, call a higher nerve-tension than men. They are more introspective, they dwell more on small details, and especially upon those which concern their personal influence and their relations with the other sex, and it is possible that the deep-rooted spirit of fascination guides them insensibly

to cultivate ideals which are attractive, even if really unsuitable and at times inconvenient. Our ideas about clothing to meet changes of temperature must require modifying after the experiences detailed by Dr. Marshall in his admirable lecture given at the Abernethian Society's meeting recently. Dr. Marshall actually wore less clothing than the average man wants here in the winter, and this in a temperature many degrees below zero. He found, too, that exposure to great cold does not make one get harder and harder, but that the explorer feels the cold more and more on successive expeditions. Surely then we must revise our ideas about furs and thick overcoats; they look nice enough, but are they advisable accessories when much exercise is taken? The bare-headed man without a top-coat and the woman with open-work stockings may be right after all.

The German poet, Bürger, wrote an exquisite little ballad to winter beginning—

"O Winter—schlimmer Winter!
Du machst die Welt so klein

* * *

Und geh' ich auch vorüber
Zu meiner Liebchen's Haus
So sieht sie bei dem Fenster,
Mit kleinen Äuglein aus."

And so it does! The world is smaller in winter, and so are human beings. The skin is contracted, the temperature lowered, the terminal circulation is less free, and there is a general internal congestion. Is this the provision made by nature? If not, where is the accommodation to environment? We do not apparently grow thicker skins, nor more hair, nor has it been shown that the skin is less sensitive. It seems as if we ought to accommodate ourselves to changes of weather by graduated clothing. But do we? Some do; others, either from choice or necessity, have much the same wardrobe all the year round. One would like to know more about the dress adaptations of the people in cold countries, in Finland and Lapland, and the arctic archipelago, among the Esquimaux, etc.; but there is nothing to be found on the subject in Humboldt, Hooker, Darwin, Shackleton, nor McClintock, nothing, that is, of any more than general description. Such clothing as people wear in this country is probably dictated more especially with regard to keeping off wet and damp than cold and heat. Men especially use topcoats and other contrivances for fending off wet and damp which they cast off in cold weather when they are able to get exercise. I am not learned in the history of what is euphemistically called "footwear," but I should not be surprised to hear that the humble, yet very useful, golosh was invented by some man who recognised the importance of keeping the extremities dry and warm, the very parts which women seem to be least anxious about. There is fashion in everything, from aviation to being buried, and if adaptation to environment is the local sign of temperature adjustment, then the only conclusion to be arrived at is that, in this country at any rate, we are comparatively indifferent to the weather as regards the material of clothing, provided always that it conforms to the arbitrary decrees of the dressmaker and the tailor.

That skin structure has much to do with the capacity for enduring atmospheric extremes is most likely, and in qualities of fineness and sudorific excretion there is a marked difference in individuals, and it is generally held that those who perspire little are ill adapted to live in hot climates though they endure cold better, and that those who can best endure heat are very sensitive to cold. On the other hand, in countries such as America and Italy, where the extremes of heat and cold are very great, people seem to dress more according to the weather than is customary here. After all there is not much difference between our own times and those of a century ago, and I quote with approbation a paragraph which appeared in a daily contemporary (*Daily Graphic*) on January 5th, the writer of which was much struck with the coldness of the Directoire style of dress. He says: "A modern *élégante* is not much more sensibly clad than were the beauties of a century ago who fearlessly exposed their chests to the rigours of the Paris climate. The story goes that a merveilleuse shivering in the obligatory silks and gauze was asked one day how she managed to go about in such flimsy draperies in the depth of winter. 'Don't you see,' she replied, 'it is quite easy—I just freeze.'" We also "just freeze," our velvet frocks become transparent lace and chiffon in the very places where the need of protection is the most urgent, and one's feet are clothed in silken cobwebs and smart shoes with delightful buckles, all as chilly as they are charming. Can it be that after all it is vanity which is at the root of the seeming indifference of many women to temperature changes? Possibly, and yet one would rather find some more scientific physiological reason to explain the wearing of the "pneumonia blouse" and the fenestrated hose; so in order to try to save the situation let me adduce the following reference to palæontology and ethnology as being worthy of consideration. Dr. Keith, of the Hunterian Museum, to whom I applied for information on this subject, says that the connection between North Africa and Europe was comparatively recent in Pleistocene times when man was a well-developed animal on the face of the earth. Dr. Keith further referred me to Professor Sollas' new book, entitled *Ancient Hunters*, and in this I find the following: "If we were taken back to Palæolithic times we should find in place of the Mediterranean two restricted inland seas, separated by a broad isthmus, which extended from North Africa through Sicily into Southern Europe. On the west and north an ancient bridge (afterwards Iceland and the Faroës) united Europe with Greenland and the east of North America. The Irish Sea, the English Channel, and the German Ocean formed

wide valley-plains watered by many noble rivers. It was then possible for a traveller from the banks of the Thames to have gone over the watershed formed by the Straits of Dover right through France, Italy, and Sicily into Africa." It must then follow from Professor Sollas' dicta that to the already well-mixed population of this country must be added the negroid element from Africa. Truly, we are a conglomerate formation! People from all the points of the compass, with whom at some time or other we have been in direct continuity, must have transmitted their germinal adaptations to temperatures of the Arctic regions and the torrid zone to an extent which may account for the idiosyncrasies which we encounter, but have difficulty in explaining. It appears that the Esquimaux only wear clothing when out of doors; when in huts they strip absolutely, and when they are visited by strangers they invite them to imitate the custom. Is economy the cause of this arrangement, or is it due to the same reason which prompts the scant and *décolleté* attire of many women within doors in the evening—a feeling of stuffiness and intolerance of clothing?

In the intermixture of so many different stocks in this country, people drawn from countries with a high or low equilibrium of temperature-gradation, there is at any rate a plausible cause for the idiosyncrasies to be noticed in the manner in which oscillations of the thermometer are tolerated.

It is difficult enough even with all the resources of tracing genealogy which are at hand to get anything like a complete history of the descent of anyone, but in the manner of comportment within high and low temperature-records we may find a sign-post to lead us to in-read some of the twigs of the ancestral tree.

Things we have never seen.

1. Any House-man admitting that his job is lighter than than that of any other House-man.
2. A Junior H.S. complaining that he has not enough work to do in the Surgery.
3. A Senior H.S. refusing to go out to an operation in private.
4. An Ophthalmic H.S. dying of over work.
5. A Resident Anæsthetist sitting up at night in the Surgery waiting for work.
6. A Dresser directing Mr. Watkins's attention to the fact that he has arrived in the Surgery at 9.14.
7. An out-patient returning to inform his doctor that he is better.
8. Sister Surgery sitting down and doing nothing.
9. The Steward perturbed, nonplussed, or melancholy.
10. "A police-case" after 12 midnight of any importance.

B. subtilis.

A certain bacillus, who dines upon hay,
Has quite a remarkable humorous way—
With mirth he will frequently fill us.
It's not of the kind that loud laughter provokes,
The boisterous jest, or the practical hoax,
It's not always easy to follow his jokes—
He is such a subtle bacillus.

The first prize for subtlety—so we are told—
Was given at first to that tempter of old,
The tales of whose cunning still thrill us.
But the serpent, most subtle of beasts of the field,
Had he known what the microscope since has revealed,
Would have hastened at once to this rival to yield—
He is such a subtle bacillus.

He's not pathogenic, pathologists say,
His subtlety doesn't affect him that way,
He's no wish to harm or to kill us:
He did once do harm of a very mild sort—
A conjunctivitis, the text-books report—
He must have been pulling their leg just for sport,
He is such a subtle bacillus.

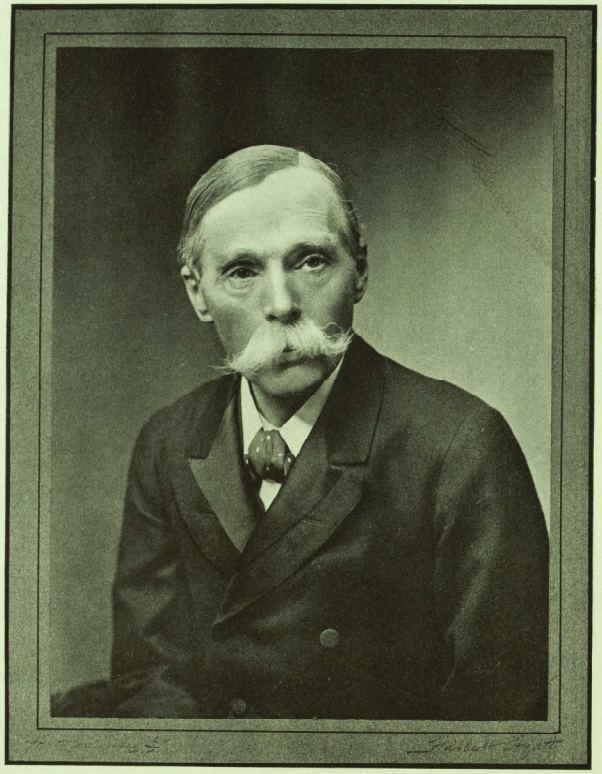
He doesn't do much in the blood-curdling line,
He lets the *Bacillus cadaveris* shine
In deeds which unman us and chill us.
Such methods a cheap popularity buy;
It's not on sensations like this he'll rely:
No, jests such as follow are more what he'll try,
He is such a subtle bacillus.

The candidates in an exam. he'll confuse
By hiding himself in the cultures they use;
They say: "This will certainly pill us!
"We've never seen anything like it before,
We'll call it an anthrax without any spore!"
So they do—and are pilled for their pains by the score,
He is such a subtle bacillus.

And then he will waggishly go and invade
A virulent culture which someone has made
Of germs that attack us and kill us;
And when one makes films, and has stained them with Gram,
He'll appear on the slide and say: "Guess who I am!"
And the bacteriologist *sometimes** says "Damn!
It's that devilish subtle bacillus!"

R. B. P.

[*Oh, surely never!—ED.]



Sir Henry Trentham Butlin, Bart.,
Late President of the Royal College of Surgeons.

Adlard & Son, Impr.

In Memoriam.

Sir Henry Trentham Butlin.

THE who was to become President of the Royal College of Surgeons of England and head of our surgical world was born in Cornwall. But he had hardly any of the characteristics of the Cornishman, either in appearance or in accent. Now and then Cornish words were remembered, and "slink," so expressive and so Cornish, was jokingly used. Nor was his name Cornish. The late Canon Bardsley in that most interesting book clearly proves the Norman origin of his surname. Doubtless his father had migrated from elsewhere to undertake a cure of souls at Camborne. Significantly one of the things which Sir Henry Butlin did, when fortune smiled upon him, was the purchase of land which, in former years, had been in his family; this was situated near Rugby. Racial characteristics are most abiding. A man of Cornish descent might have displayed some of the poetry and imagination of the Celt, perhaps a slight tendency towards the persuasive side of oratory. But no one could have been more precise in language, more clear in statement. It was always a pleasure to hear him speak or express opinions. When he did either he gave the impression of perfect sincerity; that he was saying what he thought was right, and ought to be said without fear or favour. Also he was serious and earnest in his utterances, and hence a humorous turn was seldom given to what he said. And yet he had a keen appreciation of anything quaint or humorous, and could laugh heartily and spontaneously.

My recollections of Sir Henry Butlin go back to my early student days, when he used to teach a few men in the old museum. I can well remember his rather slender figure leaning over the specimen cases in that gloomy place. He always looked so youthful, not much older than his pupils. He had a keen and intelligent face; hair dark and worn rather long; brow spacious and white; dark and clear eyes which looked at you steadily; the mouth firm with a strong chin; the head carried well; and all the movements betokening an alert intelligence. Altogether it must have been clear even then to the least intelligent that he was a man beyond the ordinary. There are few now at the Hospital who can remember that old museum. It was situated where the medical and anatomical theatres now are—to the left of it was the dissecting room, and to the right the small library with the amiable and kindly librarian Goddard perched at one end, and usually employed in making drawings of people with horrible tumours; or of the tumours themselves, delineated with vivid streaks of red and yellow. Then there was a gateway by the side of the Library and through this we entered and left the Hospital. There was also the Little Britain Gate, and in those days the public had a right of way, of which they freely availed themselves, from one gate to the other.

The men he taught in the old Museum were nearly always his own resident pupils. In those days the Demonstrators and Registrars usually took resident pupils and held themselves responsible for their studies. Speaking from my own personal experience, those resident pupils could be a source of great pleasure and interest. The few that I had nearly always came at the beginning of their careers, and did not leave until they were qualified; behaved like angels in the house, and were afterwards the best of friends.

I have amongst my personal friends one of Sir Henry Butlin's old pupils, and he always speaks of that period of his life in the warmest terms, and evidently treasures up affection for his old master. This is easily understood, for he lived with one who was considerate and straightforward.

Before Sir Henry Butlin returned to the Hospital and became Surgical Registrar he had been in practice in the country. The routine of a country practice could not have had attractions for one with his intellectual gifts. There must have been much communing with self before he decided to come to town and put it to the touch to make or mar it all, but those who know his self-reliant and courageous soul realise that the decision could not have been otherwise. He seldom talked about this stage in his career, but told how once he was called in to an unfortunate farmer who had caught his arm in a machine. Amputation had to be performed, and there was no one to hold the limb except one of the farmer's men. This experience must have been very trying for the poor man, and when all was over he gave vent to his feelings, saying, "I thought it was all up with the master 'til I saw them little pinchers." Afterwards at operations hæmostatic forceps were often referred to as "them little pinchers."

Whilst in the country he may have acquired a taste for country things. How little one may know of the tastes of those whom one meets so often! Only the other day I was told by a friend that Sir Henry and he both belonged to a field club, which used to wander on Saturdays about the home counties and afterwards attended a lecture on topics of archæological interest.

Probably country practice made him fond of horses. His expenditure upon horses was by no means small, and he was very fond of riding and of driving. He took great pride in his turn-out. His carriages were always painted a peculiar green colour, and looked exceedingly neat and well-appointed. In the summer when the weather was fine he frequently rode some distance out of town, spent the night in the country, and rode back the following day. It was a great pleasure to see him riding in the park with his son, of whom he was so proud.

When Surgical Registrar it was his duty to take notes of cases and write them himself in those small black volumes. This was done in the most industrious and painstaking

manner, and needless to say the morbid histology which he had worked up himself was always forthcoming. The notes kept by the Surgical Registrar are a perfect gold mine, and it is to be wondered at that they are not oftener delved into for their treasures. When searched for information, his notes will be found clear, precise, and full of information, especially those relating to tumours. It is reasonable to infer that his work as Surgical Registrar prompted him to treat the subject of malignant disease in the way he did.

His work on malignant disease added much to his practice, but to a man of his kindly and sensitive disposition it was oftentimes very sad to see the sufferings of the unhappy patients. I remember him giving expression to his feelings one day when he told me that that morning he had seen no less than three people with malignant disease which was so extensive as to be beyond the reach of surgery, and said: "The sight of the poor wretches made me feel quite miserable—I wish I had never seen them," and yet I question whether anyone would have guessed from his demeanour that he felt as acutely as he did.

Soon after Sir Henry Butlin returned to town he held the appointment of Surgical Registrar to the Children's Hospital, and also was appointed Assistant Surgeon to the West London Hospital. The latter appointment gave him opportunities of performing the major operations of surgery.

In the early seventies these opportunities were not what they are now. In those days the old theatre at the end of the Abernethian Block sufficed for the whole of the surgical staff, and the operating days were Wednesday and Saturday. The surgeons took turn in order of seniority, and seldom more than two or three operations were done. It was quite an event for one of the assistant surgeons to operate except when his senior was away on a holiday.

Most of us remember him as an intrepid and cool operator, and therefore it will be encouraging to those who feel anxious at the commencement of their career as operating surgeons to know that he experienced the keenest anxiety and said that the feelings of apprehension were almost overwhelming, but then he was kind and sensitive, and it was some time before he acquired that fortitude which he afterwards displayed. For some years I was his assistant surgeon, and it was part of my duties to assist him in the operating theatre. He was always most considerate, and over and over again asked me not to attend unless he required special help for some major operation. He knew from his own personal experience the extreme exhaustion and lassitude brought about by the air of an operating theatre—air often filled with anæsthetics and other deleterious things.

He went on almost from morn till dewy eve steadily working through a formidable list of operations, most of them for the removal of malignant disease with the accompanying glandular infection. One could not help admiring the steady, painstaking manner with which he set to work to try and remove every possible source of malignant infection. Nothing seemed to daunt him, and he would make the most blood-curdling dissections at the base of the skull, into the root of the neck, or even into the upper aperture of the thorax. But he paid a heavy price, and oftentimes returned home in a state of exhaustion. Such efforts do not tend to a long life, especially in one of rather frail physique. He was the first in this country to operate upon and to cure patients dying of that most painful and distressing affection, an œsophageal pouch. My old and dear friend, Sir William Dalby, has given me an account of one of the first occasions upon which Sir Henry Butlin performed this operation. The patient was a personal friend of Sir William's, and he and Sir James Paget were present to see what was done. Sir William says that no words could express his admiration for the skill and dexterity with which this most difficult and novel operation was performed, and doubtless no words could express the gratitude of the patient who had gained so much from the skill of the surgeon—he probably never knew all the thought, all the research, all the skill which had been lavished to save his life. Sir William Dalby tells me that he does not know how many times the operation was rehearsed upon the cadaver before it was put into practice—but Sir Henry Butlin was one who spared no pains to attain perfection.

Some years ago he was awarded the Jacksonian Prize, the subject being "Ununited Fractures." The Jacksonian Prize often leads to specialisation in the subject treated of, but it is easy to understand that this could not be so with ununited fractures, and Sir Henry Butlin was always amused when some little difference of opinion arose concerning a surgical point upon which he was an authority to be told—"but then you are a specialist in ununited fractures." The results of this essay could not have been very lucrative for it only led to one operation outside the hospital.

He took the greatest trouble in imparting his knowledge of surgery to others, always had a full list of dressers, and a considerable following went with him round the wards. Most of the instruction was given by question and answer. I suppose we all have our little mannerisms of which perhaps we are not aware, and he, when someone had made a sapient remark, used to turn his head a little on one side and say, "True, true," with a slight diminuendo.

He had a thoroughly independent mind and was quite unfettered by tradition. One day an oratorical surgeon said that he did not believe in the radical cure of hernia because the operation was not in accordance with the principles of surgery. Mr. Butlin afterwards with a smile said—"That this was a very bad thing for the principles of surgery because they would have to be altered."

Sir Henry Butlin was a clear and good lecturer, and he could always thoroughly keep his audience interested in what he said. There is no doubt but that he modelled his style upon that of the late Sir James Paget, of whom he was a profound admirer. He could not have chosen a better model. Some preferred the beautiful oratory of Sir William Savory, but that would have been more difficult to imitate. It was more classic in its style, and sounded like a page from Gibbon. There was, besides, more declamation and gesture; it was very fine and afforded the keenest pleasure to those who heard it.

Sir James Paget's clinical lectures were the most perfect and beautiful things I have ever heard. He had retired from the staff when I came to the Hospital, but still came occasionally to lecture to us. Once he lectured on gout, and on another occasion on branchial cysts and fistulæ. He came in quietly, a notable figure, stood at the table in the old anatomical theatre, and without pause or hesitation in a clear and penetrating voice lectured for one hour precisely. No notes, no gestures—everyone as still as mice. It was a very wonderful performance and I have never heard anything like it. Sir Henry Butlin's Hunterian Oration might well have been delivered by him for whom he had such an admiration. He was very fond of talking about Sir James Paget, and had for him a great love. He did not speak of the genius or scientific attainments of that truly great surgeon, nor of his fame throughout the world, but often said Sir James Paget "was one of the best men I ever knew; he was a truly good man," and those who know what a good, beneficent, and brave life Sir Henry Butlin lived will say the same of him.

He was very kind to his Dressers and House Surgeons. Always hospitable, he took the greatest pleasure in entertaining his friends, and usually on Sunday evenings gave an informal dinner party. On these occasions some of the younger men were present, put at their ease, made very happy, and treated with the most kind and generous hospitality. After dinner we used to ascend to a room which he had at the top of the house, to smoke excellent cigars which he kept in boxes filled with tea. His hospitality was carried out with the same attention to detail and the same amount of trouble that he expended upon everything else, but if one made a friendly remark and showed one's appreciation the reply was always the same—"Oh, you know, my wife does all this; she arranged everything; you cannot imagine what a lot of trouble she takes"; and this was perfectly true, for that kind and wise lady spared no trouble to make her husband's friends happy and to make them feel they were welcome and at home in his house. We are all most grateful to her for her kindness and sympathise with her deeply in her bereavement.

Sir Henry Butlin thought that London was rather wanting in hospitality, but he is not the only one who thinks this. But many excuses are to be made for those who live in London. The place is so vast, our friends come to town and we never see them. Life in London is so full, evenings are so much occupied, and moreover when our friends come to town and we try to show them hospitality their reply is nearly always the same: "It is very kind of you, but I have arranged to do so and so that evening," or "I have arranged to stay with relatives." It was this feeling which prompted him when President of the British Medical Association to give a large banquet with a special object of entertaining distinguished visitors from the provinces. He said he had been much struck by the lavish hospitality of the provinces at the Annual Meeting of the British Medical Association, and mentioned Exeter in particular.

When first he contemplated the entertainment it was not supposed to be a very large affair, but fresh names were forthcoming and soon it had become a very big dinner indeed, and the cost far more than most people would have guessed. However, it gave immense pleasure.

Whilst President of the British Medical Association he was also President of the Royal College of Surgeons—an office which made great calls upon his time, for it demanded his presence to represent the College officially at numerous functions, to attend to the affairs of the College, to be present at committee meetings, and to preside over the Council. In spite of deafness he made an admirable Chairman, and had evidently studied the agenda before he took the chair—prepared himself for any emergency, and was ready at once with a decision upon any point that might arise. At the same time he was always most courteous and determined to see that everyone had fair play. Owing to his quickness of apprehension and decision of character he could get through a long agenda paper in the shortest possible time and yet no one felt that they had been hurried.

Never very strong nor robust, yet he did a vast amount of hard work. His splendid courage and his brave heart carried him on. Some of his intimate friends knew how he returned home a physical wreck after those long exhausting afternoons in the operating theatre. Sufferings were jokingly alluded to, but were none the less real. "One day, my dear boy, you think you have got a malignant tumour in your inside and then you wake up one morning and find it gone, and say to yourself, 'that horrid gout again.'" Later on it was sad indeed to see how thin and frail he looked, and at last sad as sad could be to see him so unhappy. And when the end came one felt thankful that his sufferings had ceased. The end of a brave, well-spent life. Farewell! Farewell!

C. B. LOCKWOOD.

The Prospects of Practice in the Dominion of Canada.*

By C. B. HEALD, M.B., B.C.

IN choosing this subject for my paper this evening I was guided by the feeling that there must be among Bart.'s men many whose thoughts have turned towards Canada in the past year or two. We have heard so much of the cry of "Free land for all," or "Come and plant an orchard, and be rich in two years," or, again, "Openings for everyone with brains and capital."

We have had so many statistics thrown at us of the numbers emigrating every year, of the vast towns springing up from nothing, that I cannot help thinking in these Lloyd Georgian days especially many Bart.'s men have thought seriously of "pulling out" there.

Now, some of these may have tried to collect reliable information in London, and unless they were more fortunate than I who failed signally some may have contemplated going and looking for themselves and been deterred by the expense.

Ever since my first visit to the East of Canada six years ago I had wished to go further West and investigate the prospects of medical practice.

An opportunity of making a pleasure trip to the Canadian Far West this year gave me the chance of looking into these prospects closely and carefully.

I am going to give you my impressions as a prospective medical emigrant. I do not pretend to an inside knowledge, and mistakes may appear in some of my statements to those who know the local conditions more intimately, and for these I beg forgiveness.

It is necessary when dealing with such an enormous tract of land to enter into a little geography. I will therefore divide my paper into headings

Geography.—You will see by the map that Canada is divided into a number of Provinces. These are:

1. The Maritime Provinces, which include Nova Scotia and New Brunswick.
2. Quebec Province.
3. Ontario.
4. Manitoba.
5. Saskatchewan.
6. Alberta.
7. The North-West Territories.
8. British Columbia, including Vancouver Island.

Now these provinces differ more than the Fens of England do from the Swiss Alps.

It is obvious, therefore, that conditions for any work, including medical work, differ enormously. I propose, therefore, to deal with each province separately under the following headings:

1. Chances of an Englishman in that province.
2. Big town practice and specialising.
3. Country or small town practice.

* A paper read before the Abernethian Society.

1. THE MARITIME PROVINCES.

I know little or nothing about the Englishman's chances here, as I did not visit any of the big towns, but I know the provinces to be settled mostly with "old timers," and can in all probability more than meet the demand for doctors from their own sons.

2. QUEBEC PROVINCE.

The chances for an Englishman in this province vary enormously: in Quebec City and the eastern part of the province they are almost *nil*, as here it is completely French-Canadian, and growing more so every year owing to the huge number of children in each family, said to be due to the priests' orders to breed as many as possible.

The west part of the province is more English, but here the settlers are mostly old-timers who prefer Canada-born doctors.

The big towns of this province are, broadly speaking, Quebec and Montreal.

Quebec, as I have just mentioned, is mostly French, but, of course, there exists an English colony having their own English doctors, and to go to Quebec and put up one's plate as is done all over the rest of Canada would be an absolute waste of time.

But should anyone be able to buy the practice of one of the retiring doctors, or, better, go into partnership shortly before he retires, he should then have a practice unequalled in many respects in Canada. Easy reach of England, the landing and leaving port of most of the people of Canada, a closely united English colony could be mentioned as reasons.

Sport here could also be easily got, although most rivers and forests are now preserved.

Montreal.—Here again, the invading Englishman would have little or no chance, but for a different reason, namely, that Montreal has already about twice too many doctors, both French and English-Canadian. F.R.C.S.'s and F.R.C.P.'s would not help, as the true Montrealler will not look at anyone unless he knows all about them.

Though I have given a bad name to the place for the young Englishman, it is not absolutely hopeless, as I know two men who have gone to Montreal in the last six months both to good jobs that should lead to something in a year or two. To start as a specialist here would be useless, as the old question, "Anyway, who is Dr. So-and-so" would finish "Dr. So-and-so."

I must not leave it without mentioning the Royal Victoria Hospital; built, ground presented, and practically endowed by Lord Strathcona, this hospital is the most wonderfully equipped and arranged hospital I have ever seen. It stands high in its own grounds on Mount Royal, overlooking the city and the St. Lawrence; it is clean, quiet, airy, well-arranged, and is everything that the other chief English hospital is not.

The maternity hospital of the city is also extremely well-managed and worked.

3. ONTARIO.

This province, being one piece further West than Quebec, the chances for an Englishman are one piece better, and this is so all the way to Vancouver, chiefly for three reasons: Firstly, that the French Canadians are fewer; secondly, the English emigrant is beginning to appear more and more; lastly, the Old Country man is more welcome the further West one goes.

The big towns of Ontario are Ottawa and Toronto; of Ottawa I cannot tell you much of the local conditions for practice, but I expect it is much the same as Toronto.

Here, with its University, the same applies as to Montreal, viz. it is crowded with home-made specialists, who are always general practitioners, too, when it suits them. (This, I believe, is a recognised custom.)

Here the English-born and educated man is not wanted. I do not say that he would starve if he had sufficient patience; but would you go to a Canadian in London if there was as good an Englishman next door?

An Englishman setting up here would labour under many disadvantages: he would have to pass all the medical examinations (I shall, later, explain the various regulations for becoming registered in each province); he would have to "squat" until he was known, and the preliminary prejudice against a stranger in a strange land had worn away. He would have to be content to do his waiting without the possibility of attending any really good clinics.

The country practice in Ontario is not up to much unless the English medical emigrant should be fortunate enough to get appointed as doctor to some big mine or manufacturing combine, and this it would be difficult to get as these sorts of things go mostly by favour.

4. MANITOBA.

Here the chances for an Englishman are far greater, not so much in the big towns, though they undoubtedly lend themselves to many opportunities, but in the parts of the province that are being opened up northwards towards Hudson Bay.

Here the Englishman might find colonies springing up almost entirely of emigrants, without prejudice to a home-bred doctor; here he might find himself a necessity to a widespread community—a man of importance; he could make himself indispensable to their welfare. But he would have to put up with intense cold for many months, long journeys, and much rough-and-ready surgery.

If he was energetic he could easily get a hospital started, for everyone would contribute largely and readily.

For himself, he would find a warm-hearted people to deal with, wide interests, a healthy, though hard, life and adequate remuneration.

The large town practices of Manitoba reduce themselves really to Winnipeg. Here all general practitioners have a "specialty," and all specialists are general practitioners, *i. e.* if the patient thinks that he is suffering from eye trouble he goes in consequence to you as an eye specialist; and if you discover incidentally he has a slipped cartilage, there is no reason why, if you feel competent, you should not remove his cartilage while you are treating his "eye trouble." Here are more than one or two English-trained men doing exceedingly well, and though the place seemed to me alive with doctors, they all seem to be doing well, and I do not doubt that as the place is growing so rapidly and will go on growing, if anyone were to go out there now and put up his plate, in two years he would be making a good living.

The hospitals are not good.

Country practice I have dealt with, except to warn anyone against settling in the southern portions of the provinces that are near the U.S. border, as infiltration from the States is going on rapidly, and the fewer American patients an Englishman has the better.

5. SASKATCHEWAN.

This is the Province that has made such vast strides during the past five years, and here, perhaps, almost more than anywhere the emigrant has first acquired his homestead, and is working like a navvy bringing the prairie into cultivation. Here also remain vast tracts practically unsurveyed, and which will one day be inhabited by farmers, and the towns and villages necessary to their existence. In this province the English doctor could still find many townships without a doctor, and, however small and desolate the place looks, he can, if he fulfils certain conditions, find more than a bare living. The chief towns of Saskatchewan are Regina and Saskatoon, and Regina is showing the first real step of progress that means permanency in the Prairie West; the banks are putting up brick buildings.

What Regina may grow into in ten years' time it is impossible to predict; but here, again, the States are too easily reached, and I should not recommend anyone to put up their plate there. With regard to the country practice in Saskatchewan I can give you my ideas which were formed by staying at a typical country township there for a fortnight.

Whilst there I was urged to come and set up my plate.

There was already a man there, but apparently his failings and sins were without number (he held Scottish degrees).

I must here explain briefly the system of surveying the land:

A township consists of a block of land six miles square, divided into thirty-six sections of a square mile each, and each of these divided into quarter sections, or "homestead lots." A quarter section (*i. e.* 160 acres), is what the Government gives you free.

In each township the thirty-six sections are differently owned; some are government, some are Canadian Pacific Railway, some Hudson's Bay, some school. One of these sections is occupied by the town itself, with general store, livery, saloon, church and school.

Now, the doctor's "home" practice is made by the people scattered over this six-mile square, while his "distant" practice may range up to 120 miles, to some distant lumber camp or ranch. He may have to travel any of these distances at a moment's notice; at one time of year in broiling heat, at another with the thermometer forty degrees below zero. He has to do absolutely everything for himself. He has to be his own dispenser, nurse, midwife, undertaker. He has to put up with a class of people who, though kind and hospitable to a degree, are his intellectual inferiors.

In making these remarks I have in my mind the doctor of the township I stopped in. I believe I am correct in saying that he has admitted making $10,000 a year, and his expenses are probably not more than $2500.

This sounds impossible, when probably the total population he looks after is not much more than 600, but it becomes easy to understand when one studies his charges; and remembers also that epidemics of typhoid, diphtheria, measles, especially hit a newly opened-up country to a greater degree than in older settled parts. Again, in a newly opening-up country accidents occur far more frequently.

His charges will include mileage, probably a dollar a mile out and half-a-dollar back; $50 a confinement, and $2 a visit at his surgery. It is not difficult to understand how soon such fees mount up.

You may wonder how the hard-working homesteader can pay these large fees in cash; he cannot, so the Prairie Doctorman, if he cannot be paid in dollar bills, accepts a horse or a cow, or a piece of land, and acts as a pawnbroker for himself. Here, of course, he makes a large profit.

One day a young fellow was hit by accident in the arm by a small slug from a rifle; it could be felt superficially to the muscles, and took five minutes to get out charge $500.

So much for prairie practice; I can only imagine it tolerable as a means to an end, it would need very little capital, there would be little or no waiting, and a sure income far beyond one's expenditure.

The savings, if invested wisely, could be more than doubled in five years, and then one could come home, take a post-graduate course or two and buy a good practice, being none the worse for the five years spent on the lonely plains.

6. ALBERTA.

Almost the same remarks apply here as to the Province of Saskatchewan. There is this difference, that a large part of the province is mountainous, and uninhabitable.

The big cities of Alberta are Edmonton, the capital, and Calgary. Both have grown rapidly in the last five years, and are bound, from their position, and from the railroads that are going to them, to become great centres. This does not mean from an investment point of view, as land values in both places are falsely high.

In Edmonton the English doctor should have, perhaps, his best chance for big town practice if he goes now, or at any rate within a couple of years.

He will here meet with less prejudice, more nice quiet people, and a better chance of seeing that any new big hospitals that are bound to come are properly run.

He will be within easy reach of splendid sport of all kinds. He should, being on the spot, make money in real estate.

All these good things are not here without something on the other side of the slate, and this other side is the intense cold lasting for many months. At Calgary the cold nuisance is abated by the presence of the Chinook winds, but on the whole it is not a desirable place.

7. THE NORTH-WEST TERRITORIES.

(At present of no importance to the medical emigrant.)

8. BRITISH COLUMBIA.

You have all heard wonderful tales of this land of soft summer breezes, of peaches and grapes, of sport at your doorstep, grizzlies looking in for supper, moose nosing round your house, and of streams blocked to a standstill by salmon.

Of all you have heard of British Columbia less than half is true, but, all the same, it is a pretty wonderful province, and I must tax your patience further by dividing it up into a Mountain Belt, a Dry Belt, and a Damp or Seaboard Belt.

The chances of an Englishman here in big town and country practice to make money are excellent.

The Mountain Belt is no good at present, as habitations are far apart, the townships are insignificant in size, and lumber camps and mines being the only possible source of a decent income.

The Dry Belt affords by far the best country practice prospects for an Englishman. There are a good many reasons for this that will, I think, appeal to you.

Firstly, it is the country of the fruit grower and orchardman. Now, this is an advantage to other kinds of farms from our point of view in that twenty acres is a sufficient holding for one man to look after properly; it is obvious that there are many more orchard growers to the square mile than homesteaders.

Secondly, the Dry Belt is the mark for the more or less impecunious younger son. This is an enormous advantage, as he is a gentleman, a sportsman, and an Englishman above all.

Thirdly, it is a country more nearly resembling England, without its fog or damp, than any I have been into.

Fourthly, it is the country where the phthisical patient is sent to from all over Canada, and where, best of all, he or she gets better.

(I may say that the yearly increase in the number of those contracting tuberculosis in one of its many forms is alarming and arousing the whole of Canada.)

If I were to go to Canada for country practice I should certainly locate somewhere in the Dry Belt of British Columbia, taking, of course, a little time to pick out a good locality. Here I should find within two days of the main line, plenty of work, plenty of sport, and many old countrymen. In some parts lumber camps and mines would afford good clinical material, and one could found and run a small hospital on one's own lines.

The Damp or Seaboard Belt would consist largely of lumber camp and fishing camp practice, but altogether too tough a life for the average doctorman.

The big cities are, broadly speaking, Vancouver, on the mainland, and Victoria, the capital of British Columbia, on the island of Vancouver, seventy miles by sea from Vancouver.

They are as different as two cities could be. Vancouver aggressively proud of its mushroom growth from a forest hamlet thirty years ago to a world-renowned seaport; Victoria, on the other hand, proud of its antiquity, its conservatism, and its English ways.

When in Vancouver I spent many days visiting the local doctors and hospitals and inquiring closely into the chances of practice. Here I met two Englishmen, London Hospital men, one doing very well and the other going to in a short time.

Drawing my own conclusions from what I saw and from what I was told, it is obvious that setting up in Vancouver would mean a wait of at least two years at a dead loss, then a year in which your expenditure would just about equal your income; after that one should do well.

The expenses are heavy; there is no such thing as buying a practice, but, all the same, when you add the expenses for two and a half years together it would come mighty close to the price of a good practice in England.

An Englishman is not wanted in Vancouver, that is certain; he is not wanted by the faculty or by the Canadian. He must become a Canadian, and this it is not easy for an Englishman with the usual public school, university and hospital to do.

It is, however, a beautiful city, with beautiful surroundings in the way of harbours and mountains, and beautiful houses, but one must learn to put up with rain for weeks together during the winter accompanied by fog.

Victoria the conservative has just begun to develop and enlarge. To this city the man who has made his money on the plains comes each autumn after harvest is over in ever-increasing numbers. If it were not so, I should say keep clear of Victoria.

I have now given you as briefly as I could the points as I saw them in favour of or against practising in the various provinces of Canada.

(*To be concluded.*)

The Chronicles of Christopher.

No. X.—AN AFTERNOON IN THE THEATRE.

IT has often struck me that the depressing influence of theatre-work might be greatly relieved by a more generous application to brilliant conversation than usually obtains. Modern aseptic methods involve the use of a mask of such material and size that conversation could be carried on without any risk to the patient. Unfortunately, the art of conversation, if not actually dead, is admittedly moribund, and one hardly hopes nowadays to hear a bright intellectual general conversation carried on. Failing that, a spirited dialogue would do, or even a past-master in monologue will stimulate the flagging spirits of an audience during a tiring afternoon. Some years ago a reporter from the *Daily Ananias* visited the Hospital and saw an operation in Theatre X. From his shorthand notes he contributed an article to his paper, which I reproduce now as a suggestion to other surgeons to follow. And I hope to hear that a new era of brightness will characterise work throughout the theatres.

* * *

"Is she ready, Grylls? Right oh.

"Funny thing happened to me to-day [now then, wake up, young man, and spong]. I saw a patient who had consulted me about something or other [spong] five or six years ago, and who had been to see about a dozen doctors in the meantime for what they called rheumatoid arthritis [*will* you spong?]. You young gentlemen may be surprised to hear what a lot patients nowadays know about their diseases [it would help *so* much if you condescended to spong every now and again]. Why, an old lady the other day cross-examined me for nearly twenty minutes on vaccine-treatment [spong].

"Well, about this patient this morning. [I want a yard of silk.] The silly asses had been treating her for the last six months [Did you ever see such a fool? I asked for a yard of silk and this is what he gives me; I don't know what you fellows are coming to] for the last six months on slops and soda-water. So I said to her [Spong, if you have no conscientious objection], "Look here, you go on port-wine

and champagne for the next six months and come and see me again. The fact is the old girl was half-starved. So she said, 'Doctor, I came to you' [give me a needle threaded with No. 00 silk] 'on Lord B.'s recommendation. He had a similar trouble to my own six months ago and you put him on the treatment' [What's the use of giving me a great hunk of rope like that? What d'ye say? It's marked No. 00? What's the use of believing such dissemblers as instrument makers and dealers in surgical appliances?] What was I saying? Oh yes, the old girl said Lord B. had had the same treatment and had got as right as rain.

"Now then, young man, wake up and spong; that is, assuming, of course, you have no religious objection. Have you been to that play 'An Englishman's Home' yet, Grylls? [A piece of gauze, a piece of gauze, a piece of gauze. I want it this afternoon, please, not next year, nor next month, not even next week, but now.]

"I'll come round and take you there this evening [give me a needle threaded with No. 1 silk]; you'll enjoy yourself. [Did you ever see anything so slow? Wake up, the Germans are after you. While you chaps are educating your hind legs instead of your head the country's going to the dogs. What game did you play at Cambridge, Mr. Green—eh! was it spillikins?]

"I say, what are you chaps going to do about that letter on Hospital treatment in the *Times*? [phew! what a beastly atmosphere, it makes me feel quite ill]. Are you going to take it lying down? [Mind your eye; I won't take any responsibility.] I think [take it off] I know who wrote it [take it off].

"What do you say? There's another bleeding point? All right, I'm not entirely blind yet. Now, then, keep over your own side of the table, it ain't etiquette to shove me.

"I say, Grylls, that last case must have pretty nearly bust up the Medical Defence [*will* you spong; and I said *spong*, not rub; you ain't in a Turkish baths]. That chap what's his name ought to be shot. Another yard of silk—come on, come on; life is short and art is devilish long. Over the portals of your medical school—am I going to get that silk to-day? Come on, give me the needle, I'll thread it myself: I'm old, I'm presbyopic, I've got one foot in the grave, and dash it, I can give you fellows start.

"I say, Grylls, that was a funny case we were at in Widmouth last Thursday, wasn't it? [now, then, don't lean on the patient's chest, it isn't an essential part of the entertainment]. Did you notice when the old dame tackled me about her daughter? [take it off]. She said to me, 'Oh, we're so anxious about dear Jemima, her temperature's 102 to-day.' I said [give me a piece of silk, I'm going to sew up now], 'Madame, I should get anxious if her temperature *wasn't* 102.' You poor young gentlemen think it's easy to manage patients. Don't under-rate your opponents. My goodness, if you knew what you were in for you'd go away and cut your little throats.

"Have you got any eyes at all? Can't you see the hole I've got to stitch, and you give me a piece of silk like that. What do you say? I can't hear you. . . . What a beautiful speech! why don't you go into Parliament?

"Now I'll put on the bandage. Lift her up. Of course don't try to lift her up by the pelvis. You may lift the patient by the hair, by the eyelashes, by the pressure-forceps, but never by the pelvis."

[Long-suffering H.S. revolts. "If we get our hands in the proper position, sir, you say we're in the way of your bandaging, and if we get out of your way we can't lift the patient by the pelvis."]

"If you fellows wasted less time making up excuses you'd do your work better. What's the next case?"

Extracts from a Treatise on Hindu Medicine,

With Special Reference to the Treatment of Persons and Animals bitten by Mad Dogs and other Venomous Animals, Reptiles and Insects.

By Pandit Krishna Jettappa,
Nikhila Rogahari Vaidasala, Dodpet, Mysore.

FEVER is of sixty-four kinds, and every kind of fever admits of sixty-four medicines. The selection of medicines therefore is a difficult task and depends on many circumstances. A physician should possess the following qualifications:—Trained hands, speech, eyes, learning, knowledge, good character, and he must also be favoured by God and Preceptor.

We have received many applications for studying under us the science of Hindu medicine. It is only one in thousand applicants who can successfully become a physician.

We can safely assert that even most complicated diseases are cured by medicines treated of, in our Hindu books and at the same time it is a deplorable fact that, owing to lack of encouragement, Ayurvedic system of medicine is gradually deteriorating. We read in the books that there was a medicine called *Mrithasanjeevini* which could give life to dead persons. Even now it is not too late to bring about a regeneration of our decayed Hindu system of medicine. May God alone protect the fate of Hindu medicine!

Epileptic Fits and their Cure.

Epilepsy is a strange disease difficult to cure. This disease is brought about from an affection of the brain. The patient seems to be all right, but when attacked with fits falls down senseless immediately and if it happens that the head receives severe injury he dies at once. If it so happens that while falling other parts are injured he is saved then. It is believed that the full moon day (Pournami) is cold and the new moon day (Amavasya) is hot and therefore the patient gets fits once in a fortnight or a month. He gets these fits especially when he is near a tank or a fire-place, while there is a great noise near, while eating, standing or sleeping. If a person should catch a patient while falling when attacked by fits, he also gets fits. This disease is of four kinds:—The first kind is incurable while the other three kinds can be cured. When a patient is brought to us we shall soon find out to which class the disease of the patient belongs. If curable, the patient should live in our premises for 6 months. The brain must be brought to its normal condition and it takes full six months to do it.

Treatment.—1. The blood must be made pure. 2. The bones must be brought to the healthy condition. 3. The brain must be brought to its normal condition. All these treatments take a month each at least. It is therefore desirable that the patient should be with us for about six months. It is very difficult to be rid of this nasty disease when once attacked. If there is a cure for this disease it is only the Hindu medicine that has got it. After five years' hard labour we got at the medicine which took another five years to prepare.

Treatment for Diseases of Good Dogs.

We have good medicines for all sorts of diseases of good dogs: such as fever, cough, belly-ache, itches, prolapsus of the anus and consumption etc.

Insanity: Its Cause, its Symptoms and its Treatment.

1. Owing to veneral diseases and heat of the body blood becomes impure the brains are spoiled and hence human beings get mad.

2. Excessive reading, thinking, and sorrows and heavy blows on the brain make a man mad.

3. When the body of a human being becomes very hot the gall-bladder is spoiled and as this heatness affects the brains the man turns mad.

4. Some persons suffer from gonorrhœa. By this disease the heat of the body increases and the flesh and blood in the body are spoiled. Therefore persons may get madness from this.

5. Patients smelling, bad rotten things of bad smell may sometimes become mad, since this bad smell affects the brains.

Treatment for the Bite of the Musk-Rat.

We have good medicine for this.

Treatment for the Ordinary Rat's Bite.

We have splendid medicine for this.

Treatment for the Sting of the Centipede.

We have medicine for this also.

Specific for Scorpion Sting.

Our medicine gives immediate relief to sufferers.

Testimonials.

"I visited this 'Dispensary' to-day and saw a curious sight. Whether it is of any value I am not prepared to say probably it is, but the two cases treated before me, viz. One of sualym spleen and one of infected molar, did not impress me much as to the value of the matter.

"(Signed) Greanal,
"*December 13th*, 1897. "*Bombay.*"

"I have much pleasure in testifying to the efficacy of the medicines of Nikhilarogahari Free Native Hospital Doctor Krishnajettappa, Devaraja Mohalla Mysore in relieving and curing the different diseases of nearly eleven female patients in our convent of whom I was one. I was suffering for nearly thirty years, and the case was pronounced hopeless by many a doctor.

"But on hearing of the above said doctor's name being well spoken of, I immediately placed myself under him. After a few days' treatment every trace of the disease has been extirpated. I am now perfectly cured. My age is 48 years.

"A Native Nun,
"(Convent of the Good Shepherd),
"*October 6th*, 1895. "*Mysore.*"

"I have also much pleasure in informing to the public that the medicine for destroying bugs, given by the doctor of the Free Native Hospital gives us entire satisfaction.

"On trying for two days the bugs in our Convent died and the girls enjoyed sound sleep.
"*December 15th*, 1890. "A Native Nun."

Consumption Cured.

"My beloved mother Singamma of 75 years old fell a victim to an intermittent fever of a very bad type. One day my mother said to me 'I am getting fever for the last 3 years, and I think that I shall die shortly. So, let us go on a pilgrimage, to many sacred places, and by that the change of climate will be very much conducive to revive My bodily health.' I determined to do so. At this time many medicines applied to this disease, generated consumption in turn.

"First, I went with my mother to Sreerunga and thence went to many sacred places of India, such as—[here follow ninety-eight names of places with an average of fourteen letters to each, which, to economise expensive type, have been omitted.—Ed.].

"I spent 7 years in visiting these places. Many good doctors and native physicians of those places, tried their

best to cure this disease; but in vain. Bathing in the sacred rivers and visiting gods were of no avail, to free her from fever. Solely for the medicine I spent 5000 Rs. Travelling expenses and visiting sacred temples amounted to 10,000 Rs. and 3000 Rs. respectively. The total expenditure is 21,000 Rs., but in vain.

"Afterwards, I returned to Mysore with my mother. Within a few days, in addition to consumption she began to suffer from dropsy and all her limbs swelled. Through some body, I learnt that Mr. Krishna Jattappa could cure the disease, so I requested him to come and examine my mother. The learned pundit examined all her body minutely and doubted about her recovery. I requested him, to give her his valuable and well known medicines, placing our trust in God.

"Then he began kindly, to treat the patient. By constantly referring to many ancient Ayurvedic books he administered different sorts of medicines to my revered mother. As I remember some of those medicines I desire to mention some of them here. Those are copper, Bhasma and Shindhura, Silver Bhasma and Sindhura Pearl Bhasma, Kanta sindhura, Metal-sindhura, gold Bhasma, etc., many sorts of Rasayanas, tailas, ghrutas, and manduras.

"For the last 1½ years, My mother is keeping good health. Her appetite and relish for food has now markedly increased.

"(*Sd.*) TIRUMALACHAR,
"(sree Vaishnava Brahamin),
"Door No. 232,
"Behind the house of
"Mr. LINGA RAJE URS
"(Durbar Bhakshi)
"*Fort Mysore.*"

"THANKS TO YOU! MR. KRISHNA JATTAPPA, THANKS TO YOU!!

"With sincere praises and thanks to 'Saraswati,' our goddess of wisdom, I am very glad to pen the following few humble lines about the efficacy of your medicines and the usefulness of your Free Dispensary to the mass of the poor. I rejoice to concur with your customers who have already appreciated your medicines, and your generosity in helping the poor, in a more splendid and glittering language, than I have at my command. Your medicines are far, far away from the ill-effect which so often is the case with some of the hypocritically trumpeted so-called good medicines. It is not a new thing now to observe that so many persons are wasting their little money earned by toiling and moiling all day long, on pretentious good medicines; but with no effect sometimes with just the opposite result.

"And at the same time it is not possible for me here, in the limited space, to give expression to my hearty pleasure in appreciating the noble work you undertook in curing many chronic and dangerous diseases, such as cholera, plague, epilepsy, piles, snake-biting, hydrophobia, etc. (free of cost for the Mysore town men). If I have to write about them in detail, I have to write a volume on them.

"That a deep-rooted hatred for medicines prepared by Native Physicians, has been sown broadcast is a very sad thing to notice. 'Better suffer at the hand of a Certificated Doctor, than get life at the hand of a Native Physician' has become the common adage of the day. But unfortunately there is not even a one-thousandth part of truth in this proverb.*

"I am a College student. One year ago I fell a victim to the fever of a very bad type. I sought the help of many doctors, hakims and many quacks; but in vain. The fever instead of showing any sign of subsiding, generated weakness, ague, and dyspepsia in turn. Then the doctors recommended me, to take a complete rest. That meant I had to discontinue my studies. At that time, I was in the senior class. You countrymen and fellow-brothern, think for a while, what my difficulty was at that time. But, I determined not to discontinue my studies and began to work hard as the selection examination was fast approaching. So, I began to grow lean and lean, day by day. In this way I spent 7 months. Till then I was suffering from fever almost regularly and I was in despair of doing anything.

"It must have been destined that I should have a cure at your 'Nikhila Roga Vaidya Shala.' For, one day I was reading *The Sadhvi* an A. V. Fortnightly journal. Through its medium I came to learn that you were giving medicines free of cost to many patients and that your medicines were efficacious.

"By this time I had spent hundreds of Rupees on different medicines, from different shops; but of no avail. Thinking this was my last refuge, I went there and was kindly treated by the pundit. To my great surprise, I was freed from fever within a month, and was able to attend both the selection, as well as the university final examination.

"Ye patients! do not believe in the loud voice of glittering advertise-ments that always present a fair exterior and a foul interior.

"All that glisters is not gold,
Often have you heard that told."

"A. SREEKANTIAH,
"1114, Nunja Raj Agrahar,
"*May 24th*, 1911. "*Mysore.*"

(BY THE SAME PERSON.)

"DEAR PUNDIT,—I have a long desire to express a few humble words, about the valuable medicines which you prescribed for me, as a tonic after my fever had been rooted out.

"From the last 15 days I am using them. In my short experience I find the following benefits from them:—

(1) The 'Javahiri Leha' is the best enricher of blood and restorer of strength. (2) By 'Suvarna churna' my lost appetite was revived. (3) 'Talemoletsharabath' is the best blood purifying sovereign remedy and remover of excessive heat of the body. (4) The 'Amrutanjana' is a great remedy for all kinds of weak eyes. It seems, that by using this medicine there will be no need of spectacles. And 'Bhrunga Raja Taila' is indispensable to the student population as it has the power of cooling the brain and the eyes.

"The learned pundit is so intelligent, that he can examine two patients at a time by feeling their pulses simultaneously. By seeing the face of the patient he can say exactly, from what disease the patient is suffering.

"The students of english medicine have yet to learn, I think, this branch of Vaidya from Native learned physicians.

"A. SREEKANTAIAH,
"1114, Nunja Raj Agrahar,
"*June 4th*, 1911. "*Mysore.*"

* There is many a jest word spoken in truth.—ED.

The Clubs.

RUGBY FOOTBALL CLUB.

ST. BART.'S *v.* STRATFORD-ON-AVON.

This match was played at Stratford and won by the Hospital by six points to three points.

Ferguson, Bower, Gilbertson and Just were absent from the team. Fiddian won the toss, and with the wind two tries were scored by the Hospital in the first half, neither of which were converted. This proved to be our only score, and in the second half the Hospital were hard pressed to keep their line intact against the prolonged attack of their opponents.

The Hospital forwards were good in the loose but packed badly, scarcely ever getting the ball, and thus seldom giving the backs any chance.

Fiddian scored the first try, after an excellent forward dribble from half way, and Richards the second one after a clever dodging run.

Stratford scored a penalty goal in the second half. The Hospital defence was good. Team:

R. Hodson (back); W. Wilson, E. D. Ritchards, W. A. Pocock, D. Rutherford (three-quarters); F. H. Robbins, R. H. Williams (halves); J. V. Fiddian, R. L. Kitching, J. Mudge, E. J. Bradley, N. A. Scott, B. A. Playne, R. B. Pullin, G. Kinneir (forwards).

ST. BART.'S *v.* OLD LEYSIANS.

This match resulted in a win for the Old Boys by 3 goals (1 dropped) 1 try (17 points) to 1 dropped goal (4 points).

The Hospital had the best of the game during the first half, and at half time led by 4 points to 3.

Bart.'s started off with a rush well led by Ferguson and Fiddian, taking the ball into the opponents' "twenty-five."

Some neat handling of the ball by the Hospital three-quarters nearly resulted in a try, but the sound tackling of the opposing lines prevented this movement. Williams opened the scoring by dropping a good goal. Two or three times the Hospital seemed on the point of scoring, and caused the Old Boys to touch down more than once.

The Old Boys obtained an unconverted try towards the end of the first half. One dropped goal and 2 unconverted tries were scored in the second half by the Old Boys.

Throughout the game the tackling of the Hospital team was very good and prevented many probable tries being scored. Pocock played well at three-quarter and Williams at half. The forwards packed well and did excellent work in the loose. Team:

R. Hodson (back); T. H. Just, W. A. Pocock, W. E. Wilson, C. H. Savory (three-quarters); R. H. Williams, F. H. Robbins (halves); A. E. Evans, A. Ferguson, J. V. Fiddian, H. M. Gilbertson, R. L. Kitching, E. J. Bradley, J. Mudge, B. J. Brewitt (forwards).

ST. BART'S. HOSPITAL *v.* CAMBRIDGE UNIVERSITY.

This match was played at Cambridge, and resulted in a win for the 'Varsity by 24 points to 5. Both teams were well represented, but the game was rather spoiled by the wet condition of the field. The light blues kicked off and immediately began to press, and a punt by "Will" was just touched down in time, and a minute later he was almost in by the corner flag. The pressure was still kept up, and after twenty minutes Thorne opened the score with a neatly dropped goal. From the kick-off Thorne again gained possession and ran in; Susskind failed to convert. The Hospital now began to play up better, the forwards dribbling well. From a line-out Susskind got the ball, and after a long run punted over Hodson's head and scored between the posts; the kick added the extra points. Just before half-time Cambridge again scored through Thomas; Greenwood placed the goal. On the re-start Thomas got the ball, and after a beautiful run scored, Greenwood again converting. From now onwards the Hospital had much more of the game, and after a good run by the three-quarters Just ran in; Richards placed the goal. Play remained even till almost on time when Susskind again scored, the kick failing. Team:

R. Hodson (back); C. H. Savory, E. D. Richards, W. A. Pocock, T. H. Just (three-quarters); F. H. Robbins R. H. Williams (halves); A. Ferguson, J. V. Fiddian, A. E. Evans, H. M. Gilbertson, L. Kitching, E. J. Bradley, B. J. Brewitt, J. Mudge (forwards).

HOSPITAL CUP.

First Round.

ST. BART.'S *v.* MIDDLESEX.

This match was played at Richmond, the ground being in very good condition. Middlesex lost the toss and kicked off against a strong wind. Bart.'s pressed at once, and from a scrum near the line Richards got the ball and dropped a goal. Middlesex now took up the attack and our line was only relieved by some good long kicks by Hodson. The Bart.'s scrum was working well and frequently gained the ball in the scrum, but our backs failed to make the best of their chances to score. Richards tried to drop another goal, but the ball fell just short: a minute late, however, from another attempt by Richards, Evans scored by following up; the kick was successful. The forwards on both sides did some good foot-work, and play was even until just before half-time Bart.'s were awarded a penalty kick for off-side; Richards converted. After half time Middlesex had much more of the game and attacked continually; good tackling by Bart.'s, however, held them up till Hulson scored a try far out; the kick failed. No more scoring took place and we thus ran out winners by 12 points to 3. The Bart.'s forwards played well, Kitching and Fiddian being very prominent. Team:

R. Hodson (back); T. H. Just, W. A. Pocock, E. D. Richards, C. H. Savory (three-quarters); R. H. Williams, F. H. Robbins (halves); A. Fergusson, A. E. Evans, J. V. Fiddian, H. M. Gilbertson, B. J. Brewitt, J. B. Mudge, K. L. Kitching, E. J. Bradley (forwards).

Second round.

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

This game was played at Richmond before a large crowd, the ground being in good condition. Bart.'s won by 18 points to 6, but this does not quite do justice to St. Thomas's, who played up well, and had the best of the game in the second half. From the kick-off St. Thomas's pressed for the first ten minutes, our forwards being beaten for the ball in the scrum. Bart.'s now got going, the forwards playing up well, especially in the loose, and we also had the ball more often from the scrum. After pressure upon the Thomas's line for some time Robbins got the ball away well to Williams, who passed to Richards, who cut in and made a nice opening for Savory, a try being the result. Richards kicked a fine goal. Bart.'s still continued to press until half-time. Middlesex, on the re-start, started off with a rush, and Skeet was almost in. Our three-quarters now started going, and Richards, getting possession, made a grand run, and scored under the post. The try was again converted. Thomas's now pressed hard. Each side had a man crocked, and Evans was taken out of the pack to fill Bowen's place. The tackling was very keen, but St. Thomas's scored through Skeet, followed a few minutes later by Dennis. Both kicks failed. The Bart.'s forwards now bucked up and made Thomas's defend for the rest of the game,

Just scoring two tries. Richards took both kicks, the first one failing, but the second one added the extra points.

The feature of the game was the splendid kicking by Richards, who was on top of his form. Team:

R. Hodson (back); L. S. Garden, E. D. Richards, C. H. Savory, T. H. Just (three-quarters); R. H. Williams, T. H. Robbins (halves); A. E. Ferguson, J. V. Fiddian, A. E. Evans, H. M. Gilbertson, E. J. Bradley, R. L. Kidston, J. B. Mudge, B. J. Brewitt (forwards).

ASSOCIATION FOOTBALL CLUB.

THE HOSPITAL *v.* EMERITI.

(Won 9–1)

Played at Winchmore Hill on January 27th. The game was too one-sided to be particularly interesting, but the Hospital forwards were seen to great advantage in spite of the bad condition of the ground. A. R. Dingley was tried in goal *vice* Butcher, but what little he had to do was not convincing. Dyas and Stretton were absentees, but otherwise Bart.'s were fully represented.

From the commencement of the game it was evident that the home side had the advantage in every department of the game. Wippell was far too good for the opposing defence, and he gave the inside forwards plenty of opportunities, which were well accepted. The score was opened by Waugh after five minutes' play; this was the result of an individual effort on his part. The visiting team equalised a few minutes later, a misunderstanding on the part of the home defence ending in a soft goal. Three more goals were added before half time, all scored by the Hospital.

The second half was characterised by the vigorous methods used by the visitors' defence, and this, at any rate, kept the game lively. Jameson, Waugh and Wippell were at their best, and with Souttar and Soden often running round the opposition, the visiting forwards had but little chance of showing their skill. Five goals were added by the Hospital before the final whistle blew, of which Jameson obtained three, Waugh one and Soutter one. Team:

A. R. Dingley (goal); E. G. Dingley, E. M. Grace (backs); G. M. Cowper, C. R. Taylor, R. H. Maingot (halves); W. S. Soden, G. S. Soutter, A. J. Waugh, G. D. Jameson, W. P. Wippell (forwards).

HOSPITAL CUP-TIE.

1st Round.

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

Played on February 8th at Winchmore Hill. Bart.'s hopes of winning this match were none too rosy, as a full side had not turned out since the middle of December, and when it was found that Wippell was unable to play owing to illness, the prospects of victory seemed to almost disappear. However, on the run of the game the score might well have been reversed, but fortune favoured the visiting team, who ran out winners by 3 goals to 1. The home forwards, while doing many clever things, were always at sea in front of goal, and many chances went begging. It must be confessed that luck was dead against Bart.'s all through, several shots just going the wrong side of the post.

Rain fell heavily throughout the first half, and with the ground already in an atrocious condition owing to the thaw, it was not surprising to find play of rather a mediocre standard. Bart.'s opened with a strong attack, but Evans cleared smartly upon several occasions, and then the visiting forwards took more of a hand in the proceedings. Butcher stopped a number of long shots easily enough, but on one occasion a brilliant effort by Veale alone missed the mark by inches. Guy's kept up the pressure, and Stebbings scored the first goal with a pretty left-foot shot into the corner of the net. Towards half-time Bart.'s made many dangerous movements, but Guy's crossed over with their one goal lead. Shortly after the re-start a shot by Soutter struck Evans in the face, and from the rebound Maingot missed a ridiculously easy chance of equalising. A few minutes later Veale registered a second point for Guy's, but, following a capital run by Attridge, Maingot immediately responded for Bart.'s, the home outside-right cleverly hooking the ball into the net. Bart.'s maintained their pressure, and might well have equalised on more than one occasion, Soutter, Jameson and Waugh in turn just missing the goal by inches. Prior to the finish Bevis beat Butcher again, thus putting the result beyond doubt.

The home defence may not have been too sound, but it was forward where Bart.'s were lacking. If the Hospital Cup is to be regained next year it will require a vast improvement in the keenness shown. This season keenness has on some occasions been lamentably wanting. Teams:

Bart.'s.—V. H. Butcher (goal); J. W. Stretton, E. G. Dingley (backs); C. R. Taylor, G. E. Dyas, W. S. Soden (halves); K. D. Attridge, G. S. Soutter, A. J. Waugh, G. D. Jameson, R. H. Maingot (forwards).

Guy's.—Rhys Evans, Kerr, Nealy, Gill, Kyle, Peregrine, Spong, Coxon, Stebbings, Bevis.

HOCKEY.

We have been very unfortunate during the latter part of this season owing to weather and illness. Only two matches have been played since Xmas on account of grounds being unplayable owing to frost and rain. Four of our regular team have been prevented from playing again this season owing to appendicitis and rheumatic fever.

In the Inter-Hospital competition we have beaten London and Thomas's, the latter by 5 goals to 2. Having drawn a bye, we now enter into the final.

ST. BART.'S *v.* OLD AUGUSTINIANS.

This was played at Winchmore Hill on Saturday, January 27th, on a slippery ground owing to recent rain. The Hospital did not have a representative team out for this match and turned up with only nine men, but J. D. Rutherford stepped in and filled one of the places. No less than twenty-one goals were scored, eleven of which were claimed by the Old Augustinians. Goals were for the Hospital by Brash (6), Hughes, Mawer, Selby and Turner (1 each). Team:

P. U. Mawer (goal); H. E. Griffiths, A. B. Pavey-Smith (backs); N. Duggan, A. G. Turner, J. D. Batt (halves); J. D. Rutherford, G. P. Selby, E. J. V. Brash, W. V. Hughes (forwards).

ST. BART.'S *v.* LONDON HOSPITAL.

This match was played on Tuesday, January 23rd, at Malden, on Guy's ground. The Hospital arrived one short owing to Hepper, our centre half, being unable to get away in time. Turner, who came with the idea of playing goal, went centre half, and Ackland took his place in goal.

During the first half we did practically all the attacking, and at half-time led by two clear goals. The second half was almost a repetition of the first, except on two occasions near the end when the London pressed and scored. A fine run by Stathers resulted in our third goal, and the match ended in a win for us by 3 goals to 2. Brash and Weller scoring the others. Steedman played magnificently throughout at right back, and repeatedly broke up the London forwards. Team:

J. G. Ackland (goal); M. T. W. Steedman, H. E. Griffiths (backs); N. Duggan, A. G. Turner, C. J. Nicholson (halves); W. C. Spackman, C. A. Weller, E. J. V. Brash, G. N. Stathers, T. E. Osmond (forwards).

Reviews.

SYPHILIS FROM THE MODERN STANDPOINT. By J. MCINTOSH, M.D. (Aberd.), and PAUL FILDES, M.B., B.C.(Cantab). Published by Edward Arnold, 1911. (International Medical Monograph Series.) Pp. 229.

It appears from this volume that the history of syphilis began in the year 1493 with the return of Columbus from America. It also appears that the celebrated syphilologist Fracastorius, who flourished *circa* 1546, knew just as much about syphilis as there was to be known up to the advent of the modern genus of pathologist. From 1546 to 1903, at which point the present authors take up the thread of history, it is to be assumed that no progress of any sort was made either in the diagnosis and treatment of this disorder, or, indeed, in our comprehension of the malady from any standpoint. The reason for this deplorable intellectual stagnation was, of course, that its study lay in the hands of mere clinicians, for whom these authors imply, if they do not express, an undisguised and hearty contempt. It is true that these ridiculous beings proved conclusively the dependence of important diseases of the circulatory and nervous systems upon this disorder, that its various hereditary manifestations were clearly differentiated, and that very considerable success was attained in treatment—almost as great as that attained at the present time. Such results, however, are naturally not to be compared with the invention of an elaborate reaction which requires the resources of a well-armed laboratory and a vivisection license for its due performance, and even then yields results open to cavil.

Like so many modern pathologists these authors suffer from the delusion that no observation can be scientific which is not made through the eyepiece of a microscope or which does not depend upon the behaviour of liquids shaken together in a test-tube. We can only suppose that these fallacies are due to the supreme ignorance of clinical medicine which arises from a precocious incarceration in a pathological laboratory and a sublime disregard for all that goes on outside its germ-proof walls.

After these preliminary observations, we may say that this volume is a very interesting one and full of information for those who are curious about the laboratory side of syphilology, in which the authors are experts. There is an immense amount of work in it which bears marks of having been scientifically planned and accurately carried out. The mere bibliographical labour concerned must have been great, for there are more than 500 classified references given, and we presume that the authors have read each of the papers and articles referred to. As regards the personal views of the authors we have but little space to go into them fully, but we may note that they are strong supporters of the classical form of the Wassermann reaction, and that they are optimistic upholders of the efficacy of "606," which, through the courtesy of Professor Ehrlich, they were among the first to use in this country. Their work on this substance is the more valuable from a scientific standpoint because they have always given it unaccompanied by mercury, and so their results are uncomplicated by that factor. We confess we do not like their apparatus for its administration, but that is a matter of taste. Anyway, everyone interested in syphilis will do no harm to read this book carefully.

Correspondence.

THE HOSPITAL.

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

SIR,—Considerable inconvenience has been caused by a statement which appeared in the Press on the 22nd inst., implying that St. Bartholomew's Hospital is offering treatment "for a weekly payment of £2."

I wish to say that no such offer has been made, nor has there at any time been a suggestion of making an offer of the kind. The statement is, therefore, entirely without foundation so far as this Hospital is concerned, and I can only assume it was made under a misapprehension.

Yours, &c.,

(*Signed*) THOMAS HAYES,
Clerk.

ST. BARTHOLOMEW'S HOSPITAL,
February 23rd, 1912.

INSTINCT AND CRIME.

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

DEAR SIR,—It is really quite useless to argue on a purely hypothetical point when the opinions of two people are at variance. One is never really converted.

"Convince a man against his will,
He's of the same opinion still."

I am therefore rather at a loss what to reply to Mr. Evans's letter.

Mr. Evans begins by challenging the conclusions arrived at in my paper, and then, leaving the conclusion to look after itself, he passes on to criticise and find fault with the argument. I shall have little to say about the argument, for the reason I have stated above. It is the conclusion that is important, and, it seems to me, whatever route one chooses to travel by, one reaches the same conclusion in the end.

There are, however, one or two points I should like first to recall. Perhaps largely through the looseness of my own language, Mr. Evans takes exception to the statement that animals can commit no murder, and says that if it is a primitive instinct that incites a man to murder, it is therefore not an instinct common to the so-called lower animals. When I wrote the sentence I was of course referring to murder in the legal sense—destroying life, that is, consciously and with malice aforethought. Looked at in that light, Mr. Evans will surely agree that animals are guiltless of murder. They kill to live, but that is not murder. And if one regards a murderer as a man devolving towards the animal kingdom, he also is guiltless of murder in the accepted legal sense. His crime becomes homicide—which commits us to nothing.

Mr. Evans agrees that it is unnecessary to discuss murder (though I do not like the term, it shall be retained for brevity's sake) in self-defence, and that prompted by hunger, but later mentions that committed for purposes of robbery, and disagrees with the suggestions I put forward to explain it. But the principle is the same. "As we descend the scale," says Mr. Evans, "the less common becomes robbery as the incentive of murder." But animals fight to live, and, if necessary, kill to live—that is the natural law of the struggle for life. The robber steals to live—which is wrong—but it is only when his own life or liberty is threatened that he kills, and under such circumstances his social instinct is in abeyance to his more primitive instinct of self-defence. But that a sane man will deliberately kill in order that he may rob does not seem to me possible. I do not know of a single case of murder—whether associated with robbery or not—in which there are no circumstances pointing to moral devolution and insanity.

But argument, as I said before, is useless. Mr. Evans prefers to regard a murderer as the victim, not of his primitive instincts, but of a perverted instinct: as an evolution and not a devolution (I should like to know the scientific explanation of an evolution of that sort). The important question is—What conclusion can we arrive at from either argument? In either case, it seems to me, the man is not sane. A sane man is he who is possessed of all the faculties of mankind in proper quality and quantity. An insane man is he who has not *all* his faculties in proper quality or quantity, and shows it in his conduct. Even if we grant that, as Mr. Evans suggests, a murderer is the subject of a perverted instinct, yet that man is insane, for he has not the proper quality of all his faculties. One instinct is perverted and modifies his conduct; he does not come up to the definition of a sane man.

Mr. Evans does not seem inclined to dispute this, but says that we may as well take advantage of the chance offered and hand that man over to the hangman's care. What right have we to do that? Looked at from the mere point of view of the elimination of the unfit what good can the occasional hanging of a lunatic murderer do? That is making no organised attempt to eradicate insanity and crime. The insane can be as effectively prevented from procreation by being retained in an institution, and good work might be got out of them. The moral effect of capital punishment is *nil*: it is a disgrace to a civilised community, and simply comes to this: that man prefers to take the shortest and simplest way out of the difficulty, and shirks treating the question in a rational as well as a merciful light.

I am, yours faithfully,

J. TREMBLE.

ST. BARTHOLOMEW'S HOSPITAL,
LONDON, E.C.
February 13th, 1912.

Notices.

THE GAS LIGHT AND COKE COMPANY inform us that in spite of the rise in the price of coal the price of gas has again been reduced, and a recent reduction, following upon a similar lowering of price each January for four successive years, brings the charge down to half-a-crown per 1000 cubic feet.

From the OATINE COMPANY (4, Mermaid Court, Borough, S.E.) we have received some of the nicest toilet preparations we have ever used. Oatine Toilet Soap is a variety which particularly appeals to men who desire a soap with a good lather and a slight but unobtrusive perfume. Oatine Shaving Soap and Shaving Soap Powder we have found equally good. Among the other preparations we have tried are Oatine Brilliantine, Tooth Paste, and an Eye-wash which is put up in an ingenious bottle, the stopper of which forms an eye bath. There are additional preparations: Oatine Cream, Eau de Cologne, Face Powder, Shampoo Powder, and books of Soap and Papier Poudré upon which we were not qualified to express an authoritative opinion, but the experts to whom these were supplied assure us of their excellence.

From the ALTAR COMPANY (46, Holborn Viaduct) we have received an ingenious little piece of apparatus, "The Altar," designed to facilitate nasal respiration.

It consists of two adjustable clips attached to a horizontal bar. The clips are easily movable on the bar; they are screwed on the alæ nasi and then moved outwards so that the alæ are kept permanently stretched, yet without the least discomfort. In this way nasal respiration is much improved, both in conditions in which there is general nasal obstruction, particularly catarrh, and in those troublesome cases in which the flaccid alæ collapse during sleep.

Royal Naval Medical Service.

The following appointments have been announced since January 20th, 1912:

Fleet-Surgeon F. Dalton to Royal Naval Hospital at Plymouth, to date January 19th, 1912.

Staff-Surgeon L. Morris to the "Lealandia," to date February 1st, 1912.

Staff-Surgeon Noel H. Harris to the "Indomitable," on transfer of Flag, March 5th, 1912.

Staff-Surgeon A. R. H. Skey to the "Roxburgh," to date March 5th, 1912.

Royal Army Medical Corps.

From the *London Gazette:*

Major E. M. Hassard to be Lieut.-Col., November 9th, 1911.

Major J. Girvin to be Lieut.-Col., February 9th, 1912.

Lieut.-Col. F. P. Nichols is placed on retired pay, February 9th, 1912.

Lieut J. R. Hudleston is confirmed in that rank.

Lieut.-Col. F. P. Nichols has taken up a retired pay appointment at Bodmin.

Captain H. C. Sidgwick is posted to the Eastern Command.

Lieut. J. R. Hudleston is posted to the Aldershot Command.

Lieut. M. Drummond is posted to the London District.

Appointments.

ALLNUTT, E. B., M.R.C.S., L.R.C.P., appointed Assistant House-Surgeon to the West London Hospital.

BARNES, H. W., M.R.C.S., L.R.C.P., appointed Assistant House-Surgeon at Addenbrooke's Hospital, Cambridge.

DALE, W. C., M.R.C.S., L.R.C.S., appointed House-Physician at Victoria Hospital, Chelsea.

GIBSON, R. W. B., M.R.C.S., L.R.C.P., appointed Surgical and Medical Registrar and Assistant Anæsthetist to Johannesburg Hospital, S. Africa.

HAIGH, B., M.R.C.S., L.R.C.P., appointed Chief Surgeon to the Medical Mission to the Turkish Camp in Tripoli.

MARSHALL, J. C., M.D.(Lond.), F.R.C.S., appointed Ophthalmic Surgeon to the Royal Waterloo Hospital

SIMPSON, G. C. E., M.B., B.C.(Cantab.), F.R.C.S., appointed Honorary Assistant Surgeon to the David Lewis Northern Hospital, Liverpool.

SUNDERLAND, R. A. S., M.R.C.S., L.R.C.P., appointed R.M.O., London Temperance Hospital.

Examinations.

UNIVERSITY OF CAMBRIDGE.

Third Examination for M.B., B.C

The following have now satisfied the Examiners in all three sections: J. H. Baldwin, F. G. Chandler, H. M. McC. Coombs, M. Donaldson, C. A. Dottridge, E. A. Dyson, A. G. Evans, H. K. Griffith, R. A. Ramsay, H. B. G. Russell, A. W. Stott.

CONJOINT BOARD.

January, 1912.

The following have completed the examinations for the diplomas of M.R.C.S., L.R.C.P.:—E. E. Chipp, G. E. D. Ellis, A. G. Evans, D. B. Evans, S. M. Hattersley, B. W. Howell, F. L. Nash-Wortham, W. D. Owen, D. B. Pascall, P. W. Ransom, E. D. Richards, R. Sherman, H. K. V. Soltau, G. Sparrow, V. D. C. Wakeford, A. J. Waugh, R. W. Willcocks, P. A. With.

Births.

PARKER.—On December 22nd, at Staffa Lodge, Guildford, the wife of Herbert F. Parker, M.D.(Cant.), of a daughter.

VERLING-BROWN.—On Friday, February 2nd, at Seymour House, Mulgrave Road, Sutton, Surrey, to Dr. and Mrs. C. R. Verling-Brown, a daughter.

Deaths.

BUTLIN.—On January 24th, Sir Henry T. Butlin, F.R.C.S., of 82, Harley Street, W.

GLENNY.—On February 15th, at Santa Ana, Peru, of typhoid, Jessie Catherine, wife of Elliott T. Glenny, of Cuzco, Peru, and daughter of Mr. and Mrs. Thomas Dence, of Kingsbury, Shortlands, Kent, aged 30 years.

JEAFFRESON.—On February 14th, at Red House, Wandsworth, Horace Jeaffreson, M.D., aged 75, youngest son of William Jeaffreson, F.R.C.S., Framlingham.

MACKINDER.—On January 28th, D. Mackinder, M.D.(St. And.), F.R.C.S.(Edin.), of 12, Park View Villas, Hove, Brighton, aged 66.

OLDHAM.—On January 9th, 1912, at Osborne, Isle of White, Lt-Col. B. C. Oldham, I.M.S., M.R.C.S., L.R.C.P.

PURKIS.—On February 2nd, at Sekondi, West Africa, Dennis Woodley Purkis, L.R.C.P., L.R.C.S.(Edin.), L.F.P.S.(Glas.), of pulmonary embolism, youngest son of William Purkis, Balsham, Cambs, in his 37th year.

Acknowledgments.

The Practitioner, Report of the Imperial Health Congress, The Medical Review, The Student (3). *L'Echo Médical du Nord* (3). *The Nursing Times* (4), *The British Journal of Nursing* (4), *Guy's Hospital Gazette* (2), *The London Hospital Gazette, The St. Bartholomew's Hospital League News, The Hospital, St. George's Hospital Gazette, St. Mary's Hospital Gazette, Pathologica, Giornale della Reale Società Italiana d'Igiene.*

NOTICE.

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

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

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

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St. Bartholomew's Hospital Journal.

VOL. XIX.—NO. 7.] APRIL, 1912. [PRICE SIXPENCE.

St. Bartholomew's Hospital Journal,

APRIL 1st, 1912.

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

Calendar.

Mon.,	April	1.—2nd Examination of Society of Apothecaries begins.
Tues.,	,,	2.—Dr. Garrod and Mr. Waring on duty.
Wed.,	,,	3.—Examination for D.P.H.(Cambridge) begins.
Fri.,	,,	5.—**Good Friday.** Dr. West and Mr. Bruce Clarke on duty.
Sat.,	,,	6.—Oxford Lent Term ends.
Tues.,	,,	9.—Dr. Ormerod and Sir A. Bowlby on duty. Final Examination Conjoint Board (Medicine) begins.
Thurs.,	,,	11.—Final Examination Conjoint Board (Midwifery) begins.
Fri.,	,,	12.—Dr. Herringham and Mr. Lockwood on duty. Final Examination Conjoint Board (Surgery) begins.
Mon.,	,,	15.—Harvey: First Lecture 1616.
Tues.,	,,	16.—Dr. Tooth and Mr. D'Arcy Power on duty.
Thurs.,	,,	18.—Cambridge Easter Term begins.
Fri.,	,,	19.—Dr. Garrod and Mr. Waring on duty. Oxford Easter Term begins.
Mon.,	,,	22.—**Summer Session begins.**
Tues.,	,,	23.—Dr. West and Mr. Bruce Clarke on duty. Examination for Pt. II of 2nd M.B.(Cambridge) begins.
Fri.,	,,	26.—Dr. Ormerod and Sir A. Bowlby on duty.
Tues.,	,,	30.—Dr. Herringham and Mr. D'Arcy Power on duty.
Thurs.,	May	2.—Primary F.R.C.S. begins.
Fri.,	,,	3.—Dr. Tooth and Mr. Waring on duty.
Mon.,	,,	6.—Examination for M.B., B.S. (London) begins.

Editorial Notes.

THOSE who have read the last number of the JOURNAL will have noticed that the Editor made his farewell bow to his readers, and with his characteristic courtesy introduced his successor in the kindest manner. He adds, moreover, that it is with "genuine regret that he is wielding the editorial pen for the last time." We are confident that the regret is not only on his side. The JOURNAL and its readers owe a great deal to Mr. A. Abrahams, and we are glad to have this opportunity of paying a tribute not only to the fluency and versatility of his pen, but also to the labour and untiring energy he cheerfully expended in his arduous work as Editor. Lacking the splendid confidence of a certain friend of ours, who has often been heard to exclaim that he considers the human body a very carelessly constructed contrivance and that had he had the making of it he could have invented something far better, we can simply hope that we may follow worthily in the steps of our predecessor, and that the result of our endeavours may not fall too far short of his achievements.

* * *

It is with much regret that we have to announce the resignation of Mr. C. B. Lockwood from the Visiting Surgical Staff. For twenty years he has given his services—those of the highest order—as surgeon to the Hospital. By his retirement not only are we losing a great surgeon, but one who has been a most painstaking and convincing teacher.

We offer our sincerest congratulations to Mr. H. W. Wilson on his appointment as Surgical Registrar; and also, if we may, on another distinction he has recently achieved—we refer to his marriage, which took place on March 22nd.

* * *

At the forthcoming election to the Council of the Royal College of Surgeons of England Sir Anthony Bowlby will be a candidate for re-election, and we confidently hope that he will head the poll. Mr. D'Arcy Power wishes it to be known that he will be a candidate for election at the same time.