

## "DRY DIAMALT."

We have had occasion before to remark upon the excellence of the preparations manufactured by the British Diamalt Co., 11 & 13, Southwark Street, London, S.E. Their latest production we have had an opportunity of examining is a malt extract in a perfectly dry form which, when submitted to analysis, proves to be exceptionally rich in maltose and protein so that desiccation, apparently obtained by a most careful process, has not in any way affected the high nutritive value of the extract. The pleasant taste of Dry "Diamalt" combined with its easy solubility will readily appeal to physicians whose patients object to taking the thick viscid preparations usually prescribed.

We can with every confidence assure the profession of the reliability of this unique form of malt extract.

## 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. Gurvin 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. Stidwick 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, K. W. B., M.R.C.S., L.R.C.P., appointed Surgical and Medical Registrar and Assistant Anesthetist to Johannesburg Hospital, S. Africa.  
HAIGHT, E., 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.  
SUNDEKLAND, 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-Worham, W. D. Owen, D. B. Paskell, P. W. Ransom, E. D. Richards, R. Sherman, H. K. V. Sultau, 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. Vering-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 Catharine, wife of Elliot T. Glenny, of Cuzco, Peru, and daughter of Mr. and Mrs. Thomas Dence, of Kingsbury, Shortlands, Kent, aged 39 years.  
JEFFERSON.—On February 14th, at Red House, Wandsworth, Horace Jeffereson, M.D., aged 75, youngest son of William Jeffereson, 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. D. 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, Balshams, Cambs, in his 37th year.

## Acknowledgments.

*The Practitioner, Report of the Imperial Health Congress, The Medical Review, The Student (3), L'Echa 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.  
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. 7.]

APRIL, 1912.

[PRICE SIXPENCE.]

## St. Bartholomew's Hospital Journal.


APRIL 1st, 1912.

"Equam mentem 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— <b>Good Friday.</b>
		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's 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— <b>Summer Session begins.</b>
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.

 HOSE 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.

On March 11th the Annual General Meeting of the Students' Union was held under the genial presidency of Mr. Waring. An account of the business transacted will be found further on in these columns.

The Catering Company, Ltd., we understand, is in a flourishing way, under the auspices of which one can obtain absolutely anything from a beef-sandwich to a sausage; and, in point of fact, if only an early enough visit be made to the handsome and luxurious dining hall, the hungry soul can make excursions even beyond these gastronomic poles.

We are asked to solicit votes on behalf of Trevor Cresswell Lawrence Westbrook, *et. 11*, who has been approved by the Council as a candidate for election to a Foundation Scholarship at Epsom College. He is a son of Ernest Westbrook, an old Bart.'s man, who has been in practice twenty-five years, but owing to illness is totally incapacitated from following his profession.

Old Bart.'s men may be interested to know that the School Committee has just decided to hold two Post-Graduate vacation classes during the coming long vacation, one beginning July 16th and ending July 30th, and the second beginning September 3rd and ending September 17th. The details of the work are now being arranged, and will probably follow somewhat similar lines to the courses which were given last year.

At the Abernethian Society, on February 22nd, Mr. F. G. Chandler read a paper on "Medicine and Surgery in the Middle of the Seventeenth Century." On February 20th a paper on "Meningism" was read by Dr. A. E. Gow, who has kindly allowed us to publish it in the present number of this JOURNAL. The excellent photograph we owe to Mr. Canti. On March 7th Mr. A. F. S. Sladden read a paper entitled "Notes from a Tomb."

In one or two recent numbers of the *British Medical Journal* there have appeared short articles on "Diet and the Intellect." What effect, if any, has diet upon the intellect? This, at least so it appears to us, is one of those questions of the utmost interest, and for a true answer to which we would give a very great deal. Very little is known absolutely of the effect of diet on disease and many old traditional views are disputed. Still less is known about the effect of food on the mental processes. We find men of the highest order of intellect going to the opposite extremes in the matter of diet. Several occur to us who ate extremely sparingly, and who attributed their powers to this; others, like Dr. Johnson, made gargantuan meals, and yet retained their genius and the liveliness of their imagination. He would be a bold man who asserted that the diet had no effect, for many of our most potent drugs come from common plants, which, we imagine, have been excluded

from ordinary consumption by the past experience of the race. A faulty diet may, it appears, give rise to an intestinal toxæmia, as we should call it, but which the ancients termed black bile—melancholy.

Who knows to what tough morsel or to what black bile we owe those divine lines:

"My heart aches and a drowsy numbness pains  
My sense, as though of hemlock I had drunk,  
Or emptied some dull opiate to the drains  
One minute past, and Lethe-wards had sunk."

or those of Coleridge:

"A grief without a pang, void, dark and drear,  
A stifled, drowsy, unimpassion'd grief  
Which finds no natural outlet, no relief,  
In word, or sigh, or tear."

or the many fascinating lines of Shelley, written in dejection? It is interesting to know that Hippocrates, in his *Aphorisms*, recommends a moderately liberal diet; and we are of those who consider that what Hippocrates says is true unless the contrary has been incontrovertibly proved. He says: "A very slender regulated and restricted diet is dangerous to persons in health, because they bear transgressions of it with more difficulty. For this reason, a slender and restricted diet is generally more dangerous than one a little more liberal." So the "Father of Medicine" would certainly discountenance fads and cranks in diet.

A more practical question at the present time, when many of our fraternity are passing through the valley of the shadow of examinations, is: What is the right state in which to approach a "viva"? We ourselves have tried many methods—fasting, gorging, alcohol, consulting omens, coffee—and were forced at last to the conclusion that the best equipment, after all, was a little knowledge. An aphorism on the best way to approach the "viva" might run: "A little knowledge and a fairly empty belly."

In conclusion, we would like to make an appeal to all the members of the Hospital, and especially the Housemen, for contributions to the JOURNAL. In a hospital the size of ours there must be, and is, a great variety of talent; we have had proof of this on more than one occasion. The Editor extends his arms to "chymist, fidler, statesman, and buffoon," to the poet, the clinician, the caricaturist, the pen and ink sketcher, the antiquarian, and the wag. Especially would we welcome notes of cases of unusual interest in the Hospital. And now, gentle reader, adieu, and to our JOURNAL, to misquote Herrick, thus:

"Make haste away, and may some be  
Kindly critics into thee;  
Lest, rapt from hence, I see thee lie  
Torn for the use of pastry;  
Or see thy injured leaves serve well  
To make loose gowns for mackerel;  
Or see the grocers, in a trice,  
Make hoods of thee to serve out spice."

## Meningism.

A paper read before the Abernethian Society on February 29th, 1912.

By A. E. Gow.

IN 1804, Dupré, a French physician, introduced the word "meningism" to denote a condition very closely simulating meningitis, but in which no demonstrable lesion of the meninges occurs. Met with not infrequently in patients, especially children, who are suffering from a severe and acute toxæmia, the condition tends to rapid recovery when the toxæmia subsides.

Whether this state of meningeal irritation is becoming more frequent I am unable to say, but as a fair number of such cases have recently occurred in this Hospital, and as the subject has not hitherto been discussed by this Society, I have ventured to bring it before you to-night. A few cases have been recorded by French observers, but the only two papers in English on the subject I have been able to find are by Tylecote\* in 1907 and by Porter,† of San Francisco, in 1910. The former reports cases occurring in the course of diphtheria, phthisis, and typhoid fever—five in all; the latter in typhoid, ? syphilis, broncho-pneumonia, and tuberculosis—five in all.

The more prominent symptoms in this group of cases are great restlessness, headache, retraction of the head, and a cry; and the diseases in the course of which it has been met with are pneumonia, epilepsy, Addison's disease, diphtheria, erysipelas, tuberculosis, constipation, epidemic diarrhoea, helminthiasis, and chorea. It occurs, therefore, under a large variety of conditions, all of which, so far as is at present known, are due to micro-organisms or other agencies, which liberate virulent toxins, and it is doubtless to these toxins that the symptoms are due.

The condition has been most marked perhaps in some of the cases of pneumonia, a disease which may be complicated by pneumococcus meningitis, and it is obvious that a correct diagnosis is of the utmost importance with regard to prognosis. Meningitis is fortunately a rare, though very fatal, complication of pneumonia. Holt met with it twice in 170 autopsies. It may occur at the height of the fever or late in the disease. It may be quite latent, being only discovered in the post-mortem room, though nearly always it is ushered in by repeated attacks of vomiting, convulsions, a rapid rise of temperature, and irregular, jerky respirations, death taking place in about forty-eight hours. The exudate in such cases being mainly over the vertex of the brain, retraction of the head is not a prominent sign; this is of importance, seeing how common is retraction in meningism.

\* *Medical Chronicle*, vol. xiii, 1907.

† *Archives of Pediatrics*, vol. xxvii, 1910.

Now, meningism may arise also very early in the course of pneumonia, before there are any definite physical signs in the chest to render the diagnosis of the primary disease certain, or during the height of the fever—I have never seen it begin after the crisis. In one case, a boy, *et. 5½*, who was admitted, under Dr. Tooth, on the third day of a very severe attack of pneumonia, the symptoms developed about the tenth day—headache, intervals of unconsciousness, slight retraction, a marked internal squint, and occasional slight twitching of the arms, hands, and face. Kernig's sign was positive. The child remained practically unconscious until the crisis and lumbar puncture on the eighteenth day, after which he rapidly improved. His convalescence was, however, interrupted by dilatation of the heart. There was no vomiting throughout, and no cry.

Meningism arising early in the course of pneumonia, before the physical signs call attention to the pulmonary consolidation, is very liable to be mistaken for tuberculous meningitis. A female child, *et. 5*, was admitted to Hope last November—I believe as a case of tuberculous meningitis—with an indefinite history of four days' restlessness, delirium, and pain in the back of the neck. She was slightly cyanosed, the face was not flushed, her pupils were unequal, she had a marked internal squint, and lay curled up on her left side in bed, resenting all movements. Reflexes were normal, but Kernig's sign was positive, and there was slight retraction. She had no herpes, but there were a few very indefinite signs on the right side of the chest. Lumbar puncture yielded a normal fluid. The following day the signs were such as to leave no doubt as to the diagnosis, and the cerebral symptoms were less marked. On the eleventh day, just before the crisis, the child became very restless, with constant side to side rolling movements of the head, and was practically unconscious. This continued with great restlessness and frequent piercing cries for over a week, during which time the temperature, from being practically normal for four days, went up again to about 103° F. for five days, due to an outbreak of boils and otitis media, both staphylococcal in origin.

Of the nine cases of meningism in pneumonia of which I have records, the symptoms developed before definite physical signs in the chest in six, and shortly before the crisis in three. Herpes was absent in all cases.

The main points on which stress should be laid in the differential diagnosis between tuberculous meningitis and meningism at the onset of pneumonia appear to be:

(1) *The temperature.*—In meningism of early pneumonia the temperature is always high, 103° to 105° F. Such a high fever is very exceptional in tuberculous meningitis or in cerebro-spinal fever; while the relatively afebrile pneumonia met with in alcoholic and nephritic subjects, or in those with heart disease, is seldom accompanied by meningeal symptoms.

(2) *The position of the patient.*—In meningism the

patient generally lies on the side, in tuberculous meningitis on the back. The facies of tuberculous meningitis is often quite distinctive, the child looking as if deep in thought, and there is frequently a slight unilateral ptosis.

(3) *The pulse* in "pneumonic meningitis" is rapid but regular; in tuberculous meningitis it is apt to be slower and irregular.

Other minor points which may be taken into consideration are the diminution of the chlorides in the urine in many cases of pneumonia; the knee-jerks, which are often absent in tuberculous meningitis—though in pneumonia they may not be present from about the fourth to the ninth day.

Glycosuria, if present, would favour meningitis; it occurs in 30 per cent. of cases of the tuberculous variety, though generally not until the last week of the disease. The leucocyte count is not of much help, for it may be as high in tuberculous meningitis as in the early stage of a pneumonia.

Irregularity of the respiratory rhythm, especially if the intercostals and diaphragm do not contract simultaneously, is strongly in favour of meningitis; it does not occur in meningism.

As the case progresses the condition of the child becomes steadily worse in meningitis, but in meningism, though the symptoms are rapidly developed, they do not, as a rule, tend to become aggravated, and the prognosis is good.

Pneumococcus meningitis may, however, supervene on meningism in pneumonia. A male child, *æt.* 22 months, was admitted to Matthew in November, 1910, for pyrexia and abdominal distension. Signs of pneumonia developed and the child became almost unconscious, frequently rolling the head from side to side and uttering a "meningeal cry." There was no squint and no optic neuritis, but Kernig's sign was present, with slight retraction of the head and occasional rigidity of an arm or a leg. On the fourth day after admission, when the child was quite unconscious, the cerebro-spinal fluid was examined and found to be normal. On the seventh day the patient's respirations grew jerky and irregular, and he died, rather suddenly, on the tenth day after admission.

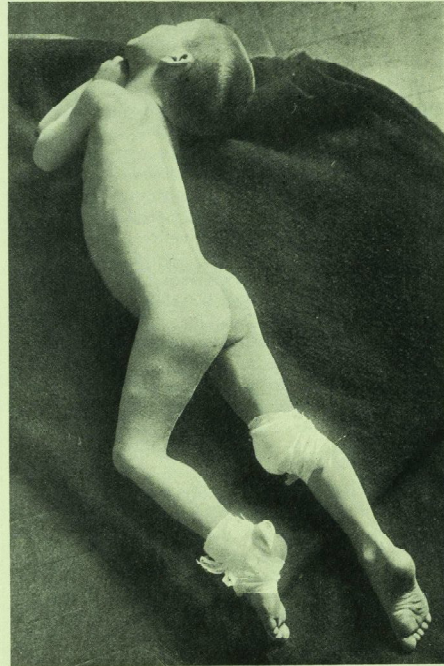
At the *post-mortem* a uniform gelatinous exudate was found over the vertex of the brain. Here it is lawful to assume that the meningitis developed on the seventh day—that is, about forty eight hours before death.

With regard to the value of Kernig's sign in the diagnosis of meningitis, opinions differ widely. Tylecote states that it is never present in meningism, to which assertion Porter takes exception. I am of the opinion that Kernig's sign, as generally elicited, is of no value in the differential diagnosis of the two conditions, though it must in fairness be stated that the test, as we perform it, is very different to that originally described by Kernig. The "neck sign" appears to me, from a limited experience, to be of considerable value.

The photograph shows how extreme the retraction may

be in meningism, and incidentally calls attention to the fact that the skin over the bony prominences must often be protected in order to avoid bed-sores.

Some eminent neurologists heartily dislike the term "meningism," maintaining that a meningitis is present in all cases. The squint, say they, for example, could not be produced save by an inflammatory exudate. Now the squint in meningism is generally an internal one, and may, I think, be explained as follows: Many of the patients are



Child, *æt.* 3, with meningism in pneumonia, which recovered.

hypermetropic, and therefore have to accommodate for distant as well as for near objects. Owing to the fact that accommodation has been associated with convergence from time immemorial, a hypermetropic child has to converge somewhat, as well as accommodate, to see distant objects clearly, so that a slight though constant muscular effort is always at work. This strain may be successfully borne by the child in normal health; but when the general state falls below par, this effort of convergence of both eyes proves too much, and a crisis occurs, after which the

child is found to have thrown all the convergence into one eye, an internal strabismus resulting. When the child improves this squint may pass off.

*Diphtheria* may be associated with signs of intense meningeal irritation. A boy, *æt.* 6, was seized at midnight on October 4th-5th with vomiting after a "night-terror." Shortly after he had a fit. During the day he had four severe fits, and became drowsy and unconscious. He was brought to the Hospital on the morning of the second day, and when seen by me in the Surgery his temperature was 103° F.; he was practically unconscious, lying on his side with legs drawn up and head slightly retracted. There was incontinence, no squint, knee jerks not obtainable; Kernig's sign was present with a double extensor plantar response. I thought him to be suffering from pneumococcus meningitis, and he was admitted under Dr. Herringham, where it was discovered that he had a slight nasal discharge containing Klebs-Loeffler bacilli, and that the cerebro-spinal fluid was normal. He died the following day. At the *post-mortem* the cerebral vessels were congested, but there was no meningitis.

There is at present in Isolation a child, *æt.* 13 months, who on the fourth day developed vomiting, retraction of the head, and a typical "meningeal cry." As the cry became more frequent and pronounced the cerebro-spinal fluid was examined, and the question of meningitis thereby put out of court. It is worthy of note that the fontanelle was depressed throughout—a point very much against meningitis.

Meningism may be prominent in certain diseases of the alimentary tract. Two unusual features of last year's epidemic of *summer diarrhoea* were the frequency of "head symptoms" and the large proportion of cases which were febrile. Such are more likely to be mistaken for meningococcus meningitis than for the tuberculous variety, and as not a few cases of post-basis meningitis in young children begin with diarrhoea and vomiting, the diagnosis may in some circumstances be extremely puzzling. The petechial rash of spotted fever corresponds very closely to the purpuric eruption sometimes seen in enteritis, but a bulging fontanelle or the existence of joint swellings would render the diagnosis of meningitis certain. Fever more pronounced in the morning than at night is strongly in favour of meningococcus meningitis.

A case of "septic appendicitis" associated with symptoms of delirium, unequal pupils, strabismus, coma and fever is reported by Michel. This patient recovered, but others which he mentions with similar symptoms died with purulent meningitis.

*Constipation.*—A "spoilt" child was recently in Luke on account of headache, great irritability, vomiting and squint coming on after a slight fall. He screamed more or less incessantly in the ward for twenty-four hours. He was obstinately constipated, and had a temperature of 100° F. and would have done well for an early stage of tuberculous

meningitis. Lumbar puncture yielded a fluid not under increased pressure, but slightly blood-stained, and in which tubercle bacilli were not found. His condition rapidly improved after the puncture, and he was discharged apparently well in a few days.

The *status epilepticus* may on occasion be highly suggestive of tuberculous meningitis. A boy, *æt.* 10, was under Dr. Horder in the Great Northern Hospital, and as he behaved in a somewhat unusual manner I should like to recount his story to you at some length. His history was that three weeks ago he fell, bruising the left eye, since when he lost appetite and seemed generally out of sorts. Four days before admission he had his first convulsive fit, followed by coma for about an hour. He had several fits after this, and was quite unconscious for two days. There was no incontinence, no cyanosis, and no tongue-biting, nor was there any history of previous fits. Soon after admission, on the fifth day of the disease, his temperature was 99.4° F.; he was dazed and drowsy, but could be roused by shouting. The eyes were incessantly rolled about. Pulse 88, slightly intermittent. The only reflex obtained was a double extensor plantar response; there was no retraction or rigidity, but a slight cataleptic state of the arms.

During the following night he had seventeen fits, each lasting from a few seconds to fifteen minutes; also slight epistaxis, and uttered frequently a "hydrocephalic cry." He continued in much the same state for nearly a week, when the cerebro-spinal fluid was found to be quite clear and to contain a few lymphocytes. The pulse became very intermittent, the reflexes remained absent, and he was very restless and noisy, with occasional fits. This continued until the end of the second week, when his condition steadily improved.

Here the intermittent irregular pulse, absent knee-jerks, hydrocephalic cry, and restless semi-somnolent condition suggested tuberculous meningitis; against which diagnosis were tabulated the facts that tuberculous meningitis very rarely begins with fits; that the child did not seem to be getting worse; absence of tubercle bacilli from the cerebro-spinal fluid; no optic neuritis and no tubercles seen in the choroid; absence of fever—the last three being of relatively small value.

*Tuberculosis* not uncommonly terminates by the dissemination of the bacillus, death taking place with the symptoms of tuberculous meningitis.

These cases of tuberculous meningitis commonly last a day or two more, or a day or two less than three weeks.

But apart from any naked-eye affection of the meninges, patients suffering from tuberculosis may exhibit symptoms of meningitis and yet recover, or in the event of death, no naked-eye lesion be found within the skull. I say "naked eye" for reasons which will shortly appear, though it is highly probable that the cases of tuberculous meningitis

which have been reported as cured belong to this class. Porter mentions an infant, *æt.* 14 months, diagnosed as miliary tuberculosis with meningitis who showed marked head-retraction, an extreme Kernig's sign, right external strabismus, and a dilated irregular pupil on the left. He does not tell us how long these symptoms persisted, but the cerebro-spinal fluid was normal. At the *post-mortem* the child was found to have caseous tuberculosis of the lung. The meninges were quite free of infection, but no microscopic examination was made. A very similar case in a male child, *æt.* 3, is the following: Except for the fact that he did not take his food well on the preceding day he seemed as usual until he suddenly vomited and became convulsed. He was admitted, under Dr. West, semi-comatose one and a half hours later. He was slightly cyanosed, with a temperature of 102.8° F., and shortly had a fit of twenty minutes' duration, after which he reacted slightly to external stimuli. He was rigid, head retracted, back arched to the left; the pupils inactive and eyes deviated to the left. He had a nasal discharge—not diphtheritic—and a small patch of erysipelas on the cheek. On the following day the left-sided rigidity and retraction were more marked, and there was ptosis of the left eyelid. Lumbar puncture yielded a clear fluid which appeared to be under increased pressure; the protein content was unusually low, but in other respects it was perfectly normal. The child died on the fifth day after the onset of the symptoms—much sooner than is the case in general in tuberculous meningitis. The *post-mortem* showed tuberculosis of the lungs and spleen but no meningitis. I have examined histologically the cortex cerebri from the leg area on the right side of the brain, and it shows a very localised deposit of tubercle deep down in one of the sulci. Tylecote records the case of a child, *æt.* 2, suffering from tuberculous consolidation of the left upper lobe, who began to whine, to vomit, and lose flesh rapidly, and who developed an increasing and very suggestive "meningeal cry." Lumbar puncture disclosed a normal fluid, and was followed by improvement in the symptoms.

Meningeal symptoms arose in a man *æt.* 47, who was in the Great Northern with Addison's disease. The certain diagnosis was not made, however, during life—except by the patient's friends. With a temperature of 102° F., and a headache, he rapidly became aphasic, and, unable to recognise his friends, lay semi-somnolent on his back, with knees drawn up, groaning frequently. The pupils reacted, but were unequal; ophthalmoscopic examination caused violent retching but disclosed normal discs. He became very restless and was lumbar punctured under chloroform. The fluid was normal, and he was much better on coming round from the anæsthetic; there were no further meningeal symptoms before his death seven days later. This man had tuberculous disease of both suprarenal capsules and of the

anterior part of the bodies of the ninth and tenth dorsal vertebrae.

The certain diagnosis between well-marked meningism and meningitis is only possible on the results of the examination of the cerebro-spinal fluid. Lumbar puncture is so simple an operation, and is often followed in these cases by so great an improvement in the symptoms, that it should always be performed when the slightest doubt exists as to the correct diagnosis; and it is only by this means that the existence of a meningitis, and its nature, if present, can be certainly determined.

Unfortunately we have no ready means of estimating the pressure under which the fluid is contained; and with regard to the rate at which a fluid at normal pressure flows from the cannula, what one observer would regard as normal is by another held to be increased and, *vice-versa*. This rate of flow must obviously depend on various factors: the size of the cannula; whether the opening in the theca is partly obstructed by nerves, membranes, etc., while in some cases the exudate, especially in cerebro-spinal fever, is so gelatinous that it will not readily flow through the needle. Thus no great importance can be attached to the rate at which the fluid escapes. Mott gives the normal at sixty drops per minute—this is too high when the first spurt is over. About 8 c.c. is required for all tests.

The determinations which are of paramount importance are the protein and cellular content, and, above all, the presence or absence of micro-organisms.

Normal fluid contains about 0.035 per cent. of protein, estimated by Aufrecht's albuminometer. In meningism this figure may be lower, or as high as 0.1 per cent.—an increase which is considerably exceeded in meningitis. Globulin as tested for by ammonium sulphate is absent in meningism, often present in meningitis.

Normal fluid and that in meningism is quite clear, yielding no flakes, clot or macroscopic deposit on standing. Any turbidity of the fluid, except when due to the presence of blood, indicates meningitis, the turbidity being due to leucocytes and endothelial cells. The fluid in tuberculous and syphilitic meningitis is often quite clear when first drawn off, though it frequently deposits a "spider-web" clot on standing, but in all forms of pyogenic and meningococcus meningitis, it is more or less turbid and often slightly greenish-yellow in colour.

The reducing properties of the cerebro-spinal fluid are unaltered in meningism. The sugar is diminished in meningitis, though rarely completely absent. I have failed to get any reduction on three occasions only—twice in meningococcus meningitis and once in syphilitic meningitis.

Normal fluid does not contain more than 10 cells per c.mm. In meningitis these may be increased, and anything up to 30 may be met with invariably lymphocytes. In meningitis the figure is much higher, tubercle and syphilis causing a rise mainly affecting the lymphocytes,

the other varieties being associated with the advent of the polymorphonuclears. It may be mentioned, however, that chronic meningococcus meningitis may occasion a lymphocytosis.

These remarks must, however, be qualified by reference to a fluid which I examined from a private patient of Dr. Morley Fletcher's. The case was diagnosed as tuberculous meningitis. The fluid contained several small flakes, 0.075 per cent. albumin and 130 cells, of which 85 per cent. were lymphocytes and 15 per cent. polymorphonuclears, per c.mm. The reducing power was, if anything, a little below the normal, but though prolonged search failed to reveal tubercle bacilli, I felt quite confident they were there. However, this child recovered, and the nature of his illness remains to me a mystery, unless it was, as Dr. Fletcher suggests, an anomalous case of polio-encephalitis.

Finally, there is the question of micro-organisms. None derived from the cerebro-spinal fluid will be found in cases of meningism, either in films or in culture; while in meningitis the causal microbe may frequently be demonstrated by appropriate means in films or cultures.

With regard to special treatment there is very little to say. As the condition almost certainly depends upon a toxæmia, the rational treatment is to hasten the excretion of the toxin by the kidneys and bowel; this may best be accomplished by the subcutaneous or intra-venous administration of saline solution. This cannot, however, be lightly undertaken in such a disease as pneumonia, where a great strain is already thrown upon the right side of the heart; but if there is no marked cardiac dilatation saline may certainly be given. I have no experience of the value of antitoxic sera in this connection.

In conclusion I wish to acknowledge my thanks to the Physicians of this Hospital for permission to quote cases which have been in their charge.

### A "Surgical" Tour in Berlin in January, 1912.



WE propose to give a very frank account of the impressions left by this tour, and trust that our German colleagues will in no way be offended by the same.

On Monday, January 15th, we went, by the kind invitation of one of the leading surgeons of Berlin, to his private "klinik," which is equivalent to our "nursing home." We arrived there at 9.15 a.m., and found that it was a flat in one of the west-end streets of Berlin, on the south side of the Tiergarten, but with a very gloomy outlook. There was nothing special to indicate that it was other than an ordinary flat, and not one built for surgical purposes, except

that one room, a good sized one, had been converted into a very fair operation room, and that the entrance to this room had been enlarged and the doors made to swing widely open, so that a stretcher could easily pass through them.

We also saw one of the bedrooms, and found it clean, but very poorly furnished so far as English ideas go, and the view from its one window was practically only a rather dirty brick wall.

At 9.30 the Professor arrived, and we were greeted courteously, and after waiting until the patient was placed under an anæsthetic (open ether, which is the general anæsthetic most commonly used in Germany at the present time), we came into the ante-room, and there took off our coats and donned long white gowns, very similar to those which we use in our own operation theatres. We were not asked to wash our hands, nor were we provided with caps or masks, and the Professor and his assistants also did not wear these.

We found the case to be a man, aged about 50, with very intense jaundice, and, as far as we could surmise, marked alteration of his blood elements, for he was covered with petechial spots, and on one buttock a largish ecchymosis.

The operation was to decide whether there was a calculus obstructing the common bile-duct or whether there was a malignant growth of the head of the pancreas. The Professor made a very large incision running parallel with the right costal arch and about three fingers' breadth below it. The incision began beyond the middle line, and ran downwards and outwards to the right for about nine inches. The right rectus muscle was completely severed.

Examination within the abdomen soon showed that there was a malignant growth at the head of the pancreas, and the operator decided to make a junction between the gall-bladder, which was distended, and the small intestine. He took the fundus of the gall bladder up in a large pair of clamp forceps, and then took hold, not of a portion of the duodenum, but a piece of the highest part of the jejunum. This he also clamped, and then in a very skilful manner performed the anastomosis by means of fine catgut and silk sutures. Having completed this, he went on to perform a lateral anastomosis between the proximal and distal parts of the intestinal loop used for the cholecystostomy. The abdominal wall was closed by stitches passing through the peritoneum, fasciæ and muscle, with a superficial layer of interrupted sutures for subcutaneous tissues and skin. The dressing consisted of a xeroform cream, covered with gauze held in place by strapping.

The second case was that of a young woman from whom the appendix was to be removed in the quiescent stage. The incision was made much lower than is usual in England, being a short distance above the outer half of Poupart's ligament. The muscular tissues were divided in the gridiron fashion, but with what we thought was more than necessary severance. The appendix was

quickly found, and brought out of the wound with the cæcum, and the meso-appendix ligatured in the usual manner, and then the base of the appendix crushed with very powerful forceps, and the crushed portion ligatured, cut off, and the raw surface buried by Lembert stitches. There was no attempt to invaginate the stump of the appendix into the cæcum. The wound was closed more deliberately than in the case of the first operation and the same dressing applied.

It was interesting to note that the anaesthetist left the patient towards the end of each operation and wrote an account of the procedure as dictated by the Professor.

In the afternoon we were most kindly invited to the "Urban" Hospital, where the one surgeon has charge of some 200 surgical beds. This hospital was built twenty-two years ago, and on the pavilion style, and is very fairly up-to-date. The operation theatre is large, light, and clean, but the nursing staff small, only two nurses being in the theatre at the time we were there. We visited the wards. These are large, but the beds somewhat close together, and the head of the bed well away from the wall, along which hot water pipes run. Here, again, nurses were conspicuous by their absence, and the comfort of the ward was very much less than that of a British hospital. The diseases were varied, but we were struck with the number of cases of appendicitis and of fractures.

There was a children's ward with twenty-eight cots, in which there were only two nurses. Attached to this ward there was a good day-room in the form of a nursery with capital toys and small chairs and tables for the children, who all seemed happy. All the patients in the wards wear a kind of uniform, not altogether unlike that worn by the inmates of our Poor Law infirmaries. For "dressing," and often for examination, those patients who are sufficiently well are wheeled in their beds, or walk, to a central building in which are the operation theatres and several "dressing" rooms. We saw here some interesting cases on which the Professor had performed extensive operations for the relief of large cavities left after tuberculous empyemata, and with very fairly satisfactory results owing to the great falling in of the softer chest wall when portions of many ribs had been removed.

Finally, we went to the large operation theatre, where we saw the Professor operate upon a case of extravasation of urine consequent upon an old urethral stricture. He first of all, the patient being under open ether anaesthesia, inserted through the meatus a catgut bougie, on the projecting end of which was a screw-thread to allow a catheter to be attached. This would not pass through the narrowed portion of the urethra, so he took another and inserted this also, with the same result, and then another which also refused to traverse the stricture, but a fourth passed in the midst of the others slipped through, and to it was screwed a catheter about the size of a No. 12 English. After the

removal of the other bougies this catheter was pushed on and seemed to pass fairly easily into the bladder, and a considerable quantity of urine flowed out. It was then cut down upon in the perineum through tissue which was sloughy and stinking. An attempt was then made to pass a larger catheter through the stricture into the bladder, but owing to the want of a gorget, which did not seem to be an instrument known to those present, a good deal of time was lost before the passage was accomplished. The sloughing perineal tissues were then cauterised with a Pacquelin's cautery, with what object it was not clear, and the scrotum split in the middle line, so that the drainage obtained was very thorough.

The Professor has the assistance of several qualified men, some of whom are paid by the State for their services and others are voluntary, gaining in this way practice and experience.

The general impression of this Hospital and its work left upon our minds was that its comfort was far less than that found in England, that the nursing was very inferior, that the surgery was good, but not markedly better than British, and that a considerable amount of clinical material was wasted, seeing that no students attended for instruction in this large and well-appointed hospital.

On Tuesday, January 16th, we repaired to the "University klinik" at 8 a.m. We may remark in passing that the German medical student always starts early, even in the winter. He also seems to work harder than his English confrère. Here are his day's engagements: 8 to 10 a.m., surgical clinic; 10 to 11, gynaecology; 11 to 12, skin; 12 to 1 p.m., children; 1 to 2, free time for lunch, etc.; 2 to 3, medical diagnosis; 3 to 5, special laboratory work; 5 to 7, surgical diagnosis and surgical treatment, and after dinner two or three hours' reading!

This "klinik" is in reality a hospital of some 500 beds attached to the University medical school, not, as we have it, a medical school attached to a hospital. We entered a large clinical-operation theatre, and found that the ten seats reserved for foreign medicals had already been taken by those American and other graduates who had arrived even earlier than we had! One of these was an old post-graduate of our own, and he was kind enough to give us a good deal of information concerning the working of the "klinik." By 8.15 the theatre was full, quite 200 being present, including several women. These students were undergraduates, and represented those who for this year were studying surgery in particular. At 8.15, when all was ready, the University Professor of Surgery came in with his assistants, who number as many as fourteen or more, and cases were wheeled in, or walked in. Some old operation cases were shown, those that had been operated on the week before, exhibited in order that it may be seen how well the wound has healed. These included two goitre operations, a recently healed scar extending the whole breadth of the abdomen, the incision having been

made for the radical operation upon an umbilical hernia in a fat German woman, and they can be very obese!

Then came the new cases. These were very fully dealt with by the Professor, who had been given the complete history of each case, carefully worked up previously by one of his qualified assistants.

Two of the students were called down on to the floor of the theatre, and questioned by the Professor on the case then being demonstrated, but they do not in any sense thoroughly examine the patient as our dressers do, or should do.

The Professor walked about the theatre, and very graphically described the history and symptoms of the patient, and then stated how he would treat the case, and if the patient is able to follow, he must at times shudder as to the manner in which ere long he may be handled. For in the same theatre at about 9.30 the very cases just previously demonstrated are operated upon, some under general anaesthesia, some under local anaesthesia, which is exceedingly well brought about, and some under spinal anaesthesia. The actual operative measures do not differ much in their type or the skill with which they are carried out from those which obtain in England. Iodine is almost always used for the rapid preparation of the skin, and although the operations are performed in the same theatre in which some 200 persons have been sitting for an hour and a half, and many have been walking about over the floor, the results appear to be very good, and sepsis but seldom seen. The operator and his assistants wear mouth masks of gauze but no caps; they take great care in washing their hands, and in the application of spirit lotion, the latter being carried out during a measured length of time secured by the running down of a sand-glass. The Professor demonstrates the steps of the operation as he proceeds with it, talking through his mouth mask, and generally leaves the suturing to an assistant. Meanwhile another case has been prepared in the same theatre, and often this second patient remains conscious, only having a local anaesthetic, and can observe, with pleasure or otherwise, the stitching of the wound in the case which has been operated on before his! It is in many of these details that the difference is so marked between the German and the British temperament.

Having spent over two hours in the "klinik," which is the "in-patient" department, we went to the "polyklinik," which is the "out-patient" department. Here there were one or two assistants at work with students around them, but again the student did not get into that close contact with the patient which it is his privilege to do in a London hospital. The organisation of this department does not compare favourably with the same in a London hospital. We also visited the orthopaedic department, and saw the excellent "crawling" exercises for scoliosis. Attached to the "polyklinik" are well-equipped separate X-ray and photographic rooms, and a good workshop.

We spent part of an afternoon going over the Pathological

Institute, founded in memory of the late Prof. R. Virchow, in the grounds of the Charité Hospital. On the ground floor there are rooms which are open to public, in which specimens of most of the more common lesions are exhibited. This is instructive, seeing that it helps to bring clearly before the people, among other points, the ravages of the tubercle bacillus, the results of alcohol, and other poisons. We noticed that the "English" disease figured largely in one case, and that the specimens here were illustrating the deformities produced by rickets!

At another time we visited Berlin's newest hospital, opened some five years ago. This is the "Rudolph Virchow" Hospital, one of the finest in the world. It is built on no less than sixty-three acres of ground, some two miles from the centre of the city, and is extremely well planned.

There are twenty-one ward pavilions, containing in all some 2000 beds. Every detail is good, but the comfort in the wards is very much less than in our British hospitals.

The hospital has splendid operation theatres, in which there are skilled theatre nurses, and all the ward annex, such as bath-rooms, day-rooms, were good. The heating of the whole place is carried out from huge boilers in the boiler-house, and even on the very cold day we were there, with the thermometer below freezing, every ward was uniformly and comfortably warm.

The laundry, the kitchens, and other departments were all on a scale necessary for this little town, and everywhere there were signs of capable management. Here, again, although the clinical material is almost unlimited, no students are present, so that to a large extent from our English point of view the material is lost.

We visited the Anatomical School of the University and found a splendid modern building, with three large dissecting rooms and numerous small rooms for research and special work. The teachers here also seem to have difficulty in obtaining an adequate supply of "subjects." The anatomical museum was not so fine as some others that we have seen.

Summing up our impressions of surgery and surgical teaching in Berlin, we would say the cases are very well worked out, thoroughly examined by the qualified assistants, but hardly at all by the student during his undergraduate days, the surgical technique is not ideal either from the point of view of asepsis or manipulative skill, the out-patient departments might be better organised, the comfort of the patients is very little considered, the opportunities for and encouragement of research work is much better than in England, and finally the average German medical student knows his anatomy and pathology better than the English one, though he is not so efficient in dealing with actual cases, and appears to lack to a great extent that personal sympathy which should always exist between doctor and patient.

W. MCA. E.

## The Prospects of Practice in the Dominion of Canada.\*

By C. B. HEALD, M.B., B.C.

(Concluded from p. 113.)

**N**OW I want to say a few words as to how a large city practice is run and the cost of running one; how the hospitals are staffed and run; and, lastly, specialising and the value of degrees.

I will take for my example Vancouver, and imagine myself to be starting in practice there.

I time my arrival in Vancouver about a month before the examinations starts (in Victoria), and immediately send in my identification papers, which have been filled in in England, and pay my fees. The month can be profitably spent learning local conditions and people and working on previous papers. Being passed, I next look out for an office; this one usually chooses above a shop, on a main street if possible, with large windows, so that one's name, with all one's qualifications, can appear in letters of gold on the glass sufficiently big enough to be easily legible on the other side of the street.

An office cannot well consist of less than a waiting-room, a dressing-room, and a consulting-room. This will cost about \$70 a month.

A nurse is the next care, and I shall be lucky if I get a nurse for \$50 a month.

I shall then have to get rooms to live in; this cannot be done for less than \$50 a month, without food.

Food would cost another \$50 at least, feeding very moderately, and one must allow for incidental expenses, going to clubs, etc., to get known—at least another \$100 a month. These items mount up to about \$325 or £65 a month, or nearly £800 for the year. It could be done for less, I admit, but it would not be wise.

I should then sit down and wait, probably, as I have said before, two years at least.

Now it is during this wait that the worst part of the whole business comes in, for though there are two big hospitals in Vancouver, the "hanger-on" cannot keep himself up-to-date in his work by signing on as clinical assistant to one department or another, for the simple reason that there is no regular out-patient department to the hospitals in the West of Canada.

While he is waiting for his patients to come he will have the pleasure (!) of seeing some, calling themselves Doctor, exercising every device to get patients, and having got them, to practice "high quackery" on them.

He will see swank in every form.

I do not intend to give the impression that the "straight"

\* A paper read before the Abernethian Society.

doctorman is even in a minority, but rather that the man who will stoop to advertise himself in one way or the other is (as in London) "obnoxious in his holy affluence."

This sounds gloomy, but is only partially so, as I will endeavour to show later.

The management, staffing, and running of the hospitals in the Far West is very different from our own. Each hospital has a staff, but it is more so in name than deed, for they have very few patients besides the paying ones, and any practitioner has a right to send in a case and follow it up and treat it himself.

Little or no teaching is given, and sisters, nurses, and housemen are liable to get into a state of slackness.

Out-patient departments, many free wards, and a large daily surgery do not exist in Far Western hospitals, because absolute pauperism is rarely met with; for the man who can't afford to pay a dollar in Western Canada is practically non-existent; his proper pride takes him to a doctor's consulting room, and the doctor, if necessary, sends him into the hospital under himself into one of the very few free beds.

The hospitals are really like glorified nursing homes.

Specialising arrived ten years ago in Vancouver, a man then commencing in eye, nose, ear, and throat all combined; now eye work has become separated to all intents and purposes; but bar these two "specialities," there are no others, as surgeon only, alienist, gynaecologist, depend almost entirely on cases sent to them by general practitioners. In Vancouver at present the G. P. specialist won't send patients to specialists except to the above two, because they consider themselves specialists or general practitioners, according to whichever suits them best.

An Englishman setting up, say, as a physician-accoucheur in Vancouver would for a long time have a very poor chance (even if he had been trained by the Sister of our maternity ward), for two reasons: firstly, all the practitioners in Vancouver pride themselves on their obstetrical skill; and secondly, they (the practitioners) would not know you from Adam, and you cannot get known easily, as you cannot get such a post as tutor or assistant in gynaecology as no gynaecological section is yet in existence.

I have presented to you purposely the gloomy side of the picture first; now I want to show you another view.

In British Columbia you have a vast territory at present sparsely populated, with countless miles of forest that in many places are growing above minerals of great value. You have railroads building and being surveyed in every direction. You have cities springing from nothing into huge places in a year or two.

The Panama Canal is shortly to be opened. This will, of course, enormously enhance the value of Vancouver as a seaport town. You have in Vancouver a clean, healthy city, where yachting, shooting, and big game hunting are more or less easily got.

Above all, you have a people who seem more intensely

alive than we are; you have a people who all seem to be happy, and poverty is at a minimum. You have, of course, "graft" and "swank," the Scylla and Charybdis of America, but it is no worse there than in London, only in London one makes pretence at its non existence.

I must now mention salaried appointments. The C.P.R. have a medical man in every big city. These permanent railway appointments are, of course, only given to more or less well-established practitioners, and cannot be got to tide one over the first year or two. Besides these, all the rail ways are constantly appointing doctors to go with large survey or construction gangs, and it would be comparatively easy to get one of these; and though, of course, it would carry you into the wilds, still it would enable you to see something of the conditions of life.

Another salaried job is to get appointed by Government to an Indian Reservation or to a far-away small town. The former do not touch, but the latter is worth having until the town has grown. It is really a kind of subsidy.

I cannot do better than conclude by quoting from an article that appeared this summer in the English Times:

"That the demand for medical men is greater than the supply may be judged from the fact that the new towns often advertise in the Winnipeg papers beseeching a doctor to settle among them. Within a few decades there will be several large cities in the West, besides Winnipeg, where a first-class doctor will command enormous fees. A young man who aspires to be a specialist in some particular line would probably find an easier struggle in his earlier years, and equally good rewards for the maturity of his powers, in some Western city as at home in a large provincial town.

"Apart from the cities and towns there must be to-day many scores of country practices ready for the first occupant to arrive and capture, or filled by incompetent men. At present in the newer districts the population is so scattered and the area to be covered is so enormous that the life is exacting. It is very interesting and can be made profitable, as the farmers have amassed money rapidly and expect no man to serve them for trivial hire.

"A Western country practice certainly means hard work and constant exposure in winter, and there will be few opportunities for improvement in practice and learning new methods save through reports and journals. But there are several large fortunes awaiting the best medical brains in Winnipeg and Vancouver, and in most rural districts there is the certainty of a comfortable income and a not unpleasant life. Let no man give up a sure competence and comfortable life at home in search of greater pecuniary gain in Canada; the additional dollars would probably never compensate for the loss of other things. For the man, however, who foresees a long and uphill struggle in some overcrowded profession at home, the purchase of a passage to Crowded will be a profitable step."

Appended are the rules and regulations and fees (where

known) for each of the provinces of the Dominion, except the New Brunswick:

### MCGILL UNIVERSITY

"Chateau Frontenac,  
Quebec, Que.

"DEAR SIR,—In answer to yours of the 24th inst. I would say that there is reciprocity in the matter of the medical licence between Great Britain and the province of Quebec. A candidate from Great Britain with proper qualifications only requires to make application to the Secretary of the College of Physicians and Surgeons of the Province of Quebec (Dr. J. Gauvreau, 30, St. James St., Montreal) for a licence to practise here and to pay the required fee."

JNO. W. SCANES,  
(Registrar).

### ONTARIO.

British registered medical practitioners, on paying all fees and passing the examination, shall be registered, provided they have been in active practice for five years after having been registered therein. British registered medical practitioners who have not been in practice for five years will be registered on passing the professional examination and paying all necessary fees.

At the last meeting of the Council they abolished the primary and intermediate examinations, and in future will hold only one examination, which will include the following subjects: Medicine, surgery, midwifery, and diseases of women, and will be both "written" and "oral." The registration fee is \$25.00, and the examination fee \$75.00.

### MANITOBA.

Licentiates by examination in Great Britain, in good standing, may register in Manitoba, on presenting the British certificate of registration, and paying the registration fee here, \$125.

### SASKATCHEWAN.

Any person who shall produce a diploma of qualification from any college or school of medicine and surgery recognised by the college which exacts for such diploma attendance upon a course of lectures extending over a period of four years and embracing at least six months of each year, evidence of which shall be produced if required, and who shall furnish to the council satisfactory evidence of identification and pass before the members thereof or examiners appointed by them for the purpose a satisfactory examination appertaining to the profession of medicine and his fitness and capacity to practice medicine, surgery and midwifery and shall pay to the registrar of the college the sum of fifty

dollars toward defraying the expenses of the examination board and in addition the fee for registration.

*Registration fee.*—The fee for registration under this Act shall be Fifty Dollars.

## ALBERTA.

Any person who shall produce to the Registrar a diploma of qualification from any College or School of Medicine and Surgery, and a certificate or certificates (if required) that he has taken at least a four years' course of lectures of at least six months each before receiving such diploma and is satisfactorily identified, pays the examination fee of \$50.00 and passes the examination of the Council College of Physicians and Surgeons, can register on payment of \$52.00.

*Date and place of examination.*—First Tuesday in August each year, at Calgary, Alberta.

*Subjects.*—Anatomy, Chemistry, Physiology and Histology, Materia Medica and Therapeutics, Pathology and Bacteriology, Sanitary Science, Medical Jurisprudence, Practice of Medicine, Surgery, Diseases of Women and Children and Obstetrics.

Examination, written and oral.

Applications for examination with attested credentials and fee to be in the hands of the Registrar two weeks before the date of examination.

No permits can be granted to practise before registration.

## BRITISH COLUMBIA.

During the year there shall be two regular meetings of the Council and two examinations held. The examinations begin on the first Tuesday of May and the last Tuesday of October.

Application for examination must be made to the Registrar two weeks before date of examination on forms which will be supplied on request.

Diplomas and Examination fee of \$100.00 must be sent with application. Application form and diplomas must be in the Registrar's hands two weeks before examination.

The Examination extends over two weeks, the first week being devoted to written papers, the last to oral and clinical work.

Sub-sec. [c], sec. 28, provides that: The Council shall admit upon the register any person who shall produce from any college or school of medicine and surgery, requiring at least four years' course of study, a diploma of qualification: Provided that the applicant shall furnish to the Council satisfactory evidence of identification and pass before the members thereof, or such of them as may be appointed for the purpose, or before a Board of Examiners to be appointed by the Council, a satisfactory examination touching his fitness and capacity to practise as a physician and surgeon: Provided, that every person beginning the study of medicine after January 1st, 1912, the diploma or qualification which

he shall be required to produce must be one from a college or school of medicine and surgery which requires at least five years' course of study.

*Examination Subjects for Regular Physicians and Surgeons.*

1. Principles and Practice of Medicine and Medical Pathology.
2. Principles and Practice of Surgery and Surgical Pathology.
3. Obstetrics and Gynaecology.
4. Physiology and Histology.
5. Anatomy.
6. Chemistry and Public Health.
7. Medical Jurisprudence and Toxicology.
8. Materia Medica.
9. Oral and Clinical Medicine.
10. Oral and Clinical Surgery.
11. Urinary Analysis and Clinical Microscopy.

**The Howling Dervishes.**

By A. F. SLADDEN, M.B.



WHILE spending a few days recently at Benghazi in the Cyrenaica province of Tripoli, I was enabled, thanks to Mr. Francis Jones, the British Consul in residence, to be a spectator at one of the meetings of the Moslem confraternity known as the Howling Dervishes.

They form a special sect, existing in most towns of Moslem Africa; but it is said that their influence is diminishing, and that spectacles such as we witnessed will soon be rare.

Accompanied by the head kavass of the Consulate, a stalwart Cretan Moslem, we arrived at the mosque where the ceremony was to take place, a building with no special feature externally, but fitted up within for the Dervish observances. The walls were decorated with crude designs in bright colours, with Arabic words interspersed, and from the roof hung gaudy chandeliers. The centre, marked off by large square painted pillars, had above it a well-lighted clerestory roof. East of it was a smaller reservation, while the outer part of the room had long settees ranged round for spectators or general congregation, who also squatted on the floor with its neat carpeting of hasseeras, the native mattings woven from esparto grass.

Having removed our shoes, we were taken round to a good coign of vantage close to the performers. Here, squatting in a circle in the centre of the mosque, were the Dervishes, sixteen in number, and with them an old bearded priest dignified in his stately robes, all quite undisturbed at the unusual presence of a "Nazrani," as the Arabs term Christians.

Before the proceedings began, an attendant placed in the eastern space a charcoal brazier, and around this the members of the "orchestra" began to collect, each bearing a large tambourine. These they tuned by the heat of the fire, sniling in low-toned converse the while. One of them had a framework carrying four small tom toms, while in the background a big cheerful-faced Sudanese negro had control of a large drum; otherwise the instruments of the band were all similar, about ten tambourines in all.

Meantime the Dervishes had begun. Led by the priest chanting in monotone short passages from the Koran, they replied in chorus the same words every time, accompanying the response with a curious swaying movement of the body and head forwards to right and to left, with each swing of the head giving forth a hoarse grunt. Time after time this process was repeated, and gradually the speed of the swaying movements with the reiterated chant increased.

At last when one thought them exhausted they stayed, but only for a moment, then rose and began a series of similar movements while standing. More vigorous now, their efforts were stimulated by the sound of the tambourines giving forth a rhythmical crash to which the performers added their own voices.

The monotonous strophes of the priest were now longer and more varied, not at all unlike some of the old plain-song music of Christian churches. Continuously the circle of Dervishes bent their bodies at ever increasing speed till the muscles of one's back and neck acted in sympathy. Now the priest was relieved of his chanting by one of the circle, an old man in gorgeous yellow gown wearing a cap like a biretta. The change seemed to quicken both Dervishes and bandmen. The vigour of the members of the circle varied greatly, but four young Dervishes seemed by far the most energetic—indeed some of the older men were very perfunctory in their performance; perhaps these had won their spurs in earlier campaigns, perhaps they were conscious that they lacked the fire and suppleness of youth. Possibly a rheumatic diathesis may have been to blame. Certainly their juniors gave a far more enthusiastic and convincing display.

But old and young kept moving, and gradually the speed of their swaying and the strength of the grunting groan emitted with each swing of the head became more and more intense.

The tambourine players lost their placid expression, and as excitement quickened spun the instruments in the air only to catch them again and renew the incessant pounding of the parchment.

Faster and faster swung and howled the circle of fanatics till one had serious fears for the necks of the aforementioned enthusiastic juniors. With eyes bulging, necks swollen, and foam flying from their mouths, their muscles still continued to respond to the demand made upon them, but at last one could detect slight slowing of the speed, and

at this sign of fatigue the whole circle ceased suddenly, many collapsing on the floor. The more experienced ones, however, still retained their strength and intelligence, and restrained the frantic movements of the younger men, and after a momentary rest they had re-started, and this time the pace soon became hot. All signs of previous fatigue had gone (so also had four of the older Dervishes), and fanatical zeal increased. The movements were the same but more violent, and many of the performers appeared demented. Such prolonged vibration of the whole brain must surely cause at least some temporary impairment of its normal condition and action.

On and on they went till one got quite dizzy in gazing upon a spectacle which was at once revolting and fascinating.

At last, when all physiological laws seemed to be failing before one's eyes, came once more the climax.

But the four junior Dervishes were indefatigable, and continued a frenzied dance around the room, reminding one irresistibly of a cake-walk as performed towards the end of a college "smoker."

Then, their frenzy gently restrained by their colleagues, they rested for another moment. But not so the two youngest ones; trembling with fatigue and excitement they crawled on their knees to the priest, and crouched like whimpering dogs before an angry master, while he produced from a basket pieces of broken glass, two or three inches square, and with it fed them both.

To all appearance they chewed up this food hungrily and swallowed it. I was within eight feet of them at the time, and watched carefully for any sign of trickery, but detected none.

The foam from their mouths was unstained with blood, and no ill-effect could be noticed except a straining during swallowing.

Once more the circle reassembled, this time ten in number, two more of the old men having withdrawn.

The glass-eaters, refreshed by their meal, were active as ever, the musicians redoubled their energies, and even the most blasé of the Dervishes put some real force into the movements.

To a spectator it seemed that there was no end to the scene. When eventually another climax came the four juniors kept it up undeterred by any restraining influences, hands, arms, heads and bodies all working frantically together. Their colleagues removed from them nearly all their clothes, untwisted the long matted hair, and gradually got control of them and bore them to the ground.

A kind of cramp seemed to set in, and this was relieved by kneading the muscles; the victim was then seated on the floor with arms stretched out to touch the ankles, while the colleague stood for a moment on the shoulders; then raising the exhausted Dervish bodily from the ground, he swung him round rapidly three or four times, and the work of restoration was complete.

Within a few minutes these men were able to rise, no longer collapsed, resume their clothes, and walk off apparently normal and unperturbed.

But the tom-toms never ceased, and at last the level-headed "colleagues" went off at the handle, as the Americans have it, and put all their accumulated energy into one last effort, till they, too, succumbed, to be restored by the bandmen in the approved fashion.

This ended the spectacle, which had lasted nearly two hours. It was curious to note in oneself the fatigue induced by the mere watching of this exhibition of extraordinary muscular effort.

One is inclined to attribute the phenomena observed to the induction in the Derivishes of a hypnotic state by the constant rhythmic motions, and the accompanying fatigue of the whole system. Undoubtedly, after a certain point, the performers seemed lost to their surroundings and mentally abnormal.

After a friendly word with the old priest we resumed our shoes at the doorway, and were glad to exchange the heated atmosphere of the crowded mosque for the dusty streets of Benghazi, hot and fly-stricken as these are on a summer afternoon.

### The Methylene Blue Test for Typhoid Fever.

By R. L. MACKENZIE WALLIS.

**T**HE diazo-reaction of Ehrlich was formerly regarded as pathognomonic of typhoid fever, and for some considerable time was much in vogue. It has, however, been shown to occur in many other conditions, so that a positive reaction in the urine does not prove the presence of typhoid, nor a negative reaction necessarily exclude this condition. Thus we find a well-marked reaction frequently in measles, and also in pneumonia, miliary tuberculosis, scarlet fever, diphtheria and erysipelas. In typhoid fever it is present in about 80 per cent of cases, but the reaction never occurs in health. On account of the many discrepancies in this test it has been practically abandoned as an aid to diagnosis.

A much more reliable test, and one having the advantage of extreme simplicity, has been recently introduced by Russo. The only reagent required for the carrying out of this reaction in the urine is a 1 in 1000 solution of methylene-blue. The method of procedure is as follows: About 4 or 5 c.c.s. of the urine to be tested are placed in a test-tube and then four drops of the methylene-blue solution are added. A positive reaction is indicated by the appearance of an emerald- or mint-green coloration. The recognition of such a change is facilitated by performing a control test with a normal urine, a light green or bluish-green tint showing a negative reaction. The detection of a positive

reaction with various shades of green may at first appear difficult, but with practice and constant application of the test to normal urines this is easily overcome. The coloration in a positive reaction is not affected by boiling the urine or by the administration of drugs. In typhoid fever the progress of the disease may be followed throughout its course by the daily application of this test. On the second day of typhoid fever a mint-green hue occurs, to be later followed by an emerald-green which persists until convalescence. A favourable course of the disease is indicated by a gradually increasing bluish tint, whereas unfavourable cases show a persistent emerald-green coloration.

The disadvantages of this test are in some respects similar to those already given for the diazo-reaction, *i.e.* it is not specific for typhoid fever. A positive reaction is always given in typhoid fever, and may occur in measles, smallpox, chronic and suppurative tuberculosis. As a result of a large number of examinations made upon the urines of hospital cases I have come to the conclusion that when properly carried out this test is a valuable positive sign, and especially useful as an aid to the diagnosis of typhoid fever. In no case of acute miliary tuberculosis examined has a positive reaction been obtained, and it would appear, therefore, that the test has a positive value in differentiating between typhoid fever and acute miliary tuberculosis.

### Obituary.

WILLIAM HENRY BARNETT, M.B.

**W**ILLIAM Henry Barnett, M.B., B.S. (Lond.), who died at Bannu, of septicæmia, on March 20th, at the age of 32, was a student of St. Bartholomew's Hospital. He was House-Surgeon at Macclesfield General Infirmary, and House-Surgeon and House-Physician at the Radcliffe Infirmary, Oxford. He went out as a medical missionary to the Punjab in 1908, and was associated with Dr. Pennell at Bannu. In September, 1910, he married Miss P. L. Hockin.

### Students' Union.

**T**HE Annual General Meeting of the Students' Union was held in the Abernethian Room on March 14th, Mr. Waring, the President, in the chair.

The minutes of the last meeting were read and adopted. Mr. Mawer read the Secretary's annual report, which was adopted. Mr. Etherington-Smith presented the Treasurer's report, and stated he was glad to be able to report a sub-

stantial balance in hand. It was proposed by Mr. Mawer, and seconded by Mr. Robbins, that Mr. Waring should again be elected President of the Union. Mr. Gask and Mr. Etherington-Smith were again elected Treasurers of the Union. The proposals were carried unanimously.

The results of the election of officers were then declared:

Constituency A (those doing clinical work): Messrs. Cunningham, Fiddian, Brewitt, Sparrow, and Bower.

Constituency B (those not doing clinical work): Messrs. Williams and Mudge.

Constituency C (Clubs): Messrs. Norman, Pocock, and Ackland.

Constituency D (Junior Staff): Not elected.

Constituency E (Publication Committee): Mr. W. E. Sargent.

A vote of thanks to Mr. Mawer, the retiring Secretary, concluded the business of the meeting.

### The Clubs.

#### RUGBY FOOTBALL CLUB.

CUP-TIE T. GUY'S.

For once in a way we were able to put out a full side for this cup-tie against Guy's, but the team failed to reproduce the form shown against Thomas's in the previous round. The forwards were fair, and were able to obtain a considerable share of the ball, but something always went wrong behind when scoring chances came.

In the early part of the game the Guy's forwards went in for "knocking back" from the line out, and their first try came from this subtle form of attack, the ball travelling right across from man to man for Millett to score in the corner. The next score was by Millett again, and was obtained by a "blind-side" movement, several of our forwards being to blame for half-hearted attempts to tackle the wing man. Bower's knee was not sound enough to give him confidence, and all the other backs were out of form except Pocock and Williams. Pocock was very good at scrum half, his spoiling work being especially noticeable.

Hodson was, as usual, absolutely reliable, and none of the three tries scored could be laid at his door. Among the forwards Kitching played his best game of the season and was never far from the ball, while Ferguson and Fiddian were both prominent. The work of our forwards in the loose was the best feature of the match from our point of view.

#### ASSOCIATION FOOTBALL CLUB.

THE HOSPITAL T. BRENTWOOD ROVERS.

(Won 4-2.)

At Winchmore Hill on March 9th. The ground was in a very heavy condition owing to the previous night's rain. Dyas won the toss and elected to play with the wind towards the pavilion goal. The home forwards at once became aggressive and first Jameson and then Osmond all but scored. After some ten minutes' play the visitors began to improve, and following some play in front of the home goal the visiting centre-forward scored with a clever shot. This lead was not long maintained, for Osmond received a neat pass from Atteridge and scored with a well-placed shot. From now until half-time the Hospital forwards played excellently and added three more goals, all scored by Jameson. The interval arrived with the score 4 goals to 1 in favour of the home side.

In the second half play deteriorated. The visiting forwards often threatened danger, and Dingley in goal cleared cleverly on several occasions. As the game went on play was marked by the vigorous

methods employed by both sides, Soutter being particularly prominent. The visitors scored about a quarter of an hour from time, which was the only score of the second half.

For the Hospital all the forwards played well, especially Jameson and Osmond. The defence was uncertain in the second half. Dingley in goal was safe. Team:

A. K. Dingley (goal); J. S. Soutter, E. G. Dingley (backs); C. R. Taylor, G. E. Dyas, G. M. Cowper (halves); E. M. Grace, T. E. Osmond, K. D. Atteridge, G. D. Jameson, W. S. Sedden (forwards).

#### THE HOSPITAL T. THE CASUALS.

(Drawn 3-3.)

This match was played at Winchmore Hill on March 16th. The Hospital were without Sretton and Wippell, but otherwise at full strength. The Casuals won the toss and Waugh kicked off against the wind. The home forwards were the first to attack, but their efforts lacked finish. The scoring was opened after some ten minutes' play by the Casuals after clever work on the right wing. The Hospital immediately retaliated, Jameson receiving from a throw-in from touch and beating the defence in an individual effort. Waugh followed with a second goal a minute later. Before half-time the Casuals scored again twice, Butcher on the first occasion failing to clear. The visitor's right wing was continually threatening danger, but our defence was good.

The Hospital had more of the game in the second half, but weak shooting nearly always ended their efforts. However, one brilliant effort by Waugh resulted in a goal. Butcher was seldom troubled and no dangerous shots came his way. Several corners fell to the Hospital, and from one of these Dyas all but scored. The Casuals tried a rearrangement of their front rank, but met with no success. Throughout play was fast and interesting. The home side were only moderate, the passing of both backs and forwards being at times rather wild. Waugh and Jameson were good among the forwards, while Dingley was the better of the backs. Team:

V. H. Butcher (goal); J. S. Soutter, E. G. Dingley (backs); D. Page-Thomas, G. E. Dyas, C. R. Taylor (halves); E. M. Grace, W. S. Sedden, A. J. Waugh, G. D. Jameson, K. D. Atteridge (forwards).

Referee: H. Rimington, Esq.

#### HOCKEY.

St. Bart.'s v. GUY'S.

We played Guy's in the final round of the tournament on the Hampstead ground at Richmond. We were very fortunate in having both Atkin and Whitehead playing for us, and turned out a strong team. A heavy fall of rain just before the match started made the ground very slippery, but this did not last long. Bart.'s commenced in great style, and nearly succeeded in scoring in the first minute, Spackman shooting only a few inches wide after good combination amongst the forwards. The game became very fast, and each team attacked in turn, but towards the end of the first half we were attacking strongly. Guy's were the first to score through Birks, owing to a misunderstanding of our defence. Not long after they succeeded in adding a second goal through a corner by Graham. Half-time came, Bart.'s still attacking but unable to score, several good chances being missed. The game during the second half was equally as fast as the first, and after about twenty minutes' play Bart.'s were given a free hit just outside the Guy's circle; Turner sent the ball to Brash, who scored with a fast shot. The referee gave a goal, but on being appealed to by some of the Guy's men allowed his decision and ordered us to take the hit again. Shortly afterwards Brash scored again after clever work by our forwards. Although we attacked strongly we could not add to our score, and a fast game ended in a win for Guy's by 2 goals to 1.

For Bart.'s, Steedman and Atkin played excellently at goal, and repeatedly broke up the Guy's attack, whilst Whitehead in goal stopped several very hot shots. Both wing forwards played well, but our insides appeared to be off their game, and were very weak in the circle. Our halves did not come up to expectations, and just after half-time we lost Griffiths, our right half, who had to retire owing to his injuring some muscles of his right leg. Team:

B. Whitehead (goal); M. T. W. Steedman, C. S. Atkin (backs); H. E. Griffiths, A. G. Turner, C. J. Nicholson (halves); W. C. Spackman, C. A. Weller, G. N. Stathers, E. J. Y. Brash, W. V. Hughes (forwards).



Reviews.

MANUAL OF OPERATIVE SURGERY. By JOHN FAIRBAIRN BINNIE, A.M., C.M.(Aberd.). Fifth edition. Revised and enlarged. Pp. 1153. Illustrations, 1365. (London: H. K. Lewis.) Price 30s. net.

Perhaps the most important feature of this, the latest edition, is the issuing of the work in a single volume. Such an arrangement has obvious advantages, but it necessitates inevitable drawbacks as well, the chief of which is that in order to compress such an enormous amount of matter into a book of reasonable dimensions the paper has to be inconveniently thin.

From certain points of view this famous book is outside criticism. It considers a great many features for which reference will often be sought, in such detail as is probably comprised in no other book. At the same time it is not a little surprising to find a few outstanding omissions in a text-book aiming at absolute completeness. Thus, for example, no mention whatever is made of operations upon the tonsils, and although rhinoplasty is described in a remarkably elaborate manner, the operation for submucous resection of the nasal septum does not appear.

Occasional lapses into characteristic trans-Atlantic expressions are so refreshing that one could wish for a more liberal sprinkling. The description of the treatment of naevi by liquid air begins with the instruction (startlingly reminiscent)—"*First get the liquid air.*" The advice to use sterilised chewing gum as a substitute for *Horsley's* wax as a haemostatic agent in cranial surgery is followed by the warning that outside the United States this material will never be within reach. The project of lessening the fitnessness of the rectum (before excision) by the oral administration of antiseptics is criticised by the expressive comparison that "such endeavours must be as futile as an attempt to antisepticise the Mississippi River at New Orleans by pouring a barrel of corrosive sublimate into its current at St. Paul."

There are several references to Sir Henry Butlin, all of which endorse the eminence of our late Consulting Surgeon in the branches of surgery which he had made particularly his own.

Certain portions of such a work as this must necessarily appeal more strongly to individual readers than other portions; for ourselves we particularly commend the clear description of Harvey Cushing's decompression operation and the operations and after-treatment of cleft palate and hare-lip.

Although the descriptions of simple operations are better considered in other treatises, there is no momentary hesitation in warmly recommending for reference purposes this compilation of the best of European and American surgery.

A MANUAL OF SURGICAL TREATMENT. By SIR WATSON CHEYNE, BART., and F. F. BURGHARD. New edition, entirely revised and largely re-written with the assistance of T. P. LEGG and ARTHUR EDMUNDS. In Five Volumes. Vol. I. (Messrs. Longmans, Green & Co.) Price 21s. net.

It is over twelve years since the first edition of Cheyne and Burghard was published. To permit so long an interval to elapse between two successive editions of so progressive a subject as surgery necessarily means that the revised work takes on an absolutely different form. This is perhaps not so marked in the case of the volume under consideration, which consists for the most part of the consideration of inflammation, wounds, tumours and deformities, knowledge of which is not so provisional, and advance in which is not so marked as in the subjects comprised in the other volumes.

We can best characterise the new Cheyne and Burghard as an elegant work. It is printed in fine large type, the language is, generally speaking, particularly good, and the illustrations are well chosen, admirably drawn or photographed, and satisfactorily reproduced.

The chief objection that will inevitably be offered is that the student in search of a treatise on surgery will hardly be willing to pay so large a sum for one volume which offers him, general principles (inflammation, ulceration, wounds, tumours), infective diseases, deformities, the administration of anaesthetics and examination of the blood in surgical conditions.

On the other hand, no quarrel is possible with the details which are considered. Anaesthetics is contributed by Dr. Silk and the

examination of the blood by Dr. D'Este Emery in the admirable fashion we should expect from such authorities. The rest of the volume, for which the authors are evidently personally responsible, is equally irrefragable; the chapters on deformities are so complete that we can recommend the work for this one feature alone.

LECTURES ON MIDWIFERY FOR JUNIOR STUDENTS AND MIDWIVES. By A. B. CALDER, M.B., M.R.C.S. Second edition. (London: Baillière, Tindall & Cox.) Price 5s. net.

This work may be warmly recommended as an elementary treatise very easy to follow and affording a good preliminary to larger text-books. We think, however, that a little more revision of the lecture style of the book might be undertaken with advantage. The language no doubt is impressive and emphatic in a lecture, but in cold print it is too undignified and occasionally careless. The frequently expressed admiration and approbation of the achievements of Nature must surely be wasted save on the most junior of junior students.

LESSONS ON MASSAGE. By M. D. PALMER, a founder of, and examiner to, the Incorporated Society of Trained Masseuses. Fourth edition, pp. xvi + 292. (London: Baillière, Tindall & Cox.) Price 7s. 6d. net.

First published in 1901, this popular book is now in its fourth edition. We strongly recommend it to students of massage, especially those preparing for the I.S.T.M. examination, who will find it a compact and useful text book, with anatomy, theory of massage, general and special treatments combined. The tables of muscles, giving their position, origin, insertion, nerve-supply and action, should be particularly helpful to the student commencing to learn anatomy. In the treatment of torticollis we do not agree with the writer when she says, "Resistive exercises cannot be done for some time," or when treating a sprained ankle she writes, "Give only flexion and extension for some days," omitting to advise gentle foot-rolling, which in our opinion is of great value in the treatment of a sprained ankle. In this edition there are several improvements in the illustrations, and amongst other additions is an appendix giving the names of muscles introduced by the Basle convention.

ANCIENT TYPES OF MAN. By ARTHUR KEITH. (Harper & Brothers, 45, Albemarle St., W.) Price 2s. 6d. net.

Professor Keith's story of the various forms which the body of man has assumed in ancient times is told from the *present day backwards*, and his reason for so doing is that the story is incomplete as yet; the known phases of man's early history are so few and fragmentary that a survey of the later phases is needed to place the earlier stages in their proper perspective.

The first type selected to describe is a specimen of a late Neolithic woman, from which it is concluded that 4000 years seem to have worked comparatively little change in the best type of British woman, the most conspicuous difference being in the teeth.

Succeeding chapters then describe the various known skeletal remains in gradually increasing antiquity until the most primitive of all, *Pithecanthropus erectus*, is reached. This was originally regarded as a link between man and anthropoids, but so many human characters are present that it seems more expedient to give to it the name of *Homo Javaensis*, or the fossil man of Java, who was as completely adapted for erect posture and progression as the man of to-day. Such a type is representative of Pliocene man (either early or late Pliocene is uncertain) when the human brain was in its more primitive stages of development.

This is really a most fascinating little work. We must grumble at the publishers' omission to cut the pages, an omission which we resent all the more because it is so rare nowadays.

Correspondence.

THE HISTORY OF THE ORIGIN OF SYPHILIS.

While going to press we have received the following letter:

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

DEAR SIR,—May I point out that a comparison of the last two numbers of the JOURNAL affords a very interesting illustration of the extreme uncertainty of inferences as to the true nature of cases which

are reported in a terminology different from our own by pre-scientific observers?

In the February numbers Dr. James Rae's articles in the *Clinical Journal* on "The Deaths of English Kings" are referred to, and his opinion is quoted to the effect that Edward I, Edward III and Henry IV probably died of syphilis.

In the March number a work is reviewed from which "it appears . . . that the history of syphilis began in the year 1493."

These views cannot both be right, and may both be wrong, and while it is no doubt fair to assume that the respective authors might have modified their conclusions if each had had the evidence possessed by the other, it is also fair to assume that the evidence used by each was accessible to the other.

The importance of laying a much wider foundation than is generally supposed necessary in this sort of historical research could hardly be more forcibly emphasised.

Yours faithfully,  
F. C. POYNDER.

92, HIGH STREET,  
EAST GRINSTEAD,  
March 20th, 1912.

[We heartily agree with Dr. Poynder's remarks. Many very loose statements are made about syphilis in early days. We have heard attempts at proving that King David suffered from this complaint. Jonathan Hutchinson in his excellent work on syphilis gives an exceedingly plausible and probable account of its origin and introduction into Europe. Columbus returned from America in 1493; in 1494 King Charles VIII of France besieged Naples. Ferdinand of Spain sent over an army to relieve it. Charles VIII returned home the next year, bringing back with his army what was known as the Neapolitan disease; almost immediately this disease spread over Europe as a terrible plague, and appeared to be an entirely new thing. Thus the disease appears to have come from Spain, and may have been introduced there either by the sailors of Columbus, or else by the Portuguese who traded at that time with the West Coast of Africa; for in both the West Indies and in West Africa the natives suffer from "yaws," which has been shown to be due to the *Spirochaeta pallida*. It is exceedingly unlikely that syphilis existed in Europe before this time, for if it had it would have been widely disseminated and a great spontaneous outbreak of the disease would not have occurred, and it is impossible that a complaint with such marked symptoms should have escaped the observation of the earlier writers.—Ed.]

ST. BARTHOLOMEW'S HOSPITAL DINNER, CALCUTTA.

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

DEAR SIR,—I enclose you a menu with list of those present at a Bart's dinner in Calcutta held on February 1st.

The dinner was held at the new Lawn House of the United Service Club, where ladies can be entertained.

The Chair was taken by the Hon. Surgeon-General Sir Charles Purdy Lukis, K.C.S.I., and Lady Lukis kindly consented to act as our hostess.

Twenty-two sat down to dinner, twelve men and ten ladies, five of the latter being old Bart's nurses. The tables were decorated with the familiar Bart's shields, which were evidently much appreciated as they were all taken away after the dinner was over, and those who did not manage to obtain one demanded that a fresh supply be obtained from the Presidency Jail, where they had been made by the inmates of that famous institution.

After the King-Emperor's health had been drunk, Sir Charles Lukis proposed the toast of the "Old Hospital," which was drunk with great enthusiasm; the Chairman expressed a hope that the Dinner in future should be an annual one, and that it be held during Cup week so that a large number of men might be got together. Sir C. P. Lukis then remarked on the large number of Bart's men on the active list of the I.M.S.; at the present time there are 95 serving in the I.M.S., including the Director-General, the Surgeon-General with the Government of Bombay, the Inspector-Generals of Civil Hospitals of the Punjab and Central Provinces, the Inspector-General of Prisons Central Provinces, the Surgeons to H.E. the Viceroy, and the Commander-in-Chief and several others holding important posts in the service.

St. Bartholomew's is also well represented in the R.A.M.C.; 83 officers on the active list hail from the old Hospital.

After dinner the company retired to the drawing-room where stories and recollections of our Southfield *alma mater* were indulged in,

and after some music the party broke up at midnight. Everyone seemed proud of being connected with Bart's, and a most successful evening ended.

Surg.-Gen. Corker, P.M.O., 8th Division, Lieut.-Col. O'Kinealy, Major C. R. Stevens, and Capt. W. Heywood Hamilton sent letters of apology; they were all at the last moment prevented from being present by the exigencies of the service.

Mrs. Evans Rugh, Mrs. Stevens, and Miss Mallett, old Bart's nurses residing in Calcutta, were also unable to attend the dinner as guests.

Yours faithfully,  
W. G. HAMILTON.

PRESIDENCY JAIL,  
CALCUTTA,  
February 5th, 1912.

List of those Present: Surg.-Gen. Sir C. P. Lukis, K.C.S.I., I.M.S. (Chairman); Lieut.-Col. Pilgrim, I.M.S.; Lieut.-Col. R. Bird, C.I.E., M.V.O., I.M.S.; Lieut.-Col. Maynard, I.M.S.; Major E. A. R. Newman, I.M.S.; Major E. M. Williams, R.A.M.C.; Capt. W. G. Hamilton, I.M.S.; Capt. A. E. J. Lister, I.M.S.; Capt. F. P. Connor, I.M.S.; Capt. A. Denham White, I.M.S.; Dr. W. Kennedy, Dr. A. O. Humphrey.

Guests: Lady Lukis, Mrs. Bird, Mrs. Newman, Mrs. Williams, Mrs. Hamilton,\* Mrs. Lister, Mrs. Le Cocq,\* Miss Pritchard,\* Miss A. Brown,\* Miss L. Cole.\*

\* Trained at St. Bartholomew's.

Junior Staff Appointments.

House-Physicians to—

Dr. West	Senior.	Mr. R. G. Cantt	Junior	Mr. H. W. Scott.
Dr. Ormerod		Mr. A. E. D. Clark		Mr. R. Sherman.
Dr. Herringham		Mr. J. W. Trevan		Mr. R. S. Morshead.
Dr. Tooth		Mr. F. G. Chandler		Mr. A. J. Waugh.
Dr. Garrod		Mr. A. H. Moore		Mr. A. F. S.

Sladden.

House-Surgeons to—

Mr. Bruce Clarke	Senior.	Mr. H. S. C. Starkey	Junior	Mr. C. J. Stocker.
Sir Anthony Bowly		Mr. K. J. A. Davis		Mr. H. K. Griffith.
Mr. Lockwood		Mr. C. D'O. Grange		Mr. C. D. Kerr.
(Mr. Eccles)				
Mr. D'Arcy Power		Mr. C. T. Neve		Mr. H. B. G. Russell.
Mr. Waring		Mr. A. L. Moreton		Mr. R. A. Ramsay.

Intern Midwifery Assistant		Mr. C. Noon.
Extern " "	April—	Mr. P. H. C. Fowell.
	July—	Mr. B. W. Howell.
Ophthalmic House-Surgeon		Mr. J. C. John.
House-Surgeon to Ear, Throat and Nose Department		Mr. T. H. Just.

Notices.

INTERNATIONAL SMOKE ABATEMENT EXHIBITION.

An important Exhibition was opened on Saturday, March 23rd, at the Agricultural Hall, under the auspices of the Coal Smoke Abatement Society. The Exhibition comprises all the latest appliances for the use of smokeless fuels both in the home and in the factory, and should prove of equal interest to the housewife and to the business man.

Every afternoon and evening demonstrations of cooking by gas are being given, with practical hints in the economising of gas, and in the most effective utilisation of cookers, grillers, hot plates, etc. There will also be interesting cookery competitions for school-children.

Tickets of admission will be readily supplied by the Gas Light and Coke Company to any of their consumers who will apply at any of their offices. The Exhibition remains open until April 4th.

## New Addresses.

BALL, W. GIRLING, Telephone City 7260.  
 BARBER, A. Sandown, Isle of Wight.  
 BARNES, H. W., Addenbrooke's Hospital, Cambridge.  
 CARSON, H. W., 111, Harley Street, W.  
 CRADDOCK, F. J., Shotton, Cheshire.  
 DALE, W. C., Victoria Hospital, Chelsea, S.W.  
 DRINKWATER, E. H., 19, St. Michael's Road, Stockwell, S.W.  
 ELLERY, Capt. R. F., R.A.M.C., Station Hospital, Bareilly, U.P., India.  
 GIBSON, W. R., c/o T. Cook & Sons, Ludgate Circus, E.C.  
 GILL, S. E., Fairbourne, Alexandra Park, Nottingham.  
 GREY, H. M., 23, Constantine Road, Hampstead Heath, N.W.  
 GRIFFIN, F. W. W., 54, The Drive, Fulham Park Gardens, S.W.  
 HAMPSON, W., 8, West Chapel Street, Down Street, W.  
 HARKER, T. H., 46, Hoghton Street, Southport, Lancs.  
 HARRIS, H. A., British Lying-in Hospital, Endell Street, W.C.  
 HAWES, C. S., 27, Clarence Parade, Southsea.  
 ILLIUS, Capt. J. W., I.M.S., c/o Messrs. Cook & Sons, Ludgate Circus, E.C.  
 KIDNER, H. K., 73, ROSS ROAD, Wallington, Surrey.  
 KING, Lieut. H. H., I.M.S., 3rd Brahmans, Alexandra Barracks, Singapore.  
 LANDER, H. D., Burnham-on-Crouch, Essex.  
 LAWRENCE, Ld., 32, Devonshire Place, W.  
 LEONARD, Capt. W. H., I.M.S., 55th Cokes Rifles, F.F., Bannu, N.W.F.P., India.  
 MITCHELL, Major H., Swadlands, Leitham, near Maidstone.  
 MOORE, R. FOSTER, 17, Bentinck Street, W.  
 PLEWS, J. M., 400, High Road, Streatham.  
 PRESTON, F. H., 89, The Drive, Fulham.  
 SALE, J. C., Wecumbah, Longreach, Central Queensland.  
 SELBY, Major W., I.M.S., King George's Medical College, Lucknow, U.P., India.  
 SIMPSON, G. C. E., 21, Rodney Street, Liverpool (additional address).  
 SMITH, Major F. A., I.M.S., Peshawar, N.W.F. Province, India.  
 SMITHSON, Maj. A. E., R.A.M.C., c/o Messrs. Sir C. R. McGregor, Bart. & Co., 25, Charles Street, St. James Square, S.W.  
 SPOFFORD, W. T. HOLMES, 5, Manchester Square, W.  
 STANSFELD, A. E., 20, Queen Square, W.C.  
 SUNDERLAND, R. A. S., London Temperance Hospital, Hampstead Road, N.W.  
 SVKES, M. C., 50, Brook Street, Grosvenor Square, W.  
 TOWNSEND, Capt. R. S., I.M.S., Aligarh, United Provinces, India.  
 TRAPNELL, F. C., Carlton, 23, Beckenham Road, Beckenham, Kent.  
 TRIST, J. R. R., Clematis House, St. Colum Major, Cornwall.  
 UPTON, S., Castlegate House, Castlegate, York.  
 VERRALL, P. J., Stradbroke, Brighton Road, Sutton, Surrey.  
 VOSPER, S., York House, 6, Beauchamp Villas, Peverell, Plymouth.  
 WINTER, Major H. E., R.A.M.C., The Royal Hospital, Chelsea, S.W.  
 WOOD, W. V., Langford, Somerset.  
 WOODMAN, E. M., 76, Wimpole Street, W.  
 WRIGHT, A., Simon's Town, S. Africa.  
 YOUNG, S. L. O., Brooklands, Queen's Road, Freshwater, Isle of Wight.

## Army Medical Service.

## ROYAL ARMY MEDICAL CORPS.

Lieut.-Col. S. Westcott to be Colonel (March 20th).  
 Lieut. R. T. Vivian is confirmed in that rank.  
 Lieut. B. Biggar, who has been seconded whilst holding a house appointment, has joined the Junior Course at the Royal Army Medical College.  
 Lieut.-Col. F. W. C. Jones has been posted to the charge of the Station Hospital at Meerut.  
 Major F. G. Richards, on return from Jamaica, is posted to the Irish Command.  
 Major A. E. Smithson is returning home from Natal.  
 Majors W. E. Hardy and F. W. Begbie have exchanged to higher positions on the foreign service roster.

## Appointments.

GREY, H. M., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer to the X-ray and Electrical Department, Middlesex Hospital.  
 HARRIS, A. H., B.A. (Cantab), M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the British Lying-in Hospital, Endell Street.

## Births.

NESHAM.—On March 17th, at 12, Ellison Place, Newcastle-on-Tyne, the wife of R. A. Nesham, M.R.C.S., of a son.  
 ROBBS.—On March 5th, at Vine House, Grantham, the wife of C. H. D. Robbs, M.B., of a daughter.  
 SOWNY.—On March 23rd, at Neweastle, Staffordshire, to Dr. and Mrs. Geo. H. Sowy, a daughter.  
 WARE.—On March 15th, at 12, Petersham Terrace, S.W., the wife of Dr. A. M. Ware, of a daughter.  
 WINTER.—On March 11th, at John of Gaunt's, Lincoln, the wife of Edward Stuart Winter, Esq., M.R.C.S.(Eng.), L.R.C.P.(Lond.), of a daughter.

## Marriage.

MCDONAGH—HARRISON.—On February 20th, at St. Mary Abbot's, Kensington, by the Rev. C. F. Durham, M.A., James Eustace Radclyffe McDonagh, F.R.C.S., of 4, Wimpole-street, W. to Lilian, daughter of Mr. and Mrs. Temple Harrison, of Beckenham, Kent, and 52, Hogarth Road, S.W.

## Deaths.

BARNETT.—On March 20th, of septicæmia, at the Church Missionary Society Hospital, Bannu, N.W.F. Province, India, W. Hal. Barnett, M.D., D.S.(Lond.), younger son of Malcolm Barnett, of 51, Kidbrook Park Road, Blackheath, aged 31.  
 HATFIELD.—On January 12th, 1912, at Concordia, Namaqualand, after a very sudden illness, Ronald Hatfield, M.D.(Lond.), D.P.H. (Cantab.), aged 36.  
 THORPE.—On March 2nd, 1912, at 419, Holloway Road, N., suddenly, G. Thorpe, L.R.C.P.I., L.S.A.

## Acknowledgments.

*Charing Cross Hospital Gazette, Guy's Hospital Gazette, L'Echo Medical du Nord, Middlesex Hospital Journal, Women's Imperial Health Association Second Annual Report (2), The Eagle, The Nursing Times, The Hospital, The British Journal of Nursing, The Stethoscope, St. Mary's Hospital Gazette.*

## NOTICE.

*All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C.*  
*The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.*  
*All communications, financial or otherwise, relative to Advertisements ONLY, should be addressed to ADVERTISEMENT MANAGER, the Journal Office, St. Bartholomew's Hospital, E.C. Telephone: 1436, Holborn.*  
*A Cover for binding (black cloth boards with lettering and King Henry VIII Gateway in gilt) can be obtained (price 1s. post free) from MESSRS. ADLARD and SON, Bartholomew Close. MESSRS. ADLARD have arranged to do the binding, with cut and sprinkled edges, at a cost of 1s. 6d. or carriage paid 2s. 3d.—cover included.*

## St. Bartholomew's Hospital



## JOURNAL.

VOL. XIX.—No. 8.]

MAY, 1912.

[PRICE SIXPENCE.]

## St. Bartholomew's Hospital Journal.

MAY 1st, 1912.

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

## Calendar.

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.
Tues.,	"	7.—Dr. Garrod and Mr. Eccles on duty.
Fri.,	"	10.—Dr. West and Mr. Bruce Clarke on duty.
Tues.,	"	14.—Dr. Ormerod and Sir Anthony Bowlby on duty.
Thurs.,	"	16.—Ascension. Final F.R.C.S. Examination begins.
Fri.,	"	17.—Dr. Herringham and Mr. D'Arcy Power on duty.
Mon.,	"	20.—Examination for Matthew Donnan Medal.
Tues.,	"	21.—Dr. Tooth and Mr. Waring on duty.
Fri.,	"	24.—Dr. Garrod and Mr. Eccles on duty.
Sun.,	"	26.—Whit Sunday.
Tues.,	"	28.—Dr. West and Mr. Bruce Clarke on duty.
Wed.,	"	20.—Examination for Braekenburg Medical Scholarship begins.
Thurs.,	"	30.—Oxford Easter Term ends. Examination for Braekenburg Surgical Scholarship begins.
Fri.,	"	31.—Dr. Ormerod and Sir Anthony Bowlby on duty.
Sat.,	June	1.—Sir G. Burrows' Prize. Skinner Prize.
Sun.,	"	2.—Trinity Sunday.
Tues.,	"	4.—Dr. Herringham and Mr. D'Arcy Power on duty.
Fri.,	"	7.—Dr. Tooth and Mr. Waring on duty.

## Editorial Notes.

THE May number of the JOURNAL affords the opportunity for some reflections on the work in the Surgery. For the newly appointed members of the Resident Staff have now made a month's trial thereof. It is sometimes said by the unreflecting that the work in the Surgery is dull, and in time produces such boredom as is hard to be supported. Such a remark must be made by those with little humanity in their composition. That the work may be exasperating we admit, but dull, never. No day passes without its element of humour. One can go on rejoicing after dealing with the man who, when given a lin. sap. ticket with the injunction, "Rub your leg with this," goes behind the screen and literally massages his leg with it; and with him who, when asked the question one would ask of another suffering from a chronic hydrarthrosis of the knee-joint, replies, "No, sir, I don't smoke"; or with the old lady with a smart attack of scabies, who attributes her malady to a shock received in the train when coming home from Yarmouth last summer holidays.

And surely all the work is interesting if the spirit of the true physician is not lacking, whether the case is an infant whose "little earhole, doctor, is full of humour and corruption," or a youth with paramyoclonus multiplex. Almost every disease will be met with, and the more trouble that is taken in examination, the more will it be realised that the majority of the patients do not come up for nothing. The Dispensary may complain—and no one can blame them if they do—of the numberless old women with indigestion, and are perhaps right in enforcing the principle, "*plus aloe quam mellis*," but it is no legitimate complaint of the doctor that the disease is not of absorbing interest, for the old lady with all her garulity and protean symptom complex may require as urgent treatment and more profound thought than an acute pneumonia. There is, perhaps, a tendency to resent a combination of symptoms that cannot be represented by one word, the name of a disease. If the

truth of this is disputed let the reader turn to Gowers' *Borderland of Epilepsy*, and then he will not dismiss as stuff and nonsense the complaint that "the coal-box rose up and hit him on the head, whereupon he felt giddy and fell," which was one actually made. He, moreover, who works in the Surgery has such an opportunity of studying human nature in its most genuine and unaffected form as no one else in the world has, except a midwifery clerk on the District. No social worker or philanthropist can ever get within miles of the true lives of the people; yet the doctor enters the threshold of the innermost sanctuary of their lives and has to deal with the hoary drunkard of seventy-five and the young mother of fourteen, the girl who throws herself into the Thames, the man who, having come to the end of everything, takes his packet of oxalic acid, and is quite unnecessarily apologetic about it as you wash him out, and the little seamstress who works herself into a consumption for seven shillings a week. These things, it seems, are sufficient to preclude *ennui*, to say nothing of many others, and there is always inspiration and encouragement to be derived from the one whose genius makes the wheels of the Surgery run smoothly and who produces perfect order and harmony where chaos might easily reign.

We offer our sincerest congratulations to Mr. McAdam Eccles on his appointment as full Surgeon to the Hospital. It is well known that Mr. Eccles has been Surgeon with Charge of Out-patients and Surgeon in Charge of the Orthopaedic Department for some years, and while his new appointment will be hailed with pleasure, his teaching and work in these departments will be sorely missed.

We congratulate Mr. Girdling Ball on his marriage.

"Round the Fountain," we are glad to announce, is being reprinted.

We would also call the attention of our readers to a forthcoming epitome in ten chapters of the Report of the Royal Commission on Vivisection by Mr. Stephen Paget, which is being published by Mr. H. K. Lewis. The disgraceful and unjustifiable neglect of Blue Books by the general public is notorious; but of course they are often long, and one cannot be too grateful to one who will condense them in a masterful and attractive manner; as the book is not yet before us we can say no more, but the name of Stephen Paget on the cover is its best recommendation.

On March 30th the Resident Staff, at a dinner more festive and certainly more sumptuous than usual, met to celebrate the conclusion of their term of office. The decorum that is so characteristic of their dinner-table was, perhaps, somewhat relaxed, and the sadness of the occasion

mitigated by music and the flowing bowl. The Square was chosen for the after dinner speeches, when a brilliant monologue was delivered in the vicinity of the Fountain. No little interest was added to the proceedings by the somewhat late arrival of our esteemed Steward. Soon after his appearance, however, the assembly, having abandoned the attempt to sing "Auld Lang Syne" round the edge of the Fountain, dispersed to the performance of its various duties.

The next entertainment of interest provided in the Square was the eclipse of the sun on April 17th, which was watched by a large and eager assemblage through turbid skiagrams.

We would call the attention of our readers to the appeal which is being made on behalf of the funds of the Hospital. For nearly eight centuries the gates of St. Bartholomew's have been flung wide open to the sick poor of London and the surrounding districts, and it is deplorable to have to conceive that they might be partially closed now. The appeal being made to the general public is for—(a) Subscriptions for a limited number of years to supplement the present income of the Hospital and so avoid the necessity of curtailment of the work. (b) Donations towards the extinction of the debt of £57,000 to the bankers, etc. (c) Funds for the erection of a Nurses' Home. It is needless to enlarge on the importance of all these three things. The appeal has already been responded to most generously, and the Governors themselves have contributed magnificently, as also have many old "Bart's" men. £3500 per annum towards the annual deficiency has been guaranteed by the Governors of the Hospital, and £6000 has been promised in donations for the reduction of the debt. But as the excess of expenditure over income is £7500, and the debt to bankers, etc., £57,000, it will be seen that considerable help is still needed. The Hospital has 687 beds, and 70 at the Convalescent Home, and treats 7500 in-patients and 130,000 out-patients each year; so that the amount required to restore the former independence of the Hospital is, perhaps, not large considering the vast work it carries on. Contributions may be sent to the Right Hon. the Lord Mayor, Mansion House, E.C., The Right Hon. Lord Sandhurst, P.C., Treasurer, St. Bartholomew's Hospital, E.C., and to Edwin T. Layton, Esq., Hon. Secretary to the Special Appeal Committee, St. Bartholomew's Hospital, E.C.

While offering our congratulations to Lord Sandhurst on his appointment as Lord Chamberlain, we earnestly hope that this will not necessitate his retirement from the Hospital, which he has served so well in his capacity as Treasurer.

While going to press we are informed of the much-regretted death of Sir F. C. Wallis, who was formerly Demonstrator of Anatomy at this Hospital. We hope to publish an obituary notice in our next issue.

### Ultra-microscopic Organisms in Disease.

A Paper read before the Abernethian Society on  
November 2nd, 1911.

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

ANY diseases due to specific infections, including some of the commonest, such as mumps, chicken-pox, and rheumatism, have resisted the efforts of numerous investigators to discover their cause; and this fact has naturally led to much speculation and many attempts to find out what peculiar difficulty stands in the way. The two most probable obstacles to success are either that they are due to organisms which do not stain, or only stain very faintly with the dyes in common use, or that the organisms are too small to be seen by the highest powers of the microscope. That in some cases the former may be the cause is shown by the comparatively recent discovery of the *Treponema pallidum*, though the probability that the second reason is more often the true one has become very strong since the researches of Nocard and Roux, published in 1898, on pleuro-pneumonia of cattle. This disease is a local one, accompanied by great distension of the connective tissue with a yellowish albuminous fluid, but the serious symptoms are due to toxins, which frequently cause death.

The serous fluid was found to be highly infective, but no micro-organisms could be discovered in it, nor did any visible growth appear on any of the media used.

Some of the filtered fluid was placed in a collodion sac and introduced into the peritoneal cavity of a rabbit, another collodion sac being used as a control.

After two or three weeks the fluid had become slightly turbid, and under a magnification of 1000 diameters it was found to contain many minute dancing particles, the largest formed by an aggregation of smaller ones, being about 4  $\mu$  in diameter.

The experiment was repeated with success, and it was also found that if one portion of the filtered fluid were heated and the other not, turbidity only appeared in the unheated fluid. Nocard and Roux considered that these minute particles, much smaller than any known bacterium, were the micro-organisms which caused pleuro-pneumonia. They were able to make subcultures, and though growth was slow, requiring two or three weeks in the peritoneal cavity of the rabbit, from a tenth subculture 1 c.c. of the fluid was sufficiently virulent to cause a severe attack of pleuro-pneumonia in a cow. By later experiments they found that the organism could be cultivated *in vitro* on Martin's bouillon peptone to which some serum of a cow or rabbit had been added.

In 1899 a Commission was appointed in Berlin to investigate the cause of foot-and-mouth disease, a disease which

spreads with great rapidity, and affects several of the domestic animals and not infrequently attacks man.

Loeffler and Frosch found that fluid from the vesicles diluted with water and passed through a Berkefeld filter, which would not allow the passage of the *Bacillus fluorescens*, could produce the disease. Fluid passed through the finer pores of a porcelain Kitasato filter was, however, deprived of its infective property. The investigators considered that the disease was due to an organism of the same nature as that causing pleuro-pneumonia, but no cultures could be obtained, nor were any particles resembling those in the last-named disease seen. In opposition to this view it was argued that the micro-organisms themselves might have been arrested by the filter and the disease might have been caused by its toxin. For it is well known that in some diseases, such as tetanus, the injection of filtered toxin alone will cause all the symptoms of the disease after the usual incubation period. To disprove this line of argument filtered lymph from a vesicle was used to produce an attack in one animal, and from the vesicles produced in this it was found that a whole series of animals could be similarly infected; and indeed some animals which came into contact with them, though not actually inoculated, developed the disease just as happens in an ordinary epidemic. It is impossible to believe that a toxin, however powerful, could produce these effects.

Foot and mouth disease is evidently due to a micro-organism smaller than that of pleuro-pneumonia and truly ultra-microscopic.

More recently many other diseases have been found to be due to this group of organisms, and though that of pleuro-pneumonia is one of the largest, several others are visible with the highest powers of the microscope. Thus the term "ultra-microscopic" is not an accurate one, and it would be a good thing to discard it before it has become too much sanctioned by use in favour of the term "filterable organism" or "filterable virus."

As to the actual size of these organisms, it has been calculated that the smallest of the bacteria would be invisible were they one tenth the size they are; and since the largest of the filterable organisms are just visible, they are not quite a tenth the size of the smallest bacteria. There is, in fact, no greater difference in size between the smallest bacteria and the largest filterable organisms than between the largest bacteria and the smallest. The gap, though large, is not too large for the imagination easily to bridge. And though all pass through the Berkefeld filter, which is made of Kieselguhr, all are arrested by the finest porcelain filters such as the Kitasato and some by the coarser porcelain filters.

It will be noticed that much more is known about the diseases of animals caused by filterable organisms than those of man.

This is, of course, due to the fact that since they are too small to be recognised by the microscope, and either cannot

be cultivated, or from their size evidence that they have been cultivated is only to be obtained by inoculation, the only satisfactory method of working with them is by passing the filtered virus through a series of living animals. It is clear that this is only possible to a very limited extent with human beings, and can only be applied freely to those diseases of man such as smallpox, rabies, anterior poliomyelitis and trachoma, which also affect one of the lower animals.

The following list of diseases proved or suspected on strong grounds to be due to a filterable virus shows how numerous they are, and what widely different groups of the animal and even the vegetable kingdom are affected:

- \*Yellow fever.
- Dengue.
- Sandfly fever.
- \*Rabies.
- \*Smallpox.
- Cowpox.
- Chickenpox.
- Sheeppox.
- Swinepox.
- \*Foot-and-mouth disease.
- Cattle plague or rinderpest.
- \*Distemper of dogs.
- Trachoma, and a non-gonococcal urethritis probably due to the same organism.
- \*Epithelioma contagiosum of fowls and
- Diphtheria of wood pigeons (probably forms of the same disease).
- "*Farcin cryptococcique*."
- Mumps.
- \*Anterior poliomyelitis, the poliomyelitis of poultry, of the horse and the dog are probably allied but not identical diseases, since the human virus did not affect them, though several species of monkey proved susceptible.
- Variola of the carp.
- Disease of the lips of barbel.
- \*Cyanolopia gallinarum or chicken typhus and an allied disease
- \*affecting three species of thrush and the starling in Italy.
- \*African horse sickness and the allied
- African catarrhal fever of sheep.
- Pleuro-pneumonia of cattle.
- Myxomatosis of rabbits, which also affects the dog and even man in South America.
- \*Pneumo-enteritis of pigs (and epidemic disease of guinea-pigs).
- Agalussie contagieuse de brebis*.
- Scarlet fever.
- \*Measles.
- \*Infectious or pernicious anæmia of the horse, in which the blood picture is very like that of pernicious anæmia in

man, and suggests that this may also be one of these diseases.

A disease (*jaunisse*) of silkworms occurring in France.

Mosaic disease of the tobacco plant.

Passages by means of filtrates have been made through a series of animals in those marked with an asterisk.

It is thus established beyond doubt that these very small organisms do actually exist. Do we know enough about them to decide whether they are most closely allied to the vegetable parasites, the bacteria, or to the animal parasites, the protozoa?

Only one has been cultivated, and all are too small for any details of form to be made out. Thus the two characters most valuable in the study of the bacteria are not available. We have, however, some very valuable evidence afforded by three of these diseases—yellow fever, dengue, and sandfly fever.

In the case of yellow fever most careful work has been done by Reed and confirmed by Marchoux and Simond. They found that the blood contained the infective agent, but no bacteria could be found in the films or cultivated *in vitro*. 15 c.c. of serum passed through a sterilised Berkefeld filter produced the disease in two men after the usual incubation period. Filtered serum from one of these cases caused the disease in another individual, proving that there was a living organism and not merely a toxin in the filtrate. The filter used proved impermeable to the *Staphylococcus pyogenes aureus*. Thus the bacillus described by Sanarelli and found in many cases is only an accidental invader, such as has been found in swinepox and several of these diseases; and it is possible that the streptococci found in scarlet fever and the diplococci in rheumatic fever may also be of this nature. Yellow fever is conveyed solely by a mosquito, *Stegomyia calopus*, Meigen., and the insect cannot transmit the infection until twelve days after biting an infected person. The organism must have a life-cycle in the mosquito as well as one in man.

A very similar state of things has been found in dengue, a widely spread tropical and subtropical disease. Ashburn and Craig were able to pass the organism through a porcelain filter, and the filtered serum produced the disease in healthy men after three and a half days' incubation. The filter used retained the minute *Micrococcus melitensis*. This disease is conveyed by a mosquito, *Culex fatigans* Wiedemann., and in this case the mosquito remains harmless for seven to eight days after ingesting infected blood.

The third of these diseases has only recently been separated from dengue, and is a brief and mild fever found in Dalmatia, S. Herzegovina, Malta, Crete and India. Doerr first found that it was due to an organism in the blood filterable through a Berkefeld or Ruchel filter. The men experimented on—two soldiers—took the disease six days after the injection of the filtered serum. Birt con-

firmed this work, and passed the organism through a fine porcelain filter—Chamberland F. The disease is conveyed by a sand-fly, *Phlebotomus papatasi*, which only becomes infective seven or eight days after biting.

These three diseases closely resemble malaria in that they are conveyed by biting insects, which remain incapable of passing on the infection for a definite period of several days. In the case of malaria this period is occupied by the sexual portion of the life of the hæmameba, which takes place in the stomach wall of the *Anopheles*, and it is almost certain that a similar phase in the life of the organisms of yellow fever, dengue and sand-fly fever must be passed during this interval, and that they are allied to the parasites of malaria and therefore of Protozoan nature. For nothing comparable to this is known in the case of any bacteria.

There is no such strong evidence of the protozoan character of the other filterable organisms, but they do differ in certain respects from any bacteria. Some of them are very resistant to the action of glycerine, an agent rapidly fatal to bacteria, but are readily destroyed by certain chemical poisons which do not injure the bacteria.

Some, too, are rapidly killed by a degree of heat only deadly even to non-spore bearing bacteria after a prolonged period. Yellow fever, sheeppox, measles, rabies, foot-and-mouth disease and chicken typhus are instances of this. The larger filterable organisms stain well with methylene blue, and there is a clear halo round—an appearance quite different from that obtained by staining a filtrate of crushed liver pulp as a control. They have been found in the filtrate in the case of variola, vaccinia, and "*farcin cryptococcique*," and in the tissues in these diseases and in trachoma and epithelioma contagiosum of fowls and in the saliva of mumps. Chauveau, von Prowazek and others have devised ingenious methods to show that the organisms are practically, if not absolutely, non-motile.

Bodies of like character have been found inside the cells in many of these diseases and surrounded by a clear area. These have been regarded by von Prowazek and others as the organisms, several of which may occupy a single cell, undergoing a special phase of their life-history, and causing a peculiar cell reaction round them, and finally dividing into the minute filterable bodies, which escape and spread the infection. Owing to the changes in the cell in which they are included von Prowazek has called the whole group Chlamydozoa (*χλαμύδι*—a cloak).

These intra-cellular bodies have been found already in variola, vaccinia, varicella, rabies, trachoma, molluscum contagiosum, epithelioma contagiosum of fowls, sheeppox, foot-and-mouth disease, rinderpest, and scarlet fever. Long before the existence of any filterable organism was suspected these appearances had been seen and interpreted in various ways, as included leucocytes undergoing degenerative changes, cell vacuoles or protozoa, and passed under various names—molluscum bodies, trachoma bodies, bodies

of Negri in rabies, and of Guarnieri in variola. Their exact nature is still uncertain. But recent research has shown that in rabies they do not appear in the brain till the thirteenth day after inoculation in dogs and then gradually increase in size till they are fully grown on the sixteenth day, on which the symptoms first appear.

The special tissue changes in the case of those diseases with vesicular and pustular skin eruptions amount merely to a marked proliferation of the epithelial cells, but in the case of molluscum contagiosum, a disease allied to this group with an incubation period of two to six months, the proliferation is so great as to form a definite epithelial tumour.

In sheeppox there is an epithelial proliferation in the skin lesions akin to, but greater than, that found in smallpox, but the most remarkable reaction occurs in the lungs and liver. Bosc has described a reproduction of lung acini and proliferation of bronchial epithelium resembling an adenoma, and in the liver growths resembling biliary papillomata occur. These show a striking similarity to the biliary papillomata of rabbit coccidiosis, and to the intestinal adenomata of sheep coccidiosis, and, like them, have a definite connective-tissue stroma. The coccidia are intracellular protozoan parasites.

This peculiar reaction of the tissues to these filterable parasites suggests that they, like the coccidia, may be protozoan, and also opens up a further question—the relation of these diseases to new growths, simple and malignant. Amongst the simple growths, the infective nature of warts is proved, and that of polypi may be suspected.

Endemic goitre with its general hypertrophy or local adenomata of the thyroid gland and its rare metastases in bones forms a link between the simple and malignant growths. It has long been known that this disease is conveyed by water, and Bircher has proved that dogs do not get it if their water is boiled, though they still contract it if it is merely passed through a Berkefeld filter. And though McCarrison has so far only found the non-filterable material infective in man, it is probably due to a filterable virus.

Recent opinion seems to be against the parasitic nature of malignant tumours, but there are close resemblances between them and some of the tumours produced by filterable organisms, though most of the latter are much more rapid in their growth.

So-called cancer bodies, formerly regarded as protozoan, are not very unlike the intra-cellular bodies found in variola and others of this group.

From this point of view the very greatest interest attaches to the recent and unfinished experiments of Peyton Rous at the Rockefeller Institute. Portions of a spindle-celled sarcoma of great malignancy were mixed with Ringer's solution, ground up in sand, and filtered through a Berkefeld filter.

The filtrate injected into fowls and young chickens in several cases caused the growth of sarcomata at the site of injection and metastases in other organs, which, in histological characters, were like the original tumours. Passage to a second fowl was not proved conclusively owing to the discovery that the filter used in the apparently successful experiment was slightly defective.

But sufficient has been done to show that sarcomata are due to chemical poisons, or more probably to filterable organisms allied in some degree to those already described and shown to cause somewhat similar tissue reactions.

### The Relationship of the National Insurance Act to the Voluntary Hospitals, especially those with attached Medical Schools.

By W. McADAM ECCLES, M.S.(Lond.), F.R.C.S.(Eng.).

**I**NSURANCE against sickness is most wise, especially when it is contributory. To be satisfactory it must always be associated with adequate medical treatment, and medical treatment of a proper character cannot be cheap.

The public as a whole are not fully aware of the enormous advance of medicine in all its branches during the last fifty years, nor of the fact that this advance has necessitated greater expenditure. It is false economy to endeavour to obtain cheap, and therefore in many instances inefficient, medical attendance. This is true in relation to private medical practice, but it is even more true in relation to hospital treatment.

The National Insurance Act must necessarily have a profound effect upon the work and income of the general practitioners of medicine. It will effect little if at all the income of the consultant, but it will produce considerable changes in connection with the hospital on the staff of which he is, and on the medical school wherein he teaches. It is to review some of these possible changes that has induced me to write this article. The opinions expressed may not find acceptance with all, but they are at least worthy of consideration, and time alone will show whether they are justified or not. It is my hope that by thus stating them and attention being thus drawn to them, some unhappy results either to patient or hospital may be avoided.

The National Insurance Act (1911) may affect a voluntary hospital in many ways. The effect may be upon :

- (a) The patients.
- (b) The medical staff.
- (c) The finances.
- (d) The employées.
- (e) The medical school, if there is one attached.

#### THE PATIENTS.

There are three classes of patients in connection with a number of the voluntary hospitals—out-patients, in-patients and maternity patients, the latter being both out-patients and in-patients.

*Out-patients.*—Persons who attend a hospital as out-patients may be classified as follows :

- (a) Adult males.
  - (i) In work. These for the most part will be insured persons.
  - (ii) Out of work through chronic ill-health, incapacity, idleness, old age, etc. These for the most part will not be insured persons.

Probably the number in Class 1 will be increased, chiefly because more men will "declare sick" on account of small ailments than before, and will drift to the voluntary hospital, especially if their "insurance doctor" considers their ailment too minor a matter to require his treatment. This drifting to the hospital will entail, if the patients are admitted to the casualty department, a good deal of extra work in determining whether the ailments are genuine or no.

Probably the number in Class 2 will also be increased, as there will be many who will drift to the voluntary hospital after "sickness" and "medical benefits" are exhausted. Possibly others who are dissatisfied with their medical treatment from their "insurance doctor" after attending him for a given time will gravitate to the hospital and swell the number of out-patients unless their admission as such is checked.

- (b) Adult females.
  - (i) In work: These for the most part will be insured persons.
  - (ii) Married woman not in work, chronic invalid women, old women, etc. These for the most part will not be insured persons.
  - (iii) Women who are entitled to "maternity benefit." Probably the number in Class 1 will be increased, chiefly for the same reasons as given under males. Probably the number in Class 2 will not be increased. Probably the number in Class 3 will not be increased.
- (c) Children.

These will not be insured persons, and the number attending any voluntary hospital will not be altered by the Act.

#### *In-patients:*

Persons who are admitted as in-patients into a voluntary hospital may be classified as follows :

- (a) Adult males.
  - (i) In work. These for the most part will be insured persons.

#### THE MEDICAL STAFF.

The working of the Act will affect both the visiting and the resident medical staff.

Until the Act has actually been in working, it is a little difficult to say precisely its effect.

But at the present time there is some uncertainty as to the proper attitude for the members of the staff of a voluntary hospital to adopt towards the Act. It is quite certain that necessitous persons when ill, even if insured, must receive treatment. Many consultants on the staff of the hospitals have agreed not to work under the Act until the just demands of the profession have been secured. It would, to my mind, have been the only right and wise course if every medical officer attached to a voluntary hospital had taken such a pledge. Supposing, therefore, the Insurance Commissioners refuse or have not the power to grant these demands of the profession, what should be the attitude to be taken by the staff of a voluntary hospital? It may be the duty of the authorities of the hospital to see that the hospital and its funds are not abused by their being used for insured persons, but the voluntary worker on the staff of a voluntary hospital has simply a duty to the patient who needs a service, and is not acting under any contract thereby. Still, it would never do for this voluntary service to be a loop-hole whereby service under the Act is given by one branch of the profession against the wishes of another branch of the same profession. Until, therefore, matters are made much more clear by the outcome of the actions of the Insurance Commissioners, the members of the staff of a voluntary hospital are bound to treat the sick.

Up to now the medical staff of a voluntary hospital have always been ready and willing to treat any person provided two conditions subsisted, that the person was ill and therefore required treatment—and that the person was too poor to pay for such treatment as the hospital alone was able to provide. But under the Act the State undertakes to provide "medical" treatment, for which payment is to be made from "medical" benefit. There is, however, no clause or section in the Act whereby adequate payment is to be made to the hospital for such treatment as can be carried out only at a hospital, and no clause for any payment to be made to the staff of such a hospital for their services. Care will, therefore, have to be taken that this is not another means whereby medical practitioners are made to perform gratuitous service to those who can afford to pay at least in part for such treatment.

Another matter will also need careful watching, and that is the filling-in and signing of necessary certificates under the Act. This should certainly not fall upon the already over-worked resident staff. No provision is made for the payment of anyone in connection with such certificates when the "insured person" is a patient at a voluntary hospital.

- (ii) Out of work. These for the most part will not be insured persons.

Probably the number in Class 1 will be increased, chiefly for the following reasons :

- (a) Practitioners will insist, and rightly, on patients entering hospital for surgical operations more often and earlier than before, e.g. cases of hernia.
- (b) Patients themselves will recognise the desirability of early hospital treatment.

Probably the number in Class 2 will not be increased.

- (b) Adult females.
  - (i) In work. These for the most part will be insured persons.
  - (ii) Married women not in work, chronic invalid women, old women, etc.
  - (iii) Women who are entitled to receive "maternity benefit." Probably the number in Class 1 will be increased, and for the same reasons as given under males. Probably the number in Class 2 will not be increased. Probably the number in Class 3 will not be increased.
- (c) Children.

These will not be insured persons, and the number admitted as in-patients will not be altered by the Act.

Reviewing, therefore, the persons who will be either out- or in-patients at a voluntary hospital now that the Insurance Act has become law, it will be seen that there will probably be an increase in the number, and therefore that the work and the expenditure of the hospital will be correspondingly increased.

Although the Act does not provide for any treatment in a general voluntary hospital, it is likely that many of the "insured" will consider that they have a "right," because they have paid insurance subscriptions, to admission to hospital both as out- and in-patients. If this happens to be so in the future, it may cause some amount of friction in the matter of admission or its refusal.

There is another point of view from which the relationship of hospitals to the Insurance Act can be seen, and that is, the Act may tend to make the hospitals more and more the centres for consultation between the "insurance doctor" and the consultant. This can only be for the good of all, provided that the general practitioner himself does not abuse the privilege by referring patients to hospital who should rightly pay a moderate fee to a consultant.

The question has already been mooted as to whether any insured person should be received for treatment at a voluntary hospital. The answer obviously is that the hospital should be placed at the disposal of any necessitous person, but that the authorities of the hospital should reserve to themselves the right of refusing to treat those persons for whom the State has, or appears to have, made provision.

There may be a tendency also for that harmonious and humane relationship which now exists between most patients and doctors in this kingdom to be so altered as to bring about strained conditions. When a person thinks that he has a right, on account of contribution to an insurance fund, to the services of a medical practitioner, much of the personal and friendly relationship is apt to disappear. This would be a grave pity if it were an outcome of the working of the Act.

#### THE FINANCES.

*Income.*—The income of a voluntary hospital, at any rate in London, is derived from the following sources:

Annual subscriptions . . . . .	25 per cent.
Donations . . . . .	11 "
Hospital Sunday Fund . . . . .	5 "
Hospital Saturday Fund . . . . .	3 "
Workpeople's contributions . . . . .	9 "
Patients' contributions . . . . .	9 "
Interest from investments . . . . .	32 "

Thus it will be seen that there are several sources of income which may be threatened by compulsory contributions under the Insurance Act, viz. annual subscriptions, workpeople's contributions, and possibly donations, and the Sunday and Saturday Funds.

There can be no doubt that some who contribute regularly to hospitals will find that they cannot give as much or at all when they have made their compulsory contribution to the Insurance Fund. Workpeople who now contribute out of their wages may be quite unable to do so as well as to pay their weekly sum towards their insurance. Hence it follows that from these sources it may be that the sum accruing to the hospitals will be diminished. At the same time, it is to be hoped that those who can afford to contribute larger sums out of their abundance will be induced to do so rather than let these necessary and helpful institutions suffer, and therefore the ailing poor go without adequate hospital treatment. The awakening of the nation to the value of early and good institutional treatment may even have the effect of increasing the yearly income of the voluntary hospitals.

*Expenditure.*—But while income may diminish, may remain the same, or may even somewhat increase, the expenditure is likely to become certainly larger. This will be caused by increase of the number of patients, and increase in the expense of thorough treatment.

#### Grants from Insurance Funds.

There are two possible ways in which a voluntary hospital may receive grants from Insurance Funds, viz.:

(a) Under Section 12, subsection 2 (c) of the Act.

(b) Under Section 21.

Under Section 12, subsection 2 (c) it is enacted that

should a person, being a member of an approved society, be an inmate of a hospital supported by charity or by voluntary contributions, and the person has no dependants, then his or her "sickness" benefit (or her "maternity" benefit, even if she has dependants) shall, if an agreement has been made between the society and the hospital, be paid in whole or in part towards the maintenance of such person in the hospital.

A little consideration of this possibility will show how rare will be the payment to a hospital, except in the case of "maternity" benefit.

Further, it will require a definite prearranged agreement between the approved society and the hospital, and it is likely that this may lead to serious complications.

Under Section 21, it shall be lawful for an approved society or Insurance committee to grant such subscriptions or donations as it may think fit to hospitals. Such contributions can only come out of surplus funds, and there is no evidence that any such will exist, and even if they do, and contributions are made, the amount cannot in any case be equivalent to the expenditure of the hospital in the treatment of "insured persons."

Supposing money were to be received by the hospital, its acceptance from an organised outside body, such as an approved society, might lead to a request for some amount of control so as to check the expenditure of the grant.

Further, as the money would virtually be received from State funds, it would be the means of suggesting State control in the future.

Neither of these external methods of control would, in my opinion, be beneficial to the majority of the voluntary hospitals, and particularly those with medical schools attached to them.

#### THE EMPLOYÉES.

Every one of those employed by a voluntary hospital whose income does not exceed £160 a year, and is not in receipt of a pension of at least £26 a year, will be required to become "insured persons." Included among these will be:

- |                             |                                  |
|-----------------------------|----------------------------------|
| (1) Nursing staff.          | } Nearly all of these are women. |
| (2) Wardmaids.              |                                  |
| (3) Hospital kitchen staff. |                                  |
| (4) Scrubbers.              |                                  |
| (5) Clerks.                 | } Most of these are men.         |
| (6) Porters.                |                                  |

The hospital out of its own resources will have to find the employer's contribution for all of these.

In addition to this the employed will have to contribute their share, or the hospital will have to do it for them.

### Clinical Settings.

NO. XVIII.

By SAMUEL WEST, M.D.

#### THE TREATMENT OF PHTHISIS BY THE PRODUCTION OF PNEUMOTHORAX.

**P**HISIS is really an old question which has been recently resuscitated. It is based upon the theory that in the compressed lung tubercle ceases to develop, but the theory is erroneous, and therefore the practice based upon it will be unsound.

Of course with modern aseptic methods sterilised air can be introduced into the pleura without much risk, yet if by any accident infection occurred and an empyema resulted, the last condition of the patient would be worse than the first. Yet, assuming all goes well, the question is, What will be the result of the artificial pneumothorax? In the first place the pneumothorax so produced will not be effective long, for the air is readily absorbed and in a few days will entirely disappear. In the second place, if the pneumothorax were maintained, still the progress of tubercle in the compressed lung would not be arrested. Indeed, owing to the adhesions which have formed over the most affected portions of the lung, the pneumothorax would only affect those portions of the lung in which the mischief was not advanced. But there is another risk of an altogether different kind, of which I have seen many instances in spontaneous pneumothorax. As the one lung collapses the contents of the tubercular cavities are forced into the air-tubes, and may easily pass into the other lung, where they may set up acute tubercular aspiration-pneumonia, and lead to a very acute development of tubercle in the other lung. Again, I have seen more than once very urgent, even fatal, dyspnoea produced in this way. It follows, therefore, that though the actual operation of artificial pneumothorax is not specially risky, yet the indirect risks are by no means small, while the prospects of amelioration, still less of arrest, are practically nil.

#### PLASTIC BRONCHITIS AND ASTHMA.

Attacks of dyspnoea, paroxysmal in character, and often diagnosed as asthma, occur in the course of plastic bronchitis. Where the casts are large and freely expectorated the attention is arrested and the diagnosis easily made. Where the casts are small the real condition may be overlooked; but if plastic bronchitis be thought of and the sputum examined the nature of the case is obvious. True spasmodic asthma begins in early life. Plastic bronchitis, though met with in children, is more common in adults. Indeed, asthma-like attacks commencing in adult life, are probably not spasmodic asthma at all, but some other form of paroxysmal dyspnoea.

#### THE MEDICAL SCHOOL.

There is very little doubt that for the next few years the effect of the Insurance Act will be to make the parents and guardians of prospective medical students think twice before they put those over whom they have control into the medical profession. This condition of things must act deleteriously, for the time being at least, upon the medical schools, and may rather seriously interfere with their efficiency by considerably diminishing their income.

Further, the altered relationship of many of those who attend the hospital as patients, because they will almost certainly claim a "right" for their treatment, may make them unwilling to be of value for clinical teaching. Tact, however, may overcome this, but great care will have to be taken that there is no interference with a liberal and willing supply of such material. At present nothing could be better than the relations which subsist between doctor and patient in our British medical schools, and it would be a sorry day if anything in the way of legislature were to alter the conditions which are now found working so smoothly.

#### CONCLUSIONS.

It is yet too early to allow of any concrete pronouncement as to the effects of the National Insurance Act upon the voluntary hospitals, but there are indications that the Act may have very distinct results so far as these splendid institutions are concerned, and it is well, therefore, to be prepared to meet the effects so that as little harm as possible may result, and this ought to be done without any interference with the beneficent action of the working of the Act on behalf of the sick of our country.

The correct diagnosis of plastic bronchitis is important because it is in most cases so easily cured by iodide of potassium.

#### ON THE USE OF URANIUM NITRATE IN DIABETES.

Before the value of any drug in the treatment of diabetes can be estimated, it is necessary by means of diet and general management to bring the patient into a condition of physiological equilibrium so far as the excretion of sugar is concerned. When this is arrived at, and no further improvement takes place, the drug can be given. If, then, further improvement follows its administration, and retrogression occurs when it is suspended, to be followed again by improvement when it is renewed, it is fair to conclude that the drug given has had a beneficial effect. This has been repeatedly my experience with uranium nitrate, and therefore I am convinced that it is a very useful drug in diabetes. It is not a specific, nor, indeed, are the other stock drugs, *e.g. codeia* or opium; but it cures some cases in which these other drugs have failed. To produce its effect it must be given in full doses, beginning with a grain two or three times a day, and increasing the dose up to 10 or 20 gr. three times a day. The limit is reached when it begins to disturb the digestion by exciting dyspepsia or diarrhoea. The limit varies greatly in different cases. In some 2 or 3 gr. are all that can be tolerated, in others 20 gr. produce no disturbance. When the limit is reached the dose should be reduced, or its administration suspended for a few days and then resumed. As the action is continued, it is indeed well in every case to stop the drug for a week or so at a time. In this way its use can be continued for months, and with great benefit.

When the drug is doing good its first effect is to relieve thirst, then to reduce the amount of urine and then the amount of sugar. I have more than once seen the sugar greatly reduced, or indeed caused to disappear, so long as the drug is taken, with a corresponding increase in body-weight. Many patients volunteer the statement that they are different persons, so much better do they feel, while taking the medicine.

Why the drug is not more used is due to the fact that it is not administered in the way I have indicated.

As to its real value in certain cases my experience leaves me in no doubt whatever.

### Drill and National Health.

By LEONARD B. CANE, M.D., B.C.(Cantab.), M.R.C.S.  
L.R.C.P., R.A.M.C.T.

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**F**OR healthy development exercise is essential. Though the form may vary, the principle is uncontested. In this country it is obtained chiefly in outdoor games, abroad in military service. Here the exercise is athletic and, with the exception of certain schools, entirely voluntary; abroad it is military and compulsory.

Games, except in schools, can never be enforced, hence their influence on national health is restricted; drill is required for national defence and may therefore be made compulsory, and so capable of raising the standard both of physical and military efficiency. Exercise that is voluntary is too often avoided by just those weaklings who require it most; compulsory exercise must have a direct influence upon national health.

If military training can be shown to assist development and so arrest the tendency towards national degeneration, it should, like other measures for the public good, be made by law compulsory. In every civilised community it has become the custom to restrict the liberty of individuals for the benefit of the whole. Payment of taxes, compulsory education, the various sanitary laws, Factory Acts, Workmen's Compensation Act, and the obligation to assist the police, are all instances of this.

If military training can be shown not only to safeguard peace but to lead towards a higher standard of national health, it would appear, therefore, not unreasonable that it should be made in some degree compulsory.

The subject may conveniently be considered in two parts—drill for boys and drill for men. That drill is good for boys is scarcely disputed, and objections to its universal enforcement should not be formidable. Some degree of physical drill, usually upon a military basis, is already found in almost all schools, and its advantages have recently received additional acknowledgment from those who have been responsible for the formation and rapid growth of Lads' Brigades, Boy Scouts, and similar organisations.

That these are of benefit in developing the physique and to some extent the characters of their members is undoubted; indeed, it would otherwise be difficult to account for the widespread support they have received. If such training is beneficial it should be given to all and incorporated in the school course. In Germany, Switzerland, and the Scandinavian countries, all of which have compulsory military training, special importance is attached to this physical training in schools, and in this country it is in-

teresting to note the almost unanimous testimony that masters who have introduced drill and miniature rifle practice into their schools have given to the great benefits conferred by such training. The report of the Medical Officer (Education) to the London County Council for the year ending 1907 devotes considerable attention to the advantages of drill and rifle shooting from an educational standpoint. Some interesting diagrams are there published to show the physical effect of rifle shooting, which the report states "seems one of the best educational subjects for boys from the age of twelve and upwards, and is free from any unduly fatiguing effects." With regard to military drill it states that "there is no question that the moral effects in the way of self-restraint, obedience, and alacrity are remarkable" (1).

Drill is admirably suited to the training of the young; "Boys' moral natures may be developed by drill more definitely than by any process of teaching. . . . it develops them physically and gives them freedom and grace of step, and a manly and dignified bearing. It trains them to be responsively obedient, and . . . defines in a boy's mind a consciousness of the need of co-operation."

Drill makes boys executive, and executive training is the highest training." Such is the opinion of Mr. J. L. Hughes, who for over thirty years has been inspector of schools in Toronto. "I sincerely hope," he writes, "that the boys of the whole Empire may be encouraged in every legitimate way to learn drill for their own development, and to qualify themselves for their duty as citizens" (2).

There is no doubt that the extension of systems of physical and military drill in all schools would be of the greatest benefit, and would have permanent effect in raising the standard of our national health. The training, however, too often ceases at the end of the school course, and although the children of the middle and upper classes may have opportunities for further physical training, either in universities or continuation schools, the children of the poorer classes begin at once to "earn their living," frequently in unhealthy surroundings, with impure air, improper food, and few opportunities for healthy exercise.

On the Continent almost every man must pass before the age of twenty-five through a period of military training. This enables him at the outset of his career to lay in a stock of health and thus to fortify his frame against future inroads of disease. During his training he gains in weight, in strength, and frequently also in height; his chest expands with increased capacity of lung; and with the healthy regular exercise, good food and regular habits he rapidly attains his full development.

Statistics prepared from careful examination of large numbers of men in Germany (3), France (4), Italy (5), Sweden (6), Japan (6), the United States of America (7), and to some extent in this country (8), fully support these statements, and it is somewhat remarkable that the maximum

improvement in physique is found in almost every case to be reached within the first six months, and that after the end of the first year very little further progress can be noted. From the purely physical standpoint, therefore, all that is necessary to complete development is a single course of a few months' military training, though an additional fortnight's course in each of the next few years would undoubtedly be advantageous.

The very moderate proposals brought before the House of Lords by Earl Roberts in July, 1909, would, if adopted, be quite sufficient to ensure this lasting benefit. The National Service Bill provides for a single course of from four to six months' training, compulsory on every British youth of sound physique between the ages of eighteen and twenty-one (with certain necessary exceptions), this to be followed in each of the next three years by a fortnight's annual training in camp with the Territorial Army (and liability to be called out for Home Defence only in case of national danger).

All who have had charge of the health of Territorial units must have been favourably impressed by the marked improvement in general health at the end of the fortnight's annual training, and many must have regretted that the same opportunities were not open to all. A four to six months' course of such training would make a man of many an undeveloped weakling. During this time he would be well-housed, clothed and fed; he would form regular habits, and live an open-air, active and healthy life. Finally, he would return to his work more efficient in every way, a better wage earner and a better man. (At Krupp's works at Essen a man who has been through his military training earns two shillings a week more wages than one who has not.)

In each of the next few years he would be certain of a fortnight's annual holiday, enforced by law and paid for by the State.

In return he would be giving up merely a few months in a single year at the outset of his career, and in the next three years the brief time required for the annual training. In case of invasion he would be enabled to take his part, as every true Briton would desire, in the common task of Home Defence.

Such briefly is the scheme, which deserves careful and impartial consideration by all interested in national health. Meanwhile, it should be our duty to encourage in every way the extension of systems of military drill in all schools, and to recognise and support the Territorial Army as a physical training ground for a fraction of our growing population.

Impartial consideration of available statistics can scarcely fail to convince us of the immense influence that could be exerted by universal military training upon national health.

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- [See also *Lancet*, vol. clxxii, ii, and *Practitioner* for November, 1911.]

## Farewell Dinner to Mr. Lockwood.

THE company which assembled to meet Mr. Lockwood at his farewell dinner on April 17th at Oddenino's Restaurant included nearly all of his house-surgeons; Mr. Richard Gill; Mr. Harmer, Mr. Rawling and Mr. Gask, who had been his assistant surgeons; Mr. Rose and Mr. Scott, who had been house-surgeons to Mr. Butlin when Mr. Lockwood was an assistant surgeon.

After the toast of "The King" had been duly honoured, Mr. Haggard, who was Mr. Lockwood's first house-surgeon, rose to propose the health of the guest of the evening.

Mr. Haggard informed his fellow-hosts that Mr. Lockwood joined the Hospital in 1874, so that he had as contemporaries Mr. Gill and Dr. Griffith, still, happily, on the Hospital staff. After qualifying in 1878, Mr. Lockwood's first official position was that of Junior Resident Anaesthetist. He would not remind them of the many years that Mr. Lockwood spent as Demonstrator of Anatomy, nor of the important anatomical discoveries which had arisen in consequence. To sketch his more recent career would indeed be a work of supererogation, as wherever aseptic surgery was practised the name of Lockwood was inalienably associated. Time did not permit him to dwell upon the important part that Mr. Lockwood had played in the making of modern surgery what it is; and as for his literary contributions, everybody knew them. He, the speaker, knew them all, or at least nearly all, that is to say some of them, and as for the remainder, well, anybody could read the advertisements. He was voicing the feeling of the whole Hospital when he referred to Mr. Lockwood's retire-

ment as a great loss to St. Bart's. He was proud to be the mouthpiece of his colleagues this evening, and to ask Mr. Lockwood's acceptance as a souvenir of their regard for him a replica of the old silver ink-stand which adorned the table in the Treasurer's room. In proposing this toast he asked them to drink to 'The Master's health, happiness, and prosperity.

Mr. Rawling, in his very happiest vein, seconded the toast. He had been associated with Mr. Lockwood in several capacities. The first he remembered was the unusual one of giving an anæsthetic for him for a very difficult and dangerous emergency operation, in circumstances the details of which he need not describe, but which would be vividly realised by everyone present. It was characteristic of Mr. Lockwood that when the operation was over [Irrelevant interruptions] he complimented the young anaesthetist. It had next been his duty to implant upon the youthful mind the existence and importance of those ligaments which have carried the name of Lockwood to the uttermost regions of civilisation. If he had failed to make those ligaments visible and palpable to the earnest seekers after knowledge it had been his fault and not Mr. Lockwood's. Finally, for five years he had had the inestimable privilege of being Mr. Lockwood's assistant surgeon, and it would be impossible for him adequately to express his conviction of the value of that privilege. He ventured to hope that in his son Mr. Lockwood would see an outstanding example of the inheritance of genius, and that his son might rise to the eminence even of becoming an assistant surgeon! He begged to echo the closing sentiments expressed by Mr. Haggard, and to second the toast.

The toast was drunk with extraordinary enthusiasm, and, with obvious emotion, The Master rose to reply. It was impossible for him, he said, to express his sense of the honour that had been accorded to him, and no greater compliment was possible than this representative gathering, many members of which had come from great distances. He had never realised until he had heard Mr. Haggard's biography how great a man he really was; but there were several gaps in this biography which ought to be filled up. It might, for example, be of interest for his colleagues to hear some details of his apprenticeship before he entered the Hospital. He remembered—No, he wouldn't tell them that story now. It had always been his endeavour to give his pupils some wrinkles for their success in general practice. Well, he wouldn't bore them to-night by repeating them. ["Go on, go on," Mr. Gill and others.] Well, the first principle was, never take offence, and this principle had been implanted in him many years ago by a practitioner who himself never took offence. When this gentleman had been supplanted by another practitioner in attendance upon Master Tommy Brown he did not take offence. No; he called the next day to inquire, and was informed that Master Tommy was ill, very ill indeed. "Be not disheartened, be

not dismayed," said the gentleman who never took offence, "the new doctor will learn Master Tommy's constitution in time."

Something had been said of his anatomical researches. He was reminded that Mr. Gill as a contemporary had been very interested in them, and had profited to such an extent that he poached a gold medal at the London University. It would be absurd for him to say that it was not a terrible wrench to leave the Hospital, to relinquish what he regarded as one of the most important surgical appointments in England, but for some time past he had been struggling with ill-health, and had felt how impossible it was for him to go on any longer. From the bottom of his heart he thanked all present for the kindness with which they had received and responded to the toast.

Mr. Gill then rose in response to a tumultuous appeal to him to say a few words. These, he said, would be very few. He need not remind his audience how he had been associated with their distinguished guest for so many years to their mutual—unquestionably their mutual—advantage. He would not remind them of the world-wide renowned conversations which from time to time had taken place between them over the body of an unconscious patient, conversations in which he had more than once played the part of what might be termed a conversational dam. But it was gratifying for him to remember, and here he spoke from every point of view—from the point of view of an unbiased observer as well as from the point of view of a biased friend—that Mr. Lockwood actually started his career as Junior Gas-bag—ahem, as Anaesthetist. But, as he had found cause on a previous occasion to observe, "There's a divinity that shapes our ends, etc." Mr. Lockwood had forsaken anaesthetics; that was to be regretted, but the gain was to surgery! It was impossible to magnify Mr. Lockwood's achievements as a surgeon; his researches in a sepsis had been to simplify the most complicated operations—what might be termed complicated complications. He had planted a seed which had borne fruit and burst into flame, and then been borne on the flowing tide of success to a pinnacle of eminence.

Dr. Williamson, speaking for his colleagues on the Staff, spoke of the pleasure they would all feel in welcoming Mr. Lockwood's son in the days to come.

Mr. Harmer said that of all the bitter pangs he had suffered when he had been forced to give up general surgery, one of the bitterest of all was the realisation that he would have to sever his immediate association with Mr. Lockwood.

Mr. Gask meekly regarded himself as an interloper. Properly speaking, he belonged to the Light Blue firm, not but that he was prepared to admit that pink was a more æsthetic colour. He was convinced that the time he spent as Mr. Lockwood's assistant surgeon had given him an experience of inestimable value.

Mr. Tom Bates said that he had not been asked to speak.

But he wanted to show the chaps in London that those in the country had also got a word to say. ("Hear, hear," Mr. Gill) Some of them read the ST. BARTHOLOMEW'S HOSPITAL JOURNAL. When they first came out he thought the Chronicles of some chap, what was his name, had been written by Mr. Lockwood. He thought this until the last one appeared. He hoped that the author would have the assurance to make himself known.

To a chorus of menacing cries of "Christopher," the ex-editor of the ST. BARTHOLOMEW'S HOSPITAL JOURNAL rose to defend himself, disguising himself still under the editorial "we." He said that we, er, he was always glad to have an opportunity of making a speech ("Oh, oh," Mr. Gill), and had certainly not expected a chance like this. Mr. Lockwood, if he had not written "The Chronicles," had inspired them. The first chronicle about himself was sent him for approval. It was returned with one word deleted; never mind what that was, but Mr. Lockwood's explanation for the correction was that the majority of people in the Hospital hadn't a sense of humour. He would like to ask Mr. Lockwood, now that they were *in camera*, his candid opinion of his old house-surgeons. Each, no doubt, was associated in Mr. Lockwood's mind with some particular feature. Thus, for his part, there was a little trifle of tympanites which possibly Mr. Lockwood himself might remember. He was glad of an opportunity to state that the genius of his teacher had stimulated him to write for the entertainment of others; and he hoped his efforts might stand as a small token of the affection which, together with esteem, Mr. Lockwood inspired in all who came in contact with him.

Mr. Haldin Davis said he had not been asked to speak, but that didn't matter. He wanted to tell them about a wonderful operation at which he had had the honour of assisting Mr. Lockwood when at one time the three great serous cavities were open simultaneously. This was the greatest operation he had ever seen or heard of.

Mr. Burfield said he had not been asked to speak, and there were two kinds of speeches he couldn't make: one was an after-dinner speech, the other was any other kind. But he wanted to contradict Mr. Davis. The greatest operation ever performed was one at which he had assisted Mr. Lockwood. It lasted three hours and three quarters, and at the end he, the speaker, collapsed, but Mr. Lockwood lifted the patient to put on the bandage. (Chorus: "Did he lift the patient by the pelvis?")

Mr. Eric Marshall said he had not been asked to speak but he wanted to express the regret he felt that he had not been Mr. Lockwood's house-surgeon although he had actually been appointed. Much to his loss he had left the theatre for the less exciting but more bracing atmosphere of the South Pole.

Mr. Kendrew said he had not been asked to speak, but he wanted to remind them of one dominant feature of Mr.



Lockwood—his great kindness. He remembered an operation he had performed in the early days of his house-surgery, and how he had confessed an error of technique to Mr. Lockwood in great trepidation. But Mr. Lockwood had put his hand on his shoulder and said, "My dear boy, I started surgery myself once."

Mr. Gauvain said he had not been asked to speak—[but he spoke very well none the less].

Mr. Blakeway said he had not been asked to speak, and quite apart from that, everything possible by way of compliment had already been said. (Mr. Gill, "No, no, no!") Well it would be difficult at any rate to say much more.

Mr. Grange said he had not been asked to speak and actually he did not want to. He wanted, however, to mention Mr. Lockwood's great kindness to his house-surgeons in giving them plenty of operations to do. "A hernia is a house-surgeon's operation," Mr. Lockwood had always said. He was glad to note that a hernia was still a house-surgeon's operation.

Mr. Rose said he had not been asked to speak, but he could not help pointing out a curious thing. At most dinners it was a labour of Hercules to get people to speak. To-night people insisted on speaking and refused to be prevented. Another feature he wished to observe was that two pupils of Mr. Lockwood never met without assuring each other of the great value of his teaching about the pitfalls of private practice.

Mr. Scott said that he had not been asked to speak, but as Mr. Rose had got up he was not going to be out of it. One characteristic of Mr. Lockwood had not yet been referred to—his courage. His whole career was distinguished in this way, he had had the courage to give hostages to Fortune, and he had had the courage to retire at the height of his fame.

Messrs. Candler, Cumberledge, Mark Bates, Stanley, Roberts, Gow and Spencer-Phillips rose simultaneously. They said they had not been asked—

Mr. Rawling, however, hurriedly called upon Mr. Kerr, Mr. Lockwood's very last house-surgeon, to bring the proceedings to a close.

Mr. Lockwood then replied, and referred individually to the various expressions of appreciation. He welcomed this final opportunity of expressing his gratitude to his assistant surgeons. But for Mr. Rawling his retirement must have taken place at least two years ago. Mr. Gask, too, had on innumerable occasions filled the breach left by the illness of Mr. Rawling or himself, and of recent date Mr. Etherington Smith had worked for both of them.

He would also say that his late house-surgeon, Mr. Mark Dates, had prevented his retirement, for he did not know what Mr. Bates would be up to next. Mr. Dates had removed a gangrenous appendix with all sorts of complications in a way it would be impossible to surpass. If house-surgeons did this sort of thing where did the poor old

surgeon come in? He gave one more toast which he would propose, second, and drink by himself—"My Colleagues."

### Post-Graduate Courses.

**D**URING the coming Long Vacation two courses of instruction for post-graduates will be given in the Medical School. One course will begin on Tuesday, July 16th, 1912, and conclude on Tuesday, July 30th, and the second course will start on Tuesday, September 3rd, and end on Tuesday, September 17th. The object in view in these courses is to afford medical practitioners the opportunity of attending the Hospital and Medical School for a short period, and of receiving systematic teaching from members of the Hospital staff at a time when the ordinary classes for students are for the most part in abeyance, and very few students are in attendance.

This will be the fifth year in which St. Bartholomew's has provided systematic instruction for practitioners during the long vacation. In arranging these classes for Post-graduates we are informed that the Committee is guided by the principle that nothing of the nature of post-graduate teaching is to be permitted to interfere in any way with the routine teaching of the Hospital and Medical School for under-graduates. Accordingly it is only possible to attempt the provision of a post graduate class during vacation.

During the last half of July all students who have examinations to pass have finished the Summer Session work and all the ordinary lectures have come to an end. The attendance of students at the Hospital is, therefore, at a minimum during that period, and the members of the Teaching Staff have sufficient time to attend to the work connected with the special vacation class owing to the practical cessation of the ordinary teaching for students. The prospectus, which has just been arranged, provides a very complete course of work.

There will be in each course special classes in general medicine held by the physicians on fixed days in the wards of the Hospital. Similar classes in general surgery will be held by the surgeons in the surgical wards. There are some special clinical demonstrations by Sir Francis Champneys, Bart, and Dr. Griffith during July, and by Dr. Williamson during September. Dr. Gordon will give a course of practical bacteriology in the July course, and this will be repeated by Dr. Gow and Mr. Ball in the September one. In addition, special clinical demonstrations in most of the special departments have been arranged, as well as demonstrations on gastric methods, the principles of vaccine and serum treatment, and, during September, on neurology. In the July course two special demonstrations will be given

by Dr. Robert Jones at Claybury Asylum, and a similar demonstration during the September course.

The composition fee for attendance on either the July or the September course will be six guineas, or to perpetual students of St. Bartholomew's five guineas, and an extra fee of two guineas will be charged to those practitioners who take a course of bacteriology.

### Students' Union.

Mr. J. G. Ackland has been elected Secretary of the Students' Union.

### Reviews.

ACROMEGALY. BY LEONARD MARK, M.D. Pp. viii + 160. (London: Baillière, Tindall & Cox.) Price 7s. 6d. net.

The majority of medical men could easily convey to paper in two minutes all that they know of acromegaly, but Dr. Leonard Mark has devoted a whole book to what proves to be a most fascinating subject. It must be admitted at once, however, that the attraction of the book depends not so much upon its description of a recognised entity, as upon the careful record and analysis of a particular case, and especially of the various subjective phenomena which may be associated with the disease in question.

Dr. Mark details his own case, and while all who know him and all who read his book will sympathise with him in his long suffering, they must congratulate him upon the admirable manner in which he has described his condition. To the author the task has been "almost a duty, certainly a pleasure," and to the profession his work is a model of what a patient's autobiography should be.

Even if Dr. Mark's case may be regarded as typical, it would be dangerous to learn to associate the comparatively common subjective disturbances and the disorders of the special senses which he has experienced too closely in the mind with acromegaly. For the subjective symptoms of the "acromegalic state," so graphically described by Dr. Mark, may all be found with what we are accustomed to term "functional," or sometimes, and more definitely, "neurasthenic" conditions, and it is interesting to consider whether they are always ultimately dependent upon the same toxic or metabolic changes. It is remarkable that these symptoms appeared at least ten years before deformities led the patient's medical friends to correctly diagnose his disease, and that the patient himself, uninformed by his friends, did not suspect the real nature of his condition until another thirteen years had passed.

We must refrain from quoting from the book owing to difficulty of doing justice by brief selections, but we heartily commend it to both qualified and unqualified readers. A series of photographs and two excellent reproductions of skiagrams of the hand and skull are included in the volume.

A DICTIONARY OF MEDICAL DIAGNOSIS. BY HENRY LAURENCE MCKISACK, M.D., M.R.C.P. 2nd edition. (London: Baillière Tindall & Cox.) Price 7s. 6d. net.

"A rational diagnosis is constituted by a comprehension of the nature of the disease, and not the mere labelling it with a name," and it is possible by reviewing the subjective and objective symptoms presented by the patient to achieve this end.

From this point of view Dr. McKisack has written a book which embodies a description of the symptoms commonly encountered in medical affections, avoiding, as he points out, the discussion of *diseases*, and with restriction to the signs and symptoms of disease, referring, when advisable, to the physiology and pathology involved. A few examples will perhaps explain more clearly the rationale of the work. It is certainly a dictionary, but the degree of amplification of most of the descriptions can be gathered when we state that twenty pages are devoted to the consideration of the varieties of abnormalities of the pulse, their details, causation and identification, with descriptions of the instruments commonly used and examples of charts.

Similarly, fifteen pages are given to a description of reflexes, and no fewer than thirty-five to the abnormalities of the urine.

We can warmly recommend this book as a very convenient reference. As an aid to students who are revising their work within proximity of an examination it should be particularly useful, not only because of the opportunity afforded for self-education of the numerous "terms," "signs," and technical expressions included, but because the information is arranged in that systematic concise manner so dear to the heart of the examiner.

LETTERS OF A PROFESSIONAL MAN. BY BERNARD MYERS. (London: Hirschfeld.) Price 2s.

The epistolary method of imparting instruction has a good deal to be said for it, for it permits the importation of relatively frivolous matter to act as a diluent and flavouring of the pedagogic draught. But it has its dangers, and the greater the attempt to achieve the normal atmosphere of intimate correspondence, the greater the chance of erring either on the side of dullness or of irrelevancy. Dr. Myers has not escaped these dangers. His letters are chiefly those of a father to his children, and though the precepts are unexceptionable and the attitude of the writer pleasant and kindly, the letters themselves are but running comments on things in general, the superficiality of them being enhanced by the intimate allusions to individuals, introduced, one supposes, for the sake of local colour. They are cast in the mould of particularly private letters, with the merits and defects of such compositions, and are really better fitted for private circulation among those who know the writer than for the more stringent demands of general publicity.

### Students' Christian Union.

The Students' Christian Union of this Hospital desires to extend a hearty welcome to the recently joined freshmen. The Union goes further, and appeals to the many already in the Hospital, who, we feel sure, would have liked to join, but have from various causes not done so hitherto. Those wishing to join are referred for information to the Students' Union Year-Book. Also the Student President, G. F. Roveroff, or the Hon. Secretary, W. R. White-Cooper, would be glad to give copies of the rules, etc., to anyone who would apply for them. One or more members of the Union can generally be found in the small room kindly placed at their disposal by the Hospital at the Henry VIII gate entrance opposite the porter's lodge on Mondays, Wednesdays or Fridays at 1.40 p.m.

### The late Sister Kenton.

MISS BRYAN (late Sister Kenton) wishes through the medium of the JOURNAL to thank from the bottom of her heart all those kind friends who have contributed to the beautiful gold watch and chain which she has received in memory of her work in Kenton Ward.

The watch and chain, typical of her friends—of the very best—will be her constant companions, and serve to keep those friends in daily remembrance. Miss Bryan hopes each individual contributor will realise her gratitude, and how very much she appreciates the kind thought which prompted the truly magnificent gift.

### Royal Naval Medical Service.

The following appointments have been notified since March 20th, 1912.

Staff Surgeon S. Roach to the "Essex," to date April 23rd, 1912  
Surgeon G. B. Scott, to Royal Naval Hospital, Chatham, as Inspector of Sick Berth Staff, to date May 1st, 1912.

### Indian Medical Service.

Major E. A. C. Matthews, I.M.S., 10th Lancers, is appointed to the officiating charge of the X-ray Institute of India, Dabra Dam.

## New Addresses.

BAINSBRIDGE, F. A., The Croft, Sticksfield-on-Tyne.  
 CATES, H. J., Town Hall, Lancaster.  
 COCHRANE, Major A., I.M.S., Post Office, Naini Tal, United Provinces, India.  
 DOUGLAS, R. I., Strathpeffer, N.B. (May-October).  
 HATTERSLEY, S. M., Royal Victoria and West Hants Hospital, Boscombe Branch, Bournemouth.  
 HAWES, C. S., Beanshott Cottage, Liphook, Hants.  
 HODGSON, Capt. E. C., I.M.S., Central Research Institute, Kasuali, Punjab, India.  
 HUGO, Major J. H., I.M.S., c/o The Manager, Army and Navy Co-operative Society, Ltd., Victoria Street, Westminster, S.W.  
 KIMBELL, H. J. S., Rectory Cottage, Stanford, nr. Hythe, Kent.  
 MADDEN, F. B., Rectory Cottage, Stanford, nr. Hythe, Kent.  
 MATTHEWS, Major F. A. C., I.M.S., Dehra Dun, United Provinces, India.  
 TREMBLE, J., Royal Portsmouth Hospital, Portsmouth.  
 WILSON, H. W., 91, Harley Street, W. (Telephone 5549 Mayfair).  
 WOODMAN, E. M., 152, Harley Street, W.

## Appointments.

CATES, H. J., M.D.(Lond.), D.P.H.(Cantab.), appointed M.O.H., School M.O., and Port M.O. for Lancaster.  
 COX, F. E., M.R.C.S., L.R.C.P., M.D., B.S.(Melbourne), appointed Assistant Medical Officer, Fulham Dispensary for the Prevention of Consumption.  
 ECCLES, W. McADAM, M.S., F.R.C.S., Surgeon to St. Bartholomew's Hospital.  
 GOW, W. J., M.D.(Lond.), F.R.C.P., appointed Obstetric Surgeon to In-patients, St. Mary's Hospital.  
 HATTERSLEY, S. M., M.R.C.S., L.R.C.P., appointed House-Surgeon, Royal Victoria and West Hants Hospital, Boscombe Branch, Bournemouth.  
 KIMBELL, H. J. S., M.R.C.S., L.R.C.P., appointed Resident Medical Officer, Hospital for Women, Soho Square, W.  
 LUCAS, A., F.R.C.S., appointed Honorary Surgeon, General Hospital, Birmingham.  
 TREMBLE, J., M.B., B.S.(Lond.), appointed House-Physician to Royal Portsmouth Hospital, Portsmouth.

## Births.

BINNS.—On April 7th, at Carlisle Villa, Bow Road, E., the wife of John Braybrooke Binns, M.R.C.S., L.R.C.P.(Lond.), of a daughter.  
 BLACK JONES.—On March 5th, at Langamarch Wells, the wife of William Black Jones, M.D., J.P., of a son.  
 CANNARON-BROWN.—On April 20th, at Petworth, Sussex, the wife of A. Carnarvon-Brown, M.B.(Lond.), M.R.C.S.(Eng.), of Allahabad, India, of a son.  
 EVERINGTON.—On April 10th, at "Cumor," Sanderstead, Surrey the wife of Dr. Herbert Devas Everington of a son.  
 FAIRLIE CLARKE.—On April 24th, at Horsham, Sussex, the wife of A. J. Fairlie Clarke, M.C., F.R.C.S., of a daughter.  
 HAYNES.—On April 17th, at King's Lane, Cambridge, to Dr. and Mrs. G. S. Haynes, twin daughters.  
 JACKSON.—On March 31st, at Woodhouse, Bakewell, the wife of Richard Houlton Jackson, M.R.C.S., L.R.C.P., of a daughter.  
 LEDWARD.—On Friday, April 13th, at Elmwood Cottage, Letchworth, Hertfordshire, the wife H. D. Ledward, M.B., of a son.  
 PRETTY.—On April 15th, at 19, Watergate, Grantham, the wife of Kenneth Pretty, M.B., of a son (still born).  
 SOWRY.—On March 23rd, at Newcastle, Staffordshire, to Dr. and Mrs. Geo. H. Sowry, a daughter.  
 WAY.—On April 8th, at The Red House, Hilson, Hants., the wife of Leslie Way, R.A.M.C., of a daughter.

## Marriages.

AMSLER—FAIRBANK.—On April 10th, at the Parish Church, Windsor, by the Rev. Canon Edgar Sheppard, C.V.O., D.D., Sub-Dean of the Chapels Royal, Domestic Chaplain to the King, assisted by the Vicar of Windsor (the Rev. J. H. Ellison, Hon. Chaplain to the King), Maurice Amsler, M.B., B.Sc., of Eton, only son of the late Albert Amsler and of Mrs. Amsler, of Bushey, Herts, to Victoria, second daughter of William Fairbank, M.V.O., J.P., Surgeon to H.M. Household at Windsor Castle.  
 BALL—CAVANDER.—On April 10th, at St. Olave's, Woodbery Down, by the Rev. Wynn Healey, William Girling Ball, F.R.C.S. Eng., 143, Harley Street, W., son of William Ball, of Stoke Newington, to Violet Isabel Cavander, daughter of the late William and Jane Cavander, London and Portsea.  
 GRAY—JACKSON.—On April 10th, at St. John's, Smallbridge, by the Rev. C. H. Peters, vicar, assisted by the Rev. A. Waddy, cousin of the bridegroom, and the Rev. K. Williams, Henry Gray, M.R.C.S., L.R.C.P., third son of the late Rev. H. Gray, of The Grange, Orup, Herefordshire, to Florence, youngest daughter of J. T. Jackson, Esq., J.P., and Mrs. Jackson, of The Hurstead, Rochdale, and of Treburvaugh, Llangunilo, Radnorshire.  
 PAGE—LIGHTING.—On April 24th, at St. James's Church, Nottingham, by the Rev. Reginald Charles Page, M.A., Rector of Trimmingham, Norfolk, brother of the bridegroom, assisted by the Rev. Bingley Cass, M.A., Rector of the Parish, Algernon Fountain Page, M.R.C.S., L.R.C.P., second son of Charles Fountain Page, of Heigham Cottage, Nottingham, to May, youngest daughter of the late Charles Lighting and Mrs. Lighting, of Hope Drive, The Park, Nottingham.  
 WHARRY—HORNSNELL.—On April 25th, at St. Mary Magdalene's, Munster Square, by the Vicar, Robert Wharry, M.D., of 7, Cambridge Gate, Regent's Park, to Marian, daughter of Charles Hornsnel, Esq., of Primrose Hill, Chelmsford.  
 WORLEY PRICE.—On April 13th, at the Parish Church, Friern Barnet, by the Rev. E. G. Hall (Rector), William Ernest Amosden Worley, M.D., of De Beauvoir Road, Kingsland, son of the late William Charles Worley, M.D., to Eleanor Lucretia, youngest daughter of the late James Stevens Price and of Mrs. Price, of St. Helen's, Woodside Grove, North Finchley.

## Deaths.

ADDISON.—On April 11th, at Hampstead, of meningitis, Paul Fanthorpe, youngest child of Christopher Addison, M.P., and Isobel Addison, aged 2 years and 7 months.  
 WESTBROOK.—On April 1st, at 30, Old Town, Clapham, S.W., Ernest Westbrook, M.R.C.S., L.R.C.P.

## 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 SONS, Durholme 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. 9.]

JUNE, 1912.

[PRICE SIXPENCE.

## St. Bartholomew's Hospital Journal,


JUNE 1st, 1912.

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

## Calendar.

Sat.,	June	1.—Sir George Burrows' Prize. Skyner Prize.
Sun.,	"	2.—Trinity Sunday.
Tues.,	"	4.—Dr. Herringham and Mr. D'Arcy Power on duty.
Wed.,	"	5.—Hospital Sports at Winchmore Hill.
Fri.,	"	7.—Dr. Tooth and Mr. Waring on duty.
Sat.,	"	8.—Applications for the Lawrence Scholarship to be sent in.
Mon.,	"	10.—First, Second, and Third (Part I) Examinations for M.B.(Camb.) begin. Examination for Matriculation (London) begins.
Tues.,	"	11.—Dr. Garrod and Mr. Eccles on duty. Examination for Part II of Third M.B.(Camb.) begins.
Fri.,	"	14.—Dr. West and Mr. Bruce Clarke on duty.
Tues.,	"	18.—Dr. Ormerod and Sir Anthony Dowling on duty.
Wed.,	"	19.—First and Second Examinations for M.B.(Oxford) begin. Cricket: Part 2. Present at Winchmore Hill.
Fri.,	"	21.—Dr. Herringham and Mr. D'Arcy Power on duty.
Sat.,	"	22.—Cambridge Easter Term ends.
Mon.,	"	24.—Midsummer Day.
Tues.,	"	25.—Dr. Tooth and Mr. Waring on duty.
Thurs.,	"	27.—Second Examination Conjoint Board begins.
Fri.,	"	28.—Dr. Garrod and Mr. Eccles on duty. Examination for Shuter Scholarship begins.
Mon.,	July	1.—Second Examination for Medical Degrees (London) Part II begins. M.D. and M.S. Examinations (London) begin. D.P.H. (Conjoint) Examination begins. Second Examination of Society of Apothecaries begins.
Tues.,	"	2.—Dr. West and Mr. Bruce Clarke on duty. Final Examination Conjoint Board (Medicine) begins.
Wed.,	"	3.—First Examination Society of Apothecaries begins.
Thurs.,	"	4.—Final Examination Conjoint Board (Midwifery) begins.
Fri.,	"	5.—Dr. Ormerod and Sir Anthony Bowly on duty. Junior Scholarship Examination. Final Examination Conjoint Board (Surgery) begins.
Sat.,	"	6.—Oxford Trinity Term ends.

## Editorial Notes.

 FEW Day, which took place on May 8th, passed off under the happiest conditions. The weather was all that could be desired, and according to many there appears to have been a larger number of people attending the function than had ever been present before.

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 We are both distressed and amused to discover that the inclusion in our last number of an account of the Farewell Dinner to Mr. Lockwood appears to have given rise to the impression that our latest Consulting Surgeon is on the brink of the grave. We are pleased to be able to say that Mr. Lockwood is very well indeed, and would probably be disposed to demonstrate characteristically that retirement from a hospital staff is no evidence of decrepitude. This is not the place to discuss the loss which is often occasioned by the enforced retirement of an eminent physician or surgeon still in full vigour physically and in fullest vigour mentally. The spectacle of a man retiring from the work which has broken him down is a truly pathetic one, and from this, perhaps, has sprung the delusion we have referred to. In Mr. Lockwood's case retirement was undertaken, not on account of such a condition, but, most sensibly, to avoid it.

\* \* \*  
 We regret that in our last number we omitted to mention that Dr. T. J. Horder has been appointed Assistant Physician to the Hospital. Mr. R. B. Etherington Smith has been appointed Assistant Surgeon. In expressing our pleasure at both these appointments, and in offering our sincerest congratulations, we feel we have every member of the Hospital with us

\* \* \*  
 We congratulate all those members of the Hospital who have recently obtained successes in their examinations, and whose names will be found further on in these columns. We must specially mention Lieut. B. Biggar, who, at the recent

examination held at the termination of the junior course at the Royal Army Medical College, obtained the Herbert Parkes Memorial, Tulloch Memorial, First Montefiore and Ranald Martin prizes.

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We also congratulate the following on their new appointments: Mr. E. A. Cockayne, Medical Registrar of the Middlesex Hospital, and Mr. P. Hamill, Junior Demonstrator of Pathology, at this Hospital.

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We have just learned to our great sorrow that the rumour of Sister Surgery's impending retirement is true. We refrain from saying any more about so great a loss until it actually comes.

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In reply to the usual card for admission one of the House Surgeons this week received the following: "Dear Sir,—I am sorry I cannot accept invitation, owing to economics dominating circumstances.—Your's, FRANCIS S——."

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An extract from a book, by an old St. Bartholomew's man, which is reviewed in this number, may not be without interest to some readers of the JOURNAL as giving an idea of what might be seen in the vicinity of the Hospital not so many years ago and of the conditions of student life in the sixties. In the chapter "London in the Sixties," Mr. S. O. Bishop writes:

"From the Sixties to the present is a long cry, and London of to-day is hardly recognisable as the city of my student days, nearly all the old landmarks having disappeared. St. Bartholomew's, my old hospital, has been altered and added to, the Bluecoat School transferred to the country. One of the sights was to watch the boys playing football through the iron gates in Newgate Street, capless in their quaint garb, presenting a curious contrast. The famous old prison, Newgate, has been pulled down and a handsome Court of Justice erected in its place, the days of public executions long since passed away. What a sight it was! I was present at the last that took place in front of the prison. The whole livelong night, people were congregating to witness the last death struggles of some poor wretch, doomed to suffer the penalty of the law. In this case it was the execution of Barrett, the fenian who in trying to rescue Burke from Clerkenwell prison, by the simple means of placing a barrel of gunpowder alongside the wall of the exercising ground and exploding it, forgot to take into his calculations that it was a thickly populated neighbourhood, so that many poor people were wounded, and some killed by the force of the explosion, houses being wrecked. So, after all, the fruits of his labour were in vain. The authorities, getting wind of something, did not allow Burke out in the exercising ground that afternoon. The dying and wounded were brought to St. Bartholomew's

Hospital and treated; some pitiful sights, in one case the ribs being driven right through the lungs. The affair was traced to Barrett, who was arrested, tried, and condemned to death. He was the last to suffer the death penalty in public. I shall never forget it, though it is forty years ago. An enormous crowd had collected from the previous night, who are regaling themselves with hot coffee, slabs of bread and butter, popularly called doormats, meat pies, whelks, pigs' feet, and other dainties. They have all come to see a poor wretch done to death. Hark! the bell is tolling from St. Sepulchre's Church; all else is hushed and still, except a gentle murmuring of the crowd, motionless in nervous expectancy of what is coming. The scaffold stands out grim and black,—erected over the well known little door called the debtors—raised some twenty feet from the ground. Nothing else is seen but a sea of white faces turned to the one spot, waiting for the doomed victim of the law. . . . The crowd is composed of all kinds, women with babies in their arms have come to look on, men, women and children gathered together. Money was being freely made out of it, from the owners of the windows, the house tops, the vendors of the hot pies, and other luxuries being sold. A sight once witnessed never to be forgotten; it all stands out in bold relief, as if it were but yesterday. The grim old prison, with blackened walls; the scaffold erected during the night. . . . The crowd gathering all night, the ribald jests that are banded round, the eating and drinking, the pushing and squeezing to try and get a better place, to have a good view. . . .

"It was not a pretty sight; hawkers were retailing songs, written for the occasion, which were speedily sold; public houses in the vicinity kept open all night, doing a roaring trade. It was high time these scenes were put an end to. Hush! an ominous silence falls on the crowd, they take deep breaths, the time is rapidly nearing, they are to reap their reward for standing so many hours through the night long. The bell tolls away, it is on the point of eight o'clock, a little procession now appears on the scaffold; there is a feeble old man with a white beard, who is at once recognised by the crowd as Calcraft, a celebrity in his way; the doomed one is with him, in regulation frock coat, the chaplain reading the burial service. The governor, sheriffs and warders complete the group. Barrett, a fine looking man, now addresses a few words to the crowd, over which a solemn awe steals. I could not catch what he said, it was only a few words, for Calcraft is anxious to get it over. He now places a white cap over his head, and casting a professional eye round, steps below, releases a bolt. A thud is heard, a loud 'Oh' escapes from the spectators, a body is seen revolving round and round, giving convulsive jerks, lasting some minutes. It was before the time of short drops, death being caused by strangulation; now the short drop is in vogue, death is instantaneous, being caused by dislocation of the axis and atlas, and rupture of the spinal cord.

The body now hung limp and lifeless; the crowd did not disperse for an hour and it was impossible to get out of it, so tightly was one wedged in. They were not going to be defrauded of any of their just dues. One hour afterwards, Calcraft reappeared, cut down the body, and staggered away with it. The crowd now slowly dispersed, never to witness such a sight again. The same morning a Frenchman was hung in front of 'Horsemonger' Jail for murder.

"In vain I looked for the old 'Black Jack,' a public house very celebrated, which stood not far from the Royal College of Surgeons. It had been customary for years, after the final examination for the membership, which was held in the evenings, at which Bart's men from a tradition handed down, always appeared in evening dress, none of the other hospitals doing so, all the candidates adjourned to the Black Jack to celebrate the event; those who had passed and those who were plucked. A book was kept, in which the successful men wrote their names; it is said that it contains several well-known members of the profession, including that renowned surgeon the late Sir James Paget! . . .

"No longer do they present you with your diploma, which you placed in a tin case purchased at the College on the night you passed. You have now to attend in the morning and get this. It is said that it used to be handed out the same evening, but on one occasion, some exuberant spirits found the cases very handy in a little difference of opinion they had with the police, so the custom was stopped. . . .

"We used to call specimens 'Pickles.' At the Anatomical Examination one day, one of the examiners was horrified to hear a candidate designate them so.

"'Pickles, Sir,' he shouted. 'Pickles! Why the celebrated John Hunter spent a lifetime over them.' Handing him a jar, sarcastically remarked, 'And what pickle do you call this, Sir?' with much emphasis on the word 'pickle.' The unfortunate candidate I expect found them 'hot and mixed,' for he was sent down for six months, failing to satisfy the Examiners. . . .

"Only a few music halls existed, the chief of which were the Oxford, Weston's, Middlesex, the Canterbury, Sam Collins', the Philharmonic, Deacon's one in High Street, Camden Town, and the Victoria in the East End. Besides which the Holborn Casino and the Argyle Dancing Room flourished. Also, the Judge and Jury, the Coalhole, and Evan's Supper Rooms in the Strand. The Alhambra was in existence. Compared with the palatial structure of the present day they fade into obscurity. I saw the great Irving at the Lyceum, in his best piece 'The Bells,' which was the sensational one of the day that brought him to the front. The Judge and Jury was not a place you would care to take your female relations to. Alfresco dancing was much indulged in in those days; Cremorne, Highbury Barn, Rosherville and North Woolwich Gardens being all the rage. Yearly on the fifth of November, the medical students had a great evening at Highbury Barn, and encounters with

the police, it was a dreadful orgie; the correct thing to do being to be seen wearing a policeman's hat. It always ended the same way; when it got too warm, several were arrested and locked up being duly fined and admonished in the morning.

"The Haymarket was the correct promenade for the man about town, late in the evening. It had numerous Turkish divans, presided over by handsome, over-dressed, fat goddesses, with whom you flirted. It was haunted by a celebrated character who rejoiced in the name of Kangaroo. He was a gentleman of colour, supposed to be a bit of a bruiser, and an ex-prize fighter. He traded on this, posing as a bully. One night, however, he caught a tartar in the shape of one of our best boxers, it being customary in those days to take lessons in the noble art of self-defence;—to a man about town absolutely necessary. 'Nat Langhams' was patronized for this purpose. Kangaroo had a row with this student, I don't say it was not led up to. The man of colour got an awful pasting, which kept him quiet for some time. . . .

"In my own profession, for years past, women have taken a leading part. Yet in the Sixties Dr. Mary Walker was refused a hearing in St. James' Hall, which was packed with medical students, from all the hospitals in London, who sang 'John Brown,' turned the gas off and the water on—although she was supported on the platform by Mr. Holmes Coote, one of the senior surgeons of St. Bartholomew's hospital. The public then were not educated sufficiently to view a woman dressed in bloomers, frockcoat and a billycock hat. . . .

"Altogether, I find London a much cleaner and healthier place to live in than in the Sixties; its moral tone has much improved; all the notorious night-houses swept away. Vice exists to a certain extent, as it always will in a great city, but is more carefully wrapped up than in the old days. The police force, the finest in the world, with great tact and forbearance have helped in a great measure to bring this about; and no longer do we witness those harrowing scenes we used to do in the Sixties, when the Haymarket at midnight was a seething mass of corruption, teeming with bullies, men about town, fast women, pickpockets and the worst characters of the City congregated together, to rob and plunder the unwary. The City, now-a-days, is mild in comparison."

## Sir Thomas Browne, M.D.

**S**IR THOMAS BROWNE was perhaps one of the most valuable and most versatile dilettanti who has ever lived. He is well known to the world as the author of a small philosophical work called *Religio Medici*, but it is all too few people who have carried any further the reading of his works; for, indeed, it is possible to talk about him quite intelligently with only this small foundation for a knowledge of his qualities. But the fact that he was also a physician and a scientist will emerge later on, and this is my excuse for writing of him here.

I will give at once the main facts of his life, though briefly, for they are not essential to the purpose of this paper.

He was born in 1605 in London, his father, who was a merchant, dying shortly afterwards. Of his childhood nothing is known except that he received his schooling at Winchester, whence he proceeded to Pembroke College, Oxford. He took his degree in 1627, and is then believed to have travelled for seven years in France, Italy, and Holland. In the course of these travels he made some study of medicine, and at Leyden was created doctor of physic in 1633. He then returned to London, and three years later settled down in Norwich, where he was destined to spend the rest of his distinguished though uneventful life. In October, 1682, he was seized with a colic, which having tortured him about a week put an end to his life; he was then in his seventy-sixth year, and it was on his birthday that he died. He was survived by his wife and several children; of these his eldest son, Dr. Edward Browne, was the most distinguished, having been physician to Charles II, and, from 1682 until his death in 1708, to St. Bartholomew's Hospital. He was a voluminous writer, but for many years looked to Sir Thomas for help and inspiration and certainly never rivalled the intellectual eminence of his father.

We have little detailed knowledge of Sir Thomas Browne's life and personality, but in his works is preserved a faithful portrait of his character. In them he has lived to be the wonder and admiration of all succeeding generations, who recognise that he was one of the focussing points of the intellectual life of the seventeenth century. An engrossed and self-contained life it must have been, which flowed smoothly on, regardless of civil wars and political revolutions, which pursued its investigations, worked out its dialectical subtleties and framed its sonorous phrases, while all around the popular mind was as hectic and disordered as at any period of history, while sparks flew from the clashing swords of Roundheads and Cavaliers, while government proceeded by one delirious whirl of insurrections, impeachments, and executions, of murders and declarations, of forced loans and humble petitions.

Picture the courteous and dignified figure of Sir Thomas

Browne, with his cavalier locks and little imperial parted neatly down the middle, sitting in his study at Norwich; he has just laid down his pen with a complacent sigh at the conclusion of a highly satisfactory sentence containing a particularly quaint conceit of word or phrase, and now he contemplates paying a professional visit to some congenial patient, perhaps an old lady with chronic dyspepsia and a witty tongue, and so winding up a pleasant morning's work. Meanwhile—imagine it to be in 1642, the year in which the first authorised edition of the *Religio Medici* was published—not so very many miles away, the battle of Edgehill has just been fought, and King Charles, encouraged by a partial victory, is advancing on London. Or suppose it to be in 1645, shortly before the publication of the *Pseudodoxia Epidemica*, his most extensive work: the battle of Naseby is just over—the stake that Charles has played for was the Crown of England, and he has lost it. Sir Thomas Browne looks up for a moment to feel the national pulse; he detects a high degree of pyrexia and an accelerated heart-beat; he mentally prescribes some soothing herb, and returns to his garden to verify the important observation made at noon yesterday, that a frog may not easily be drowned, for having fastened one about a span under water, it lived almost six days. Milton, it is true, with his *Areopagitica*, has entered the lists of public controversy, but then he is a poet and excitable. It is not the part of a literary physician and an earnest student of nature to distract his mind with the vagaries of warfare and political crises; his thoughts must be logical and connected and untainted with the poisonous exhalations of emotion.

It is easy to make flippancy observations at the expense of Sir Thomas Browne's gravity and preoccupation, but it is not so simple to appreciate the full worth of the fruit borne by those somewhat austere plants. Not for one moment do I wish Sir Thomas to have been anything but the scholarly physician that he was, so keen is the joy one can derive from the measured tread of his periods and from his unruffled demeanour, even when treating of the most trivial, and, to some, mirth-provoking topic. It is held by some critics that he had no vestige of a sense of humour, but there are two passages which surely cannot have been written without that gravely humorous twinkle for which one searches with so little success in ordinary life. In the first passage he has been solemnly discussing the custom of hanging up the body of a kingfisher to indicate in what quarter the wind blows. "But," he concludes, "the eldest custom of hanging up these birds was founded upon a tradition that they would renew their feathers every year although they were alive. In expectation whereof four hundred years ago Albertus Magnus was deceived."

The second passage comes in a consideration of whether or no Jephthah really sacrificed his daughter. He points out that "the offering up of his daughter was not only unlawful and entrenched upon his religion, but had been a

course that had much condemned his discretion; that is to have punished himself in the strictest observance of his vow, whereas the law of God had allowed an evasion; that is by way of commutation or redemption. Whereby if she were between the age of five and twenty, she was to be estimated at but ten shekels, and if between twenty and sixty, not above thirty. A sum that could never discourage an indulgent parent, it being but the value of a servant slain; the inconsiderable salary of Judas; and will make no greater noise than three pound fifteen shillings with us."

In any case the discussion is a somewhat barren one, for a sense of humour is a quality absolutely unessential to greatness. In what, then, does the greatness of Sir Thomas lie? Why is he regarded as one of the greatest literary manifestations of the seventeenth century? This may be partially answered at once. His style alone exercises enough fascination over most readers to carry them through volumes of matter which would be but sorry skeletons stripped of their fair covering of word and rounded phrase, and dull in the analysis. In illustration of this I may give a passage from the author's introduction to the *Pseudodoxia Epidemica*.

"Nor have we let fall our pen upon discouragement of contradiction, unbelief, and difficulty of discussion from radical beliefs, and points of high prescription; although we are very sensible how hardly teaching years do learn, what roots old age contracteth unto errors, and how such as are but acorns in our younger brows grow oaks in our elder heads, and become inflexible unto the powerfulest arm of reason. Although we have also beheld, what cold requitals others have found in their several redemptions of truth; and how their ingenuous enquiries have been dismissed with censure, and obloquy of singularities.

"Some consideration we hope from the course of our profession, which though it leadeth us into many truths that pass undiscerned by others, yet doth it disturb their communications, and much interrupt the office of our pens in their well-intended transmissions. And therefore surely in this work attempts will exceed performances; it being composed by snatches of time, as medical vacations, and the fruitless impertunity of uroscopy\* would permit us. And therefore, also, perhaps it hath not found that regular and constant style, those infallible experiments, and those assured determinations, which the subject sometime requireth, and might be expected from others, whose quiet doors and unmolested hours afford no such distractions. Although whoever shall indifferently perpend the exceeding difficulty, which either the obscurity of the subject or unavoidable paradoxology must often put upon the attempter, he will easily discern a work of this nature is not to be performed upon one leg; and should smell of oyle, if duly and deservedly handled."

The chief characteristics of his style are patent enough.

\* Inspection of Urines.

They are his choice of words, his unerring judgment in producing metrical and euphonious sentences, and his wealth of striking metaphor and apposite comparison. These qualities reach their climax in his *Hydriotaphia* or *Urn-Burial*, the gloomy splendour and tremendous periods of which are unexampled in the rest of English literature. Judged from a purely modern standpoint his style is nothing short of preposterous. It is generally agreed nowadays among stylists that words of Greek or of Latin derivation are to be abhorred, and that Anglo-Saxon is the language for the English. Sir Thomas's style on the other hand is built on a foundation of Latinisms; his pages bristle with them, and so sturdy is their growth that, as he himself says: "If elegance still proceedeth, and English Pens maintain that stream we have of late observed to flow from many, we shall within few years be fain to learn Latine to understand English, and a work will prove of equal facility in either."

I think it must be the very extreme to which this trick is carried that is its real justification. Prose built up of these carefully hewn stones becomes like a piece of architecture, the effect of which depends on the skill of the builder, and it is in this skill that Sir Thomas Browne excels. Instinctively he chooses the right stones, and instinctively settles each in its right place. So he evolves a very lovely structure, ornate almost to excess in the manner of the period and full of curious and unexpected courses; here and there, too, are veridical gargoyles which, taken from their setting, are ugly and uncomfortable. But the whole effect is very delightful, and one feels that Sir Thomas Browne's prose when he is at his best is in its own peculiar way as good as anything in the English language—since the Roman invasion.

The adoption of this style was, I believe, due to his love of erudition; it is manifest in all his work that erudition was the breath of his life, erudition with a touch of pedantry, the erudition so typical of the century in which he lived and of the profession to which he belonged. The physicians of those days loved to wrap their learning in thick coverings of Latin, so that learning became more learned and profundity of knowledge more profound; it is only recently that medicine with the other sciences has been kicking off this hampering conceit in favour of a more real knowledge which, if as yet scanty, is at least more free. The pedantry still clings about physic and prescriptions in an oddly mutilated form; but perhaps this serves its purpose as a protection against a too curious public. I may, at this point, refer to the importance of style in connection with science. It is probable that in the fulness of time many of us will have disgorged our superfluous knowledge, and have written our several text-books, and it is to be hoped that we shall not have neglected to cultivate the stylish side of the process. There is no reason why a picturesque style should obscure the scientific meaning of a book, and think what it would mean to the intelligent reader. A text-book

of anatomy written in the style of Sir Thomas Browne would, after a little practice, be, instead of a desolate waste of desiccated facts, a very river of diversion into which one would joyfully plunge, catching at the facts as they floated peacefully by, and knowledge acquired thus would never be forgotten.

I will turn from a consideration of Sir Thomas Browne's manner to his matter, and first will deal with his longest work, *Pseudodoxia Epidemica*, or *Enquiries into many Popular Tenents and Commonly Presumed Truths*. As I have stated earlier, I believe that Sir Thomas Browne was at once a dilettante of amazing versatility and a prodigy of erudition, and the truth of this is shown especially well in the *Pseudodoxia*. In this work he sought to sweep away fallacies which lay about like cobwebs in every corner and nook of the rather extensive world in which we live. During the course of his investigations he became successively an observer of human nature, a mineralogist, a physicist, a botanist, a biologist, a human anatomist . . . but one might extend the list until it became as long as that of Gargantua's Games. The surprising thing is that in almost every department of the sciences and arts he showed himself to be a shrewd and fairly accurate observer, and a great number of his assertions rested on original experiments suggested to him by the various fallacies he sought to combat. At any rate he adopted spontaneously the right basis of scientific method.

J. A. Symonds describes the *Pseudodoxia* as the sweepings of its author's notebooks and considers it is not a book to be read through now. He says that it deals with the obsolete curiosities of an antiquated cabinet, but I am not so sure as he that they are thus obsolete. It is true scientists do not now believe that elephants have no joints, that the horse hath no gall, that hares are not both male and female, that the chameleon lives only upon air, that the flesh of peacocks corrupteth not and that they are ashamed of their legs, that Jews stink, that children would naturally speak Hebrew, or that our Saviour never laughed. Yet to-day one can meet with the conceit that a kingfisher hanged by the bill showeth where the wind is, that a salamander lives in the fire, that moles are blind and have no eyes, that an earwig hath no wings, that the ostrich digesteth iron, that whelps are blind nine days and then begin to see, that the sex is discernible from the figure of eggs, and many others. Indeed many of our customs and observations are very similar to the practices of the seventeenth century; our beliefs concerning the falling of salt, of the check burning or ear tingling, of breaking the egg-shell, of being drunk once a month, of the wearing of coral, and a host of others may be taken straight from the pages of Sir Thomas Browne. But I will not multiply instances of the appositeness of these *Pseudodoxia* even at the present day, for there are other justifications of their existence which render them worth reading. For the book as a whole, though at first sight an incoherent jumble of facts, forms a

wonderfully faithful mirror of the popular mind of the seventeenth century. It exposes to us all the limitations of their knowledge, the heights and the depths of their credulity, and the partial stagnation of their intellectual activities. Further, the book, though it be full of half-truths and crusted with classical allusions, brings with it some of the freshness of the dawn, which is still breaking over western civilisations. Under its glimmering light the sleepers began to turn in their beds, and still they are rubbing their rather dazzled eyes and gaping at the immensity of truth. Every age has sore need of its *Pseudodoxia Epidemica*, and none more than the present, when truth is glossed over and facts wilfully concealed and falsified. Then let us not despise Sir Thomas Browne's old cabinet, which may be a little out of date, but it is not half so dusty as the minds of some of those that scoff.

From a consideration of Sir Thomas Browne's almost quixotic championship of truth, I wish to turn to another somewhat unexpected side of his character. From an early period of his life he must have been collecting popular fallacies and evidence for their overthrow, and yet when we come to his religion we find a surprisingly divergent condition of affairs. On the one hand we find him clear-headed and logical, relentlessly hunting his fallacies to earth; on the other we find the huntsman himself a distinguished victim of that form of unquestioning credulity which is so often labelled with the name of faith.

In the *Religio Medici* he had written the following outburst: "As for those wingy mysteries in divinity and airy subtleties in religion, which have unhinged the brains of better heads, they never stretched the pia mater of mine. Methinks there be not impossibilities enough in religion for an active faith; the deepest mysteries ours contains have not only been illustrated, but maintained, by syllogism and the rule of reason. I love to lose myself in a mystery, to pursue my reason to an *O altitudo*. . . . I bless myself and am thankful that I lived not in the days of miracles, that I never saw Christ nor his disciples. I would not have been one of those Israelites that passed the Red Sea, nor one of Christ's patients on whom he wrought his wonders: then had my faith been thrust upon me; nor should I enjoy that greater blessing pronounced to all that believe and saw not."

The author seems, however, to have had some misgivings as to how this and similar passages might be interpreted, and in his preface he states that "many things are delivered rhetorically, many expressions merely tropical, and therefore many things to be taken in a soft and flexible sense, and not to be called unto the rigid test of reason." In spite of this I believe that the *Religio* was written in a spirit of splendid sincerity and in a blaze of glorious enthusiasm. One gets indeed from reading the work an impression of dignity and breadth of view, in excess of that which the author possessed, a breadth which

induced some critics to accuse Sir Thomas of atheism. Such an accusation is palpably untrue, and I think that this exaggerated sense of breadth is derived in part from the sprightliness of the author's style and imagination. Had he expressed the same views pompously and without letting his genial personality look out between the words, no such imputation would have been thought of, and indeed I believe that his faith, so far from being broad, was in reality uncompromising. His mind was literary, but of a different type from that of a Bunyan. His imagination spent itself not in dreams and in ceaseless efforts to break free from the trammels of an established Church, but in the framing of euphonious words, of perfect prose, and of pleasant metaphors. To the Church he remained true and continued to believe the literal truth of almost every sentence in the Bible. It is here that we find Sir Thomas Browne's most serious limitation, and, as Dr. Johnson remarks, "Notwithstanding his zeal to detect old errors, he seems not very easy to admit new propositions." Where mere questions of fact were concerned he delighted to throw down and to destroy, but when the upsetting of an old faith involved the construction of a new one, then he preferred to remain where he was, already comfortably stationed. Confirmation of this view is found in the one incident of his life which is regarded by many of his biographers as a frightful and blackly staring blot upon his otherwise blameless career, for in 1664 he gave evidence in court which led to the condemnation of two supposed witches to the stake.

But this cannot be imputed to him as a crime; it is merely a proof of his sincerity and consistency in the face of a most unwelcome situation. He was committed, quite honestly as I have said, to an uncompromising belief in the Church and the Bible, and at that date this involved a recognition of the malignant activity of a personal Satan through his chosen agents. Sir Thomas Browne's crime was his upbringing, not the burning of the witches, and so he may be absolved from all immediate guilt. Religion is too often the result of a habit of mind rather than of inspiration; and, more than this, it is a habit which is usually impressed with so much vehemence by parents and guardians upon the infant mind that it has become ineradicable and unquestioned by the time maturity is reached. This I believe to have been the case with Sir Thomas Browne, and though his imagination soared in other atmospheres, here it remained clogged and inert, and led by a natural sequence of events to this melancholy climax at the stake.


I have dwelt so long upon the literary and scholastic sides of Sir Thomas Browne that one is apt to forget that all this constituted his recreation, and that ostensibly the business of his life was that of a physician. Indeed for a period of over thirty years he appears to have enjoyed a considerable reputation as a doctor in Norwich, and it was probably no boast when he told us in his preface to the *Pseudodoxia*

that "it was composed by snatches of time as medical vacations and the fruitless impertunity of uroscopy would permit him." It appears, then, that his profession received its fair share of his serious attention, and yet if he was so thorough and loveable a dilettante in all the other arts and sciences of his day, it does occur to one to ask whether he could have been a really proficient exponent of the art of healing. His mind must have been dwelling so continually upon all kinds of delightful trivialities and the manner of their treatment by the ancients, that one wonders whether he was able to give his undivided attention to an obscure diagnosis, or whether he did not tend to proceed by routine and gain his reputation by means of his genial personality aided by respect for his learning, and by his suave tongue rather than by his skill. My own opinion is that it was probably by the former, and in illustration I may quote a passage from his *Letter to a Friend upon the Death of an Intimate Friend*. "Upon my first visit I was bold to tell them who had not let fall all hopes of his recovery that in my sad opinion he was not like to behold a grasshopper, much less to pluck another Fig." The medicine of his day consisted in the grave and untroubled administration of tactful words and a limited number of drugs for as many disorders, and was undisturbed by the scurry of new theories and experiments which at the present day makes the profession at once so attractive and so distracting. It is accumulation of possibilities that paves the way for uncertainty, and their knowledge was so limited that there was little scope for an obscure diagnosis. Nevertheless one wonders at not finding more medical allusions in Sir Thomas Browne's works, though this is partly explained by the fact mentioned in the preface to the *Pseudodoxia*, that "not many years past Dr. Primrose hath made a learned discourse of Vulgar Errors in Physic," and so lifted the burden from Sir Thomas's shoulders.

Yet I believe that few advances in medicine emanated from Sir Thomas's brain, and there is no indication that, any more than his contemporaries, did he perceive the fallacies of such a practice as phlebotomy, which had been a panacea since the days of Galen fifteen centuries before. Every age has its cure-alls; after blood-letting came purging drafts, and after purges has come the assertion that we eat too much. It is true that Sir Thomas Browne's name has attained an immortality in text-books of physiology as the discoverer of adipocere, a product allied to fat which accumulates in the coffin during the decay of any normal corpse. But otherwise his literary fame has outstripped his other qualities, and we think of him, not as a doctor, but as the companion of our leisured, though less melancholy hours.

G. L. KEVENS.

### Dr. Lewis Jones and the Electrical Department.

E are quite sure that all present and past St. Bartholomew's men will hear with much regret of the resignation of Dr. Lewis Jones, the head of the Electrical Department, after upwards of a service of twenty years to the Hospital. It gives us, however, great pleasure to add that his retirement is not due to ill-health, but to the exigencies of an increasing private practice, which makes it no longer possible for him to give the necessary time to the Department.

It is one of Dr. Jones's favourite sayings, "That if a thing is worth doing at all it is worth doing well," so those of us who know him intimately were not surprised to hear of his resignation when he felt that he could no longer give his best energies to his Hospital.

It may be of interest to our readers if we give a short history of the department during Dr. Jones's tenure of office. In 1905 he wrote an account of the development of the Electrical Department in the *Archives of the Roentgen Ray*; we do not think we could do better than quote some of it here:

"The Electrical Department at St. Bartholomew's Hospital was established in 1882. In that year Dr. W. E. Steavenson was appointed medical officer in charge, and was entrusted with the task of designing its equipment. It was first housed in a small separate building in the grounds of the hospital, formerly used as a lecture theatre. The work carried out consisted chiefly in the testing and treating of cases of nervous diseases of different kinds, the treatment of rheumatic and other affections of the joints, and the electrolysis of naevi. Some work was also done in the treatment of uterine fibroids by Apostil's methods, and in the electrolysis of urethral strictures. The current was derived from the batteries of bichromate or Leclanché cells, the latter being very conveniently arranged in cellars beneath the department, with wires leading up to distributing boards above. In more recent years these underground rooms were of great value in permitting of an extension of the available space. They were warmed and lighted, and used for the photographic dark-room, the workshop, for the treatment of lupus by light rays, and for housing the motor generator, which supplied direct current to the department.

"The electric-bath method of treatment was one in which Dr. Steavenson took a special interest, and for many years St. Bartholomew's was the only hospital in London at which an electric bath-room was available."

Dr. Jones goes on to describe the state of electro-therapeutics at the time of Dr. Steavenson's death in 1891, when the administration of the department came into his hands. "Public electric lighting was then in its earliest

stages. Very few private houses in London were lighted by electricity, and no mains were available for use in the Electrical Department of the Hospital. The primary batteries employed entailed a considerable amount of labour for their maintenance, and one of the rooms had to be used as a workshop for their repair. Most of the work was done by three batteries, each of sixty large Leclanché cells. In addition, there were a number of zinc carbon acid batteries for ward use, which needed much attention to keep them in good working order. Secondary cells were then a novelty in medical work, and the first had recently made its appearance in the department for caustery purposes; but bichromate batteries were used for the most part for this work and for the cystoscopes which were just being introduced into surgical practice. The static machine used at that time was a French machine of the Carré type.

"The period which has elapsed since 1890 has been one of great activity in the electrical world, and the advances made in the distribution of electricity for general purposes has been reflected in its applications to medical practice. Electric light mains supplying alternating current first became available at St. Bartholomew's in 1894, and were used in the electrical department before they reached any other part of the Hospital. Their introduction led to the development on practical lines of alternating current treatment in medical work, and helped to do away with the continual buzzing of numerous induction coils. Subsequently, however, other noises have arisen, so that at the present time, with X-ray coils and interrupters, high-frequency apparatus, ultra-violet spark-lamps and a two-kilowatt motor generator, the department when in full work resembles rather a factory than a hospital. The alternating current lends itself admirably to many medical purposes, and the introduction of these mains at once gave considerable impetus to the work of the department. In the electric bath, for example, this form of current became the one generally preferred, and small baths for the arms were also introduced, and grew rapidly in favour. Alternating current transformers for medical lamps and cauteries also proved of great convenience.

"The first alternate current instrument made for the department was a transformer, with a subdivided secondary winding, so arranged as to supply any desired pressure between 1 volt and 50 volts. Leads were conducted from this transformer to the different rooms by means of ordinary electric light casings, terminating in wall plugs, so that it was possible to supply one room—as, for instance, the bath-room—with a pressure suitable for baths or arm-baths, while other rooms were simultaneously supplied from the same transformer with current at other pressures for other purposes.

"The next, and most important, development in electro-therapeutics was the discovery of X rays in 1895. This at once opened up an unlimited amount of fresh work, and systematic X-ray work for the hospital was definitely com-

menced in the electrical department in 1896. Those who were working with X rays in those early days will not only remember the great interest which was excited among medical men by the discovery of X rays, but will also recollect the great difficulties experienced at that time in meeting the ever-increasing demands of the surgeons and somewhat later of the physicians for X-ray pictures of their cases. No sooner were these pioneers able to produce pictures of needles in the hands and feet than they were confronted with requests for photographs of knees, hip-joints and renal calculi. While they wrestled with twenty-minute exposures, and plates which on development often revealed nothing but gradations of misty fog, their efforts received but little thanks or appreciation at the hands of those for whom they toiled. Some of the early attempts of X-ray photographs are still preserved in the electrical department, and form interesting relics of the difficulties encountered at that time. The room for X-ray treatment was divided into two parts, in one of which the high-frequency apparatus and the static machine were placed. The latter is a fine eight-placed instrument of American workmanship, which was originally a Holz machine. This was converted into a Wimshurst, with a slight sacrifice of spark-length, but with great gain in reliability. The other portion of this room contained a series of three arm baths, operated from the alternating mains through a rhythmic interrupter, and was also used for clinical work. In the electric bathroom there was a full-length bath, and a 'four-cell' bath for the extremities, presented to the hospital by the inventor, Dr. Schnee, which proved to be a very convenient apparatus. The department also contained a large electric magnet for the use of the ophthalmic surgeons.

"The treatment of lupus was carried out by means of the special lamp known as the Leslie-Miller lamp, designed and first used at St. Bartholomew's, in which the light was produced by condenser discharges between iron points. The condensers were supplied by high potential (6000 volts) transformers on the alternating mains. The lamp has been in regular use now for several years. Ice was used as the compressor medium. The results which were obtained by this lamp were quite satisfactory, and enabled the Hospital to avoid the expense of the large Finsen apparatus. The great noise which the spark-lamp emits is a drawback, and it was for this reason, as well as from lack of space, that our lupus-lamps were housed in one of the rooms of the basement. At that time the department had the great advantage of being supplied with electricity from two sets of mains. In addition to the alternating current supply already referred to, we had a direct current supply, which was distributed to all the rooms side by side with the alternating current. Owing to a change in the pressure of the mains from 100 to 200 volts, the current from the main was led to a motor generator, which supplied a continuous current at a pressure of 100 volts. By this means the

apparatus originally provided for 100 volts was retained in use, with the additional advantage that, by a simple adjustable resistance in the field excitation of the generator, a range of pressure between 80 and 120 volts could be obtained. The generator part of the motor generator was separately excited from the 200-volt mains, and this greatly contributed to steadiness of voltage under the varying loads consumed by the X-ray and other apparatus.

"In reviewing the history of a department which had been in existence so long as that at St. Bartholomew's, one cannot help feeling struck at the very great change which has come over medical electricity in the last twenty years. Not only are currents now used of magnitudes which would have been unattainable before the introduction of electric-light mains, but the type of cases now treated has altered very considerably from that of the early eighties."

The above was written before the opening of the new Electrical Department in 1907. Since then there has been a steady advance in electro-therapeutic and X-ray work.

Our new department contains a consulting room, two treatment rooms, two X-ray rooms, a switch room, an electrical bath room, a photographic dark room, and a waiting hall. One of the noteworthy alterations that has been made in the equipment is, that for both diagnosis and treatment the alternating and direct currents are now taken straight from the street mains, thus doing away with the inconvenience and trouble of accumulators and cells. The electric bath room is a most spacious apartment containing two large full-length baths for adults and two smaller ones for infants. It also contains the four cell Schnee bath. All of these baths are connected up with both direct and alternating current mains. One of the treatment rooms contains the Wimshurst machine, the high-frequency apparatus, four arm baths (the latter being capable of administering the sinusoidal current), also our latest instrument—the diathermic apparatus, which is now extensively employed by the surgeons for treating malignant ulcers.

Various new methods of electrical treatment are now in use in the department, notably that of "ionisation," for which the current of the mains comes in very conveniently as large milliamperages are required.

The X-ray department has now become so important that the two rooms where the work is done have been found totally inadequate. The number of skiagrams taken in 1896 were 91, in 1911 they had amounted to 4760, and this exclusive of screen examinations, which themselves number 500 or 600 yearly. These facts point to the desirability of a separate department altogether for X-ray work, thus severing it from the electro-therapeutic.

All St. Bartholomew's men may be justly proud of the Electrical Department, for it is not only the oldest, but it is unquestionably the first of all the electrical departments in London. Indeed, most of the London hospitals have sought its advice when about to fit up a department of their own.

Nor is its reputation less on the continents of Europe and America than in Great Britain. Dr. Lewis Jones, its late chief, may be said to be the father of medical electricity. And he has gone on working in the interests of the department to the very end. Perhaps his latest service to his specialty has been to introduce the method of "ionisation" into this country. It would be, however, impossible to give here an account of all he has done and written, but we may say that his book on *Medical Electricity* is the recognised classic on the subject in the English language.

Dr. Lewis Jones will take with him the regard and affection of his co-workers. We are all proud of him, and wish him health and happiness in his retirement.

### An Echo of the Past.

**H**ARKNESS was falling, and one by one the ward lights were beginning to shine through the long windows into the misty square. The day workers had gone, and only a small knot of residents hung about the Fountain smoking and gossiping on their way to and from the wards. Every now and then a nurse flitted through the gloom, or a distracted porter peered under a shelter seat for the dresser on duty.

Suddenly three figures emerged from the gateway in the North block. Two of them were big and white-jacketted; the third was small and bent and heavily cloaked, and in the uncertain light he seemed of great age.

For some reason the chatter round the Fountain ceased, and all eyes turned towards the newcomers, who had paused near the entrance as though uncertain what to do next. Then one of the younger men detached himself from his companions and came towards the group of residents.

"Hullo, Billie!" cried somebody.

"Hullo!" he answered curtly. Then he caught sight of an intimate and drew him aside, whispering and casting mysterious glances over his shoulder at the couple by the archway. The others watched in vague astonishment. Obviously something out of the usual was up. The gossip languished and died.

"By Jove!" . . . "You don't say so!" . . . "Is he really?" were the exclamations they caught. At last one of coarser fibre than the rest could hold in his curiosity no longer, and pushed his way between them.

"Look here, Billie," he said, "out with it, or else get out. What is it and who is he, and why all this public mystery?"

Instead of answering directly the newcomer half turned away; then he spoke to another friend in the same excited undertone. But his first listener was already under close examination, and soon the rumour spread from lip to lip.

"But look here," cried the senior house-surgeon, who was a man of the world, addressing the company, "surely we ought to do something. Can't we entertain the old buck, or show him round, or give him a drink?"

"What a rotten time to come!" said another. "Let's send for the Treasurer or the Warden or the Beadle. This isn't *our* business, you know. There ought to be a deputation or something; it's ancient history."

"Well, we can't leave the poor old boy standing over there in the cold," said a third, who was vice-chairman of a sub-committee and had a reputation for being practical in public affairs.

"Then let's go and talk to him," rejoined the senior house-surgeon a little impatiently. "We're wasting time gassing here."

A sharp discussion followed as to who should speak for the resident staff on this unique occasion; but it was settled at once by the arrival of the intern, who was briefly informed of the circumstances and unanimously elected to be the official mouthpiece.

Meanwhile the little old gentleman in the long black cloak had retreated into the shadow of the archway, tremulously clinging to the arm of his companion and heedless of the commotion which he had caused.

The deputation advanced in the wake of the intern, who was feeling quite equal to the occasion. He held high office in the Abernethian Society, and could introduce anybody to everybody in the happiest and most adroit phrases at two minutes' notice.

"Sir," he began, "in the name of the resident staff, and I may even say of the Hospital at large, I beg to extend to you a cordial and I may be allowed to add a respectful welcome to what I may perhaps venture to describe as the sphere of your early labours—labours which I may be permitted on behalf of those whom it is my privilege to—"

He groped for the perfect verb, and there was a little hum of applause. The old gentleman nodded his head vaguely and clutched again at the friendly arm.

"We are deeply sensible," continued the orator, who was warming to his task, "sensible, I say, of the honour and indeed the——" But here he was mercifully interrupted by a fit of coughing which convulsed the old gentleman.

\* \* \*

They showed him round the new Surgery and refreshed him royally in the Resident Staff Quarters, and in spite of his age and his infirmities he did not do so badly. They all thought him a very jolly old cock, and the Editor was hurriedly sent for to jot down some of his reminiscences for the JOURNAL.

When they came out into the Square again there was a motor car drawn up beside the entrance to the South block, and one of their number hurried towards it. He was soon followed by others, until the old gentleman was almost alone once more by the archway. On the far side of the

Square they clustered round the car. The eminent surgeon and antiquary listened with a kind and interested smile while his house-surgeon explained the position.

"I want to be quite clear," he said at length. "Did you say that he was Percival Pott's last house-surgeon? Not Abernethy's, by any chance, or Arderne's?"

"No; really Percival Pott's."

"Dear me, how singular! Please somebody run and fetch him here."

Several of them ran very fast, but not so fast as the little old gentleman, who had already dropped his wig and hat and cloak, and with a good start was showing a pretty turn of speed in the direction of the college. N. G. H.

### The Plaint of the Night Dresser.

'Tis now the midmost weary hour of night  
When drowsy Nature droops and sinks to sleep.  
But I must watch the laggard hours which creep,  
Slow-moving as a stagnant stalactite,  
Till dawn shall burst my prison with her light  
And dry the dripping tear-drops that I weep.  
Within four walls incarcerated I,  
Furnished by those who make a mock of me  
With a fair cleanly bed: and wearily  
Thereon, as who should softly sleep, I lie.  
But neither sleep nor any dreams can be  
This night for me, unless, indeed, I die.  
Beneath my feet men stoke the fires of hell,  
Shovelling a thousand tons of clamorous coal  
From depth to depth, from hole to hollow hole,  
And whistle while they work, as loving well  
The task of torturing a slumbrous soul  
Who sighs for soundless fields of asphodel  
Beneath my window wild Valkyries ride,  
Clattering with brazen hoof on strident stone,  
Urging their steeds with shouts of thunderous tone.  
They bear foul letters to the further side  
Of Acheron (full soothly is it known),  
From devils on earth to devils that have died.  
Without the door a demon needs must wait,  
Lest I, for half a wink, my eyes should close;  
When in a moment, wide the door he throws,  
And in a voice inexorable as Fate,  
"Police case, sir," he cries; then out he goes,  
Chuckling to hear my long-drawn hiss of hate.  
And I must rouse me if I list, or no  
(The heavens above be witness if I list),  
And soothe with smiles and save some humorist  
Who walks from Wandsworth all the way to show  
Marks of his wife's incisors on his fist,  
Or where the baby scratched him months ago.

### Obituary.

#### SIR FREDERICK WALLIS.



FRED WALLIS was a man who was very well known to many generations of Bartholomew's men, and his death is deeply regretted by them all. He came up from Cambridge in the year 1878 and in 1883 became House-Surgeon to Mr. Alfred Willett. After this he went to Australia as Resident to the Prince Alfred Hospital at Sydney, and when he had served there about a year he returned to London and worked for the Fellowship of the College of Surgeons, having now decided to become a consulting surgeon. When he had obtained the much-desired diplomas he was appointed one of our Assistant Demonstrators of Anatomy, and worked in that post for two years before being appointed on the Surgical Staff of the Charing Cross Hospital. But it was owing to his long connection with our School, before he was grafted on to another, that he was so widely known to our men.

From this time forward he led an extremely busy life, for, in addition to being Surgeon to the Metropolitan Hospital, not only did he serve Charing Cross Hospital as Surgeon, Lecturer, and Dean, but he subsequently became a very active member of the staff of St. Mark's Hospital, and later on undertook the work of Surgeon to the Grosvenor Hospital for Women. Very few men in these days of surgery are willing to undertake the operation work of three such institutions, but each appealed to him in its own way and he was not willing to give up any of them, although for many years past he had also to find time for the claims of a constantly increasing practice.

But he looked so well and vigorous, and was always so cheery and youthful, that no one ever felt any doubt as to his health and strength. It was only last year that he seemed to flag a little at times and to have lost some of his energy, and in January last when he went to St. Moritz he found himself short of breath and unable to take vigorous exercise. On his return to London he sought the advice of his friends, and it was then found that he had valvular disease of the heart with dilatation.

He subsequently got much better, and ventured on a golfing holiday in France, only to be invalidated home at once with cardiac asthma, which was followed but too soon by a fatal syncope.

In addition to his professional work he took a most active part in the foundation of the Union Jack Club and became its Vice-President, and the work he performed in the interests of the non-commissioned officers and men of the Army and Navy was very widely appreciated, and was formally recognised by the bestowal of the honour of knighthood last year.

The success which Wallis obtained as a surgeon was the

natural result of his love for his work and of his interest, kindness of heart, and sympathy. His pupils regarded him with affection, and he was always most popular with those who worked in his wards or out-patient rooms. His patients very soon became his friends, and no one could fail to realise the intense interest he always took in the well-being of those who placed themselves under his care.

Add to all this that he was a skilful and bold operator and it becomes very easy to understand why his practice was constantly extending.

Apart from his profession his chief interest was in golf, and never a week passed without a day on the links, either at Mitcham or Woking usually, or, when opportunity served, at Deal or Sandwich.

His annual summer holiday was generally spent at St. Andrews, and he never seemed to be able to get too much of his favourite game.

Few men had more friends and few have been more universally regretted. But although he died at a comparatively early age he did many years of good work, and his cheery optimism and hearty sympathy have helped and encouraged the many pupils and patients who will never forget him.

#### MR. GEORGE ALDRIDGE.

It is with the greatest regret we announce the sudden death of Mr. George Aldridge, the news of which came as a frightful shock to us. His was a well-known figure in the Hospital, and all who came into intimate contact with him bear witness of his good-natured, broad-minded and cheerful personality. He was an older man than the average student, having spent a good deal of the earlier part of his life in travel. In private life, both as guest and host, his companionship was always welcome, for not only could he be extremely interesting, but he would infect others with his own never-failing good humour. He was a very keen worker at his profession and in politics a strong Conservative. Amongst his hobbies he was greatly interested in the Territorial movement, and held a commission as First Lieutenant in the old Volunteer Battalion of the Royal Fusiliers. He was just completing his medical course, having passed in medicine in the last examination, when suddenly, on Friday, May 17th, he was seized with pain and died suddenly. He leaves a wife and little son to mourn his loss besides a large circle of friends.

#### St. Bartholomew's Hospital Women's Guild.



VERY successful meeting of the Guild was held in the Library of the Hospital on "View Day," May 8th. There were over two hundred visitors present.

Tea was provided by the Hospital College Catering Company, Limited, and was much appreciated.

Lady Sandhurst kindly read the following reports:

The Committee is glad to be able to state that since October, 1911, when the Guild was founded, satisfactory progress has been made.

Its organisation has been improving steadily.

Local branches have been started in Belgravia, Cambridge, Dorking, Highgate, Esher and Watford, in each of these districts the prospects seem good, thanks to the energetic work of the local Secretaries.

Up to the present date we have 225 members.

The Committee have to announce with much regret the resignation of the Honorary Work Secretary, Mrs. Tooth, who has been of the utmost assistance to the Guild. Mrs. Blythe has kindly consented to take her place.

A dance that was given at the Wharnclyffe Rooms in February last, arranged by several young members and friends for the benefit of the Guild, resulted in a very large donation of £56 13s. 0d.

A statement of accounts has been prepared and is submitted by the Honorary Treasurer, Mrs. Jessop.

RECEIPTS.		BALANCE-SHEET.		EXPENDITURE.	
	£ s. d.		£ s. d.		£ s. d.
Annual Subscriptions	68 1 0	Postage	7 12 1	Printing	7 19 1
Donations	19 5 0	Materials for Garments	47 2 1	Petty Cash	3 0 0
Sale of Materials for Garments	16 0 8	Given to the Matron for Purchase of Men's Clothing	25 0 0	Balance	69 6 5
Proceeds of Dance	56 13 0				
		£159 19 8		£159 19 8	

It will be observed that there is a large credit balance and that the expenses have been very small.

The donation from the Fund of £25 has been handed to the Matron of the Hospital for the purchase of clothes for male patients. The Matron writes: "Most gratefully I write to acknowledge the cheque for £25 which you have forwarded on behalf of St. Bartholomew's Hospital Women's Guild. It will indeed be useful in helping us to provide clothing for male patients on leaving the Hospital. Our resources are often much taxed in this direction, and we are very pleased with such a generous donation. Please convey our very grateful thanks to the Guild."

#### REPORT OF THE HONORARY WORK SECRETARY.

Since the commencement of the Guild in October, 1911, we have received 388 garments, which have been distributed in the wards, and principally to convalescent patients leaving the Hospital, who often have to be entirely fitted out with clothes before they can be admitted into the Convalescent Homes.

This 388 garments include the contributions of the Local Branches and work parties in aid of the Guild.

A large supply of these garments were on view.

This Hospital has also received parcels of old clothes, which are most acceptable as long as they are suitable for patients.

Old bed-linen would also be very useful.

The Committee would also like to add that any gifts of fruit or vegetables for the benefit of the patients will be very gratefully received by the Hospital authorities.

There were short reports of the work done by the local secretaries, which were very satisfactory. These reports were placed on a blackboard in the Library for visitors to read. We sincerely hope by the next May meeting we shall have several more local secretaries and members.

#### The Hospital Appeal.

At the moment of going to press, Mr. Edwin Layton, the Hon. Secretary of the Appeal Committee, writes to say that the subscriptions now amount to £4304 15s. 6d. per annum and the donations to £10,476 1s. 6d., a gratifying increase in both instances on the amounts last given in the JOURNAL.

To this satisfactory result the Medical Staff have contributed in no small degree, and if everyone connected with the Hospital would ask their friends to subscribe even the small amount of one guinea, the financial troubles of the Hospital would soon be at an end.

The dinner to be given by the Lord Mayor at the Mansion House on June 5th already promises to be a very interesting function, supported as it will be by many well-known representatives of the wealth and influence of the city of London.

With the excellent start already made, the help invited above from the readers of the Hospital JOURNAL which we are sure will be given, and the stimulus which the Dinner will impart, we shall hope to announce even more satisfactory results next month.

#### The Clubs.

##### CRICKET CLUB.

The prospect of the Cricket Club is not so promising as one could wish for. Nearly all of last year's team are available, but no new talent of great promise has so far been discovered. The team still sorely needs a good bowler. Of the freshmen Messrs. McCall, Maingot and Wells-Cole are the most promising. So far two matches have been played and we have been defeated on both occasions. The Virginia Water match was abandoned owing to rain, not a ball being bowled.

##### ST. BART'S HOSPITAL v. WANDERERS.

Played at Winchmore Hill on May 11th. The Wanderers batted first and put together the useful score of 201. Bower was the most successful of the Hospital bowlers, though he did not keep a good length. The fielding and catching were far from good, though Grace and Dingley were smart, and there were many signs of its being early in the season.

On the Hospital going in to bat a very poor start was made, 3 wickets going down for 12 runs; however, Grace stayed whilst Bower hit merrily, his 51 including 4 sixes and 5 fours. After the latter left, caught at extra cover, Grace could find nobody to stay with him, and the whole side were out for 153, Grace carrying his bat for 45.

##### SCORES.

WANDERERS.		ST. BART'S.	
S. Colman, b Grace	8	J. Owen, b Bradley	1
R. Kenward, st Brash, b Grace	71	E. J. Y. Brash, c b Wells	3
B. H. Holloway, c Brash, b Grace	25	W. A. Pocock, c Watt, b Wells	3
J. N. C. Watt, c Pocock, b Bridgman	19	E. M. Grace, not out	45
P. G. Gale, b Bridgman	11	H. J. Bower, c Wells, b Kenward	51
L. S. Wells, c Owen, b Bower	32	E. G. Dingley, b Kenward	4
G. Dowdry, c Brash, b Bower	13	R. H. Williams, b Taylor	9
A. G. Parsons, c Bridgman, b Bower	7	R. H. Maingot, b Taylor	6
R. B. Brooks, not out	5	H. Taylor	7
W. Bradley, b Bower	0	C. R. Taylor, b Taylor	3
O. Taylor, b Owen	1	R. O. Bridgman, b Taylor	0
Byes 26, leg-byes 3	29		
Total	221	Byes 22, leg-byes 3	25
		Total	153

##### BOWLING ANALYSIS.

	Wkts.	Rns.
Grace	3	58
Bridgman	2	57
Owen	1	18
McCall	0	27
Bower	4	17
Maingot	0	15

##### ST. BARTHOLOMEW'S HOSPITAL v. SOUTHGATE.

Played at Winchmore Hill on Saturday, May 18th. Grace having won the toss opened the innings with Norman, but the latter was rather unluckily caught at the wicket on the leg side after making 5, all singles. Owen stayed while 40 were added, but the whole innings was rather featureless with Grace chief scorer, 32. Turner made some good shots in his 23, whilst Dingley, when apparently getting set, was well caught at mid-off. The innings closed for 140. On Southgate going in to bat there was a marked contrast in the cricket, their first two men putting on 76 runs in very quick time,



though Lewis should have been easily caught before he reached double figures. Owen bowled well for the Hospital, and was unfortunate in having catches dropped off his bowling, as also was Grace, who during a short period at the end of the innings when the light was none too good bowled his slow with great effect. The bowling was again very bad, and the ground holding extremely slack, Dingley alone showing good form.

SCORES.

Table with columns for HOSPITAL, SOUTHGATE, and individual players with their scores. Includes a 'Total' row at the bottom of each column.

BOWLING ANALYSIS.

Table with columns for Wkts. and Runs, listing bowling statistics for Grace, Waugh, Turner, and Owen.

TENNIS CLUB.

All last year's team are available, together with several promising Freshmen, so that the present season should be a success-ful one. Two of the three match courts are in excellent condition, but the top one has not improved by acting as a sand-pit through the winter. The ordinary courts have been temporarily placed along the top side of the ground, as their former position has been completely cut up by the hockey. Two matches have been played, the first against the Watford L.T.C., where we were victorious, the second v. Trinity, Cambridge, which ended in an easy win for our opponents.

ST. BART'S v. WATFORD L.T.C.

Played on Saturday, May 11th. Won, 5-4. Team: G. N. Stathers, G. S. Stathers, R. W. Meller, R. Burn, K. S. A. Davis, J. Cumming.

ST. BART'S v. TRINITY, CAMBRIDGE.

Played on Saturday, May 18th. Unfortunately we had a weak team out, and our opponents had played a great deal more tennis than ourselves this season. Lost, 0-0. Team: G. Dyas, R. W. Meller, R. Burn, C. S. Scholtz, K. S. A. Davis, J. Cumming.

The Annual Sports have been arranged for June 5th.

Correspondence.

THE ARMS OF ST. BARTHOLOMEW'S HOSPITAL.

To the Editor of 'The St. Bartholomew's Hospital Journal.' SIR,—It will perhaps be a surprise to many to know that the familiar coat of arms of the Hospital is probably capable of variation in colour. Papworth, in his Ordinary of British Armorial, gives for

the Hospital a second coat, in which that half of the shield usually rendered black is described as red and that half of the "chevron" on the white half of the shield not black as now borne, but as purple. Can any of the well-known historians connected with the Hospital throw light on this difference?

I am, Sir, yours, etc., CHEVRON PERPLEXED.

Reviews.

A HANDBOOK OF THE DISEASES OF THE EYE AND THEIR TREATMENT. By Sir HENRY R. SWANZY and LOUIS WERNER. 10th edition. (London: H. K. Lewis.) Price 12s. 6d. net.

By a coincidence, we have within a very short space of time been called upon to review several text-books on ophthalmology, and it is naturally difficult when all are good or at least irreproachable to say something new about each of them. Most fortunately it is quite unnecessary to say anything new about so old a friend as the present one: a book does not reach ten editions without its reviews exhausting the adjectives of compliment.

The most important addition to the present edition is that of nine coloured plates from original paintings by Mr. Werner.

Coloured illustrations are nowadays regarded as sine qua non in modern text-books, but a particular feature which this work includes is a description of the plates; for the assumption that such illustrations are self-explanatory is not by any means justified here the elementary student is concerned. Some rearrangement has taken place, so that the earlier chapters treat of the normal eye and its functions and describe (with explanatory photographs) the methods of examination.

It is claimed that the book is kept abreast of modern ophthalmology, and we have no hesitation in saying that so far as we have tested this claim it is amply justified.

RECENT METHODS IN THE DIAGNOSIS AND TREATMENT OF SYPHILIS. By CARL H. BROWNING, M.D., and IVY MACKENZIE, M.A., B.Sc., M.B. (London: Constable & Co., Ltd., Orange St., Leicester Square.) Price 8s. 6d. net.

As the authors explain in their introduction, the identification of the *Spirachetta pallida*, the discovery of the Wassermann reaction, and the introduction of salvarsan together constitute a chapter of unusual interest in the history of medicine.

In this book the methods of carrying out the Wassermann reaction and the theory of the physico-chemical factors involved are first discussed with a completeness which, though far too detailed for the average practitioner, must surely be of the greatest value to anyone keenly interested or desirous of collecting all the literature on the subject, as the greatest pains have been taken to systematise all the important treatises which have appeared in this country and on the continent.

The clinical applications of the reaction next engage attention. The authors cite many instances of the diagnostic value of a positive reaction, and, indeed, this chapter is an exceedingly valuable compilation.

Part II contains the treatment of syphilis with salvarsan, and it is this portion which will naturally appeal strongly to the average reader. The authors are decided in their opinion as to the efficacy of the drug. "There are no symptoms which yield to mercury which are not removed more rapidly and more effectively by salvarsan. It is also a matter of general experience that numerous cases, refractory to mercury administered for months and even years, have been treated with salvarsan with conspicuous success."

A chapter is devoted to investigation of fatal cases. Twenty-six deaths are recorded, but the authors say (and we are in agreement) "when it is remembered that the drug has probably been administered a million times, and that the patients treated have been suffering from a disease whose complications involve, in many cases, organic and centres of vital importance, it would not be a matter of surprise should some of them have died a few days after treatment from causes which had nothing whatever to do with the injection." Nevertheless, a careful analysis of the causes of the fatalities is given, and the conclusion the authors give is that "the dangers incident to salvarsan treatment are not greater than those attending the administration of mercury, antipyrin or cocaine, and not nearly so great as those associated with the administration of general anesthetics."

ON GASTROSCOPY AND ESOPHAGO-GASTROSCOPY. By WILLIAM HILL, B.Sc., M.D.(Lond.). (London: John Dale, Sons and Danielsson, Ltd.) Price 3s. 6d. net.

In this, the first authoritative treatise in the English language on this subject, the evolution of the modern gastroscope (the Hill-Herschell instrument) is traced, the steps representing obsolete instruments which are unhesitatingly condemned by the author for various reasons.

Although very little space is thereby reserved for the consideration of modern gastroscopy, it is urged to be very much to the point; and the representation of defects and disadvantages in the older models is of very great value to a clear understanding of essential principles.

The technique of modern gastroscopy is a combination of direct and indirect endoscopic examination. Thus the Hill-Herschell gastroscope modified for inflation, linked with a straight indirect periscopic tube, the latter being inserted after the former has been passed into the stomach under direct vision. The inner optical tube is oval in section, 60 cm. long and 9 mm. in diameter; the outer tube is oval in section, 60 cm. long and with a diameter 13 x 15 mm. Forty-seven illustrations are included, all the older gastroscopes are figured, and the steps of passing the modern instrument are clearly shown. This is a book which must be purchased by anyone interested at all in oesophagocopy and gastroscopy.

CLINICAL IMMUNITY AND SERO-DIAGNOSIS. By A. WOLFF EISENER, M.D. Translated by R. W. MATSON, M.D. Pp. xiv+184. (Baillière, Tindall & Cox.) Price 7s. 6d. net.

This book is designed to furnish the general practitioner with an explanation of certain clinical phenomena which are observed in the course of the process of development of immunity.

It is a translation of Dr. Wolff-Eisner's German work, by one of his American pupils, and the author's name alone is an ample guarantee for the excellence of the material contents. He discusses the various factors, so far as we at present know them, concerned in infection and protection; the various theories of immunity are clearly set out and contrasted. Two chapters are devoted to the subject of Hypersensitiveness (Anaphylaxis) and its bearing on, and manifestations in, practical medicine. This section of the book is certainly the best, and is one of the latest expositions of this intricate subject that we have yet encountered. Precipitins, bacteriolysins and the Wassermann reaction are then dealt with.

Some twelve pages are devoted to Vaccine therapy, and to several of the statements here made we must take exception. Thus, for example, the author states that for practical purposes "commercial" vaccines—as opposed to "autogenous"—may be used almost exclusively. Speaking of prophylactic typhoid inoculation, it is stated that "the first injection is made with 1 c.c. of vaccine and one billion typhoid bacilli . . . two billions are used at the second." This is surely a misprint, except that two lines further on we read, "the vaccine causes prostration," etc. no wonder! The dosage recommended in other infections appears somewhat heroic, and to begin to treat acute cholecystitis with a dose of 15,000,000 is to court disaster. We feel that in this section the translator cannot have done justice to the author; streptococcal vaccine is described as "polyvalent from cases of sepsis, paratuberculosis and peritonitis; it contains in 1 c.c. 5,000,000 streptococci originating from erysipelas streptococci."

In the next edition we hope more stress will be laid on the author's own opinions, so that many of the apparent contradictions which exist in the text may be done away with; and a good definition of some of the terms which are of comparatively recent introduction would greatly enhance its value to many of those for whom the book is written—i.e. the general practitioner who, perhaps, has not recently attended a post-graduate course, and is unfamiliar with many of the terms.

AIDS TO OPHTHALMOLOGY. By N. BISHOP HARMAN, M.A., M.B., F.R.C.S. 5th edition. (London: Baillière, Tindall & Cox.) Price, cloth, 2s. 6d. net (paper 1s.).

A splendid little book, which in 216 pages with 100 excellent illustrations gives a comprehensive a treatment of ophthalmology as any student could desire. The best member of the "Aids" series that we have yet seen.

A TOUCH OF LIVER. By S. O. BISHOP, M.R.C.S.E., L.R.C.P. (Printed at the Pioneer Press, Allahabad, 1909.)

This is a carefully written book of reminiscences and experiences by an old St. Bartholomew's man, who has been medical officer in Assam and surgeon in the Persian Navy. It is divided into chapters dealing with different subjects, and they are of very unequal merit. "A Bull-fight in Lima." The whole work tends to be too discursive even for a book of this kind; for example, the chapter on "London in the Sixties" seems to the writer a subject which justifies him in talking at length on the Talbot Inn at Oundle, the Battersea brown dog, and in making an excursion into the history of the Cleo-interest. But for all this there are many pages of considerable interest. In another part of this journal quotations have been made which show the conditions of living of the "Bart's" student in the night at any time be a general exodus from the Hospital to view an execution only a few yards off, just as we might to-day run out to see an aeroplane! One is reminded of the far more awful story Sir Henry Hawkins tells us in his Reminiscences, how he saw from the school windows in a common farm-cart the body of a youth of seven years who had been hanged in the morning for setting fire to a stack of corn. The chapter on the bull-fight is exceedingly interesting.

Royal Naval Medical Service.

The following appointments, etc., have been notified since April 20th, 1912: Fleet-Surgeon H. Cliff to the "Hindustan" (temp.), May 14th, 1912. Fleet-Surgeon H. Arathoon to the "Commonwealth" (temp.), May 14th, 1912. Staff-Surgeon J. O'Hea to the "Sapphire," May 14th, 1912. Staff-Surgeon W. Dyer to the "Bellerophon," April 30th, 1912. Staff-Surgeon L. Morris to the "Prince of Wales," May 15th, 1912. Surgeon H. Kellond-Knight to H.M. Dockyard, Portsmouth, April 30th, 1912.

Royal Army Medical Corps.

Lieuts. Colin Clarke, F.R.C.S., and H. Gall have been promoted to be Captains.

It should have been stated in an earlier number that P. A. With was successful at the January Examination for Commissions in the Corps.

Major H. E. Winter has been appointed Deputy-Surgeon at the Royal Hospital, Chelsea.

At the termination of the recent Junior Course at the Royal Army Medical College, for Officers of the R.A.M.C. and I.M.S., Lieut. B. Biggar was awarded the Herbert, Parkes Memorial, Tulloch Memorial, 1st Montefiore and Ronald Martin prizes, thus winning all for which he was eligible to compete.

The following will be required for service abroad during the coming troping season:

Majors W. E. Hardy and F. W. Begbie; Captain R. M. Ranking; Lieuts. G. H. Dive, A. S. Cane, J. M. Weddell, and L. F. K. Way.

Major A. E. Smithson, on return from South Africa, has been posted to the Irish command.

Capt. H. C. Sidgwick and C. W. O'Brien will join the next Senior Course at the Royal Army Medical College.

The contributor of these notes was told, not long ago, by a Bart's man that he found it very difficult to obtain any definite information about the Corps at the Hospital. For the benefit of others in similar

case it may be mentioned that official details as to conditions of service, rates of pay, etc., can be obtained on application to the Director-General, Army Medical Service, War Office, S.W. As to the not less important unofficial information and opinions on the question from those best qualified to judge, no doubt any of the half dozen representatives of the Corps, who at present are accumulating knowledge at Bart's, would gladly enlighten those who are anxious to learn more than can be gathered from official sources.

### Indian Medical Service.

Lt.-Col. J. Lloyd-Jones, I.M.S., of H.M.'s Mint, Bombay, is home on furlough until end of October next.

### New Addresses.

BRIGSTOCK, P. W., Salt, Palestine.  
BROWSE, Major A., I.M.S., Westerland, Teignmouth, Devon.  
COCHRANE, Major A., I.M.S., King Edward VII's Sanatorium, Post Office, Bhowali, Kumarr, India.  
COOKE, R. T., Berkshire Villa, Ventnor, Isle of Wight.  
DAVIES, I. J., Brynheulog, Penre, Glam.  
DAVIS, HALDIN, 17, Cavendish Place, Cavendish Square, W.  
DOUGLAS, R. L., Breadalbane House, Strathpeffer Spa, N.B.  
FOULKES, Major T. H., I.M.S., The Palace, Mysore.  
HAMILTON, Capt. W. G., I.M.S., c/o Messrs. T. Cook & Sons, Ludgate Circus, E.C.  
HARRIS, H. A., British Lying-in Hospital, Endell Street, W.C.  
JONES, Lt.-Col. J. LLOYD, I.M.S., East India United Service Club, 16, St. James's Square, S.W.  
NELIGAN, A. R., The School of Tropical Medicine, Royal Albert Dock, E.  
OWEN, W. D., King Edward VII's Hospital, Cardiff.  
SMITH, Major F. A., I.M.S., Indore, Central India.  
SMITHSON, Major A. E., R.A.M.C., 2, Western Terrace, North Circular Road, Dublin.  
WHALE, G. H. L., 91, Harley Street, W. Telephone 5557 Mayfair.  
WINTER, L. A., Sheerness-on-Sea.

### Diplomas.

The following have recently obtained the Diplomas of M.R.C.S. (Eng.) and L.R.C.P. (Lond.): D. G. Arthur, R. E. R. Burn, F. W. Campbell, A. J. Clarke, H. J. Couchman, H. A. Douglas, G. E. Dyas, J. V. Fiddian, H. M. Gilbertson, R. Hodson, R. W. Meller, C. J. Nicholson, F. H. Robbins, G. Stanger, C. R. Taylor, W. F. Thompson, A. L. J. Vischer, R. O. Ward.

### F.R.C.S.

F. G. Stanley, Capt. R. Carter, Maj. R. Wilson, F. E. Hughes, A. L. Walker, Capt. L. Cook, J. Everidge, H. Whale, A. Sturdy, A. L. Candler, F. J. Clementson, C. Mackenzie.

### M.R.C.P.

Major T. H. Foulkes, F.R.C.S.

### Appointments.

BRANSON, W. P. S., M.D. (Cantab.), M.R.C.P., appointed Medical Attendant to the Nursing Staff of St. Bartholomew's Hospital.  
COCHRANE, Major A., I.M.S., M.B. (Lond.), F.R.C.S., appointed Medical Superintendent, King Edward VII's Sanatorium, Bhowali, India.  
CUMBERLIDGE, I., M.B. (Cantab.), F.R.C.S., appointed Assistant Surgeon to the Leicester Infirmary.  
FOULKES, Major T. H., I.M.S., M.R.C.P., F.R.C.S., appointed Durbar Physician to H.H. Maharajah of Mysore.  
HARRIS, H. A., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the British Lying-in Hospital, Endell Street.  
MILNE, R. M., M.R.C.S., L.R.C.P., appointed Pathologist and Registrar to the Metropolitan Hospital, Kingsland Road.  
OWEN, W. D., M.R.C.S., L.R.C.P., appointed House Surgeon to King Edward VII's Hospital, Cardiff.

SEVESTRE, R., M.D. (Cantab.), M.R.C.S., L.R.C.P., appointed Physician to the Leicester Infirmary.  
SLOANE, J. S., M.S. (Lond.), F.R.C.S., appointed Surgeon to the Leicester Infirmary.  
SMITH, Major F. A., I.M.S., M.D. (Lond.), D.P.H. (Cantab.), appointed Residency Surgeon, Indore, Superintendent of the King Edward Medical School, and Administrative Medical Officer for Central India.  
SMITH, H. G., M.B., B.S. (Lond.), M.R.C.S., L.R.C.P., appointed Assistant Medical Inspector to the West Riding County Council.  
WHALE, G. H. L., M.D. (Cantab.), M.R.C.S., L.R.C.P., appointed Assistant Surgeon to the Metropolitan Ear, Nose and Throat Hospital, Fitzroy Square, W.

### Births.

BURROUGHS.—On May 4th, at 35a, Hertford Street, Mayfair, the wife of Henry Neville Burroughs, M.B., of a son.  
COLEMAN.—On April 26th, 1912, at Mutusmoor, Reading, the wife of Dr. Maurice W. Coleman, of a daughter.  
DICKSON.—On April 3rd, at Northgate House, Bridgnorth, the wife of L. E. Dickson, M.D., of a son.  
RICHMOND.—On April 21st, 1912, at 39, Elvaston Place, Queen's Gate, S.W., the wife of W. S. Richmond, M.R.C.S., of a son.  
WESTON.—On May 16th, at 2, East Ascent, St. Leonards-on-Sea, the wife of Henry J. Weston, M.R.C.S., L.R.C.P. (Lond.), of a son.  
YOUNG.—On May 14th, at 4, Waterloo Crescent, Dover, the wife of F. P. Young, M.D., of a son.

### Marriage.

SCOTT-GARDNER. On April 30th, at Holy Trinity, Paddington, by the Rev. Cecil White, Vicar, Major A. L. Scott, R.A.M.C., younger son of the late Major General Scott, and of Mrs. Scott, to F. Octavia, younger daughter of the late Mr. and Mrs. Gardner.

### Death.

WYMAN.—On May 1st, at 22, Nottingham Place, W., John Sanderson Wyman, M.D., M.R.C.S., elder and only surviving son of the late George Wyman, M.D., of Alcester, Warwickshire, in his 67th year.

## NOTICE.

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

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

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

# St. Bartholomew's Hospital



## JOURNAL.

VOL. XIX.—No. 10.]

JULY, 1912.

[PRICE SIXPENCE.

### St. Bartholomew's Hospital Journal,

JULY 1st, 1912.

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

### Calendar.

Mon., July 1.	—Second Examination for Medical Degrees (London) Part II begins. M.D. and M.S. Examinations (London) begin. D.P.H. (Conjoint) Examination begins. Second Examination of Society of Apothecaries begins.
Tues., " 2.	—Dr. West and Mr. Bruce Clarke on duty. Final Examination (Conjoint Board) Medicine begins.
Wed., " 3.	—First Examination Society of Apothecaries begins.
Thurs., " 4.	—Final Examination (Conjoint Board) Midwifery begins.
Fri., " 5.	—Dr. Ormerod and Sir Anthony Bowly on duty. Junior Scholarship Examination. Final Examination (Conjoint Board) Surgery begins.
Sat., " 6.	—Oxford Trinity Term ends.
Mon., " 8.	—First Examination for Medical Degrees (London) begins.
Tues., " 9.	—Dr. Herringham and Mr. D'Arcy Power on duty.
Thurs., " 11.	—Second Examination for Medical Degrees (London) Part I begins.
Fri., " 12.	—Dr. Tooth and Mr. Waring on duty.
Sat., " 13.	—Summer Session ends.
Mon., " 15.	—First Examination Conjoint Board begins.
Tues., " 16.	—Dr. Garrod and Mr. Eccles on duty.
Fri., " 19.	—Dr. West and Mr. Bruce Clarke on duty.
Tues., " 23.	—Dr. Ormerod and Sir Anthony Bowly on duty.
Fri., " 26.	—Dr. Herringham and Mr. D'Arcy Power on duty.
Tues., " 30.	—Dr. Tooth and Mr. Waring on duty.
Fri., August 2.	—Dr. Garrod and Mr. Eccles on duty.
Tues., " 6.	—Dr. West and Mr. Bruce Clarke on duty.

### Editorial Notes.

**S**ISTER Surgery's retirement, alas! is now an accomplished fact; her going means a loss so great to us and one so intimately felt that to write anything at all about it is by no means easy. Succeeding generations of students and members of the resident staff have had the good fortune to know her, and have derived invaluable help from her. One of the first initiations of the unfledged "Dresser" was to have Sister Surgery pointed out to him, although such introduction was in reality unnecessary, for a personality so amiably strong could not long remain unknown or unappreciated. She was as an atmosphere throughout the Surgery; if she could be heard—and few could lift their voice to such purpose and with such wonderful results—she could indeed be felt, too, and we all knew why it was the work of the Surgery went so smoothly, and all knew there was always one to appeal to in any case of difficulty, for in the diagnosis of a doubtful case of fever, the disposal of some aged rascal, or the future of some poor consumptive girl, we usually went to her. Free from self-consciousness or any smallness of mind she was loved by student, doctor, nurse and patient; we all respected her, and looked up to her as quite one of the most admirable women we had ever met. Her work was exacting and arduous in the highest degree, yet her temper was invariably unruffled; she appeared the picture of health, and was always ready to listen to the longest tale with sympathy and without impatience. Both we and the poor of London have lost a great friend; of our own loss we are all conscious, and of theirs we have some idea, for we are told she would be stopped in the street and her advice asked on questions of health, trivial domestic concerns, or matters of perhaps tragic importance.

For eighteen years she has worked in the Surgery of St. Bartholomew's, and for many more years in the Hospital

generally, and a sentence from a recent book which most of us have read with enjoyment is remarkably applicable to her: "There is a time—fortunately brief—in the career of the just-qualified student when he is a little inclined to assert his professional supremacy. How tenderly she watches him through it, and how, telling him all things, she apparently tells him nothing! I wouldn't like to say how many years she has stood there, or what sights, humorous, tragic, unpaintably indecent, she has witnessed in all that time, and you could certainly never guess them for yourself. Let me only say that her wisdom is more than the wisdom of many physicians, and that no gentler fingers have touched the seamy side of life."

And so, Sister Surgery, whom now we must know as Miss Armitage, we take it upon ourselves to wish you in the name of St. Bartholomew's all happiness, and to bid you the most affectionate farewell. May the traditional deities of our profession—Apollo, Æsculapius, Hygeia, and Panacea—ever attend you, and be assured that it will be long before your memory is obliterated or your influence unfelt.

\* \* \*

That an unpalatable truth is the worst and most culpable form of lie, that it is easy to degenerate into practising one's profession by artfulness rather than by art, that the duty of a jury is, in a case of libel, not to decide between two so-called scientific theories, but to determine whether it is a case of libel, and that the credulity and gullibility of the human being is as full of shapes and as unbounded as fancy itself are certain theses that the events of the last month cause to be presented to the mind there to be defended or oppugned, and to our judgment to be defended. That the recent libel case turned in favour of the plaintiff was not surprising, and seems just, yet we sympathise with the defendant. The pity of it is that the attempted exposures which have been given the greatest publicity are concerned with those who obviously and with considerable justification command the sympathies of the public.

In the present case the plaintiff may have been perfectly sincere—it appears he was—and it was concerned particularly with a question about which the medical profession knows very little, that is, the effect of diet. We speak of alcoholic cirrhosis of the liver, and yet we are told that this occurs in certain Indian tribes who do not drink alcohol, and the two most typical specimens in our museum are from children, aged nine and ten, and who, one has every reason to suppose, were not victims of the beaded bubble winking at the brim or the flowing tankard.

The other case in our mind is that concerned with the doctors of a famous institution, which in its essence savours no more of quackery than the gymnasiums of ancient Greece, and concerned, too, with a branch of therapeutics which has to a large extent been divorced from medicine. We are not concerned here with the actual

truth of the matter or the actual motives of action, but simply with the aspect which presents itself to public criticism. It is impossible to walk too warily in these matters when there are so many obvious cases of cruel, misleading quackery: we shall not soon forget a woman who came once to surgical out-patients with carcinoma of the breast, which had started from the surface and which was now deeply excavating the mamma; it was cauterised in a curious manner, and we found she had been attempting to cure it for some time by what we think she called "old maids' ointment." She managed to catch the word "ulceration" out of the conversation and said, "Then it is an ulcer, doctor?" "Yes," said the surgeon, gravely, "it is an ulcer." She replied, in a cheerful voice, "An ulcer—there now!" Of course, operation would then have been futile and her death was imminent. Then the cruellest deceptions are practised in connection with venereal disease, real or imaginary. One can laugh at the methylene blue pills now being distributed about the streets, which turn the urine green, and whose patronisers are assured that all the evil matter of the body is being driven out; but one cannot laugh at the patent medicine which contains a potent drug, with a lying and misleading advertisement, which cures, perhaps, the symptoms of a disease, but is so expensive that the patient cannot afford much, ceases to take it, and finds the last stage of that disease worse than the first. We most sincerely hope that these questions will be investigated intelligently and thoroughly by the Parliamentary Committee now at work on the subject, and that the Government will take quick action. Meanwhile, we have every sympathy with those who endeavour to expose misleading statements; but let the worst evils be corrected first, and let not the sympathies of the fatuous but useful public be alienated.

\* \* \*

On Thursday, June 6th, the Midsummer Meeting of the Abernethian Society was held, and a most interesting paper read by Sir William Church, which, owing to his kindness, we have the opportunity of publishing in this number. Dr. Norman Moore proposed the vote of thanks, which was seconded by Dr. Ormerod. Referring to Sir William's statement that he had been the first to use the clinical thermometer extensively as an aid to clinical diagnosis, Dr. Norman Moore said the thought that came to one was how easy were the discoveries of the past, and how we wish we had lived when these easy discoveries were being made—we could soon have devised the clinical thermometer or invented the temperature chart; but he was reminded of a saying of Bichat, that "nothing is easier than the discovery of yesterday, nothing more difficult than the discovery of to-morrow." Continuing, he paid the lecturer an eloquent compliment in speaking of the importance of history and the value of the succession of true historical records, and the praiseworthiness of those

who had made the records: this Sir William Church, with characteristic modesty, subsequently deprecated as being "gross flattery."

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We hear with regret that Dr. Christopher Addison has sent in his resignation of the Lectureship in Anatomy, which he will vacate at the end of September. We have feared that he would find the double work of lecturer on anatomy here and that incidental to a political career too onerous, and now we understand he abandons the clear path of science for the maze of politics. Plato, in the hope of elucidating the complexities of human character, and in search of the knowledge of the just, started from the minute examination of the state and worked down to the individual, and we sincerely hope that Dr. Addison may successfully invert this order, and having started by unravelling the complexities of human anatomy, may rise from this to elucidate the tangled organisation of the State. He leaves St. Bartholomew's with every good wish for his future success.

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We offer our sincerest congratulations to Dr. Horton Smith Hartley on his C.V.O. The election of Dr. Herringham to the honourable office of Vice-Chancellor of the University of London is a matter of hearty congratulation to himself and the medical school of St. Bartholomew's. He will be a worthy successor to the late Vice-Chancellor, Sir William Job Collins, another distinguished son of our *alma mater*.

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The Brackenbury Medical Prize was won by H. E. Evans, the Brackenbury Surgical Prize by R. S. L. Brockman, to whom also was awarded the Willett Medal for Operative Surgery and the Walsham Prize for Surgical Pathology. The Matthews Duncan Prize for Obstetric Medicine was awarded to R. Stansfeld, and the Burrows Prize for Pathology and the Skyner Prize for Regional and Morbid Anatomy to B. W. Howell.

### The Hospital Appeal.

It was announced last month that the subscriptions amounted to £4,304 15s. 6d., and the donations to £10,476 1s. 6d. Mr. Layton, the Honorary Secretary, is in a position to tell us that the subscriptions now amount to £4,985 4s. 6d. and the donations to £17,937 19s.—an increase of £680 9s. in subscriptions and £7,161 17s. 6d. in donations for the month.

If, as was suggested last month, every reader of the JOURNAL would obtain a single subscription of one guinea, the complete success of this appeal would be greatly advanced. As showing the value of such comparatively small contributions, it is pointed out that over 800 subscriptions or donations of one guinea have been received.

We refer to the Dinner at the Mansion House on June 5th elsewhere.

### St. Bartholomew's Hospital and Medicine during the last Fifty Years.

The Midsummer Address to the Abernethian Society.

By Sir WILLIAM CHURCH, Bart., K.C.B., M.D.



ADIES AND GENTLEMEN.—I regard it as a very great compliment that the Abernethian Society should ask me to give the customary summer address. My first intention when I received your invitation was to decline, not because I did not appreciate the compliment, but because I was in doubt if I could provide anything worthy of your acceptance, and this evening I am fully conscious that it would have been wiser for me to have acted on my first impulse. Nevertheless it gives me great pleasure to be with you once more and feel that I am not altogether dissociated from the life of the Medical School. When I come down to attend Governors' meetings and committees, it is hard for me to realise that all but ten years have elapsed since I was on the active staff, and had the privilege of working with you. Much has happened in those ten years: Our palatial out-patients' buildings have been erected and got into efficient working order; a pathological department worthy of this great medical school has been built; many changes have occurred in our medical staff; not a few familiar faces have passed away, to be replaced by others who will faithfully endeavour to carry on the work of this ancient Hospital and its medical school with the same zeal and feeling of comradeship which has always been present within these walls. Even greater changes than the material ones I have mentioned have occurred in the practice of medicine and surgery. Medical science advances so rapidly that I am painfully conscious that I am lamentably behindhand in the knowledge and treatment of disease, and am now quite incompetent to take charge of a ward.

You will pardon, I trust, these egotistical remarks, but you will feel how true were my first impulses. On what can I address you? How can I hope to interest you? I dare only venture a few random remarks which occur to me, as I think of the long years through which this Hospital has existed, the changes it has witnessed, and the possibilities which still lie before it. I cannot hope to equal the exceedingly interesting account of life in the Hospital which Sir Thomas Smith gave you some years ago, but it may probably be of interest to hear some of my recollections since I joined as a student just fifty years ago.

The very surroundings of the Hospital have changed. I am not old enough to remember cattle being bought in Smithfield, but the whole of the place now occupied by the railway and the meat markets was, when I joined the Hospital, a dreary expanse of neglected ground adorned with the decaying remains of the old cattle and sheep pens. Snow Hill and its surroundings still retained the features described

by Dickens, and Farringdon Street was being bored through the slams.

Coming up to London from the University for clinical practice, after spending a few weeks in getting familiar with the Hospital and its ways, I became a dresser to Mr. Lawrence (afterwards Sir William). In those days we paid a good round sum, £26 5s., for the privilege of dressing, a perquisite which the surgeons were not very willing to give up. I am afraid I should horrify you if I were to compare the surgery of those days with what you see daily in the wards. The wards were the same as now, and were even then remarkable for the comparative freedom from cellulitis and hospital gangrene which they enjoyed. Still, all forms of sepsis were far from infrequent, and at times spread with sad rapidity and fatality, as you may see by consulting the statistical tables in the earlier volumes of the *Hospital Reports*. Mr. Lawrence used to teach us, and no doubt rightly, that the only treatment for diffuse cellulitis was free incision, to give free discharge to the vitiated fluids of the body. He used the knife freely, and his incisions, often six, nine or more inches in length, were done without any anæsthetic. Having practised for so many years before the introduction of anæsthetics, he did not think they were necessary for such minor surgery. I remember, too, an occasion when I was temporarily acting as his house-surgeon—the authorities were not as particular then as now about qualified men—he came down to give a clinical lecture on carbuncle, and informed us that experience had shown him that it was not necessary in all cases to make crucial incisions through carbuncles, and that he did not incise them as freely as formerly. At the end of the lecture, which I dutifully attended, he asked if there was anything in his wards that needed seeing. I said “I have just admitted a bad carbuncle.” Mr. Lawrence went to the ward, looked at the man, asked me for a scalpel, and made the largest and deepest crucial incision I ever saw; having done that he said good-day, and left me wondering how I was to stop the bleeding. To the best of my recollection the man did well and recovered. Blood-letting was quite out of fashion at that time, but Mr. Lawrence still used it occasionally. The first and one of the very few persons I have bled myself was during the time I was dressing for Lawrence. A strong burly policeman was admitted with acute cellulitis of the arm. Mr. Lawrence told me to bleed him. I had never seen a person bled, and received the order with some trepidation. “How much blood am I to take?” I humbly asked. “Bleed him till he faints,” was the reply. I managed to open his vein successfully, and when some twenty ounces of blood or more had been let out began to grow nervous, and went and asked Mr. Lawrence if I should do up the arm. “Didn't I tell you to bleed him till he faints?” was all the remark Mr. Lawrence made, and I returned to my patient. Presently Mr. Lawrence came and looked at him, and at the amount of blood taken, and said, “You may

do up his arm.” I do not recollect the exact amount of blood taken, but it appeared to me then, and still does, as an enormous amount; the man, however, did not faint.

It may give a vivid idea of the progress of surgery and the amount of danger which attended abdominal operations before the days of Listerism when I tell you that Sir William Lawrence would not be present at an ovariectomy, considering that the risk run by the patient was too great. I cannot tell you when ovariectomy was first performed in the Hospital, but I do not remember seeing any during my dressership, and it was not till a good many years later that the operation was frequently done here. You may judge of the difference in operative surgery now and in those days, when all operations, except urgent ones, were done on Saturday afternoon in a single theatre, the surgeons having the use of the theatre according to their seniority.

After dressing for Mr. Lawrence, I clerked for Sir G. Burrows, and afterwards for Dr. Kirkes. In some ways clerkships were then more valuable as a means of obtaining a practical knowledge of medicine than now, for in those days all sorts of cases were admitted into the general wards. My clerkship coincided with the last serious epidemic of typhus there has been in London. Wards constantly had to be cleared because of the spread of typhus in them, and less frequently owing to the spread of scarlet fever. Do not imagine that this was due to carelessness or wilful ignorance of the danger incurred. The spread of fever in hospital wards and the danger run by those attending on fever, especially typhus patients, was a subject constantly before the College of Physicians. The value of free ventilation and abundant air and floor space had not then been fully recognised, and the high rate of mortality among the patients and attendants in wards filled with typhus fever led to the belief that it was safer both for patients and their attendants to dilute the poison as far as possible by placing them with other patients. Shortly after I qualified, the Governors, acting on the recommendation of the Medical Staff, opened special wards for typhus with a limited number of beds in each, and the outbreaks of fever in the wards and the mortality among the nurses and sisters ceased.

You will hardly believe that in my student days no special departments, with the exception of that for the diseases of women, existed. Not even a dental or ophthalmic one. In 1837 a dentist, Mr. Rogers, had been appointed, who saw and attended to patients in the wards at the request of the medical officers, but he saw no out-patients, and the only dentistry practised in the Hospital was the somewhat rude and rough extraction of teeth in the surgery by the dressers. The ophthalmoscope had been introduced into ophthalmic practice, but its value in medical diagnosis had not been recognised. The laryngoscope was not in use, although it had been introduced in Germany about this time.

Orthopædics, dermatology, children's diseases, mental

diseases, etc., were included in the general practice of the Hospital.

Electricity was then unused for either the diagnosis or treatment of disease. Our electrical department was then much in the same condition as in 1777, when it was first decided to purchase an electrical machine for the use of the patients. This machine, probably one for frictional electricity, or its successor, appears to have been useless in 1822 or 1823, and an agreement was made with Mr. Latchford to make a new machine upon the modern principle for a sum not exceeding £17 18s., and that Mr. Latchford should attend and electrify the patients at the direction of the medical officers at the rate of two shillings a head. At any rate, when I first knew the Hospital, the electrical department consisted of two batteries kept in the surgery for the purpose of stirring up drunks and persons supposed to be suffering from opium poisoning. Compare this condition of affairs with our present electrical department, with its baths, X rays, fluorescent screens, etc.; it seems hardly credible that such a change should have taken place in so few years.

Some of you will think I am romancing when I say that I never saw the thermometer used as an adjunct to clinical diagnosis in my student days. The clinical thermometer had not been invented, and those used for physiological investigation were from length and form most unfitted for clinical work. I believe I may claim to be one of the first workers with the clinical thermometer in our wards. Soon after I was qualified, inspired by the late Dr. Andrew, Dr. Waters and myself commenced taking a series of temperatures in typhus and typhoid fever to see if, in the absence of other marked symptoms, the temperatures would assist in making a differential diagnosis. We took a great number of temperatures, but our joint research was cut short by poor Waters contracting typhus and dying, and I own that after his death my keenness for taking the temperatures of typhus patients was very greatly diminished.

In the course of a few years typhus became so rare in London that it was quite unnecessary for the Hospital to reserve beds for it, and the typhus wards were then used for scarlet fever and diphtheria. Since the institution of the Asylums Board Hospitals scarlet fever has not been admitted to the Hospital, and the ward is now used, I think, for cases of blood poisoning and erysipelas.

After I had finished my clerkship I became an apprentice of Mr. Wood, the Apothecary of the Hospital. At that time there were no house physicians, and the whole of the medical cases were under the care of the Apothecary between the visits of the Medical Staff; he also was responsible for the shop and the dispensing department. I entered on my apprenticeship to Mr. Wood with the expectation of obtaining instruction in pharmacy and the medicinal action of drugs. I cannot say that I got much teaching from him in pharmacy, and my time in the shop was wholly occupied

in dispensing the Hospital formulæ to out-patients. In other ways I learnt a great deal from him; his long experience had made him a most rapid and at the same time a most acute diagnoser of disease. In addition to his duties that I have mentioned, he and his assistant had to see all the medical casualties of a morning, as well as those who applied in the course of the day. His methods of getting through such an appalling amount of work were rough and ready. I do not advise you to adopt them, but in his hands I do not think that the patients suffered. According to the time of year, he would say to the mass of patients in the surgery, “All who have diarrhoea stand up,” or “All that have a cough stand up.” He would then go round looking at each, and rapidly deal out his tickets for the appropriate remedies; all those that to his practised eye showed traces of illness were put on one side and looked at more carefully later. His eye and judgment were so acute that I doubt if he often passed over a serious case as trivial, and he would often point out to me the grounds on which he had put aside for further examination the more serious cases.

I have nearly forgotten to mention one relic of former days which passed away soon after the time I am describing. Instead of patients applying for admission at any time and being admitted according to the urgency of their condition, one day in the week was set apart for the admission of patients—Thursday, I think it was—and all those seeking admission were collected in the old admission room, which some of you may remember as the electrical department, and were inspected by the physician coming on duty for the week and his clerks, and selection made of the cases for admission. Mr. Wood always kept back a few beds to receive any acute cases that the physician and his clerks might pass over, and after they had made their selection used himself to go through the cases. It was a cruel arrangement, for frequently many really serious cases had to be dismissed for want of room, and suffered much by their journey to and from the Hospital.

In 1866 cholera visited London for, I trust, the last time; we were then entirely ignorant of the causation of the disease, the comma bacillus and its connection with the plague was unknown, and the old theories as to its cause were fought over on the old lines. As you probably know, Dr. Snow, in the previous epidemic of 1858, had conclusively shown in a number of cases its dependence on the use of a particular water supply, but the theory of a cholera miasm or fog still had many adherents. The brunt of the 1866 epidemic fell on the East End of London, and at first but few cases were admitted into the Hospital. Somewhat suddenly they became more numerous and special wards were set apart for their reception, and I was fortunate enough to be placed in charge of them. I say “fortunate enough,” because it was the first step to my getting on the staff. We did not have very many cases, and those of you who like will find my report on them in the third

volume of our *Hospital Reports*. Small as was my experience, I have no wish to see more of the dread plague, for in its presence the doctor feels how impotent he is. I do not know that any more success attends its treatment now than then, but having ascertained the cause, we are now able to take steps to guard against its presence.

I think this is a convenient place in which to allude to a change which has taken place in the Hospital which has done more to alter its appearance than even the great structural alterations which have taken place. I think you will all agree with me that our Wards present an appearance of comfort, cheerfulness, and appropriateness for their purpose second to none in London. Far different was it when I first entered the Hospital. I do not mean that St. Bartholomew's was behind the other hospitals in the state of its wards, but am comparing them then with the state you have been accustomed to see. To what is this change due? To our nursing staff. Nursing has undergone during the last thirty years as great a revolution as has occurred in medicine; the two, in fact, have gone forward hand in hand. Nursing has become a profession, requiring, like all other professions, a definite course of instruction. What were the conditions when I first entered our wards? To begin with, they were painted a dull drab colour, which Sir G. Burrows used to refer to as being a good illustration of the colour of the evacuations in jaundice and certain other morbid states. What were our Sisters and nurses like? The Sisters' ordinary dress was a dark brown and the nurses' a similar though different shade of brown, excellently fitted for concealing dirt, and convenient for wiping up any accidental mess as the medical officers went round. The Sisters from their long experience were as a rule excellent nurses and most worthy women, but what of their assistant nurses? I do not know how they were recruited, but the bulk of them came from the most illiterate classes; nor is that to be wondered at, for in addition to the nursing they had to do the bulk of the scrubbing and all the other work of the wards. Many of them possessed the motherly instinct which should be inherent in all women, and eventually became kind and good nurses, but I am afraid that cannot be said of all, and, as might be expected, they had constantly to be dismissed. I shall always have a soft spot in my heart for the memory of some of them: Sister Abernethy, on whom I relied so much when placed in charge of the cholera wards, she having gone through two previous epidemics as Sister in charge of the cholera wards. She was a typical Sister of the old school, of fine commanding presence, a strict disciplinarian, but with the kindest of hearts and with a presence of mind which never deserted her. Nurse Flack, the untidiest and most dirty-looking of women, but an excellent nurse, and beloved by every patient in her ward. Many more I could mention, but enough—peace be to their ashes—the old order has passed away never to return.

The requirements of modern medicine and surgery necessitate quite different conditions, as you ladies who have paid me the compliment of coming to hear what I have to say, know. Education, intelligence and self sacrifice, in addition to the motherly instinct, which is, or should be, innate in every woman, are now demanded of you, and nowhere, I feel assured, are those qualities found in a higher degree than among the nurses of St. Bartholomew's Hospital.

During the time that I was in charge of the cholera wards, Mr. Wood was taken ill, and as I was resident at the Hospital I was temporarily placed on duty for him, being given the charge of the medical wards and medical cases applying at the Surgery out of the casualty hours in the morning, but not having the morning casualty work to do, and not being in any way held responsible for the dispensing in the Apothecary's shop. Still, I leave it for the present house physicians to consider if I had not sufficiently arduous work to keep me fully employed. In addition to what I have mentioned, I had once a week to vaccinate the children brought to the Hospital, mostly infants whose mothers had been attended by the midwifery department of the Hospital. The duty of vaccinating these infants was shortly after transferred from the Apothecary to the Junior Assistant Physician, so I came in for a second term of it and was succeeded by Dr. Gee, who held office until, upon the institution of public vaccination stations, the Hospital ceased to perform this operation. About the year 1869 the present system of house physicians was introduced, and Mr. Wood resigned the office of Apothecary, which he had held since 1847. Before passing on to the few remarks I wish to make on the changes that medicine has undergone during my life, I wish to say a few words about our apothecaries, as some of them have been men of mark. The first notice of any apothecary being appointed for duty in the Hospital occurs in the accounts and journal for 1572, when the salary of William West, or Weston, was fixed, the Governors' Court deciding that "the said William Weston shall have for his wages every yere, so long as he serves this house with poticary ware from May next xvii<sup>th</sup> xiii<sup>th</sup> and iiij<sup>th</sup> to be paid to him quarterly." From this and other entries in the journal it appears that before that date no special apothecary was attached to the Hospital, but that different persons were called in as their services were required. In 1614 the Apothecary had rooms given him within the Hospital, and the Apothecaries' shop was instituted, the Apothecary providing and being paid for the drugs used.

Francis Bernard, who was elected physician to the Hospital in 1678, had previously been Apothecary for eighteen years. During the great plague he manfully stuck to his work at the Hospital, whilst the physicians for the most part, if not entirely, absented themselves, and the Governors held their meetings out of London. Bernard was a very learned man, and possessed the largest collection of medical books

that had ever been made in England; besides the classical languages he was well acquainted with French, Spanish and Italian, and his wonderful memory was the astonishment of his friends. Some of Dr. Bernard's ward books are to be found among the Sloane MSS. at the British Museum. At the time that Francis was our physician he had as a colleague Charles Bernard, but the relationship between them, if any, is not known with certainty. Mr. D'Arcy Power, I believe, considers them brothers, and their taste for books was equally great, Charles, the surgeon, having the most sumptuous and Francis the largest number of books. Charles Bernard was one of the most distinguished and learned surgeons at the commencement of the eighteenth century. Mr. Thomas Wheeler, who had been Apothecary to Christ's Hospital, was appointed in 1806 and held office till 1821. He was a most remarkable man, and I cannot help detaining you to tell certain anecdotes of his eccentricities. Eccentric though he was, he was a most excellent botanist, a teacher of botany, and most excellent Apothecary to the Hospital, whilst as an examiner at the Apothecaries' Company, he did much to raise the standard of their examinations in medicine.

Sir Robert Christison writes of him in the somewhat disparaging remarks on St. Bartholomew's which he makes in his autobiography: "The very worthy and the very little apothecary, Mr. Wheeler, continued to wear the clothes of the apothecary of the last century, and was chiefly remarkable for his rare familiarity with the writings of Hippocrates. In our occasional controversial conversations he floored Oxon., Cantab. and Edin. alike by quoting long paragraphs in the Greek original from the father of physic, from whom and his disciple we were glad to make our escape by prompt assent." The following anecdotes give an impression of this singular man's character and appearance. On one of the herborising expeditions in Kent he was returning home with some other members of the Apothecaries Society, sitting on the box seat by the driver, the others in the body of the carriage. Mr. Wheeler's quaint garb, with his hat off, his thin white hair blowing about his face, his large spectacles on his nose, and his gesticulations caused a sensation on the road. A turnpike keeper, after regarding him as he opened the gate, exclaimed, "So ye ha' got him at last." This remark was explained when they stopped at the next village, and saw a bill offering a reward for the capture of an escaped lunatic. Another told of him is that one evening, sitting in a room at the back of the Surgery at the Hospital, he was desecrating on the folly of superfluities in dress. Lawrence, then a student, said with his usual assumed gravity, "Well, but Mr. Wheeler, how can you support such a doctrine while you wear such a superfluity as this," lifting up the small queue or pigtail which Wheeler wore. Thus taken aback the old man confessed that it was superfluous: "Yes, my dear Sir, you are right; we are too prone to preach one thing and to practise another. I

never thought of it; cut it off, Sir, pray cut it off." Lawrence forthwith performed the amputation. The story does not relate what happened afterwards—whether Mr. Wheeler remained queue-less or replaced it by another.

One story of Mr. Wood I must tell you, as it may help to fix in your mind the approximate date of the introduction of subcutaneous medication. In 1865 the Royal Medical and Chirurgical Society appointed a special Committee to report on the use of hypodermic injections, and Sir Thomas Smith acted as Secretary for the Committee which reported in 1867. Shortly after the report was made public, Sir Thomas Smith and I were on duty during the summer vacation in the absence of our seniors, and a man was admitted into his ward in an unconscious condition. Failing to find any signs of injury he asked me to see the patient. Whilst we were engaged in examining the man, Mr. Wood, who at that time was not in favour of hypodermic injection, came into the ward. In our difficulty of forming a diagnosis we appealed to him to help us, but it was after his luncheon or early dinner, and he was not inclined to help us, and all we could get him to say was—"You have been squirting of him."

I might occupy much more of your time in narrating stories connected with various officers and events at the Hospital, and I hope I have not wearied you with these personal recollections of the changes which have occurred in the Hospital, its buildings, its service, and the conditions under which its patients were treated. Let me now turn to the still greater changes which have taken place in medicine since the time when I first became a member of the Abernethian Society. It is not too much to say that not only our knowledge of disease and our methods of treatment, but also our ideas of the changes which organic substances undergo in digestion and assimilation, have been revolutionised since then. This startling change has been due to the genius of one man, Louis Pasteur. With his life and labours you are all well acquainted, and I need not do more than remind you that in the middle of the last century from 1850-1860 he was engaged on those pregnant studies of fermentation which proved in the face of much opposition from the older school of chemists, followers of Liebig, that all fermentation was due to the presence of living organisms; when that fact had been demonstrated by him beyond controversy, Pasteur had to fight the supporters of spontaneous generation. In January, 1860, he wrote as follows to a friend: "I am hoping to mark a decisive step very soon by solving, without the least confusion, the celebrated question of spontaneous generation." How triumphantly he vanquished his adversaries is common knowledge.

I must pass rapidly on. We find from the life of Pasteur by René Vallery-Radot that he had it in his mind in 1861 to take up the study of contagious diseases, and without doubt his successful investigations into the cause, nature and prevention of silkworm disease still further stimulated

this desire, but it was not until 1877 that he set himself to study the origin and cause of anthrax. Davaine many years previously had seen and recognised the bacterium of anthrax, but owing to faulty technique he and other experimenters had failed in obtaining it pure, and consequently their experiments were rendered nugatory. I need not follow Pasteur's works further, for it has always seemed to me that without those achievements of his, the work of his followers would not have been so prolific in results. His patience and care in experimentation was a demonstration for all time of how the work of an experimenter into the secrets of nature should be carried out, and it would have been better had all his followers been equally careful in drawing their conclusions. Pasteur not only demonstrated the dependence of fermentation and putrefaction on the presence of living micro-organisms, but how a virus may become a vaccine, and thus enable us to make use of our foes as guards against their attacks.

Owing to the researches of Pasteur and his successors a new world has been discovered, an unseen one, but potent both for good and ill to the visible world and to the living organisms of larger size which inhabit it. The world is in a hurry now, and expects that science should solve all questions in a few years, forgetting how many centuries it has taken for us to arrive at our present knowledge. The idea that many kinds of disease might be due to germs entering our bodies was not novel. Frascatorius, of Verona, spoke of the seeds of contagion passing from one person to another, but these were theories only without any facts to prove them, and should be placed along with the multitudinous theories which the philosophers of those days advanced. Harvey, it is true, maintained "*omne vivum ex ovo*," but I do not think that in any of his existing works there is anything that points to his taking a similar view of diseased conditions. We must remember that in his time, and that of those before and after him, there were no instruments of precision, and that the microscopes of Leuwenhœck were quite unable to render micro-organisms visible. How much also do we owe, as every student knows, to the discovery that those minute bodies can be affected by, and retain, the effects of various colouring agents.

When we consider that less than forty years have elapsed since Pasteur first demonstrated the cause of anthrax and the methods for its prevention, we may recognise the progress that has been made in investigating the invisible universe of micro-organisms around us.

I have hitherto spoken of these micro-organisms as causes of disease, but there are countless legions of them whose functions we do not yet know, but undoubtedly many are beneficent in their action, rendering organic substances digestible and assimilable, whilst others act as scavengers, resolving noxious material into elemental bodies.

Curious persons have attempted to count the numbers discharged from our bowels daily, and their variety is pro-

bably correspondingly as great as their numbers. The intestine of the newborn child is said to be sterile, but within twenty-four hours the presence of streptococci and bacteria can be demonstrated, and from that time we are the dwelling-place of countless myriads of them. Whilst some of these are undoubtedly harmful if in excess, we as yet know nothing of the functions of large numbers of these legions. It seems probable that some of the forms of auto-intoxication, if not all of them, arise from the actions of toxins secreted by micro-organisms inhabiting our intestinal tract. In ourselves the large is the seat of a much larger flora than is the small intestine, and this, so far as is known, holds good in all the mammalia. It seems probable that all of them have many sorts of micro-organism in common, but that certain forms are peculiar to individual species. The dog is stated to have an intestinal flora closely resembling man—another reason why dogs, much as we love them, should not be, as proposed by many witnesses before the Royal Commission, exempted from experimental work.

How far the intestinal mucous membrane is permeable by microbes is a question of extreme importance, which requires further research. It is clear that in many cases bacteria can pass, e.g. in typhoid, from the intestines to the other tissues; is this owing to breaches of surface in the intestinal epithelium, or can they pass through the cells of the epithelium?

To Pasteur and Koch we owe the demonstration of the specificity of micro-organisms. Koch's three postulates must always be present; similarity of form and of mode of growth is not sufficient; they must be studied in connection with their clinical symptoms; hence the necessity for experimental work to distinguish the forms which are known as "para" and "pseudo" from the specific bacterium.

We already know a large number of these specific micro-organisms, but in some of the undoubtedly infectious diseases, such as smallpox, hydrophobia, measles, scarlet fever, mumps, which so closely resemble them so far as the mode of infection is concerned, the micro-organism has not been discovered.

I have used the term "medicine" in its widest sense, including in it the art of surgery, in which Pasteur's discoveries have borne its greatest fruit. Pasteur's discoveries bore almost immediate fruit owing to the application of them to surgical practice by Lord Lister. In the minds of many people, especially of the anti-vivisectionists, a most erroneous belief has arisen that aseptic is not the product of what was called antiseptic surgery. Every treatment which is directed against sepsis is antiseptic, and it was Lister himself who devised the term *asepsis* to denote a condition from which sepsis was absent. Next to Pasteur, man owes the greatest benefit science has ever conferred on him to Lister. The words of Lucas-Champonnière are fully justified when he said, "There are only two periods in the history of surgery—that before and

that since Lister." In pure medicine it is in the prevention of disease, now that we know its cause, that up to the present the greatest benefit has been received.

The subjects of toxins, antitoxins and immunity is far too large for me to enter on, even if I was familiar enough with so difficult a subject to place it clearly before you. At present we are very imperfectly acquainted with their nature or chemical constitution; it may perhaps suffice if I remind you that the toxins produced by bacteria are of two kinds—those which are a secretion formed by the microbes and soluble in appropriate media and in the fluids of the body, and those which are retained in the bodies of the bacteria themselves, the so-called endotoxins.

The phenomena of agglutination and precipitation must also be alluded to, affording as they do such valuable aids to the diagnosis of disease, and in the analysis and differentiation of protein substances.

In the above remarks I have chiefly been dealing with microbes belonging to the vegetable kingdom. The grosser forms of entozoa were naturally well known to the ancients, and with the invention of microscopes the smaller parasites were also studied, but it is within the last fifty years that the whole division of entozoa known as the hæmatozoa have been established. Malaria, relapsing fever, sleeping-sickness and syphilis are examples, and probably many other diseased conditions will be found to depend on the presence of these animal microbes.

The life-cycles of these microbes is intensely interesting, and the manner in which they are introduced into our bodies and the part that various other animals play in distributing them. At present it seems doubtful whether these hæmatozoa secrete toxins, or if their mere presence can account for the ill-effects which they cause in their hosts. It is often said that the advances we have made in our knowledge of disease and its causes shows the futility of drug-treatment, and the stupidity of the clinical practitioner who flattered himself that his patients recovered through his skill. I venture humbly to dissent. Bio-chemistry and chemio-therapy have a great future before them; the difficulty of the subject is so great that rapid progress cannot be expected. The action of quinine, mercury, atoxyl and salvarsan appears to me to show that in protozoal diseases we possess the most powerful weapon in chemio-therapy, and I see nothing unreasonable in believing that we may discover a drug-therapy equally efficient for bacterial disease.

I fear I have wearied you in reviewing the changes in medicine and in the Hospital since I first became a member of the Abernethian Society. In my old age I cannot but feel how great a privilege it has been to live during such a period of progress—one which as long as the world lasts must be always remarkable. My generation has seen the commencement of a new era; it will be for you and those who come after you to carry on the work, and reap,

as I believe you will, an abundant harvest, in the further conquest of disease, together with the accompanying diminution of pain and suffering in this world, and so I wish you God-speed in your journey through life.

### In Appreciation of Miss Armitage, late "Sister Surgery."

NO one who knows Sister Surgery as well as I do would care to speak of her many and singular virtues in anything approaching florid language; for he could not help wishing to please her, and he would know quite well that terms of flattery would be unwelcome to a character so robust and genuine. So I must be careful of my phrases, and keep superlatives for less worthy occasions.

Others may tell of Sister Surgery's overt and dramatic feats in the sphere of administration; of her capacity for controlling mobs; of her intuitions concerning hospital-abusers and humbugs generally; of her whimsical genius for dispensing court-martial justice to delinquents without hurting their feelings, as, for instance, by summarily degrading the talkers to the bottom of the queue of waiting patients; and of many minor triumphs of administrative technique which have held the attention of the most casual observers of her system of government. I, contemplating what I am happy to think is now a long friendship, find myself wondering rather at the ingrained fineness of a character which has survived without loss so close an acquaintance with human nature in its least appealing phases, whether represented by the besotted and animal patient, or by the assertive and self-opinionated young resident of two hours' standing—and most of us have been that. Yet I can say that neither I nor anyone I know of has ever seen Sister Surgery put out of temper, though, goodness knows, she has been exposed hourly, for years, to circumstances calculated to aggravate the saintliest.

In the days when I was first privileged to watch her methods, days now beginning to grow remote, she dispensed the high, low and middle justice from the "Middle Room" of the old Surgery; and thither we young residents would go continually with our perplexities; with veiled gropings after a medical opinion on a rash; with queries as to the appropriate disposal of an hysterical and bibulous female; for hints as to the methods by which an "infirmary case" could be persuaded to go contentedly to the infirmary; and a thousand other such conundrums. Fortunately for us our oracle seemed to be always on duty; constantly going from one little room to another, to supervise the recovery of adenoid patients after the anæsthetic, to comfort disconsolate

parents or relations, to lend a hand to nurses, dressers, house-physicians and house-surgeons, and generally to infuse an air of cheeriness and adequacy into circumstances often essentially the reverse. And she was almost always on her feet. I can hardly think of Sister Surgery being seated; though to be sure there were occasions when we used to go into the Middle Room after dinner to buy

enemies, and he included all of us among the suspects, except Sister. (He retained, you will observe, some spark of rational faculty; or was it instinct?) The only condition upon which he would lie down was that Sister should sit by him; and this she did to well past midnight, having already been on duty all the day.

But no doubt most of my readers carry in their memories as many instances as I do of her friendliness to everybody, and there is no need to multiply them here; nor is any panegyrist required to remind us how much we have lost in losing her. She has set us a standard of conduct for which many hundreds of Bartholomew's men (and women) will remember her gratefully, and if multitudinous good wishes can bring her happiness in her retirement we may be easy in our minds about her. The only unkind action on her part that I know of was the leaving to her successor so high a pedestal to climb to.

#### A MONDAY MORNING IN THE "SURGERY."

A party of ladies and gentlemen were being conducted round the Hospital at 9 a.m. on a Monday morning early in June. The benches were crowded, patients were still pouring in, a collection of forty-eight hours. "Letters, papers, cards," rings out all over the Waiting Hall. The voice is familiar to all the workers in the surgery. But our visitors are struck, and the question passes round, "Who called out? What a magnificent voice." It was the voice of one who had worked in the Hospital for a quarter of a century, and of one whose work has been so invaluable that it is almost impossible to speak of it in the terms it deserves.

Sister Surgery—for although another lady now holds the office and title, Miss Armitage will be remembered ever as "Sister Surgery"—was an institution in herself. "Head of the Out-patient Block" might have been her correct title, for she had control of the whole of the Out-patient Departments since their housing in the New Block.

She lived there, literally lived there—for there is a little suite of rooms provided for the Sister of the Surgery not far from the Casualty Dental Room. She seemed to be always on duty, save for her much-deserved holidays. She was ever ready to give advice and help, and foolish was the house officer or nurse who disregarded her wise words. While exercising supreme authority, she administered it in such a way as to give offence to no one, staff or patients. It was exceedingly rarely that a patient who "tried it on," ever



"ON DUTY"

stamps (of which she kept an almost inexhaustible supply), and would find her sitting at the table, with her two "blue-belts," busily cutting gauze into lengths, or padding splints, or making sponges. But this notwithstanding, it is true to say that she was on her feet all day till 10 p.m. and often much later. For instance, I remember well one night when a man, mentally deranged and accommodated temporarily in the surgery ward, became restive and declined to stay in bed. His delusion was that he was being poisoned by

"got the better" of Sister Surgery. From her long experience she was able to detect fraud or malingering quickly and decisively, and it was interesting to observe her watching carefully over a house-surgeon—of course without his knowledge—to see he was not imposed upon.

The number of letters she received from all sorts of people, about all sorts of patients, was great, and the conscientious way in which she replied to every one is an example worth copying.

It needs energy, tact, good common-sense, and a supreme sense of duty to preside over the nursing arrangements of the Casualty Department, of all the special out-patient Departments, and of the "Surgery" Ward. All this was found at its best in Miss Armitage, and so the "Surgery" and the whole Hospital is the poorer by her retirement.

Everyone who has known her and her good work will wish her long life and much happiness in her well-earned rest.

#### Farewell Dinner to Dr. Norman Moore.

ON June 13th a dinner was given to Dr. Norman Moore by his late house-physicians, to bid him farewell after his recent retirement from the active staff of St. Bartholomew's Hospital.

About half of those who had held office under Dr. Moore were able to meet him at the Café Royal. They were supported by Dr. Garrod, who had been Assistant Physician all along to Dr. Moore.

At the end of dinner, after duly drinking the health of the King, Mr. Whale opened the speeches.

He thanked Dr. Moore for his presence that night, but regretted that so many entitled to be there were unavoidably absent. After reading expressions of regret from many of these, Mr. Whale said this duty had fallen upon him as being Dr. Moore's first House-Physician, but possibly, too, because he could claim the unique distinction of being the only living being who had vaccinated their honoured guest. (This was subsequently proved to be a harmless delusion on the part of Mr. Whale.) It seemed strange to the speaker that so sad an occasion as their good bye to Dr. Moore as Senior Physician should be commenced by eating, drinking and making merry. Possibly, he continued, this was less strange to Dr. Moore himself, who came from a land where even the interment of the dead was attended by ceremonies not altogether dissimilar. Mr. Whale reminded his hearers of the innumerable advantages they derived from having served under Dr. Moore. In his wards they had all learnt much of value, not the least useful thing being the art of successfully concealing their own ignorance. He recalled a little habit Dr. Moore had of writing marginal notes in an alien script. His house-physician had then to

hide from clerk and nurse that he knew neither the meaning of the symbol, nor even the characters of it. The speaker then expressed the profound regret at Dr. Moore's retirement felt by all who had worked under him; and their appreciation of the unfailing kindness which they had invariably received at his hands.

Mr. Whale then begged Dr. Moore to accept from them all a replica of the Treasurer's inkstand as a token of their lasting esteem. As this was not finished betimes, the original, kindly lent by Treasurer and Almoners for the occasion, was then placed before Dr. Moore.

Dr. Moore, in reply, expressed the pleasure it gave him to meet his old house-physicians in this way, and gratified his hearers by assuring them that their gift could not have taken a more acceptable form. After quoting a golden rule for after-dinner speeches, namely, "Never to mention yourself," Dr. Moore hoped that on an occasion like the present such a rule could be fittingly broken. He then delighted the company by giving them a short but most interesting sketch of his medical career. After taking his degree among a little band of eight in the Natural Science Tripos, Norman Moore set out to choose a medical school. Quite early he visited Smithfield. He was struck by the appearance of the front gate, and once lured within his search was ended. At St. Bartholomew's he quickly went through the wards, clerking for Dr. Southey and Dr. Harris. For the latter he retained most affectionate memories, in spite of the fact that at their first meeting Dr. Harris had surprised him by the observation that it was only the fear of starvation which kept him at work. After qualifying, Dr. Moore became house-physician for Dr. Harris. As soon as his term of office ended he applied for the post of Warden, just then vacant; and as only a member of the teaching staff was eligible, he fortunately obtained just in time the Lectureship in Biology. On being elected Warden in 1873 Dr. Moore entered the old house in Little Britain, where he lived for the next twenty years. This was to him one of the pleasantest spots in London, situated as it was in a district so full of interesting associations. In such a house what mattered dirty windows or neighbours' quarrels! In fact, he became so accustomed to the latter as to listen with interest for the termination of one almost nightly wrangle. This always occurred in the same way; one female would finally rout her enemy with the following crushing, but somewhat cryptic retort: "Well, at any rate I haven't a husband alive in Lincolnshire." Dr. Moore quaintly described his labours as an applicant for the post of assistant physician. He was required to call on each of the three hundred governors. From his memory of the resulting interviews Dr. Moore recalled the following anecdotes. One governor, on his entry, haughtily inquired of the footman, "Who is this person?" On being told he then glared at the intruder and addressed him thus: "I shall vote against you, and more-

over I have ten henchmen who obey me, and they, too, will vote against you!" Undismayed, Dr. Moore then visited another governor less highly placed, who was, in fact, a pastry cook. This individual at once inquired where Dr. Moore had been educated. On being informed at the University of Cambridge, he delivered his opinion of that institution: "Ah, far inferior to the Scottish universities," said he. Dr. Moore had begun tactfully to defend his alma mater when discussion was abruptly stopped by the entry of a small patron, who, throwing down a copper, imperiously demanded a tart. But trials bodily succeeded trials mental. Dr. Moore, fortified by a proper luncheon, journeyed into the wilds of Tottenham to call on one Silver-sides, who, curiously enough, was a butcher. He found the family having a real square tea, and willy-nilly had to join them, and devour with feigned appetite large slabs of most substantial cake.

Having endured these ordeals and become Assistant Physician, with all fear of starvation behind him, he found his life at St. Bartholomew's one of unalloyed pleasure and interest. He had initiated medical consultations, performed the post-mortems for eight years on end, and in due time became Senior Physician. Dr. Moore concluded most happily by assuring his hearers that, were he given the opportunity to live his life over again, he would do so in substantially the same way. He would choose the same path that he had been so happy in following, associated as it had been so long and so intimately with the Hospital we all held dear. Subsequently, in alluding to the inkstand before him, Dr. Moore recalled how an American lady, after reading the date 1619 on it, had inquired of him if that relic had really been in use at St. Bartholomew's before the "Mayflower" sailed. On being answered in the affirmative, she flatly replied, "I don't believe it." None the less, after a full survey of the Hospital, she approached Dr. Moore on her departure and expressed herself no longer incredulous.

At the request of Dr. Gaskell, Dr. Moore was induced to narrate the story of Hairy Rouchy for the benefit of such unfortunates who were unacquainted with that classic. His hearers keenly appreciated Dr. Moore's inimitable recital of this old favourite.

Mr. P. Black in his very best manner rendered the story of three blind mice.

Reminiscences of Mr. Black's grandfather and other worthies followed, and finally a delightful evening was ended all too soon.

### Artificial Pneumo-thorax.

HERE appeared in a recent number of the JOURNAL a most sweeping condemnation of the method of treating certain cases of pulmonary tuberculosis by the induction of an artificial pneumo-thorax.

It may, perhaps, be of some interest to see what can be said in favour of this procedure.

It has long been a matter of clinical observation that certain cases of phthisis in which a pleural effusion supervenes derive benefit from the consequent immobilisation of the lung; on this account many authorities, among them Sir J. K. Fowler, teach that such an effusion should not be interfered with unless it is causing definite embarrassment. The same improvement has been noted consequent on spontaneous pneumo-thorax, but on account of the type of case in which this complication ensues, naturally less often. This clinical fact led Forlanini, in 1892, to try the effect of the injection of air or gas into the pleural cavity. His first successful case was closely followed by others reported by Murphy in the United States, and since then nearly five hundred cases have been recorded, chiefly in America and Germany. The operation, therefore, is no new thing, nor can it be said to have lacked advocates.

In this country no cases were reported until very recent years, but in several sanatoria the operation is being performed with increasing frequency, and with results, in the opinion of the medical officers, satisfactory.

An analysis of the greater part of the reported cases shows that 50 per cent. of those cases which have stood the test of time have, in the opinion of those recording them, resulted in complete arrest of the disease. This has taken place in cases, for the most part, with advanced disease, in which the outlook was bad. It may be noted that more than one well-known English authority on tuberculosis has, in recent writings, referred to this method of treatment.

It must be clearly understood that the operation is applicable, to advanced cases, only in a very limited field—in fact the difficulty in selecting suitable cases is perhaps one of the greatest objections to it.

Those who advise and carry out this method of treatment should have some special knowledge of phthisis, and, if possible, the patient should be under observation for some time, so that not only his history and present condition, but also his powers of resistance may be studied. Hitherto the treatment has been in the main reserved for advanced cases in which the disease was very nearly, if not quite, confined to one lung. More recently it has, on the continent, been adopted in early cases, with the intention of allowing the lung to expand again after treatment. In one French sanatorium as many as 30 per cent. of slight cases were recently reported as undergoing the operation: it is

yet too early for results to be published, or, rather, to be of use. In this connection it is interesting to note that Brauer performed numerous experiments in which he demonstrated that the elasticity of normal alveoli was in no way impaired by twelve months' compression.

The operation has been performed with success to stop hæmorrhage which was threatening life. Forlanini has also treated bilateral cases by alternate compression of first one lung and then the other. The operation is by no means easy, and is attended by dangers which must not be underestimated. The most serious danger is that of pleural reflex; it is uncommon, but fatal cases have been recorded. There are also on record fatal cases of nitrogen embolus, which can be avoided by aspiration of the needle before admission of the gas. *Pneumothorax* from the tearing of diseased vessels must be noted as a possible source of danger; also embolus, if there is extensive clotting in the vessels of the lung or of the infiltrated pleura.

In some cases diffuse and dense pleural adhesions render the induction of a pneumo-thorax very difficult, and occasionally impossible. It is important to note, however, that a partial pneumo-thorax has, in many reported cases, led to a most satisfactory result: this was so in one case well known to the writer.

In such cases the collapse of the less diseased portion of the lung is probably sufficient to immobilise, at least partially, the diseased areas.

An attempt may now be made to deal with the objections raised in the above-mentioned article. The "erroneous theory" is based upon the clinical evidence afforded by pleural effusion, and, to some extent, spontaneous pneumo-thorax. Bearing in mind the benefit arising from the adoption of rest in the treatment of tuberculosis generally, it is not to be wondered at that limitation of the respiratory excursion of a badly diseased lung is beneficial.

The absorption of toxins from foci of disease, the most harmful factor in advanced cases, is lessened, and while this is so, the body is given a chance to immunise itself: a state of tolerance is thus induced which may lead to arrest, or even cure, of the disease by the processes of exfoliation and encapsulation.

The necessity for frequent fillings, which can later be reduced to once a month, or even once in two months in some cases, is an objection which must be considered together with other factors before the operation is undertaken; the treatment is of necessity prolonged.

Accidental secondary infection of the pneumo-thorax is avoidable, and, as a matter of fact, very rarely occurs.

In one case, that of a man personally known to the writer, an empyema developed after he left the sanatorium, but no secondary organisms were present in the pus, which contained only tubercle bacilli. The case was treated by resection of rib, a procedure which would not, perhaps, receive general approval, and the patient's condition at the

present time, twenty months after the first filling, is incomparably better than it was previously; in fact "he is a different man."

Serous effusion of greater or lesser amount is said to occur in about half the cases, usually not for some weeks or months.

The question of partial pneumo-thorax has been touched upon above. The risks and dangers attending spontaneous pneumo-thorax need not be considered when dealing with an operation during which the pressure in the pleural sac can be accurately controlled.

These remarks do not pretend to be anything more than a very superficial *resumé* of a portion of the subject; those interested, who have not time to read all the literature, should refer to the article in Latham and English's *System of Treatment*, vol. i, and to that in the *Medical Annual*, 1912.

Perhaps enough has been said to show that there is another side to the question than that adopted by the writer of the article alluded to.

C. S. H.

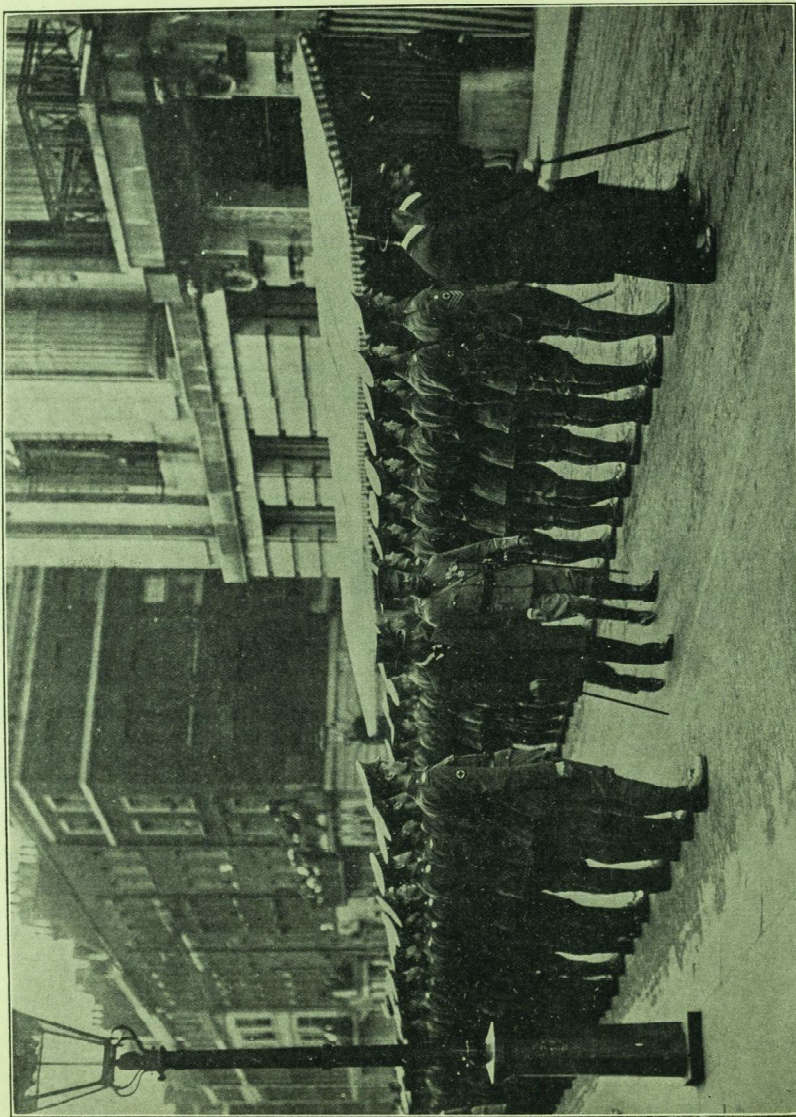
### Vice-Chancellor of the University of London.

IT is with much pleasure that we have to record the election on June 12th of Dr. W. P. Herringham to the high office of Vice-Chancellor of the University of London. We are sure that, in tendering to Dr. Herringham our sincere congratulations, and in expressing our lively appreciation of the great honour which has been conferred on him and the Medical School, we are expressing also the feelings of all present and past students of St. Bartholomew's.

Dr. Herringham is well known to all old Bart.'s men, and throughout his career has taken a leading position in our Medical School. Not only has he played a very important part in recent developments at St. Bartholomew's, but also in the deliberations of the Royal College of Physicians and of the Faculty of Medicine of the University of London since its re-constitution. Last year he was elected by the Faculty of Medicine to be one of their representatives on the Senate of the University, and now, after only one year of service as a Senator, his high qualities have deservedly won the proud and responsible position of Vice-Chancellor.

The future of the University of London is at present uncertain, for the question of University education in London is now in the hands of a Royal Commission and its final report is expected this year, and the question of the provision of a suitable and prominent central site for the University is now a pressing one. With these and other large issues of university policy it will probably be Dr. Herringham's duty to deal during the coming year.





H.M. THE KING INSPECTING GUARD OF HONOUR, UNDER THE COMMAND OF MAJOR H. H. TOOTH, M.D., C.M.C., AT OPENING OF NEW R.S.M. BUILDINGS. [Newspaper Illustrations, Ltd. By kind permission of]

### The Guard of Honour of the Medical Unit of the R.A.O.F.C.

IT is not usual to form guards of honour from unarmed branches of the Service, but on the occasion of the opening of the new buildings of the Royal Society of Medicine on May 21st, the King was pleased to command the mounting of a guard from the Medical Unit of the University of London Officers' Training Corps—a compliment much appreciated by the Unit.

The guard was drawn from all the four sections of the Medical Unit, that is, including members from nearly every medical school in London, and numbered nearly the full complement of 100 cadets. It was under the command of Major H. H. Tooth, M.D., C.M.G., and the other officers were Capt. Gray (University College Hospital, C Section) and Lieut. Corbell (St. Thomas's Hospital, B Section). The guard paraded for inspection at the Middlesex Hospital, and marched from there, headed by the band of the Corps, to Henrietta Street, where it formed up opposite the new buildings of the Society. Before leaving, the King did the Medical Unit the honour of inspecting the guard. The guard dismissed in Cavendish Square.

### A Hospital Function at the Mansion House.

#### THE DINNER IN AID OF ST. BARTHOLOMEW'S HOSPITAL.

(Reprinted from *The Hospital* for June 15th, 1912.)

WITH the object of liquidating a debt on St. Bartholomew's Hospital due to the bankers, amounting to £27,000, a distinguished company of some 170 gentlemen dined together in the Egyptian Hall of the Mansion House on Wednesday evening, June 5th, at the invitation of the Right Hon. the Lord Mayor (Sir Thomas Boor Crosby, M.D.). Among those present were, besides the Lord Mayor, the Right Hon. Lord Sandhurst, G.C.S.I., G.C.I.E. (Treasurer of St. Bartholomew's Hospital), the Right Hon. Lord Aldenham, the Right Hon. Lord Blyth, the Right Hon. and the Right Rev. the Lord Bishop of London, the Right Hon. Lord Hollenden, Sir Thomas Barlow, Bart., K.C.V.O., F.R.S. (President of the Royal College of Physicians), Sir William Church, Bart., K.C.B., Sir Alfred Cripps, K.C.V.O., K.C., M.P., Sir John Henry Luscombe, J.P. (Chairman of Lloyd's), Sir Henry Burdett, K.C.B., K.C.V.O., Sir Ernest Flower, Sir Lauder Brunton, Bart., F.R.S., Dr. Robert Jones, F.R.C.P., F.R.C.S., Sir William Soulsby, C.B., C.I.E., Dr. Samuel West, F.R.C.P., Dr. Norman Moore, F.R.C.P., Sir Anthony Bowley, C.M.G., F.R.C.S., Mr. C. B. Lockwood, F.R.C.S., Mr. Bruce Clarke, F.R.C.S., Mr. Edwin J. Layton (Hon. Secretary Appeal Committee), Mr. Thomas Hayes (Clerk to the Governors of St. Bartholomew's Hospital).

#### THE TOASTS.

THE LORD MAYOR proposed the toasts "The King" and "The Queen, Queen Alexandra, the Prince of Wales, and the other Members of the Royal Family" in brief but felicitous phrases, and they were musically pledged.

In submitting the toast of the evening, "St. Bartholomew's Hospital," the Lord Mayor said the company were met in order to support a hospital which, for many hundreds of years, had existed

on the spot it still occupied for the great work of supplying medical and surgical needs to poor sufferers who were unable to afford to purchase them. The Hospital now needed support from the public, and from his Lordship's knowledge of his fellow-citizens he felt confident that the support required would be cheerfully given in answer to the appeal being made by the Treasurer and the Almoners. Whenever he had advocated the dispensation of charity the very word "hospital" had been quite enough to originate help, for it meant a recognition that there was no slumping in illness, and that broken legs undeniably meant suffering, and the fact that he was ill placed him within the sphere of sympathy. From no thought of administration, but simply owing to excess of expenditure over income, and largely in order to provide increased accommodation, the Hospital needed assistance, not only temporarily, but more or less permanently. He reminded the gathering that St. Bartholomew's was the only general hospital within the City boundaries, and its position was a very important one. For nearly a thousand years the Hospital had helped the sick poor, bringing multitudes back to health and strength and enabling them again to earn their livelihood. And the medical instruction side of a hospital's work should never be lost sight of, for without that the utility of any large hospital would be divided. But he was not appealing for any medical school; the appeal was being made to carry on and extend the remedial work, to pay for the greatly increased accommodation provided there for the patients, and he had confidence that the public would rise to the occasion. He coupled the toast with the name of the Right Hon. Lord Sandhurst, the Treasurer.

THE TREASURER responded to the toast at considerable length. He said that in former days, when he was chief administrator at Middlesex Hospital, he frequently had to respond for the needs of that institution, but never before, to his knowledge, had it been necessary to ask the citizens of London to assemble at a dinner in aid of St. Bartholomew's Hospital. It was very fitting as well as hospitable of the Lord Mayor to permit the present dinner in aid of the only general hospital within the City boundaries to take place at the Mansion House. (Applause.) And it was a satisfaction to him that the present occupant of the Chief Magistracy of the City should be a member of the learned and gentle medical profession.

When, three and a half years ago, he became Treasurer of St. Bartholomew's Hospital, he made it his duty to investigate the state of the Hospital's finances, and to rummage into every branch of its administration, to see whether those who were qualified to judge thought that the institution was being properly and economically managed, and for this purpose he assembled a small committee of gentlemen accustomed to business, some of whom had businesses of their own. These gentlemen were Mr. Stone (Almoner), Mr. Acton Davis (Almoner), Mr. Matthew Wallace (of the Common Council), and Sir William Church (then President of the College of Physicians). That committee, after looking into every corner of the Hospital's work, concluded that the institution was well managed. He laid stress upon that, because when an establishment got into deep water there were plenty of people ready to say—and sometimes it could be said with truth—that there must be, or have been, bad management when it was well known that the revenues were so large. But—and this applied to individuals as to institutions—there might be large revenues, but there might also be very large mortgages, which considerably depleted the resources. But he wished to point out to the present gathering, and beyond it, that management was one thing and policy quite another thing. Twelve years ago it was deliberately decided to buy 1½ acres of private hospital land—a very expensive proceeding, involving, as it did, a sum of more than £250,000. He was careful always to avoid criticising the action of his predecessors, but it was obvious that when laying out such a large sum as that one must sell the stock, which was interest-bearing, in order to pay the bill; and it was also necessary to borrow money in other directions to make up the difference. Therefore the Hospital now found itself in the position of having a deficit of about £7000 or £8000 a year, whereas fifteen or twenty years ago the Hospital was doing its work at a profit of £2000 or £3000 a year. The building had cost a great deal of money, and though the public contributed a large sum for that purpose, including the Pathological block, an amount exceeding that by £14,000 had been spent. With regard to the Pathological block, medical men would bear him out when he said it was not a luxury, for it was of no use to have a hospital of 600 or 700 beds unless it was up-to-date in regard to the latest skill and knowledge. Ten years ago an idea was started that it would be wise to remove St. Bartholomew's Hospital into the country, to sell the land on which it now stands, and to buy land elsewhere. That attracted

considerable attention at the time, and a committee sat to consider the matter, under the chairmanship of Sir Marcus Samuel, and he (the speaker) was a member of that committee. The result of the opinions and evidence invited was that the Hospital should remain where it was. Of course, in every large institution difficulties were to be encountered, and since the Unification of Parishes Act the rates had naturally increased. Some said, "How can you expect me to subscribe to your hospital? Taxation has gone up so much, and into the bargain there is an Insurance Act which provides for this business which you aspire to carry on?" He admitted there was something in those observations. But his friends present would agree with him that the hospitals should be maintained as charities rather than that they should become State hospitals, however well they might be likely to be managed. But the efforts of St. Bartholomew's Governors were not merely directed to providing a certain amount of income; he also had the great ambition that, in course of time, a proper home would be provided for the hospital nurses. (Applause.)

The Hospital's appeal had done very well, although competition in charitable matters had been severe, and the usual factors had been added to recently by the appeal connected with the terrible tragedy of the "Titanic." No one would begrudge the response which had been made on that account, but it naturally made a difference to the subscriptions to ordinary charities. His Lordship then proceeded to mention the gifts of various great corporations to the fund, including the Mercers' Company 1000 guineas, the Goldsmiths' Company 1000 guineas, the Grocers' Company £1000, which were in direct response to the appeal issued by the Lord Mayor. Mr. John Smithers had already raised a sum exceeding £1700 on the Stock Exchange. Sir John Luscombe had sent in a cheque for £1800 from a collection at Lloyd's. Lord Hollenden had sent in a list from the textile trades amounting to over £1200. Mr. Arthur Hill, Chairman of the Finance Committee, had done a great deal of work, but as the donations came in direct to the Hospital one could not quite measure his influence. Mr. Acton Davis, who had so long served as an almoner, had sent £1000. Mr. Florence, another almoner, had sent from his private friends over £800. The Trustees of Smith's Charity had sent £1000, Mr. Nivison sent £500 and Sir Julius Wernher sent £500. His friend, Lord Cowdry, had just returned from Mexico, so he communicated with him on the telephone, with the result that he gave £500. He also communicated with the owner of the winner of the Derby that day, and he promised him 50 guineas. (Applause.) The influential members of the Central Meat Market had been good enough to organise a substantial collection, which it was hoped would materially increase the Hospital's annual revenue. Mr. John Hill had collected £316. He would not weary the gathering with a recital of the smaller amounts, but would like it to be known that in the autumn a theatrical performance would be arranged by Sir Ernest Flower, who had already done so much for the Hospital. Many subscriptions of one guinea had been received, and they were highly esteemed.

As showing the value of small things, he drew attention to a paragraph in a circular sent to members of the London Chamber of Commerce, in response to which £150 a year had already been received in one pound subscriptions. His Lordship spoke in high terms of the ungrudging work given by Mr. Layton in regard to the collections. The Governors had guaranteed for three years the sum of £4012. The donations up to the time of the dinner were £16,120, and to that must be added the £4012 of the Governors, and the grand total, including the amounts outstanding, was expected to reach £30,000. He contended that the public were well served by St. Bartholomew's Hospital, and he paid a tribute of praise to the staff for their disinterested work, which often entailed broken rest. And in those words of commendation he included the matron and the nurses, of whom it was impossible to speak too highly; he only wished they lived in a better house. He regretted that an old officer of the Hospital, Mr. l'Anson, had had to retire, after a great many years of service. His work had been most valuable, as had also that of Mr. Hayes, the clerk to the Governors. He expressed his pleasure at seeing present Mr. l'ANSON, the surveyor, who had been a zealous officer and a generous contributor to the funds. On behalf of the Governors and staff of the Hospital he expressed gratitude to the Lord Mayor for his hospitality, and not only did he do so on behalf of those he had mentioned, but also in the name of the thousands which the Hospital endeavoured to relieve.

The Bishop of London, in submitting the toast of "The Visiting Staff of the Hospital," said it was a fine tradition that men in the position of Lord Sandhurst should be found championing the cause of the hospitals, and it would be agreed that never was a more

earnest appeal made on behalf of any hospital. An appeal on behalf of St. Bartholomew's Hospital must have a great attraction for any Bishop of London. One could not help admiring the cleverness of Lord Sandhurst in getting fifty guineas from the winner of the Derby. But he spoke mostly on behalf of those who, next to the doctors, knew the sick poor of London better than any other men, namely, the working parsons of London. For twenty-two years he laboured among the East End poor in that capacity, and he could not conceive what the clergyman's work among those poor would be without the hospitals. It was a great joy to see some dozen of the slums who had the misfortune to be ill or to meet with an accident being tended in clean and wholesome surroundings by cheerful and sympathetic doctors and nurses. He had many times preached at a stand in Victoria Park on a Hospital Sunday afternoon with a carpet spread around the stand, the condition being that if there were any standing around wearing top hats they were expected to give gold, and others silver and copper, according to their means, and had witnessed quite a copper shower, sometimes the collection amounting to £50. It indicated what the working men thought of their hospitals. And so great a reputation had St. Bartholomew's Hospital that there was a temptation for men feeling ill to fall by the way at a point near that Hospital. He spoke of the skill and attention given to every patient, the hospitals performing free for the poor operations for which others had often to pay 100 guineas. He coupled the toast with the names of two distinguished members of the staff, Dr. Samuel West and Mr. Bruce Clarke.

Dr. SAMUEL WEST, in responding to the toast, took the opportunity of congratulating a colleague upon holding the eminent position in the City of London which Sir Thomas Crosby occupied, the first member of the profession to do so. He also complimented him on the extraordinary energy and vitality which he exhibited in the discharge of his duties, an energy which must be envied by many younger men. He wondered whether even the Bishop of London had any idea that the toast he proposed included nearly 200 people, for there were forty members of the staff, fifty recognised medical officers not on the staff, and the army of students, whose work was an essential part of the life of the Hospital, because the work could not go on without them. In drinking that toast they were pledging the efficiency and good working of the whole Hospital. When St. Bartholomew's appealed for money surprise was generally expressed because it was understood to be such a wealthy establishment. But Dr. West proceeded to show that that charge could not fairly be preferred. He was himself an optimist, and though the debt and the responsibilities were great at the present time, he did not believe that the Hospital would be burdened very long with its large debt. He showed that the extreme cleanliness, care, and orderliness observed at the Hospital were really great factors in the cure of sickness, and that any small extra expense was more than justified. He applied the same line of reasoning to the question of diet and to the prolongation of the stay of patients in the Hospital beyond what might be regarded as the minimum, for thereby the chances of a relapse were very greatly reduced. The tradition of the Hospital was that everything should be of the best, and it was believed that in the end the best was the cheapest. Economy was carefully practised, but the best of all things cost money, though bought at contract prices. Such a small matter as having bandages five yards long as a routine length, instead of six yards, effected a saving of £180 a year. Some patients by their stay in hospital learned for the first time in their lives the value of cleanliness. And students were taught, at the most receptive part of their lives, how things ought to be done, and when they were scattered over the face of the globe they carried that practice with them. The history of the Hospital in the past consisted of a long record of large resources carefully husbanded and economically administered, and, as required, wisely and generously spent. (Applause.)

Mr. BRUCE CLARKE also responded, and devoted his remarks largely to three factors in hospital work—the treatment of the patients, teaching of students, and the progress of medicine. He contended that it was impossible to teach adequately unless one was at the same time progressing, nor unless this progress existed could patients be treated properly. There was no keener critic than the student, and the continual questioning to which the teachers had to submit kept them on the alert. He detailed the case of a Crimean veteran and the way in which, though eighty eight years of age, he was successfully piloted through a series of illnesses and left the Hospital in a very vigorous condition to celebrate his golden wedding.

Dr. NORMAN MOORE submitted the toast of "The Livery Companies" in a speech full of historical retrospect of an interesting nature connected with the great City corporations, from among which

one would single out the crisis in the reign of King Henry VIII, when St. Bartholomew's Hospital was saved from a destruction by the good offices of Sir Richard Gresham. The ultimate result of that distinguished citizen's work was that the King granted to the Hospital a charter, that under which it had been administered up to the present time. He showed how generously the various corporations had supported the Hospital throughout its long career, and expressed the cordial gratitude of the authorities of the institution. He had much pleasure in submitting the toast of "The Livery Companies," coupled with the name of Mr. H. Cullen.

Mr. H. CULLEN, in responding, said the City Companies were often misunderstood, not in the City, but in other places. He had heard it said that they were close boroughs, of enormous wealth, which they selfishly and extravagantly spent. At all events, he hoped those Companies would do as much for charity and for education in the future as they had in the past.

Sir ALFRED CRIPPS, K.C.V.O., K.C., M.P., proposed the toast of "The Visitors," coupled with the name of Lord Aldenham. He echoed the wish that the hospitals would remain on their present voluntary basis, and confirmed the opinion that the needs of St. Bartholomew's had not arisen from either extravagant management or undue expenditure. The Bishop of London had well expressed the feelings which were entertained towards the Hospital, and he (the speaker) wished to emphasise the great and self-denying work which men like Sir Thomas Barlow had done among the poor. In that connection also he mentioned with great satisfaction Mr. Sydney Holland's work at the London Hospital.

Lord ALDENHAM returned thanks in a brief speech, in which he expressed, on behalf of the visitors, much gratitude for their reception in the historic surroundings. He believed the Egyptian Hall had never before been utilised with greater pleasure to promote the cause of a great charity.

Lord HOLLENBERG, in submitting the toast of "The Lord Mayor," spoke of the readiness with which the Lord Mayor agreed to allow the banquet to be held in the Mansion House, for which the cordial thanks of the Hospital and the guests were due.

The LORD MAYOR, in reply, expressed the Lady Mayoress' and his own thanks, and announced that the sum of £1,378, with £170 subscriptions had been collected in the room, making a grand total of £3,000. He hoped that subscriptions would still continue to pour in, and the noble Treasurer desired that he would express thanks to Sir William Soulsby for all that he had done. He concluded in these words: "My Lords, gentlemen, members of my own profession, this will be a day memorable to me as long as I am spared, one of the pleasing recollections of this Mansion House at the end of my year of office as Chief Magistrate of this the greatest and the richest city the whole world has known." (Cheers.)

### St. Bartholomew's Hospital Eighth Decennial Contemporary Club.

THE eighteenth annual dinner of this Club was held on Wednesday, June 26th, at Oddeno's Imperial Restaurant, Dr. F. E. Batten in the Chair. Fifty-one members, whose names are appended, were present, and the evening was in every way a most enjoyable one.

G. A. Craze Calvert, Leslie Thorne Thomas, R. J. Morris, H. Morley Fletcher, J. H. Drysdale, R. Ardra Fegan, Elmore Brewerton, J. H. Tomlinson, G. E. Gask, R. Thorne Thorne, H. J. Waring, G. S. Haynes, M. L. Hopburn, W. Wrangham, Hugh Thorsfold, W. S. Darby, H. B. Gibbins, W. E. Nicholls Dunn, W. Langdon Brown, A. Croft Hill, F. E. Batten (Chair), W. G. Hamilton, L. Batho Rawling, Ralph Vincent, M. A. Cooke, C. Gordon Watson, W. N. Barron, J. A. Hayward, H. G. Adamson, J. E. G. Calverley, F. W. Ormerod, L. T. Giles, J. E. Sandilands, A. R. J. Douglas, F. K. Weaver, C. E. West, Sydney Scott, J. S. Mackintosh, K. R. Hay, H. W. Carson, W. E. Sargent, F. J. Dixon, W. T. Rowe, H. D. Everington, E. G. Beadon Adams, J. A. Willett, A. M. Amsler, G. W. Stone, John Attlee, C. Buttar, Fulmano de Tal.

### The Clubs.

#### CRICKET.

##### PAST 7. PRESENT.

Played at Winchmore Hill on June 19th, resulting in a win for the Present by 63 runs. Norman and Turner batted well for the Present and Waugh for the Past.

#### SCORES.

PRESENT.		PAST.	
N. F. Norman, b Waugh ...	60	P. A. With, b Bower .....	25
E. M. Grace, b Page .....	1	A. J. Waugh, run out .....	43
E. G. Dingley, b Page .....	30	C. Elliott, b Grace .....	4
H. J. Bower, c Turner, b	30	C. Noon, c Brash, b Owen ...	5
Waugh .....	14	W. B. Griffin, c Dingley, b	0
R. H. Williams, b Turner .....	23	Owen .....	17
A. G. Turner, not out .....	59	G. Viner, not out .....	13
T. Owen, c With, b Elliott ...	2	T. Osmond, lbw, b Grace ...	2
W. A. Pocock, not out .....	17	G. F. Page, st Williams, b	4
E. J. Brash, b Elliott .....	2	Grace .....	4
H. D. McCall, did not bat		J. Gaskell, c Williams, b	0
R. O. Bridgman .....		McCall .....	9
		A. R. Neilgan, b McCall .....	9
		C. H. Turner did not bat	
		Extras .....	19
Extras .....	10		
Total (for 6 wlets) 213		Total .....	150

Innings declared closed.

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

This match was played at Winchmore Hill on June 21st, and resulted in a win for us by 77 runs. Waugh took eight wickets for 29 runs.

#### SCORES.

ST. BART'S.		R.A.M.C.	
N. F. Norman, c Prince, b	42	Capt. Prince, c Brash, b Cole	42
Mack .....	40	Sgt. Fish, b Waugh .....	8
E. M. Grace, c Newman, b	0	Cpl. Mack, c Turner, b	22
Mack .....	0	Waugh .....	0
A. J. Waugh, st Fish, b Mack	41	Newman, b Waugh .....	0
H. J. Bower, c Newman, b	2	Curzons, b Waugh .....	10
Mack .....	2	Major Greenwood, c Brash,	6
A. G. Turner, lbw, b Prince	9	b Waugh .....	6
T. Owen, lbw, b Newman ..	23	Gillham, b Turner .....	0
E. J. Brash, b Mack .....	20	Pilgrim, c Atteridge, b Waugh	0
W. Spackman, not out .....	26	Quelch, b Waugh .....	11
A. R. Dingley, b Mack .....	10	Morris, not out .....	8
G. C. Wells-Cole, c Quelch,	4	Wilkinson, b Waugh .....	0
b Mack .....	4		
K. D. Atteridge, b Newman	5	Extras .....	9
Extras .....	11		
Total .....	200	Total .....	122

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

Played at Winchmore Hill on June 22nd, resulting in a win for M.C.C. by 112 runs. We were not all strength.

#### SCORES.

ST. BART'S.		M.C.C.	
E. M. Grace, b Heacoe .....	17	R. Raphael, st Brash, b Grace	38
E. G. Dingley, b Needham ...	7	Mauds, st Brash, b Grace ..	66
T. Owen, lbw, b Heacoe .....	11	W. Doll, c Bridgman, b	0
F. H. Robbins, b Hearne .....	0	McCall .....	13
E. J. Brash, b Hearne .....	19	A. Deane, b Bridgman .....	13
A. R. Dingley, b Hearne .....	2	C. Pritchard, c Grace, b	0
G. C. Wells-Cole, b Doll .....	2	Bridgman .....	19
W. A. Pocock, b Doll .....	19	Major Pochine, c Pocock, b	1
H. D. McCall, b Hearne .....	0	Bridgman .....	1
R. O. Bridgman, not out .....	26	A. M. Simpson, b Bridgman	26
W. C. Spackman, c Hearne,	0	G. M. Jardine, b Owen .....	5
b Doll .....	0	G. C. Hulton, b McCall .....	11
		A. Hearne, not out .....	5
		A. Needham, c Dingley, b	0
		Bridgman .....	0
Extras .....	4	Extras .....	22
Total .....	107	Total .....	219

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

Played on June 17th at Winchmore Hill; London Hospital won by 39 runs.

ST. BART'S.		LONDON HOSPITAL.	
E. M. Grace, b Molesworth	13	J. B. Holroyd, b Waugh	21
R. H. Williams, b Maitland-Jones	9	W. E. Ball, c Atteridge, b Grace	1
G. C. Wells-Cole, b Molesworth	3	A. Maitland-Jones, b Waugh	22
H. J. Bower, c Steele, b Maitland-Jones	21	T. V. Somerville, lbw, b T. Barber	43
E. J. Brash, run out	10	O. W. Steel, c Brash, b Waugh	25
A. J. Waugh, c Rowland, b Molesworth	19	M. Atkinson, b Waugh	18
A. G. Turner, lbw, b Maitland-Jones	1	H. S. Molesworth, b Waugh	3
W. A. Pocock, not out	6	A. Tompkinson, lbw, b Waugh	3
H. D. McCall, c Maitland-Jones, b Molesworth	13	C. Adams, b Grace	2
W. E. Wilson, b Maitland-Jones	17	J. Rowlands, b Grace	5
K. D. Atteridge, b Maitland-Jones	0	B. Felvion, not out	0
Extras	3	Extras	11
Total	115	Total	154

## ST. BART'S v. DR. CALVERT'S XI.

Played at Winchmore Hill on June 18th, resulting in a win for the Hospital by 79 runs.

DR. CALVERT'S XI.		ST. BART'S.	
D. L. Mercer, b Grace	5	E. M. Grace, c Claris, b Turner	37
G. Tooth, run out	0	A. G. Turner, c Turner, b Wagstaffe	22
R. Harter, c Spackman, b Waugh	18	A. J. Waugh, c Nunn, b Turner	2
L. Wagstaffe, c Atkin, b Waugh	28	H. J. Bower, c Nunn, b Turner	23
J. W. Nunn, c Pocock, b Turner	10	T. Owen, b Wagstaffe	6
C. H. Turner, c and b Waugh	0	W. A. Pocock, b Turner	5
J. Gaskell, c Brash, b Waugh	4	E. J. Brash, c Mercer, b Barber	15
H. Bentley, b Grace	3	H. D. McCall, c Tooth, b Harter	15
I. Claris, c and b Waugh	1	C. S. Atkin, b Barber	6
G. Lock, b Grace	0	G. C. Wells-Cole, c Nunn, b Turner	10
J. Barber, not out	2	W. C. Spackman, not out	4
Extras	11	Extras	16
Total	82	Total	161

## TENNIS.

On June 1st the Hospital turned out a full team against Upper Clapton.

The rain held off just long enough to enable the Hospital to gain an easy victory of 5-1.

The team consisted of G. N. Stathers, G. S. Stathers, G. E. Dyas, H. W. Scott, R. W. Meller, and C. S. Atkin.

The annual tennis match, Past v. Present, played at Winchmore Hill on Wednesday, June 19th, resulted in a win for the Present by 5 matches to 2, the final games not being played owing to the rain.

For the winners, who were represented by G. S. Stathers, W. T. Steedman, J. W. Stretton, G. D. Jamieson, C. T. Neve, and C. J. Scholtz, all played steadily, especially the first pair.

The losers, represented by R. W. Meller, H. W. Scott, A. L. Candler, R. Sherman, T. H. Just, and A. N. Garrod, only won two matches, through the agency of their first pair. R. L. Candler and R. Sherman played well and deserved better luck. T. H. Just and A. Garrod did their best.

## Reviews.

LANDMARKS AND SURFACE MARKINGS OF THE HUMAN BODY. By L. DATHIE RAWLING, M.D., D.C. (Camb.), F.R.C.S. (Eng.). Fifth edition. London. H. K. Lewis. Price 7s. 6d.

The fact that the fourth edition of this book was disposed of in one year is a sufficient indication of its value, and justifies the author in deeming little alteration necessary for this, the fifth edition.

Accordingly the text is unaltered, but the illustrations have been improved, and several more have been coloured.

This book succeeds admirably in giving a complete yet fairly short account of surface anatomy, a branch of the subject which is often neglected by students, perhaps owing to the fact that it is treated in the text-books of anatomy in a vague and disjointed way; and yet in surgery, for which purpose most people presumably learn anatomy, a knowledge of surface anatomy is of essential importance.

The markings of various structures are given concisely, and yet in such a way that a connection can be traced between the markings of neighbouring organs, with the result that the book is readable and the reader's memory is aided. In addition, every marking of importance is represented in a diagram.

The book is well printed and the diagrams are excellent; in fact, from every point of view it is highly to be recommended.

HANDBOOK OF MEDICAL TREATMENT. By JAMES BURNIE, M.A., M.D., M.R.C.P. (Edin.). (Edinburgh: John Cunnie.) Price 3s. 6d.

The author, in his attempt to supply the "main facts of medical treatment within the compass of a small volume convenient to handle and carry about," has succeeded in producing a handbook which will be of use to the student and to the junior practitioner as a book of ready reference.

The teaching is often dogmatic in a book of this size—it is doubtless impossible to avoid dogmatism—but in the treatment of diseases such as asthma, when any one of numerous remedies may alone be of use in any single instance, a fairly comprehensive list of treatments is given.

We cannot, however, recommend the advice given regarding the need—or rather the needlessness—of surgical interference.

For instance, in discussing the treatment of appendicitis, the author states that "in recurrent cases operation is rarely to be recommended, as this would probably mean breaking down adhesions which have formed, and subjecting the patient to the risk of colicky pain as an after-effect."

Such a strange statement makes one relieved to find that the author does not often allow his imagination to carry him into the romance of surgery, and thus ruin an otherwise sound and useful little work.

HANDBOOK OF MEDICINE AND THERAPEUTICS. By A. WHEELER and W. R. JACK. 4th edition. (Messrs. E. & S. Livingstone.) Price 8s. net.

This well-known and excellent handbook of medicine has now reached its fourth edition, and many alterations have been made.

Much matter has been added and many articles re-written, which, apparently to avoid increasing the size of the book, has necessitated a certain amount of cramping of the type, which is still very readable however. "Cram" books, so called, are to be condemned under any circumstances, but this book does not by any means come under this condemnation. In fact it is a most excellent book for the student just beginning his clinical work in the wards to read, for by it he will get a good elementary general view of the whole of medicine, which is so important and yet so difficult to obtain at first, and gain an insight into differential diagnosis. In addition to the description of diseases the pathology and treatment is dealt with briefly yet not in a dogmatic way, for where different views are held these are given and authorities quoted. It is surprising how much is to be found in so small a book. The student would do well to get this book and master it thoroughly, making copious marginal annotations from the knowledge and experience he gains from the work and teaching of the hospital before systematically reading the more advanced books of medicine.

PATHOLOGY, GENERAL AND SPECIAL. By R. T. HEWLETT. 3rd edition. (Messrs. J. & A. Churchill.) Price 10s. 6d. net.

This is a good elementary text-book of pathology, designed for the use of medical students. It is clearly and interestingly written, and is illustrated by many excellent photo-micrographs, and should well serve the purpose for which it was intended. Many additions have been made in this edition, notably the sections on immunity, the ductless glands and the aetiology of neoplasms, which give most recent work and theories on these subjects. The common reactions—such as the Wassermann test, etc.—which are of great importance to the student of medicine, are explained with remarkable lucidity; in fact, the whole book is characterised by a clear, uninvolved, and interesting representation of the facts and theories of pathology.

DISEASES OF THE EYE. By J. HERBERT PARSONS. 2nd edition. (J. & A. Churchill.) Price 12s. 6d. net.

A second edition of this excellent and popular handbook has come out after a lapse of six years.

The bulk has not been greatly increased. The present edition contains 670 pages as compared with 654 in the last publication, and eighteen coloured plates as compared with fifteen.

Some new illustrations in the text have also been introduced. The new plates are chiefly devoted to external diseases of the eye, replacing some of the ordinary illustrations of the first edition. Taking them altogether the plates approximate very fairly to the natural colours, especially those representing the fundus oculi.

A rather useless coloured diagram of the Holmgren test for colour-blindness has been cut out, and is replaced by actual sample wools. Squint, always a difficult subject to the uninitiated, is explained very clearly.

A particularly excellent section of the book is that devoted to operations, supplemented by illustrations of the necessary instruments. As in previous editions, Mr. Parsons concludes with three appendices, the first giving a scheme for investigation of the patient, the second a list of the solutions and ointments in general use, and the third treating of the requirements of candidates for admission into the public services.

The author confines himself to the commoner diseases, and treats them in a rather dogmatic manner, but this method has its advantages, and we can unreservedly recommend this book as a "manual for students and practitioners."

POST-MORTEM AND MORBID ANATOMY. By THEODORE SHENNAN, M.D., F.R.C.S.E. (London: Constable & Co.) Price 18s. net.

Dr. Shennan has, in this book, set himself a task of extreme difficulty, and we may say at once that, in our opinion, he has been unusually successful. The directions given for the performance of the autopsy are clear, and should enable a student or practitioner with some remembrance of what he has seen in the post-mortem room to carry out with reasonable speed and precision any examination which it may be desirable to make. We do not know what is the practice of the Edinburgh school, but in our own school every student before he is qualified is obliged to perform a limited number of examinations, and with this practical experience behind him and with Dr. Shennan's book to guide him he should not get into difficulty.

In the endeavour to describe the naked-eye morbid appearances of the post-mortem organs Dr. Shennan enters upon a much more difficult task. It is almost impossible to convey by words the appearance of tissues just removed from the body unless the reader is already fairly familiar with those appearances. Even with the help of coloured illustrations the attempt is often not wholly satisfactory, and with the photographic reproductions which Dr. Shennan has used the result is, we think, sometimes actually misleading. These illustrations are, for the most part, excellent, but in certain instances entirely fail to give any idea of the specimens which they reproduce; we would point especially to the illustrations of the various forms of nephritis, and to some of those of the liver. On the other hand, where the essential change is an alteration in shape or a projection on the surface of an organ the method of reproduction adopted leaves little or nothing to be desired; we would instance the photograph showing acute endocarditis as an admirable example of what can be accomplished by this method.

The text of the descriptions has been most carefully written,

evidently from a wide experience, and Dr. Shennan has wisely devoted the greater amount of the space at his disposal to the more common lesions. He does, not however, appear to make use of the method which we have found so satisfactory, that is, the immediate examination of frozen sections in the post-mortem room. Experienced has convinced us that in many cases it is possible to make in this way immediate diagnosis of many tumours and other abnormal appearances, and with a small amount of practice to produce sections from which valuable information can be obtained. In conclusion, we venture to congratulate Dr. Shennan heartily on the result of his labour, and to express the hope that a second edition will speedily be required.

PRACTICAL ANATOMY: THE STUDENT'S DISSECTING MANUAL. By F. G. PARSONS, F.R.C.S. Eng., and WILLIAM WRIGHT, M.B., D.Sc., F.R.C.S. Eng. Two volumes. (London: Edward Arnold.) Price 17s. net.

We very heartily welcome the appearance of this book. The existing manuals of practical anatomy, excellent though they are, have suffered increasingly of late years from a tendency to approach, in size and comprehensiveness, to the systematic text-books. The student of medicine, on the other hand, finds that he cannot give so much time to dissecting as was possible for him a few years ago, so much has his leisure been encroached upon by necessary additions to his course of study. Recognising these facts, the authors of these volumes, teachers of great reputation and experience, have produced a dissecting manual which is, as it should be, purely practical, and practical, too, from the point of view of those whose lives are to be spent in the practice of medicine and surgery. Here are no pages of small print, no elaborate descriptions of the pelvic fascia, or of small ganglia, which the student never sees, and wisely banishes from his memory when once the ordeal of examination is past; the descriptive text is compressed to something approaching the minimum, and that, it is evident, has everywhere been written with the intention of guiding and stimulating the dissector to see everything that is described. The illustrations, too, though numerous, are not *excess* works of art, several, indeed, are crudely diagrammatic enough, but nearly everywhere they are rather suggestive of what the student may see for himself than provocative of the idea that it is unnecessary to laboriously display what can so clearly and easily seen in a picture. We regard this constant stimulation to original observation as one of the best and most important characteristics of the book. Criticism of the details of a few statements, the correctness of which may be open to doubt, would be easily possible, but we desire rather to praise the principles on which the book is founded than to question the accuracy of relatively unimportant details. We cordially recommend the work, and would draw particular attention to the general hints on dissecting at the beginning of the first volume; the young student will find these of the greatest value.

AIDS TO HISTOLOGY. By ALEXANDER GOODALL, M.D., F.R.C.P. Edn. (London: Baillière, Tindall & Cox.) Price 2s. 6d. net (paper 2s.).

An excellent introduction to the subject for junior students. The author wisely refrains from any consideration of practical details which can be carried out only in the laboratory, and, as is desirable in an elementary work, all technical terms are clearly explained.

MATERIA MEDICA, PHARMACY, PHARMACOLOGY AND THERAPEUTICS. By W. HALE WHITE. 12th edition. (London: J. A. Churchill.) Price 6s. 6d. net.

In a subject like materia medica and pharmacy advance in knowledge is almost *nil*, and although pharmacology is a very progressive science, the art of therapeutics does not necessarily follow its lead. We are not surprised, therefore, to find that whilst on the one hand, the present edition of Hale White's famous book is quite up-to-date, on the other hand, the author will allow no fanciful obsessions nor fashionable remedies to supersede old tried allies.

Regarding salvarsan the author says, "Sufficient time as [typographical errors may occur in the best of books] not yet elapsed for us to be sure that syphilis is permanently cured by salvarsan, and probably it is wise after the injection of salvarsan to give a two or three years' course of mercury."

The new edition of a classic is always an interesting event even if it calls for little comment. Hale White's *Materia Medica* stands as a recognised authority which in its way is almost without a rival.

### Royal Naval Medical Service.

The following appointments have been notified since May 20th, 1912:

Fleet-Surgeon C. Strickland, to the "Thunderer," to date June 15th, 1912.  
Staff-Surgeon H. B. Shewell, to the "Ganges," for Shotley Training Establishment (temporarily), to date May 23rd, 1912.  
Staff-Surgeon W. H. Pope, to the "Cressy," to date June 17th, 1912.

Surgeon A. C. Wilson, to R.N. Hospital, Plymouth, to date June 18th, 1912.

Surgeons H. A. Kelland-Knight and W. C. B. Smiter, promoted to the rank of Staff-Surgeons, with seniority of May 23rd, 1912.  
Staff-Surgeon W. P. Vears has been allowed to withdraw from H.M. Naval Service with a gratuity, June 5th, 1912.

### New Addresses.

BEATTY, B., 24, Gayton Road, Harrow.  
BLAKEWAY, H., 16, Upper Wimpole Street, W.  
BOYLE, H. E. G., 16, Upper Wimpole Street, W.  
DUPRÉ, W. H., c/o Dr. Farke, Ideswell, Buxton.  
EDMOND, W. S., 9, College Hill, Shrewsbury.  
FIDDIAN, J. V., Stamford, Rutland and General Infirmary, Stamford.  
FISHER, W., FEATON, 12, Park Road, Wimbledon, S.W. (not in practice).  
GAUVAIN, H. J., 130, Harley Street, W.  
GILLESPIE, T., Glandore, Bassett, Southampton.  
GLOVER, N., Husbands Bosworth, Rugby.  
HACKER, H. J., General Infirmary, Burton-on-Trent.  
JEAFREYSON, D., Blisworth, R.S.O., Northants.  
MEADEN, C. A., Hospital of St. John and St. Elizabeth, 40, Grove End Road, N.W.  
NICHOLSON, C. J., Norfolk and Norwich Hospital, Norwich.  
NOBLE, J. A., Husbands Bosworth, Rugby.  
PICKETT, J., Thorcroft, 26, Woodstock Road, Croydon.  
PHILLIPS, A. P., British Lying-in Hospital, Endell Street, W.C.  
SMITH, H. G., 58, Park Grove, Barnsley, Yorks.  
TREMBLE, J., Frere Hospital, East London, S. Africa.  
TUCKER, S., Education Office, Coventry.  
TYLON, C., Beecheroff, Oxford.

### Appointments.

FIDDIAN, J. V., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Stamford, Rutland and General Infirmary.  
HACKER, H. J., M.R.C.S., L.R.C.P., appointed House-Surgeon at the General Infirmary, Burton-on-Trent.  
MEADEN, C. A., M.R.C.S., L.R.C.P., appointed R.M.O. to the Hospital of St. John and St. Elizabeth, 40, Grove End Road, N.W.  
PAIN, A., M.R.C.S., L.R.C.P., appointed Honorary Assistant Surgeon to the Durham County Hospital.  
PHILLIPS, A. P., M.R.C.S., L.R.C.P., appointed R.M.O. to the British Lying-in Hospital, Endell Street, W.C.  
TREMBLE, J., M.B., B.S. (Lond.), appointed R.M.O. to the Frere Hospital, East London, S. Africa.

### Examinations.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following have passed the Primary F.R.C.S. examination: E. Brunton, N. Duggan, H. Flecker, R. N. Geach, A. B. Pavey-Smith, R. Pearce, W. A. Pocock, G. B. Richardson.

### Births.

DICK.—On May 24th, at 89, Cazenove Road, Stamford Hill, N., the wife of J. Lawson Dick, M.D., F.R.C.S., of a daughter.  
FERNIE.—On May 24th, at 19, Vanbrugh Hill, Blackheath, the wife of C. H. Fernie, M.R.C.S., L.R.C.P., of a daughter.  
HANCOCK.—On May 27th, at Bentley, Hants, the wife of F. Thompson Hancock, of a son.  
READ.—On June 14th, at 1, Portland Place, W., Ethel, the wife of Walton Rix Read, of a son.  
TOOTH.—On Tuesday, June 26th, at 34, Harley Street, W., the wife of Howard H. Tooth, M.D., C.M.G., of a daughter.

### Marriages.

COLT—DICK.—On June 12th, at Chalfont St. Giles Parish Church, by the Rev. James Melvor Stephens, M.A., George Herbert Colt, M.A., M.B., F.R.C.S., of 12, Bon Accord Square, Aberdeen, son of the late Frederick Hoare Colt, Barrister and Benchler of the Inner Temple, London, to Henrietta Dodgshun, daughter of the late Thomas Dick, and of Mrs. Dick, 12, Springbank Terrace, Aberdeen.  
SOAMES—STRAHAN.—On June 26th, at St. John's Church, Hampstead, by the Rev. Herbert Sprigg, Ralph Martin, M.B., B.C. (Cantab.), M.R.C.S., L.R.C.P., third son of A. W. Soames, M.P., to Mary Gooch, daughter of Alexander Strahan.

### Death.

AYLWARD.—On June 26th, at the Belmont Nursing Home, Leeds, in his 30th year, Edward Bailey Aylward, M.R.C.S., L.R.C.P., of Hatwood, Leeds, eldest son of G. L. Aylward, Allington Manor, Eastleigh.

### Acknowledgments.

*L'Echo Médicale du Nord* (6), *British Journal of Nursing* (9), *The Nursing Times* (5), *St. Thomas's Hospital Gazette* (3), *St. Mary's Hospital Gazette* (2), *St. George's Hospital Gazette* (2), *Guy's Hospital Gazette* (6), *The Hospital* (2), *The Medical Review*, *The Middlesex Hospital Journal* (2), *The Student* (2), *The Eagle*, *The London Hospital Gazette* (2), *Giornale della Reale Società Italiana d'Igiene* (3), *Union Magazine*, *The Stethoscope*, *University College Hospital Magazine* (2), *New York State Journal of Medicine*, *Sixth Annual Report of the Henry Phipps Institute*, *Clinical Excerpts*.

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

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

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

# St. Bartholomew's Hospital



## JOURNAL.

VOL. XIX. — No. 11.]

AUGUST, 1912

[PRICE SIXPENCE.]

### St. Bartholomew's Hospital Journal.

AUGUST 1st, 1912.

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

### Calendar.

Fri., August	2.—Dr. Garrod and Mr. Eccles on duty.
Tues., "	6.—Dr. West and Mr. Bruce Clarke on duty.
Fri., "	9.—Dr. Ormerod and Sir Anthony Bowlby on duty.
Tues., "	13.—Dr. Herringham and Mr. D'Arcy Power on duty.
Fri., "	16.—Dr. Tooth and Mr. Waring on duty.
Tues., "	20.—Dr. Garrod and Mr. McAdam Eccles on duty.
Wed., "	21.—St. Bartholomew.
Fri., "	23.—Dr. West and Mr. Bruce Clarke on duty.
Tues., "	27.—Dr. Ormerod and Sir Anthony Bowlby on duty.
Fri., "	30.—Dr. Herringham and Mr. D'Arcy Power on duty.
Tues., Sept.	3.—Dr. Tooth and Mr. Waring on duty.
Fri., "	6.—Dr. Garrod and Mr. McAdam Eccles on duty.

### Editorial Notes.

**T**he July 16th the Summer Concert given by the members of the Resident Staff and Musical Society was revived and was a success. Our warmest thanks and congratulations are due to Mr. Hume, by whose energy and perseverance the concert took place at all: it would be a shame to let this function fall into desuetude. Out of a consistently enjoyable programme it is perhaps invidious to select certain items, but the violin solo by Nurse Scrase, the male quartette, "Quibble's Cocoa," by Messrs. Wright, Carte, Stansted and Catford, Mr. Blake's

cello. Mr. Catford's singing, and the part songs by the full choir were especially appreciated. The part songs were of great merit and well chosen. Mr. Catford's song, "I would I were a King," was splendidly sung, but for his encore he sang a sentimental song. Why *will* men sing sentimental songs? God never meant them to. As well might the thunder roar like a sucking dove, or the lion mullate his voice to the tones of the turtle.

We offer our sincerest congratulations to the following: Sir Anthony Bowlby on his re-election and Mr. D'Arcy Power on his election to the Council of the Royal College of Surgeons; also Mr. W. Girling Ball on his appointment as Surgical Registrar to the Hospital.

We have the pleasure of congratulating Mr. J. W. Trevan on his election to a Medical Research Exhibition of £120 per annum by the Court of the Worshipful Company of Fishmongers, and the following on obtaining the membership of the Royal College of Physicians: P. Hamill, A. C. Jordan, H. R. Prentice, and A. W. Stott; and Mr. T. S. Lukis, who has been awarded the University Medal in the M.D. Examination of London University, and Mr. J. C. John, who has recently passed into the Indian Medical Service.

We regret that in our last issue we omitted to mention the honour recently paid to an old Bart's man.—Surgeon General A. F. Bradshaw, now Surgeon-General Sir A. Frederick Bradshaw, K.C.B. Mr. Henry Rundle, F.R.C.S., has been awarded by the Minister of War of the French Republic the "Médaille Commémorative de la Campagne de 1870-1871" in recognition of services rendered by him as Surgeon under the British National Aid Society during the Franco-Prussian War.

We wish to correct an error that occurred in the report of the speeches at the Mansion House Dinner. Mr. P. Anson, the Surveyor to the Hospital, has *not* retired as stated there.

### Clinical Medicine as an Aid to Pathology: A Criticism.

(A paper read before the Abernethian Society, December, 1909.)

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

IT is interesting to reflect that the word *pathology* means no less than "the science of disease"; that it includes a consideration of the causes, signs, symptoms of, and the changes wrought by, disease. How comes it, then, that by the modern use of the word we mean merely those parts of the study of disease which are carried out elsewhere than by the bedside of the patient—to wit, in the post-mortem room and in the laboratory? This question is difficult to answer. The change in the use of the word probably came about when, with the introduction of the microscope into medicine, the diseased *parts* of the patient began to be carefully studied as separate from the patient himself. There gradually grew up a distinction between the diseased structures on the one hand and the patient on the other. Then, rather naturally, the name "pathology" became linked to the study of the morbid material, whether derived from the patient during life or after death. And for that branch of our science which has to do with the physical examination of the patient a new name was invented, and we now term this "the study of *clinical medicine*." This change in the connotation of the word "pathology" has led to the invention of new terms, some of which would be quite meaningless to our immediate predecessors; such a term is "*clinical pathology*."

It is with medicine as it is with rapid developments in any science: some of the tendencies are good and some are bad. In medicine it is a good thing that the microscope has opened up new fields in connection with the aetiology of disease, has given birth to the science of *bacteriology*, and that this science has become so large and important that men may employ their whole life in it with much interest to themselves and profit to the race. Such specialism is fraught with most excellent results. But it is *not* a good thing in medicine that a disease should be discussed only in terms of the microbe which is associated with it, nor that, the microbe being duly isolated and studied, the treatment of such disease should be wholly dictated from the laboratory. Were the human body an agar slope who could possibly doctor it better than an expert bacteriologist? Were it a mixture of serum and leucocytes how could it be better attended than by a skilled opsonist? But as it chanced to be neither of these things, but an extremely complex and little understood machinery, its interests are best served by its being in the hands of a careful and observant doctor, who knows when expert and special assistance is required, where to lay his hands upon it, and how to make use of the data thus obtained.

However the word "pathology" may have come by its present meaning custom compels us to accept it. The pathologist, of course, we accept; how could we possibly hope to advance very far without him? For, excellent though the principle is in theory, in practice it is quite impossible for the doctor to carry out by himself the many pathological investigations which are all essential for the proper diagnosis and treatment of his patients. I hold very strongly that he should know the exact meaning of such investigations, should see them done, and, as far as is possible, should know how to do them. Otherwise how can he choose the kind of investigation needed in any particular case, or how judge the value of the report which he receives concerning it? But to carry out the work himself is not possible; the hours of the day do not allow of it, and his technique cannot be kept sufficiently skillful to admit of accurate results. I realise that this opinion is not held by everybody. Only the other day a patient told me that an eminent specialist in tropical diseases kept him waiting more than two hours whilst his blood, sputum, and stools were searched for parasites. Physician and patient retired together to a small upper room, where they smoked and chatted as the specimens were successively dealt with. And when at length the research was ended the lid was placed upon the top of the specimen which I mentioned last, and the patient was asked if he would mind taking it away with him, as the physician had no means of disposing of it! The patient was fortunately possessed of a sense of humour, and this was appealed to by the thought of how numerous are the opportunities which a gentleman, suddenly finding himself in the public street, has of disposing of his own excreta!

As a matter of fact the sick person needs at times both the clinician and the pathologist. There are very few serious diseases in which all-important information is not to be obtained by appropriate pathological investigations. But there are pitfalls into which the unwary may easily stumble if some judgment be not exercised concerning them.

In regard to this question of the choice and limitation of the particular pathological research most likely to be of service, anomalies are not infrequently seen. It sometimes transpires that the pathological investigations undertaken in a difficult case outweigh both in number and in complexity the clinical observations. The doctor is then likely to be confused by a number of data the significance of which he cannot appreciate. And some of these data may really have no sort of bearing upon the essential points of the patient's illness. Anxious friends, with a laudable desire to bring their amateurish notions of medicine to the service of the sick man, may suggest an examination which they have known to be undertaken, and to be helpful, in the case of quite another illness. The doctor may not consider it his duty to point out that the particular examination suggested is irrelevant, and so he connives at the desired research. The pathologist, knowing little or perhaps nothing of the

clinical condition, and having maybe a bias in favour of the infallibility of the test under consideration, may report that the patient is suffering from a disease which is quite incompatible with the symptoms shown, and which perchance has not been hitherto even taken into account in the discussions with the friends. The doctor is then faced with a new difficulty—that of explaining away the report for which those interested have been anxiously waiting. Still more incongruous positions are prone to occur; the report, delayed, it may be, by the exhaustive nature of the investigation, but giving the option of one or two very serious diseases, arrives to find the patient advanced in convalescence, or down at the seaside playing golf. Such events tend to bring discredit upon pathological work. Their occurrence is not so often due to errors on the part of the pathologist as to mistakes in judgment on the part of the doctor in charge of the patient.

Free intercourse between the clinician and the pathologist, and due consideration for both aspects of the diagnostic and therapeutic problem, lead to the fewest blunders and the most helpful results. Either observer, working alone, is apt to become ignorant of the other's methods and powers and is therefore prone to attach undue importance to his own sphere of activity. Ignorance leads to autocracy, autocracy leads to the making of claims which events do not justify, and unfulfilled claims cause the enemy to blaspheme. The whole truth will never be found at the bedside; still less will it be found in the laboratory; the hopes of medicine lie in the close dependence of each field of observation upon the other.

Until a few years ago we heard a great deal about pathology as an aid to clinical medicine. I venture to say that the position has quite recently been reversed. There is a boom in pathology, and it is necessary to point out the danger of actually substituting the investigations of clinical pathology for the equally important physical examination of the patient. It certainly seems necessary to utter a warning against this tendency, which promises to cause a stumbling-block not only to the student and practitioner but also to the pathologist. Those physicians whose duty it is to examine students for their diploma find numerous instances of their reversal of the proper order of the facts relating to disease. One such instance will suffice. Asked what points in a case of pneumonia would lead to a diagnosis of empyema a student commenced his answer by saying, "The presence of a leucocytosis." A consulting physician who recently visited one of his old wards was told by the sister that things had changed very much since his days. "A sick man, may suggest an examination which they have known to be undertaken, and to be helpful, in the case of quite another illness. The doctor may not consider it his duty to point out that the particular examination suggested is irrelevant, and so he connives at the desired research. The pathologist, knowing little or perhaps nothing of the

ness a caution is necessary. To change the physician for the pathologist can but end in disaster; but to add to sound clinical observations the findings of the microscope and the test-tube sums up all the notable advances made in medicine since the days of Laennec.

Let us consider briefly the kind of disasters that occur if the pathologist is allowed to control the situation unduly or entirely.

DISASTER I.—*The patient is not treated at all for the disease from which he is suffering.*

This comes about because the argument upon which the pathologist bases his diagnosis is fallacious. A common instance is the subjection of a patient to a course of vaccine treatment, because, and often merely because, a particular micro-organism is isolated from one or another part of the body. The argument runs as follows: The patient is suffering certain symptoms; from his sputum, or his urine, or his stools a micro-organism is isolated; therefore the symptoms are to be referred to such micro-organism, and are to be treated by efforts made to chase such micro-organism from the body. The fallacy in the argument lies in the absence of evidence that the symptoms are the effect of the interaction between the micro-organism and the patient. Of course I am quite aware that an opsonic index for the particular micro-organism, which is too high or too low, is by certain pathologists regarded as being evidence enough on this point. But as this very question is still a matter of debate, especially in regard to the majority of infective agents, it cannot well be taken as good evidence or as evidence at all if it runs counter to clinical observations. The mischief is that an infallible reliance upon a purely pathological test, a sort of obsession that it cannot possibly miss fire, makes the ordinary routine of clinical investigation unnecessary. That the test can, and does, miss fire is proved by the very existence of these cases of incorrect diagnosis and fundamentally wrong treatment. And the most extraordinary thing about the whole business is that such a revelation, with all its serious consequences to the patient, may bring no sort of shock to the pathologist, who retains his obsession unshaken. Let me very briefly quote two or three actual cases which illustrate the sort of fallacy to which I have been referring: (1) A gentleman presents himself with some enlarged glands in the neck. To the "immuniser," who sees him, enlarged glands suggest tuberculosis. The presence of tuberculosis can, he believes, be confirmed or refuted by the tuberculo-opsonic index. The index is found to confirm this suggestion; the glands are therefore diagnosed as tuberculous. The patient is treated by inoculations of tuberculin, controlled by the opsonic index. Time passes, but the glands, rather than diminish in size, grow larger. Then one day the immuniser says to the patient: "An abscess has developed in one of these glands and will need surgical treatment." The surgeon is accordingly called in. A brief examination leads to the

diagnosis of sarcoma, and operation is not advised because of the extent of the disease.

(2) A lady has suffered from a troublesome urticaria for several months. To the immunisator, whom she consults, urticaria means almost certainly intestinal intoxication. Intoxications are, of course, bacterial in origin; indeed, to the immunisator what diseases are not? Perverted bacterial action in the intestine spells colon bacillus. The patient's disease, therefore, is clearly due to *B. coli*. The matter becomes at once quite simple, and a course of vaccination by killed colon bacilli is embarked upon. Whether or not the colon bacillus opsonic index in this patient is investigated and found to be abnormal I cannot say; presumably it is. Clinical examination of the patient is not regarded as essential, either to the diagnosis or to the treatment. But Nature hath a way with her, and the skin still itches, for as yet nothing is done to check the course of cause and effect. Despite quiet endurance on the part of the patient and persistent encouragement on the part of the immunisator the trouble remains. A friendly clinician who knows not the new methods suggests a physical examination of the patient. *Per* hypogastrium a tumour is easily found, which, on removal, is seen to be a large caseating pyosalpinx. The urticaria is cured.

(3) A child, *æt.* 12, suffered from periodic bouts of high and exhausting fever, the nature of which had baffled those who had seen the patient during them. Examination of the urine discovered the presence of that very ubiquitous microbe, the *B. coli*. But there were no urinary symptoms and no pyuria. A prolonged course of vaccination by colon bacilli was undertaken, and much money was expended; but the attacks still took place. This state of things continued over nearly two years. During a very bad bout of fever it occurred to someone who was consulted to examine the stools. These were found to be crowded with ova of *Ascaris lumbricoides*, and also contained much mucus. Treatment carried out on the lines of this diagnosis led to the most prompt and satisfactory result. The problem was now, not the diagnosis of an obscure case of fever without other physical signs, but what explanation to give the delighted but naturally curious parents as to the cause of the mysterious malady that had cost them not only much anxiety but a large sum of money too.

DISASTER II.—*The patient is only treated for one part of his disease, and not for the whole.*

This comes about because the pathological investigation which is undertaken in a particular case reveals only one of the factors in the production of the disease, and if the treatment is entrusted to the pathologist who has made the investigation, the other factors may go unconsidered. Or it may be that the pathologist, if he be an enthusiast, will consider the other factors, but will conclude that they need not be taken into account because his methods are so infallible that in spite of these other disabilities he is bound to cure

the patient. Instances of this fallacy are seen in the neglect of efficient drainage in cases of suppurating sinuses or cavities, the treatment being concentrated upon a vaccine or a serum. I have several times been asked to treat by inoculation cases of pyorrhoea alveolaris in which a careful dentist would do much more for the patient in an hour than I could hope to achieve in a month. On one occasion a patient was sent to me with a canine tooth, very loose indeed, from which the gum was much retracted, and around which was a deep pocket exuding pus. I was asked to save the inevitably doomed tooth by vaccine treatment. What was really required was a pair of tooth forceps, or scarcely that. Another instance of enthusiastic treatment based solely on pathological lines, which is by no means common nowadays, is a young woman suffering from acne, whose dyspepsia and constipation go unheeded, and who has no directions given her with regard to the general treatment of her skin. Granted that some of these cases bear testimony to the triumphs of vaccine therapy, it is certain that others of them fail for reasons that I am outlining. A child with a discharging ear falls into the hands of the immunisator. Vaccines are promptly exhibited, but no attention is paid to the fact that the naso-pharynx is half filled with adenoid vegetations. Still another instance (I do but speak of what I have seen) is the futile effort made to cure the asthmatic by concentrating attention upon the flora (ofttimes innocent enough) of his sputum, without any consideration of his underlying neurosis. So much for the disasters attending diagnosis and treatment when these are undertaken apart from bedside observations.

Now let us look at the loss which pathology itself suffers by being divorced from clinical medicine.

(1) *The pathologist has no adequate criterion by which to measure the accuracy or otherwise of his work.* This, of course, applies especially to the various tests that have been introduced in clinical pathology, Widal's, Wassermann's, and others. It applies most forcibly to the estimation of the value of the opsonic index. It should be noted that pathological investigations, as regards their significance, fall into two classes. Their significance may be *absolute* or it may be *relative*.

(i) A report has an absolute significance if it records an isolated fact, such as the demonstration of a micro-organism of known pathogenic properties, or of a tissue of recognised morbid histology. Thus the demonstration of the tubercle bacillus in a specimen of sputum admits of only one interpretation; that somewhere in the respiratory system of the patient an ulcerating, tuberculous focus exists. Again, if a lymphatic gland removed from the body reveals the structure of squamous-celled carcinoma, it is certain that the patient is suffering from a cancer in some organ whose lymphatics travel to that gland. These are facts, and they admit of no argument.

(ii) But the report may have only a relative significance. This is the case when it refers to either of the various

"tests," which depend upon certain "specific" anti-bodies existing in the blood or other body fluids—agglutinins, precipitins, etc. For in the first place it is universally agreed that the very specificity of these substances is a relative quantity. And secondly, entailing as they do fine quantitative measurements, some arbitrary convention is adopted to bring the tests within the sphere of practical application. There is probably no test which is universally true, be it positive or negative. Widal's reaction may at times be present in a disease which is not typhoid fever, and it may be absent in one that is. Either of the tuberculin tests may upon occasion be positive in a patient without active tuberculosis, and negative with it. There may be a high leucocytosis in appendicitis with no pus formation, and an acute abscess may form with no rise in the count of white cells, and so on. Pathological tests are to be used as confirmatory evidence, not as absolute guides.

The concurrence of a positive pathological test in a patient suffering from an altogether independent disease-process must never be forgotten. A patient may give a positive Wassermann reaction, indicating previous infection by the virus of syphilis, yet the symptom-complex on account of which his blood or cerebro-spinal fluid has now been tested may be due to an altogether different cause. A tuberculin test may be positive, not because the lesion which is being studied, and the nature of which is doubtful, is tuberculous, but because there is an active but quite hidden focus of tuberculosis elsewhere in the body. It may be quite legitimate to overlook these fallacies after due consideration of all the facts of the case, but that the fallacies exist must never be forgotten.

(2) *The dissociation of pathology from clinical medicine tends to give a false aim to pathological progress.* This seems, perhaps, an extraordinary statement to make, but it really has its verification in actual fact. I agreed at the outset to accept the modern division of our science into clinical medicine and pathology. Some people would seem to want to make a separate science of pathology altogether, and study pathological processes for their own sake, quite apart from the patient. Well, there is, of course, no reason why they should not. Only we must be clear on the matter when we choose our doctor. If we are ill, I take it we want someone to cure us; when we are well, why, pathology is as good a form of sport as any other. But consider the state of things which enables an author to say, in a textbook on *immunity*, after he quotes an authority to the effect that in a certain infection the clinical signs are an unreliable guide to the appropriate time for a fresh dose of vaccine, consider an author who says that "*this deduction is only logical if we regard the raising of the opsonic index, and not the cure of the patient, as the object of treatment!*" Let us be quite clear, I say, on this question, as to whether the cure of the patient is the object in view, or a verification of a hypothesis.

I have often dwelt fully upon the great importance of

clinical pathology. Therefore I feel that I shall not be misunderstood in what I have said to-day. My object has been rather to hint to you the danger of allowing what I may not inappropriately term "pathological obsessions" to control the field of diagnosis and therapeutics. This warning seems really necessary, since laboratory workers of considerable eminence too often attach to the valuable data they are able to supply in the study of a disease an absolute instead of a relative importance. Small wonder that the student, attracted as he is by the novel and the difficult, fails to preserve his sense of proportion. Small wonder, too, that a number of newly fledged medical men, proud of their mastery of a tedious laboratory method that teems with fallacies, and taught to believe that this key, like those of Peter's, gives them power over life and death, hurry away from the humdrum clinical experience, which they have as yet only half mastered, to put into practice their as yet untried methods. It is, indeed, the glamour of the royal road. They become enthusiasts, for whom in medicine there is never any room. They see visions. The long and upward march of progress changes for the short and gentle decline. Unlike Nature, Science *does* proceed by leaps. Disease? They have learnt its innermost secrets, and learnt them at a time when other men are asking their teachers for a subject upon which to write a thesis. They can gauge to a nicety the immune process; it lies delicately balanced upon their knees, and they juggle with it as they may. "The patients? Are there still patients? We had thought them all, *ere* this, safely piloted through the shoals of their infections to the safe harbour of the immune shore."

Let me end with a short parable:

"There was a wise, devout man who is called, in the Catholic Church, St. Philip Neri, of whom many anecdotes touching his discernment and benevolence are told at Naples and Rome. Among the nuns in a convent not far from Rome, one had appeared who laid claim to certain rare gifts of inspiration and prophecy, and the abess advised the Holy Father, at Rome, of the wonderful powers shown by her novice. The Pope did not well know what to make of these new claims, and Philip coming in from a journey one day, he consulted him. Philip undertook to visit the nun and ascertain her character. He threw himself on his mule, all travel-soiled as he was, and hastened through the mud and mire to the distant convent. He told the abess the wishes of His Holiness, and begged her to summon the novice without delay. The nun was sent for, and, as soon as she came into the apartment, Philip stretched out his leg all bespattered with mud, and desired her to draw off his boots. The young nun, who had become the object of much attention and respect, drew back with anger and refused the office. Philip ran out of doors, mounted his mule, and returned instantly to the Pope: 'Give yourself no uneasiness, Holy Father, any longer; here is no miracle, for here is no humility.'"

### Ionisation.

By LULLUM WOOD BATHURST, M.D.Lond.

**T**HE experiences here briefly recorded are the results of two years' practice in the Electrical Department and in private. The following is a short outline of the technique which has been adopted and the classes of cases in which the most hopeful results are to be expected. From the examples given it will be seen that much relief may be given, and even cures effected in many cases where other surgical and medical means have failed.

#### SOURCE OF ELECTRIC CURRENT.

At the Hospital the electric supply is taken from the main, and is a continuous current of 200 volts. This is passed through a lamp and shunt resistance, the current utilised being taken as a shunt circuit or branch from the resistance.

The amperage is measured by a galvanometer capable of registering up to 500 milliampères. A portable battery of thirty dry cells with a resistance coil and galvanometer is efficient and convenient for private work.

#### METHOD OF APPLICATION.

Following Leduc's method, the electrodes consist of lint or other absorbent material saturated with the solution to be employed. The lint is of sixteen or more thicknesses. After thoroughly moistening the skin, the electrode is applied to the part affected and covered with a single layer of gilt-gauze to which the terminal of the cord is attached, and the whole is kept in firm contact by a bandage. Where it is desired to confine the application to a small area, button electrodes of zinc or other metal are used upon pads of lint (always of sixteen thicknesses) cut to the size required. In the case of sinuses, special rods of various lengths and diameters covered with wool and soaked in the appropriate solution are used. The neutral electrode is usually similar in kind to the active one, and is placed in different positions according to convenience and requirements. For instance, where the active electrode is applied to a wrist-joint, the other pole may be placed higher up the arm or at the back of the neck. If both wrists are to be treated by the same ion, the neutral electrode is placed at the back of the neck or on the chest, and a bifurcated cord is used to connect the two active electrodes. Care should be taken that the area of the inactive electrode is at least equal to that of the sum of the other two. Another method is to place the two electrodes one on either side of the affected joint, with a view to driving in a base at one pole and an acid radical at the other, taking special care that there is no juxta-position. Various other appliances have

been used for transmitting the current to the lint electrodes and distributing it evenly to the affected part.

The gauze above mentioned attains this object better than any other method tried. It is not necessary that this gauze should completely cover the part to be treated, but it is absolutely essential that it should nowhere overlap the edge of the lint, but be separated completely from the skin by the layers of lint.

The strength of current used is in proportion to the size of the electrodes, and varies according to the region treated and the sensitiveness of the patient. With electrodes of 24 square inches or larger, an ampérage may generally be



FIG. 1.—CASE 1: BEFORE TREATMENT.

employed of from 20–30 m.a. on the face to 50–100 m.a. or even 150 m.a. in less sensitive parts of the body. Burns are likely to occur if the cloths are not of sufficient thickness or are not applied with an even pressure. Men are more liable to burns than women, possibly owing to greater resistance to the current. The current should be raised gradually to a maximum. The duration of each treatment is of importance, relatively long sittings of half an hour or longer being of great advantage in ionisation through the unbroken skin. In such cases treatment should be given twice a week, or even more often if the skin tolerates it.

The chemical substances of which use has been made are:

Sodium chloride  
Sodium salicylate  
Zinc sulphate  
Lithium chloride  
Lithium iodide  
Cocaine hydrochloride

In solutions of about  
1 per cent.

#### CHLORINE IONS.

These are employed in all cases where the sclerolytic effect on fibrous or scar-tissue is desired. Other things being equal, the success of this treatment varies according to the proximity of the fibrous tissue to the surface and with the intensity of current which can be borne. No success can be expected so long as the active cause of the fibrosis is in operation. Successful results have been obtained in cases of scars following burns and the results of operations, fibrous ankylosis of joints, and early cases of Dupuytren's contraction.

CASE 1.—B. C.—, æt. 18, was scalded in childhood on the right side of the face, resulting in a scar extending from the chin in the middle line to the angle of the jaw and involving the greater part of the cheek and lower lip. The scar was red in appearance, much raised in parts, and a bridge of keloid growth drew down the right portion of the lower lip. This bridge had been removed by Mr. Lockwood, and had grown again.

This patient was treated intermittently for twelve months with chlorine ions, bearing currents of 30–40 m.a.

The result of this treatment, only imperfectly shown in the photographs, is that the skin is much less red and more normal in appearance. The thickening has to a very large extent disappeared, and the whole of the area affected is much softer and more natural to the touch. The bridge of keloid tissue is much less prominent and softer, and the lip is no longer detracted.

CASE 2.—P. S.—; occupation—clarinet player in an orchestra. Dupuytren's contraction of third finger of right hand to about angle of 135°. This amount of contraction just prevented him from covering the corresponding note of his instrument. He bore currents of 50–60 m.a., and improvement was noted from the first. After a month's treatment he was able to extend his finger completely and could play his instrument with no difficulty. He was discharged after three months, with very slight thickening in the palm and no contraction.

CASE 3.—L. H.—, æt. 13. Congenital web fingers (middle and ring) of both hands. Operation by Mr. Gordon Watson, October, 1910.

Considerable scar-tissue remained at the base of the fingers of left hand, limiting their movement. Nine applications of chlorine ions extending over six weeks were given, resulting in much diminution of scar-tissue and free movement of fingers.

#### SALICYLIC IONS.

These have been employed with advantage in cases of neuritis, neuralgia and rheumatic affections of joints.

CASE 4.—C. S.—, æt. 30. Facial neuralgia. Pain and spasms occurring every five minutes. After the first ionisation (30 m.a. for twenty minutes) the intervals were extended to about an hour. After four ionisations spasms were only induced, and then in a minor degree by eating and drinking. Recovery in six weeks. This patient bore currents of 50 m.a.

CASE 5.—F. M. L.—, æt. 68. This case of an old lady



FIG. 2.—CASE 1: AFTER TREATMENT.

shows relief given in facial neuralgia, although the exciting cause was not removed. She had had pain of varying degrees of intensity for two years. It affected the supra- and infra-orbital regions chiefly of the right side, and at times extending to the left side. The patient was edentulate, and no cause was found for the pain in eyes, ears, nose or accessory sinuses. The pain was of such severity that morphia had to be administered with increasing frequency till an injection had become necessary every few days, while other drugs were taken in large doses. The relief given by salicylic ionisation was very marked, and to such an extent that morphia was needed only three times in as many months. After an interval from ionisation of six weeks the intensity of the pain was as great as ever. An

X-ray examination then revealed the presence of an impacted right upper wisdom tooth. This was removed. The immediate result of the operation was complete relief of pain. After two weeks there was slight recurrence relieved by ionisation, and during the last three months there have been but a few slight attacks of pain.

CASE 6.—Miss R—, æt. 41. Neuralgic pains in each upper arm extending from shoulders to elbows. Duration six months. Pain very severe at times, especially at night, and increased by any muscular effort of arms. Internal and external medication had given no relief. After two ionisations the pains were decidedly less, and after six treatments the right arm was well. She has now had twelve sittings, and says she experiences no pain at night and only slight discomfort in left arm on exertion.

CASE 7.—A. B—, æt. 35. Pain and stiffness of right shoulder four weeks after confinement, limitation of movement of joint. Reactions normal but right deltoid helpless. Twelve ionisations with salicylate of soda resulted in complete cure.

Many cases of synovitis of rheumatic origin have been treated with relief of pain and diminution of physical signs.

#### ZINC IONS.

The action of zinc on chronic and callous ulcerations is well known, and when administered by ionisation the results, as the following cases show, are often surprisingly good.

CASE 8.—E. H—, æt. 25. Confinement, March, 1908. Thrombosis of left leg followed, and she was in bed for months. Left heel became sore and remained so till October, 1910. She was then in Harley Ward and the ulcer was "excised." After eight weeks as an in-patient she went to Swanley. Readmitted June 12th, 1911. She then had an ulcer, which had never healed, the size of a crown-piece on the inner side of the left heel. On June 20th the ulcer was ionised with zinc, a current of 20 m.a. for fifteen minutes being given. This was repeated on June 27th, when an improvement was noted. June 30th, ulcer much diminished in size with healing edge. No further ionisation was employed. The ulcer was dressed with lotio rubra, and by July 11th had completely healed.

CASE 9.—P. N—, æt. 45. Lateral sclerosis, with bed sore over sacrum of twelve months' duration, during the early part of which time he had had only "Christian Science" treatment. Some pieces of dead bone were removed by Mr. Eccles, leaving a deep wound, which in spite of very careful aseptic dressing resulted in a sinus 2½ in. in depth. This resisted all local applications and remained unaltered till ionisation with zinc was tried. The sinus was first filled with a 1 per cent. solution of sulphate of zinc, and a zinc rod covered with absorbent wool saturated with the same solution was inserted and attached to the positive pole. A current of 10 m.a. was given for twenty minutes. This was repeated a week later, when improvement was noted, and

again the following week, when the sinus was half its original length. In another fortnight the sinus had healed, and has remained well—a matter of four months.

CASE 10.—Mrs. A—, æt. 68. Small superficial ulcer about 4 mm. in diameter in anterior fold of right nostril at junction of skin and mucous membrane. Duration about one year. Two ionisations with zinc were given by means of a pledget of wool saturated with ZnSO<sub>4</sub> solution, and pressed against the ulcer by a small zinc button electrode. The current used was up to 8 m.a. for fifteen minutes, and the treatment was repeated a week later. In another week the ulcer had healed, and there has been no further trouble in the six months which have elapsed.

Lithium chloride and lithium iodide have been used where two or more joints have been treated at the same time, lithium being applied at the positive poles and chlorine or iodine at the negative. Iodine is more apt to produce irritation of the skin than chlorine, and burns are more easily induced.

#### Richard Wiseman and His Times.

LITTLE is known of the life of Richard Wiseman, but he has often been written about, and he well merits this, for not only was there much robust and vigorous romance about his life, like that which clings to the buccaneer physician, Dr. Dover—and if the reader knows not who was Dr. Dover, let him turn to "Pulvis Ipecacuanhæ Compositus" in the *Materia Medica*, and read Woodes Rogers' *A Cruising Voyage round the World*, 1712, for he ought to know—not only was there this romance, but he was the pioneer of good surgery in England and a worthy successor of Ambrose Paré.

He is said on insufficient evidence to be the bastard son of Sir Richard Wiseman, Bart., and was born about 1622. He was apprenticed to the Barber Surgeons, but before being admitted to their freedom entered the Dutch Naval Service as a surgeon. Later he served as surgeon in the Royalist Army during the civil war, when he was attached for part of the time to the young Prince Charles, who had nominal command of the forces in the West Country. He accompanied the Court abroad during the Commonwealth, served in the Spanish Navy, and finally at the restoration was made Sergeant-Surgeon to the King.

The period in which he lived was not only one when—

"Civil dudgeon first grew high  
And men tell out they knew not why,  
When hard words, jealousies, and fears  
Set folk together by the ears,  
And made them fight like mad or drunk  
For dame religion as for punk,  
And pulpit drum ecclesiastick  
Was beat with fist instead of a stick."

but was a time of great advance in all the sciences. It seems as though the unbridled freedom of manners of the

Restoration sets men's thoughts at liberty and gave licence to intellectual speculation and scientific discovery. Science, in fact, became a fashionable craze. King Charles II himself was a "fair chymist," and the brilliant cavalry leader Prince Rupert dabbled in chemistry and discovered the famous glass "drops" which we play with unto this day.

At this time, too, as we shall see, came the great English revival of medicine and surgery brought to pass largely through the influence of Thomas Sydenham and Richard Wiseman.

The previous century had given birth to such anatomists as Vesalius, Eustachius, Fallopius and Fabricius ab Aquapendente, the last of whom described the valves in the veins, but failed to see their significance, and who was the teacher of Harvey. These were followed in the time we are dealing with by Sylvius, Malpighi, Wharton, Highmore, Steno, and the immortal Harvey; Willis, who is noted for his researches on the anatomy of the brain, and around whose circle our brains have all revolved, and who was the English representative of the Chemical School of Medicine; Glisson, who was besieged in Colchester in 1648, who was Regius Professor of Physic at Cambridge, and who wrote his excellent treatise on rickets in 1650, and was the first to show the relation between symptoms and the anatomical appearances of disease; also Havers, and later Peyer and Cowper, all of whose names are familiar as household words to a student of medicine.

Surgery in England in the sixteenth century was at a low ebb. From its nature it might be imagined that abuses which would pass unnoticed in medicine would be impossible in surgery, where the results of bad practice would be at once visible; that this was not so is clearly shown by statements in the many petitions of the Barber Surgeons, mostly futile, to regulate the practice of surgery. Thomas Gale, who served as an army surgeon under Henry VIII, complained of the disgraceful state of surgery at the Royal hospitals of St. Bartholomew and St. Thomas, and says that "Carpenters, women, weavers, cobblers, and tinkers did cure more people than the Chirurgicalians." The Barber Surgeons ranked with the city trade guilds and not amongst the best of these. But on the Continent Ambrose Paré was revolutionising surgery, which had as its champion in the next century our own countryman, Richard Wiseman.

Medicine in the sixteenth century began to advance, and the great physicians then were truly learned men; Leland and Bartlot, Clement and Wooton were noted for their classical scholarship, and Caius, in his description of the sweating sickness—*De Ephemera Britannica*—anticipated the great medical revival of the seventeenth century, while Mayerne, who was physician to James I, who made clinical studies of disease, who is noted for his detailed memoir of the health of James I, for being the first to describe enteric fever (though he did not name it), for making use of chemical remedies, for his invention of lotio nigra and his

introduction of calomel, may be considered, as Dr. Norman Moore says, "a connecting link between Caius and Sydenham himself."

Chemistry became established as a science, and before long came Leeuwenhoek's discovery of the microscope. Midwifery advanced enormously, men began to attend cases, forceps were introduced generally, and children were delivered by manipulation in difficult presentations instead of having their limbs barbarously hacked or wrenched off.

And yet with all this progress there lingered an extraordinary credulity, even amongst men of great intellectual ability. Sir Kenelm Digby was one of the first Fellows of the Royal Society, and a son of the stout Sir Everard Digby who was hanged and quartered for his share in the Gunpowder Plot, and who when his heart was pulled out by the hangman, as was the custom, and held up to the accompaniment of the words "Here is the heart of a traitor" is said to have shouted, "Thou liest." He wrote a book called *The Cure by Sympathy*, in which he declares that wounds may be cured by dipping the weapon which inflicted them into his wonderful powder, or putting it upon anything on which the blood had dropped. And then deliberately sets out to show philosophically and scientifically its mode of action, and as part of his proof makes use of the "fact" that warts may be cured by washing the hands in an empty, brightly polished silver basin into which the full moonlight is streaming. And this cure by sympathy gained credence all over Europe.

Even Wiseman wrote a book on the kings' evil, in which he states clearly his belief in the efficacy of the king's touch in scrofula. He writes, "I myself have been a frequent eyewitness of many hundreds of cures performed by his majesty's touch alone, without any assistance of Chirurgery." There was a great concourse of strumous persons to Whitehall, he says, and great relief did they find.

The belief in astrology was still strong, and between the years 1640 and 1644 the frenzy of witch-burning in England reached its height; in that short period there were three thousand legal executions of people of all ages who were said to be witches or who were in some way in league with the powers of darkness. The country was overrun by numberless quacks, mountebanks, astrologers, cutters for stone, chemical doctors, midwives, and other ignorant persons who pretended to a knowledge of the healing art. Medicine held a considerably higher position than surgery, and the great physicians were more scholarly and of gentler extraction. Yet, though learned, their medical practice was encumbered by a mighty incubus of theorising which the perverse ingenuity of centuries had made; they were wedded to their theories and loved to indulge in discussions and philosophical speculation upon disease rather than pursue the more laborious path of patient experimental investigation. In both medicine and surgery, however, the rank and



file were contemptible, and the literature of the period and much later is full of references to the doctor, who is held up to ridicule. The lovable bishop, John Earle, in his *Micro-cosmographie*, written about this time, says:

"A mere dull physician. His practice is some business at bed-sides, and his speculation an urinal. . . . He is sworn to Galen and Hippocrates, as university men to their statutes, though they never saw them: and his discourse is all aphorisms, though his reading be only Alexis of Piedmont or the Regiment of Health. The best cure he has done is upon his own purse, which from a lean sickliness he hath made lusty and in flesh. . . . Of all odours he likes best the smell of urine and holds Vespasian's rule that no gain is unsavoury. . . . In conclusion, he is a sucking consumption and a very brother to the worms, for they are both engendered out of man's corruption."

We must beware, however, what importance we attach to the attitude of contemporary literature, for Hippocrates himself, it is said, is held up to ridicule by Aristophanes, and what may shock and astonish us still more is that even we ourselves have been held up to severe criticism and ridicule by a brilliant playwright of our own times, who, horrible to relate, wrote, "The private practitioner has a precarious, shabby genteel, irresponsible, servile position based wholly on the prevalence of illness." And so what measure we mete ourselves should be measured to the old doctors lest we—

"Compound for sins we are inclined to  
By damning those we have no mind to."

Such, then, was the state of medicine and surgery at this time. Sydenham and Wiseman, however, inaugurated a tremendous change for the better.

The former overthrew all medical dogmas: following only one teacher, Hippocrates, he replaced speculation by observation and helped to change the whole course of medicine. At the beginning of his work on gout—perhaps his greatest achievement—is the motto, taken from Bacon, "Non fingendum, aut excogitandum sed inveniendum, quid Natura faciat aut ferat" (What nature does or produces is not to be imagined or thought out, but found out). And this breathes the spirit of the work of this century.

Wiseman is our surgical Sydenham. He, by his skill and personality, helped to raise the whole status of surgery. He was the first of the great English surgeons, the forerunner of such men as Charles Bernard, William Cheselden, Percival Pott, and John Hunter. He was a follower of Ambrose Paré, whom he often quotes, yet absolutely original and independent. His book, the *Eight Chirurgical Treatises*, is of extraordinary interest, full of good stories and good practice, and gives a splendid idea of the surgical practice of his day. In the preface he writes:

"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 judgment and experience than other men's authority."

There were, of course, no anaesthetics in these days, but this seems to have been of no matter. In describing amputations of the leg he says: "Seat [the patient] so as it may be for your convenience. At sea they sit or lie, I never took much notice which, nor do I remember I had ever any body to hold them." He adopted the method introduced by Paré of ligaturing vessels instead of always cauterising them to stop bleeding.

The following is a graphic description of a major surgical operation:

"A captain of a company in one of His Majesty's Regiments of Foot was troubled with a small excrescence under his tongue. He neglected this until its increasing and spreading much infected the internal salivary glandules on both sides the tongue, all the lower left maxilla, and part of the right, and was fixing upon the lower lip, the teeth all loose and some of them fallen out; there were also some glands without under the jaws. In this condition he came to me. I acquainted his friends that it was a cancer and incurable. If an attempt was to be made in hopes of cure, it was to be by burning it out." . . . The patient decided to risk it. "The next day he sent for us to meet at his chamber in order to the extirpation.

"Accordingly we met, and having Mr. Gosling with us, and our actual cauteries and all things ready, we placed the patient in a clear light, then pulled out the teeth that lay loose, and as it were buried in the fungus. Then, having his head held firm, and his lower lip defended, I passed in a plain chisel cautery under the fungus, as low as I could, to avoid scorching of the lip, and thrust it forwards towards the tongue, by which I brought off that fungus and the rotten alveoli at twice or thrice repeating the cautery, then with bolt cauteries dried the basis to a crust. After, with a scoop cautery, I made a thrust at the fungus over-spreading the left jaw, and made separation of that and what was rotten of the alveoli, then with olive and bolt cauteries I dried that as well as he would permit and left the rest for the next day's work, giving him some decoction . . . to cool the heat in his mouth, and applied on the outside under his chaps this defensive." . . . The physicians prescribed amongst other things laudanum.

"The next day we met again, and found our patient much relieved with the good night's rest he had got; he was cheerful and resolved for the work. I began with bolt and olive cauteries to make an end of drying that fungus on the left jaw, which having done I burnt the salivary glands on both sides of the tongue," and so on. "Having thus cleared the mouth of the fungi, I desired the physicians' judgment of it. They looked and liked what was done." . . .

"The next day we met again, and found our patient well satisfied with what had been done, it being only stiff and hot, otherwise not painful, and he could take his sustenance

with more ease and gusto. By the extirpation of the fungus within, the hard glands under the chaps without dissolved; but the patient not permitting me to keep down the fungus afterwards as it arose, it quickly over-ran all his mouth, and those glands swelled again and apostemated, and afterwards indurated amongst the internal muscles of the larynx and hastened his death."

He realised the evils arising from large tonsils and operated neatly upon them.

"A gentleman's daughter of about twelve years of age frequently diseased with catarrhs, and after some time with great difficulty in swallowing, consulted me. Looking in her throat and seeing the tonsils, especially the right, very big, I advised the cutting of the bigger, to which they assenting I made a ligature upon it, and at the same instant cut it off, and afterwards by rubbing it with the vitriol stone cicatrised it in a few days. She being relieved thereby hath hitherto deferred the cutting off the other."

Much of his practice was carried on under exciting conditions.

"In heat of fight at sea, among the many wounded men that were put down into the hold to me, one of them had his arm extremely shattered . . . by a great splinter. I ought to have cut off the man's arm presently. But a sudden cry that our ship was on fire put me in such disorder that I rather thought of saving myself than dressing my patients. I hastily clapped a dressing upon the wound and rowled it up, leaving his arm in the other hand to support it and endeavoured to get up out of the hold as others did, verily believing I should never dress him nor any of them more. But our men bravely quitted themselves of the fire ship by cutting the sprit sail tackle off with their short hatchets (which they wore during fight sticking in their sashes). So we were freed of the fire, and by our hoisting up the top-sails got clear of our enemy and I returned to my work."

There are many instances of Wiseman's timely interference in cases where other surgeons had made terrible blunders. He tells a story of a man in Whitehall with a swelling on his thigh which he concluded was an aneurysm, and seeing the marks of a caustick over it asked the meaning of it and was told that the visiting chirurgeon proposed to open it by caustick deeming it to be an abscess. Wiseman at once asked to see the chirurgeon and endeavoured to persuade him of his error, but could not move him. "Then," said Wiseman, "since you are so opinionated . . . make a trial of the tumor by thrusting a small lancet directly in the middle of it, and if upon pulling out of the lancet, it appear mattery, you may lay it more open, if it appear bloody you may more easily cure the opening than one made by a caustick." The trial was made and the opinionated chirurgeon changed his treatment.

Though Sydenham and Wiseman both practised in London at the latter part of their lives, and both, in their works, mention the names of many contemporary physicians

and surgeons, they never mention each other. Sydenham came of a strong Roundhead stock and fought on the side of the Parliament as a cavalry officer, while Wiseman was a strong Royalist, and the antagonism bred of the stormy days of the civil wars seems to have remained to the end of their lives; curiously enough in the wars they came almost into touch with one another, and Wiseman narrowly escaped capture by Sydenham.

Amongst the King's pamphlets in the British Museum is one by a certain Peter Ince, minister to the garrison, entitled *A Brief Relation of the Surprise of the Forts at Weymouth*; here he describes the re-taking of Weymouth by the Parliamentarians and tells us of the Governor's—Colonel Sydenham's—brother. This can be none other than Thomas Sydenham, who was present at the engagement. Wiseman, in his *Eight Chirurgical Treatises*, describes the loss of the town, and with this quotation must end this brief sketch of Richard Wiseman and his times.

"At the siege of Weymouth I was called at break of day to an Irishman of Lieut.-Col. Ballard's regiment, who shooting off his musket it brake and tore his hands to pieces after a strange manner." . . . He designed to cut it off and sent for his instruments. "I took a red ribbon and bound it about his arm some four fingers' breadth above the carpus, and, having cut the flesh round off, I bared the bones and separated the flesh between them. Then I sawed off the bones and united my ligature and bringing down the muscular flesh and skin over the ends of them. . . . I drest up that stump with restrictives and good bandage and returned again to my quarters. . . . Two days after our men were chased out of the town and Chappel Fort. I was at the same time dressing the wounded men in the town almost under the Chappel Fort, and hearing a woman cry, 'Fly, fly, the fort is taken,' I turned aside a little amazed towards the line, not knowing what had been done, but getting up the works I saw our people running away and those of the Fort shooting at them. I slipped down the work into the ditch and got out of the trench, and, as I began to run, hearing one call 'Chirurgeon,' I turned back, and seeing a man hold up a stumped arm I thought it was the Irishman whom I had so lately dismembered, whereupon I returned and shot him up. We ran together, it being within half a musket shot of the enemies' fort, but he outran me quite."

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## Egypt as a Health Resort.

By F. W. SAUNDERS, M.B., B.C.

**D**URING my winter practice, now of several years, in Upper Egypt, I have realised more and more how little the peculiarities of its climate are recognised by those who are in the habit of recommending their patients to go there for the winter. Some few medical men pay a more or less flying visit to the country during the season, but the majority know only by hearsay of the benefits to be obtained from it, and I have hitherto seen no note of warning sounded to guide them in giving their opinion as to what are suitable cases, and more especially what are not. We all know that cases of albuminuria, rheumatoid arthritis, tubercular disease, chronic pharyngeal and laryngeal catarrh, anæmia, neuritis, neurasthenia and such like, requiring a warm, dry climate, do, as a rule, remarkably well in Egypt. On the other hand, cases of valvular heart disease, pulmonary tuberculosis (excepting in an early stage), chronic gastro-intestinal catarrh, and patients of advanced age or of low vitality should not be sent at all. The journey from England to, say, Assouan is a trying one, and if it is made by the overland route to one of the ports of Europe, the rapid changes of temperature, food, and mode of living, to say nothing of the fatigue, are enough to upset a sound constitution. For these reasons I almost invariably advise the long sea route from England by one of the well-known lines. Bright's disease, and that known as rheumatoid arthritis, may perhaps be singled out as likely to be particularly benefited by a prolonged basking in the sunshine and warm, dry air. Such cases should leave England as early as possible in November, and remain in Egypt until the middle of April or even later. Patients who are the subjects of albuminuria cannot be sufficiently warned of the danger of "catching cold." Pneumonia is easily contracted in Egypt, and is by no means uncommon; there are days when the coldness of the wind is not recognised owing to the warmth of the sun. The temperature frequently drops about sundown (although not so markedly so at Assouan as elsewhere), yet the nights are so warm and balmy as to tempt such cases out of doors after dinner, sometimes with disastrous results. Warm, but not heavy, underclothing should be insisted upon. As to cases of rheumatoid arthritis, it must be remembered that they come out in order to get the benefit of the climate, and in my experience the less they get in the way of drug treatment and the more of sunshine the better. They should be out of their room as soon as possible after breakfast and return indoors at sunset. A south room (or south-east) should be chosen, if possible with a balcony, and a daily donkey ride of about an hour's duration is in many cases beneficial. Skilled massage can usually be obtained, and is, of course, most helpful. Early cases of pulmonary tuberculosis may safely be sent to

Assouan, and the climate lends itself to open-air treatment. Protection can always be had from the prevailing north wind, which is felt more here than at Luxor.

The peril of "night air" in upper Egypt is a myth; windows may be safely left open all night, but as a marked fall of temperature occurs about 4 a.m. it is advisable to have an extra blanket rolled up at the foot of the bed, which may then be called into use. There are mosquitoes in Assouan, and every bed is provided with a net which forms an effective protection against the "draughts of night air." To say that there is very little dust in Assouan is putting it in rather too favourable a light; there is dust, and occasionally a good deal of it, depending on the direction of the wind. Ordinary motor goggles, which should be tinted to neutralise the glare, are better than the usual glasses sold for the purpose. Most people do get warned about the care of their eyes, and it is probably owing to this that one so seldom meets with purulent ophthalmia among the visitors, while it is, of course, very prevalent in the native population. A weak, warm solution of boracic acid, or glycothymoline, should be used night and morning, and after dusty donkey rides, and the throat should receive like attention.

It is a well-known fact in Egypt that while invalids are gaining benefit, and usually escape minor ills, those in charge of them frequently go down with one or other of those common to the climate, the most usual of which is a form of inflammatory diarrhoea, accompanied by a temperature of about 103° F. This diarrhoea goes by a variety of names, such as "Egyptian cholera," "Nile fever," or even "dysentery." It is due to an abdominal chill, and if treated in the ordinary way by an initial dose of castor oil, followed by one of the preparations of bismuth, combined with bed and a suitable diet, gets well in about forty-eight hours.

Visitors should be warned about abdominal chill, therefore warm underclothing and a Jaeger cummerbund should be worn. I have noticed a prevailing custom, chiefly among Americans, of discarding the waistcoat, which must tend towards courting disaster in this direction.

The season in Egypt extends roughly from November to April, so that the invalid has five months of sunshine to enjoy, and when it is remembered that Assouan is some 800 miles due south of Alexandria it is an easy matter to find differences of temperature for the various months. Lower Egypt is delightful in November, and a stay at Helouan, or Mena House, may be advised before going further south. Cairo itself is, in my opinion, utterly unsuited for invalids, but its new suburb of Heliopolis may be used as a cooling-down place on the return journey late in March or April. Helouan, a small town situated in the desert about forty minutes by train from Cairo, has sulpho-saline and simple saline waters. The baths are good and well appointed, with competent masseurs and masseuses, some of them from Harrogate, in attendance

It is a quiet little place, with air unsurpassed in Lower Egypt, and a choice of good hotels.

Mena House is a hotel standing on the edge of the desert, close to the Pyramids, about forty-five minutes by electric tram from Cairo. The climate here is much the same as at Helouan, and there is an excellent supply of drinking-water. The place is somewhat noisy in the afternoon owing to the numbers of visitors from Cairo. Many invalids spend the whole winter in one or other of these two places, especially when the question of expense must be considered, and a considerable amount of cold weather is not a drawback.

In comparison, however, the difference of climate between the neighbourhood of Cairo and that of Upper Egypt is as great as that between the South of England and the Riviera, this difference being specially marked during the months of January and February.

The journey from Cairo to Upper Egypt may be made by river or train. Two companies run an excellent service of boats which occupy some six days in reaching Luxor. Provision is made on these steamers to afford as much shelter as possible to the passengers, but as the river is a winding one, it follows that many variations of wind, sunshine and shade are experienced. The nights, too, are apt to be bitterly cold. It is therefore advisable for an invalid to make the journey to Luxor by rail. The night train from Cairo compares most favourably with that of any European system, the sleeping cars are roomy, clean and comfortable, and are regularly disinfected. From Luxor to Assouan the railway journey of six hours can be very disagreeable owing to the dust, though the carriages are rendered as dustproof as possible, and are fitted with sofas and basket chairs. If a stay at Luxor is made, it might be preferable to make the rest of the journey by river, a matter of some thirty-six hours by express boat.

Luxor is situated on the banks of the Nile, some 450 miles from Cairo, and opposite Thebes, the ancient capital of Egypt. It enjoys a superb winter climate of sunshine, cooled by the prevailing north wind. The town itself is the reverse of clean looking, but to say that "it is very dusty" (in comparison with other Egyptian towns), and that "the dust is dirty dust and no place for invalids" is a distinct libel on a beautiful and interesting place. It is quite true that the authorities, for reasons best known to themselves, have somewhat passed Luxor by with regard to the improvements that have been made in more favoured localities, but from a past residence there of several years I can honestly say that I do not remember a single case of illness among visitors arising from this so-called "dirty dust." Situated as it is in the very midst of what was the centre of Ancient Egypt, it provides everlasting interest to the Egyptologist and also to the ordinary visitor. Though similar in many respects to the climate of Assouan it has not that "bone dry" feeling in the air, especially during the

months of November, December, and January, when there is quite an amount of moisture from the field cultivation. The desert is quite three miles from the town, and all the intervening land is under irrigation. I have found cases of chronic bronchial catarrh do very well here.

The Tombs of the Kings, one of the most interesting sights in Egypt, are daily visited by crowds of tourists of all nationalities, some with habits, and many with none. There being practically no ventilation, and only artificial light, these places may therefore be regarded as a fertile source of infection.

Assouan, perhaps the best known of the Egyptian health resorts, is a small town some 130 miles south of Luxor, and 683 miles from Cairo. It is a small town practically surrounded by the desert. By far the greater number of invalids who come to Egypt come here, and usually make a long stay. The months of November, and especially December, have the most perfect climate. During the early part of January it is sometimes cold enough for a fire in the evenings, but this is exceptional. February is again delightful. March is often a month of sudden changes, a treacherous and somewhat dangerous time for invalids, who, should they show any sign of being tried by the heat, or losing ground gained during the previous months, should be sent north to whichever of the lower Egyptian stations may be thought most suitable. There is certainly less dust at Assouan than elsewhere, and the town is well cared for, being clean and tidy. Assouan has a European reputation for health-giving, being resorted to by every nationality. The invalid can lie about all day in the sun, and if sunshine is the cure for any ill, it is to be obtained here.

Considering the distance from Cairo and Europe, the food supplied in the hotels is excellent and wholesome, but more attention must be paid to actual invalid cooking. Good European chickens are provided, but the invalid must expect some monotony of diet, especially with regard to farinaceous foodstuffs. The water supply comes from the Nile, and is effectually filtered by means of Berkefeld filters, which are, moreover, properly attended to.

Amusements are provided by the ubiquitous donkey, tennis, boating, indifferent croquet, and a parody of a golf course.


At all Egyptian health resorts good English nurses are in residence, and there is at least one English chemist.

Generally speaking, it is unwise to eat salad anywhere in Egypt, and it is not safe to drink water in Cairo. It is advisable for visitors to bring a spirit lamp as a means of boiling water when in Cairo, and this should always be done, or mineral water used for the teeth. A hot-water bag is not only a luxury, but a necessity.

Invalids should allow at least two weeks in Lower Egypt before returning to Europe, and these can well be spent at one or other of the places previously mentioned. It is better to spend March at Luxor than Assouan.

It is often a difficulty where invalids should go to on leaving Egypt. A good deal depends on the nature of the case, but among other places climatically suitable are Sicily, Algeiras, the Italian lakes (especially the neighbourhood of Como), Vernet-les-bains in the Pyrenees, and Meran in the Austrian Tyrol.

### The Summer Concert.

OR the last two years the Summer Concert has been dropped, and its revival was decidedly welcome, for it had always been one of the pleasantest of the annual functions. This year proved no exception to that rule, and for this our thanks are due to Mr. Hume, who, in addition to acting as conductor, was chiefly responsible for the successful arrangements. Fortunately the evening was fine, and the Square was an animated sight in the interval, when refreshments were served amid the illumination of fairy lights. Both Choral Society and Orchestral Society are living again, we are glad to say, and were heard to advantage in Elgar's characteristic three-part song for female voices and orchestra. Of the other part songs we particularly liked the rendering of Fanning's "Miller's Wooing." The male voice quartette gave a humorous performance entitled "Quibble's Cocoa," and in response to the enthusiastic demands for an encore gave an equally amusing policeman's song with an effective refrain. It is impossible to mention every individual performance, but we must not omit Nurse Scrase's violin solo and Mr. Catford's remarkable singing. We were glad to welcome Mr. Blake back again, and much enjoyed his artistic performance on the 'cello.

The performance of a one-act play by members of the Junior Staff was a welcome innovation at the Summer Concert, as was evidenced by the crowd waiting on the stairs for the doors to reopen after the interval. For the counter-attractions of the Square usually result in the second part of the programme beginning in a half empty room. The choice of George Paston's "The Parent's Progress," originally produced as a curtain raiser at Wyndham's Theatre two years ago, was a happy one, for it has point and humour and is well within the range of amateur acting. The old-fashioned parents, called to book by their more advanced offspring, bring themselves up to date at one bound, with the result which they anticipated. The children find that they prefer their parents to remain as they were, without any suburban attempt to emulate the "smart set" of which they had heard so much. Mr. Sherman was the father, a ready-made clothier by trade, and the proud possessor of "Chatsworth," a villa in Balham. He managed to bring out quite effectively the contrast between the homely old man enjoying the pathos of Dickens, and the forcibly smartened-up edition, with his loud waistcoat and his

louder slang. Mr. Sladden played up to him well as the mother. He made quite a charming old lady, and the modernising process had, as was intended, a disastrous effect on him. We did not wonder that his representation of Salome finally routed the up-to-date faction, and restored peace to distracted "Chatsworth." Mr. Starkey as their elegant daughter, Em, was in his element, and gave point to all the little genteel airs and graces of the part with much humour. Mr. Just as Bert, the son, was quite funny with his note of irrepressible cockneyism, masquerading as a would-be gentleman. Em's fiancé George Bunning, is represented in the play as suffering from a painful degree of shyness. Mr. Davis's representation of the part did not quite give that impression, but we feel sure that even the author would have forgiven the liberty he took with the part for sheer joy at his whistling accompaniment to the song, "Meet me to-night in Dreamland." Certainly it brought down the house. Mr. Russell as Gladys Williams from North Kensington, "so central," was one of the delights of the evening. His picture hat, his airs and intonation of ineffable refinement, his nervous starts at the shrill whistling accompaniment, and his dislike of anything "risky" will long be remembered. Altogether an excellent evening's entertainment.

### PROGRAMME.

#### PART I.

1. PIANO SOLO "Picato" . . . . . Mendelssohn  
Mr. MORLAND HAY.
2. THREE PART SONG FOR FEMALE VOICES AND ORCHESTRA—  
"The Snow" . . . . . Elgar
3. VIOLIN SOLO "Tarentella" . . . . . Paganini  
NURSE SCRASE.
4. MALE VOICE (a) "The long day closes" . . . . . Sullivan  
QUARTETTE (b) "There comes a New Moon" . . . . . C. Wood  
(c) "Quibble's Cocoa" . . . . . Harper  
MESSRS. WRIGHT, CARTE, STANSFIELD and CATFORD.
5. DUET FOR VIOLONCELLO AND PIANO—  
"Introduction and Polonaise brillante" . . . . . Chopin  
Piano: MISS KATARINA MASON. 'Cello: Mr. T. R. H. BLAKE.
6. SONG "I would I were a King" . . . . . Sullivan  
Mr. CATFORD.
7. PART SONGS (a) "Sextet from Patience" . . . . . Sullivan  
(b) "The Miller's Wooing" . . . . . E. Fanning  
(c) "Good Night" . . . . . Pinsuti

#### PART II.

One Act Play by Members of the Junior Staff, "The Parents' Progress," by GEORGE PASTON.

#### Characters:

SAMUEL HOSKINS, a ready made Clothier with a business at New Cross and a Villa at Balham	Mr. SHERMAN
MRS. HOSKINS, his wife	Mr. A. F. SLADDEN
EM, their daughter	Mr. H. S. CRICHTON-STARKEY
BERT, their son	Mr. T. H. JUST
GEORGE BUNNING, Em's fiancé	Mr. K. J. A. DAVIS
MISS WILLIAMS	Mr. H. B. G. RUSSELL

#### Scene:

Drawing Room of "Chatsworth," the Hoskins' Villa at Balham. (Stage effects by Junior Staff, Spalding and Co. Fairy Lamps in Square kindly lent by Messrs. Clarke and Co., Regent Street.)  
"GOD SAVE THE KING."

### The London Dermatological Society.



HE London Dermatological Society held their first dinner on Monday, July 1st, at Oddenino's Imperial Restaurant, and the occasion was made the presentation of the Chesterfield medal. The dinner was a great success and the guest of the evening was Lord Chesterfield (the Lord Steward), Dr. Morgan Dockrell presiding, and among other gentlemen present were Sir Frederick Hodgson, the Rev. Wood Samuel, M.A., Mr. Ladenberg, Col. P. J. Freyer, Dr. Campbell Thompson, Dr. Bartholomew, Mr. McAdam Eccles, Dr. Helena Hall, Dr. Knowlesley Sibley (Hon. Treasurer of the Society) and Dr. Griffith (Hon. Secretary). Mr. McAdam Eccles, in proposing the toast of the Society, said the mere fact that cases of skin trouble coming from all parts of the British Dominions gave proof that the work carried on in this respect was one of the most important, and everybody felt that there was ample room for a Society of this kind, and that its labours would meet with every success.

Dr. Morgan Dockrell, in responding, expressed the view that the Society had a great future before it. It had been of great use to many members of the medical profession, and its objects were educational, consultative and social. Lord Chesterfield then presented the medal, and the recipient, Dr. Bartholomew, in returning thanks said that the great help given by the St. John's Hospital for Diseases of the Skin was conducive to the success of the Society, and it was only through that help being extended to him that made him the proud possessor of the Chesterfield medal.

### Correspondence.

#### THE LATE SIR FREDERICK WALLIS.

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

DEAR SIR,—There is one thing that I should like to add, albeit rather late, to Sir Anthony Bowley's eloquent appreciation of the late Sir Frederick Wallis, something which by the nature of the case was better known to his juniors than to his contemporaries and seniors. He had a wonderful faculty for extending a helping hand at a critical stage in a young man's career. Few perhaps realised this except those he so effectively assisted, for he always hid his innate kindness of heart as if it were something he was ashamed of. He would take a man up, usually at the end of his resident appointment, and use all his influence to secure him the best chance he could. But having secured his chance the youngster was expected to fend for himself; by that time there was another generation to be helped, and they must not be forgotten. The plan worked greatly to the advantage of those he helped so unobtrusively, for they knew that while they had in him a true friend, they must justify their position and be prepared to rely on themselves. For all his superficial brusqueness of manner he was one of the most sympathetic and tender-hearted men I have ever known. He would have hated anyone to have said this of him, yet I feel it due to his memory.

Faithfully yours,

W. LANGDON BROWN.

### Reviews.

LANDMARKS AND SURFACE MARKINGS OF THE HUMAN BODY. By L. BATHIE RAWLING.

In the notice of this book in our last issue the price, by some mistake, was given as 7s. 6d.; it should have been 5s. 2s.

FOR AND AGAINST EXPERIMENTS ON ANIMALS. By STEPHEN PAGET, F.R.C.S., with an Introduction by LORD CROMER. Pp. 376. (London: H. K. Lewis.) Price 3s. 6d.

The publication of the final report of the Royal Commission on Vivisection in March of this year did not attract much attention at the time, occurring as it did when the nation had graver affairs to think of than experimental physiology and pathology. Nevertheless, when the country has settled down once more into its normal condition we shall doubtless hear again the wail and misstatements of the opponents of all experiments on animals.

It will fall to the lot of many to have to refute these utterances of the anti-vivisectionists, and to be able to do so convincingly one must be familiar with the facts of the case. Few have the time, as Lord Cromer says in the Introduction, to obtain these facts for themselves from the Report of the Royal Commission. Mr. Stephen Paget, in the book under consideration, gives an account of the chief results obtained, up to four years ago, through experiments on animals. He has abstracted the evidence given before the Commission of the very men who have carried on the researches in question. Sections deal with the progress in physiology, medicine, surgery, pharmacology, and in veterinary surgery. The anti-vivisection evidence is well and fairly dealt with; this part of the book is terribly tragic, and gives an extraordinary insight into the workings of a fanatic's brain, his lines of thought and lack of logical reasoning.

For broad-minded summaries of the question we would most heartily commend Lord Cromer's Introduction and the evidence of Lord Justice Fletcher Moulton towards the end of the book—the latter has already been published by the Research Defence Society. For these two articles alone the volume is of great value. So many of the anti-vivisectionists' statements are made on what is thought to be, without any inquiries as to whether it is so. Let us hope they will read and digest a few of the facts in this book so that they may see more clearly in the future!

The book contains a frontispiece of Louis Pasteur, numerous diagrams and photographs; the whole is well got up, and highly interesting. To all who are interested in this important subject the book will strongly appeal, and we would congratulate Mr. Paget on this new work for the cause of medical science.

### THE HOSPITAL APPEAL.

The Honorary Secretary of the Special Appeal Committee informs us that the subscriptions now amount to £5100 and the donations to £18,500.

### Army Medical Service.

The King has been graciously pleased, on the occasion of the celebration of His Majesty's Birthday, to give orders for the following promotion in the Most Honourable Order of the Bath:

To be an Ordinary Member of the Military Division of the Second Class, or Knight Commander, of the said Most Honourable Order, Surgeon-Major-General Alexander Frederick Bradshaw, C.B., K.H.P. (retired).

Surgeon-General T. M. Corker has been appointed Honorary Physician to the King, vice Surgeon-General J. C. Dorman (retired).

Colonel S. Westcott, C.M.G., has been appointed Assistant Director of Medical Services at Portsmouth.

Colonel H. G. Hathaway, on completion of four years' service in his rank, is placed on the Half-pay List.

### ROYAL ARMY MEDICAL CORPS.

On completion of the Senior Course at the Royal Army Medical College, Captains L. V. Thurston and G. E. Cathcart are posted to Aldershot, Captain C. H. Turner to the Curragh, and Captain H. T. Wilson to the Eastern Command.

Captain M. F. Grant (Adjutant of the 1st London Division, R.A.M.C. (T)), has obtained the Diploma in Public Health of the University of Cambridge.

Lieut. Col. F. H. M. Burton should have been added to the list of those officers proceeding abroad in the coming troping season.

We congratulate Messrs. J. G. Cormack and A. Ryland on obtaining their F.R.C.S. (Edin.).

Mr. D'Arcy Power wishes to thank very heartily those Fellows who gave him their support at the recent election to the Council of the Royal College of Surgeons of England.

## Indian Medical Service.

Lt.-Col. H. W. Pilgrim, F.R.C.S., proceeded on furlough in April. The following promotions are gazetted:

Major B. G. Seton, V.H.S., to be Lieutenant-Colonel, January 30th, 1912.

Capt. W. C. Long, to be Major, January 27th, 1912.

Major J. H. Hugo, D.S.O., is granted privilege leave for two months and eighteen days, combined with furlough for one year, with effect from March 17th, 1912.

Capt. F. P. Connor, F.R.C.S., is granted combined leave for eighteen months, with effect from April 29th, 1912.

Capt. C. H. Fielding, M.B., is posted to duty at the Insein Central Jail.

Lt.-Col. F. O'Kinealy to act as Surgeon Superintendent of the Presidency General Hospital, Calcutta.

## New Addresses.

BELL, Staff Surgeon K. D., R.N., H.M.C.S. "Niche," Halifax, Nova Scotia.

BLACK, P., The Gables, Beaufort Road, Kingston-on-Thames.

CAMPBELL, F. W., Royal Portsmouth Hospital, Portsmouth.

CONNOR, Capt. F. P., I.M.S. (on leave), c/o T. Cook & Son, Ludgate Circus, E.C.

CUNNINGHAM, A. J. W., Knightbridge House, Maidstone.

HOBWOOD, F. LLOYD, 416, Alexander Park Road, Alexander Park, N.

HUTCHINSON, R. HILTON, Channel View, Heathfield, Sussex.

HUTT, C. W., 26, Florence Road, Brighton.

KEMP, C. G., Fifield House, St. Albans, Herts.

LEA-WILSON, B. H. C., Willingham, near Gainsborough, Lincs.

RICE, F., Suez.

RYLAND, A., Central London Throat and Ear Hospital, Grays Inn Road, W.C.

TOWNSEND, S., Coursers, Colney Heath, St. Albans.

YETTS, Staff-Surgeon W. F., R.N. (retired), Hatfield, St. Leonards Road, Eastbourne.

## Appointments.

BALL, W. GIRLING, F.R.C.S., appointed Surgical Registrar to St. Bartholomew's Hospital, E.C.

CAMPBELL, F. W., M.R.C.S., L.R.C.P., appointed House Physician to the Royal Portsmouth Hospital, Portsmouth.

HAMILL, P., M.R.C.P., appointed Physician to the National Hospital for Diseases of the Heart, Soho Square.

HUTT, C. W., B.C.(Cantab.), D.P.H.(Oxon.), M.R.C.S., L.R.C.P., appointed Senior School Doctor to the Brighton Corporation.

PRITCHARD, H. M.D.(Lond.), M.R.C.P.(Lond.), appointed Physician to the West London Hospital.

RYLAND, A., F.R.C.S.(Edin.), appointed House Surgeon to the Central London Throat and Ear Hospital, Gray's Inn Road, W.C.

## Examinations.

ROYAL COLLEGE OF PHYSICIANS.

M.R.C.P.—The following have obtained the M.R.C.P.: A. C. Jordan, H. R. Prentice, P. Hamill, A. W. Stott.

UNIVERSITY OF DURHAM.

The following have taken the M.D. degree for practitioners of fifteen years' standing: C. Corben, Major S. F. Green.

M.D. Examination. C. G. Kemp.

## Deaths.

DOTTRIDGE.—On July 4th, at Overton, Godalming, the wife of Cecil A. Dottridge, M.B., of a son.

DRAKE.—On June 25th, at 1, Leigham Avenue, Streatham, the wife of Courtenay H. Drake, F.R.C.S., of a daughter.

GORDON.—On July 20th, at Westholme, Horncastle, Lincs., the wife of F. J. Gordon, M.R.C.S., L.R.C.P., of a son.

HARMER.—On July 6th, at 45, Weymouth Street, W., to Mr. and Mrs. Douglas Harmer, a son.

HARTILL.—On July 2nd, at Abbots Langley, Herts, Maricl, the wife of Sydney Hartill, of a daughter.

HATFIELD.—On June 27th, at York House, Park Road, Forest Hill, the wife of Harry F. Hatfield, M.R.C.S., of a son.

LETCHWORTH.—On June 29th, at 68, Claremont Road, Surbiton, the wife of T. W. Letchworth, M.B., F.R.C.S., of a son.

POOLEY.—On July 20th, at 15, Gladstone Road, Rammoor, Sheffield, the wife of G. H. Pooley, F.R.C.S., of a son.

SCOTT.—On July 26th, at 130, Harley Street, W., the wife of Sydney Scott, M.S., of a daughter.

## Marriages.

HUTCHINSON—ARMSTRONG.—On June 4th, at St. John's Church, Watford, by the Rev. Reginald James, M.A., R. Hilton Hutchinson, B.A.(Cantab.), M.R.C.S., L.R.C.P., son of the late George Hutchinson, Esq., of "Fairfield," Tatten Hall, Cheshire, and of Mrs. Hutchinson, to Sylvia, daughter of Frederick Armstrong, Esq., and of Mrs. Armstrong, of Willow Grange, Watford, Herts.

MOWAT—GRIFFIN.—On June 19th, at All Saints', Crowborough, by the Rev. J. T. Evans-Pritchard, assisted by the Rev. W. A. Pippet, Rector of Clifford Chambers, and the Rev. S. F. Akroyd, Vicar of the Parish, Capt. James Scott Mowat, 20th (K. G. O.) Light Cavalry, I.A., to Kathleen, younger daughter of Mr. and Mrs. A. Watson Griffin, Beacon Court, Crowborough, Sussex.

SANKEY—SAXBY.—On July 2nd, at St. Nicolas, Abingdon, by Rev. T. Laving, assisted by Rev. E. Sankey, Richard Harvey Sankey, M.B., of Oxford, only son of Mr. and Mrs. Heartley Sankey, to Audrey Mary, eldest daughter of Mr. and Mrs. George Saxby, of Twickenham House, Abingdon.

WENHAM—ARGUS.—On July 25th, at Heath Street Chapel, Hampstead, by the Rev. William Brock and the Rev. Newton H. Marshall, M.A., Ph.D., Herbert Victor Wenham, M.B., F.R.C.S., of the Union Medical College, Peking, second son of Arthur Wenham, of 11, Beauchamp Avenue, Leamington, to Margaret Elizabeth Argus, only daughter of Charles J. Argus, of 22, Church Row, Hampstead.

## Deaths.

GREAVES.—On Sunday, July 7th, at Bridgetown, Barbadoes, H. S. Greaves, M.R.C.S., L.R.C.P., aged 48.

SHILLITE.—On Wednesday, July 10th, at Bournemouth, A. A. Shillite, M.B., B.C.(Cantab.), M.R.C.S., L.R.C.P., aged 49.

## 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.—covers included.

# St. Bartholomew's Hospital



## JOURNAL.

VOL. XIX.—No. 12.]

SEPTEMBER, 1912.

[PRICE SIXPENCE.]

## St. Bartholomew's Hospital Journal,

SEPTEMBER 1st, 1912.

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

## Calendar.

Tues., Sept.	3.—	Dr. Tooth and Mr. Waring on duty.
Fri., "	6.—	Dr. Garrod and Mr. McAdam Eccles on duty.
Mon., "	9.—	Examination for Matriculation (London) begins.
Tues., "	10.—	Dr. West and Mr. Bruce Clarke on duty.
Fri., "	13.—	Dr. Ormerod and Sir Anthony Bowly on duty.
Tues., "	17.—	Dr. Herringham and Mr. D'Arcy Power on duty.
Fri., "	20.—	Dr. Tooth and Mr. Waring on duty.
Mon., "	23.—	Examination for Entrance Scholarships begins. First Examination Conjoint Board begins.
Tues., "	24.—	Dr. Garrod and Mr. McAdam Eccles on duty.
Fri., "	27.—	Dr. West and Mr. Bruce Clarke on duty.
Sun., "	29.—	Michaelmas Day.
Tues., Oct.	1.—	Winter Session begins. Old Students' Dinner.
		Dr. Ormerod and Sir Anthony Bowly on duty.
Fri., "	4.—	Dr. Herringham and Mr. D'Arcy Power on duty.

## Editorial Notes.

THE editor of a journal such as that of St. Bartholomew's should be "not one but all mankind's epitome." Versed in sport and ancient lore and medicine, conversant with all the goings and comings of the sons and daughters of the Hospital, with all its scandal and news, apt at gossip, quick to discover merit, indefatigable and inexhaustible.

As this is hardly to be found in the person of one man it must fare hard with the JOURNAL, and the stricture of some of its candid detractors often be justified. It must go hard, we say, for though there is a physiological division of labour some of the organs, as it were, whether by atrophy or plethora, cease to functionate. The sports news, over which there is a presiding genius, is invariably belated, and often fails to appear at all; not that we mind personally, for we hold such stuff to be dull and uninteresting reading, and

esteem it as little as the fetish of watching a match, a habit which often masquerades under the spurious euphemism of *esprit de corps*. If a game is not worth playing by itself without the plaudits of the by-stander it is not worth playing at all; as well might the fair round belly that hastens to the station after his matutinal muffin expect his friends to gather round him and cry, "Well walked" or the professor of tiddledewicks look for encouragement in his tiddlings in the vociferations of an enraptured multitude. But all this is not what we set out to say; what we really mean is that if the records of sport and important matches are wanting let not the Editor be blamed; not that we wish to prohibit censure, even if we could, for there is always as a last resource the refuge of the famous *tu quoque* argument of Squire Western.

We hear many reports of "Camp" from members of the Medical Unit of the Officers' Training Corps. We hear glowing tales of the cooking from those who cooked, and tales of other nature from those who ate, and of the two sides we feel the former won.

The gentle demeanour of one in command was compensated by the winged apothegms of the Vice-Chancellor of London University, which did much, we understand, to lend an appearance of verisimilitude to an otherwise unconvincing military picnic.

The Annual Dinner of Old Students will be held in the Great Hall of the Hospital at 6.30 for 7 p.m. on Tuesday, October 1st, Dr. H. Lewis Jones in the Chair. The tickets are a Guinea, and can be obtained either at the door or from the Hon. Secretary, Mr. H. J. Waring, 37, Wimpole Street, W.

A parting present has been sent to Miss Armitage, the late "Sister Surgery," which represents the gifts of hundreds of St. Bartholomew's men, and is a splendid testimony of the great affection which was felt for her and of the place she must always hold in the memory of those who have known her. In addition to this the present Resident Staff combined to

send her a present of their own. We have received the following letter:

DEAR SIR,—Will you kindly allow me through the medium of the JOURNAL to convey my warmest thanks to the many friends of my hospital days who have sent me such a very generous parting gift which I received through the Warden last week. This will be a lasting remembrance of all the kindness which I have received from the former House Surgeons, House Physicians and others in the Out-patients' Department through so many years of constant daily work.

I remain, yours sincerely,  
ISABEL ARMITAGE.

\* \* \*

The September Post-Graduate Course will commence on Tuesday, September 3rd, and several entries have been received from old Bartholomew's men and others. The July course was well attended, and we hear that some of those who joined wrote expressing their great appreciation of the excellence of the teaching and the general arrangements.

\* \* \*

At school a boy conforms to a type, on the whole a pleasing one, or is banged into conformity, and he leaves it a healthy animal, bigoted, snobbish, and above all things conservative, with any distinctive personality submerged. At the University the development of personality is fostered, snobbishness dies a natural death or is murdered, and work is done largely for its own sake and knowledge pursued as an art and a philosophy. But in many ways the growing man is sheltered; there is little sense of rivalry and none of commutual competition; he has not yet learned to "scorn delights and live laborious days," he gains a manly boyishness which he hopes will never desert him, he is not encouraged to effect a self-confidence which he is far from feeling, and howsoever learned he may be he recognises everywhere about him his superior in knowledge and he says little of his own acquisitions. At the Hospital conditions are somewhat different. He realises with reluctance that he must take himself seriously and create about himself an atmosphere of knowledge, infallibility and profound judgment. His philosophy may degenerate into a profession and he discovers that commercial competition will begin, for he will traffick in diseases where others are so trafficking. But from his Hospital he will learn more than he has ever learned before; and it will set before him a high ideal of work and conduct, teach him to speak of his recoveries rather than his cures, and point out the path of intellectual honesty. So that when the times of private practice come, amongst those who pay and look for more "platitudes than pills" and comforting subterfuges rather than the truth, the spirit of St. Bartholomew's will help him to triumph over the thousand temptations of the doctor, and not let the gravity and importance of his demeanour rise and swell as his knowledge of medicine slips from him.

### Medicine in Classical Africa

By A. F. SLADDEN, M.A., B.M., B.Ch. (Oxon.).

**T**HE writer was fortunate in being appointed doctor to a party of Americans who went to explore the ruins of Cyrene, in North Africa, under the auspices of the Archaeological Institute of America.

There the winter and spring, from October to May, 1910-1911, was spent in starting an archaeological research of enormous promise and very wide extent in territory where much hostility to our presence lurked, and where difficulties, political and administrative, loomed so large that the mere fact of overcoming them, quite apart from the scientific results obtained, constitutes a great triumph for the Committee of the Institute, and notably for the Director of the campaign, Mr. Richard Norton, to whose talent for diplomacy and insight into the Oriental character the expedition owes so much.

Cyrene, associated in early Christian history with the name of Simon, was one of the foremost of the colonies of ancient Greece.

It was the capital of the Cyrenaica, a wide and fertile territory lying directly west of Egypt and due south of Greece, a land which even now is far from being an arid desert as generally supposed, and probably in Grecian times was a far richer country by virtue of diligent cultivation and irrigation.

It was, and still is, one of the gates leading into the Dark Continent, although to-day it is little used. Men do at times pass in and southwards to Merj, Kufra and Jarabub and down to Wadai, where the Soudan and Sahara mingle in unexplored solitude, and thence to the land of the Pigmies and the source of the Niger—as they did in the days of Herodotus.

Cyrene itself stands ten miles inland on the highest point of the Jebel-Akhdar, on a glorious site overlooking two wide fertile terraces that intervene between the hill-range and the Mediterranean Sea.

Here, with magnificent natural defences and an ever-flowing fountain, this "place between waters" rose to be a town which was no mean rival of such powerful Mediterranean cities as Egyptian Thebes and Carthage.

Much of the present knowledge of Cyrene's history is culled from Pausanias, the omniscient recorder of Greek history and topography. Its name was derived from a local nymph, Cyrene, probably a nature goddess analogous to Artemis. We found numerous terra-cotta figurines of a female figure draped in a chiton and holding the silphium plant and a wreath, with the figure of a stag attending. Perhaps the female represents Cyrene, for the silphium was certainly a common symbol of the city, and is found on many of the coins, and stamped on local pottery. From

the silphium was prepared a valuable drug, the laquer, akin to ammoniacum, and its cultivation was a staple industry of the city.

Historians state that Cyrene was the seat of a famous medical school; certainly it was a centre of learning and culture. Pindar writes of its barbaric splendour and even chides its king therefor; Callimachus the poet was a Cyrenian, also Carneades the founder of the Academy at Athens, and Aristippus, too, who founded the Cyrenaic school of philosophy.

The Cyrenaics thought that happiness was the only aim of life, and regarded intellectual pleasure as only secondary to bodily pleasure—a decadent philosophy well in accord with the notorious affluence and luxury of the city.

To-day the only material relics of the past glories of the people of Cyrene are the magnificent tombs grouped in long rows, silent and solemn, along the curving terraces of the hills which guard the approach to the city. Here dwell the modern Cyrenaics, barbarous and decadent too, but in another sense, and content to exist as tenants of the tombs hewn in the rocky mountain-side, which held the bodies of their nobler predecessors.

About 630 B.C. Battus became first king of Cyrene, which had previously been under Libyan rule. Under his guidance the place rose to great prosperity, and shared in a very high degree in the advance, and later in the decay of Greek culture. As in so many colonies of later history the invading and ruling people did not in point of fact hold complete sway; the previous race of Libyans intermarried, and in the civilisation of the subsequent hybrid race could be plainly traced forms of barbaric violence and luxury grafted on to the purer Hellenic culture. As interesting evidence of the Libyan strain in the people of Cyrene, one can point to the frescoes of funeral games which are to be seen in a state of good preservation in one of the tombs. Here the athletes, in purely Greek costumes, have black faces.

Under kings bearing alternately the Libyan name Battus and the Greek Arceilaus, Cyrene reached a high degree of importance until in 450 B.C. a Persian invasion overthrew the dynasty, and for the next century a republic of the Spartan type was the form of government selected. Then, in 331 B.C., the colony submitted to Alexander, and came under the sway of the Ptolemies.

From this time onwards the inland cities of the Cyrenaica decayed, while the coast towns, easier of control, rose in importance, and Apollonia (now Marsa Sousa) began to outstrip the mother city. Decay was slow but sure, and in the first century B.C. it was but a shadow of Cyrene's former self that came under Roman domination. Later a strong Hebrew element arose which controlled the commercial activities of the city, but in the reign of Trajan, the Jewish revolt against Rome resulted in a crushing disaster to the city, from which it has never recovered.

From Roman historians of the fourth and fifth centuries

we learn that the city was in ruins in their time, and in 641 A.D. Arab replaced Roman rule, but with no advantage to the devastated town. Through the centuries it has lain unpeopled, save by a few Bedouins hidden away in tombs and caves, and eking out on the dry soil a precarious living from their herds and crops.

Early last century the Turks became nominally rulers, but with a very loose control, which in recent years has been undoubtedly getting firmer. Whether they, the modern exponents of the rule of Islam, will again give place to the modern Roman people is a question not yet easy to answer. The Italians in their fight for Tripoli and the Cyrenaica will have much hard work to get real possession of either part however many decrees of annexation they publish.

If roads and revenues, sewers and drains, railways and officials are regarded as the aim of life, then the would-be conquerors of Cyrene and its neighbourhood have set themselves a heavy task which can never be wholly successful while the present race of inhabitants remains. The Arabs dislike drains, they suspect sanitation, and they protest against any attempts to change the current of their way of life and to guide it into the channels of Western civilisation, especially if such guidance is done by Italians. And who shall say that they are entirely wrong?

In its most prosperous days Cyrene probably held over 100,000 people, so that the extent of the ruins is very great. Their wide distribution and superficial character has long been known to travellers, and about 120 years ago an Englishman, Captain Beechey, visited the place and described the topography.

Any excavation, however, has only once previously been attempted by archaeologists, for the dangers of the country and the unwillingness of the Turk to admit others into a land which he himself could scarcely enter, much less control, have always prevented such exploration.

But in 1860, after the close of the Crimean War, when the Ottoman Government was deeply in our debt, a request from two Englishmen, Smith and Porcher, for permission to excavate could not well be refused, and they spent a few months at Cyrene, making many discoveries at the upper levels and finding many antiquities which they brought home to England and presented to the British Museum, where, in the Ephesian Hall, they may be found.

The writer was consulted by an old sheikh who, as a young man, worked for Smith and Porcher, and retained as a much-treasured memento a brass button from the uniform of one of the British sailors who in 1860 helped the archaeologists in the removal of their plunder to the coast.

Our efforts, therefore, had to be started on ground where the enthusiastic, if unscientific spades of Smith and Porcher had removed the more obvious treasures lying near the surface, which belonged almost entirely to the later Greco-Roman period.

Local conditions prevented us beginning work near the

Fountain of Apollo, where probably the finest relics lie, so we started systematically at the top of the Acropolis, hoping later on to be allowed to dig in more promising spots. Excavations reveal first of all Roman walls placed over earlier Greek foundations, which at successive depths can be traced back by the expert, each to its own century and period, until at last the "stereo" or virgin soil is reached. This may be fifteen or twenty feet down, and as all the dirt has to be carried by hand in baskets to the nearest dump the rate of progress hardly compares well with that of a modern steam navy. Every stone must be left in place and all damage avoided sedulously.

The possibility of finding further buildings or pottery of a pre-Greek period, and so opening up an earlier chapter in the history of Africa, is ever borne in mind by the promoters of the excavation, and it is much to be hoped that the original plan of a dig extending over many years may yet be carried out.

In this first season's dig the results were sufficiently encouraging, and the finds of buildings, statuary, pottery, coins and terra-cottas were good enough to arouse the envy of archaeologists and the interest of all.

The organisation of our enterprise was a matter of very serious difficulty, and probably only the consideration that America, of all nations, was least likely to have political designs in Tripoli made it possible to obtain the necessary *iradé* from Constantinople.

Diplomatic fences being cleared, there remained, and always will remain, many local difficulties to overcome.

Arab suspicions had to be allayed, Turkish officials to be placated, workmen to be selected, their rate of pay determined, and themselves taught how to use pick and shovel without damage to the walls and "anticas" found in the soil.

Their prejudices, habits, customs, language and health all had to be considered, and it may fairly be said that with the passage of each month our presence was felt to be less and less of a menace and more and more of a benefit to the locality.

We took out a portable wooden house so ordered that it could all be carried by camels—the only form of transport available. The building of this structure afforded great interest and some misgivings to the people of the district, and much toil and sweat to ourselves. Despite some slight structural defects we were quite comfortable in our little hungalow and generally safe from the weather, except in heavy storms. On those occasions one might find the humorist of the party, serious for once, in bed with an umbrella fixed above his head, or the bald member at supper dodging the drip from the roof; but that was better than a tent overturned by the wind in the middle of the night.

There we spent six months with varied fortunes, but feeling each month that we were making progress with the

work in hand, and getting a surer footing among the Arabs. About twice a month our mails would be brought by anyone who happened to be travelling the sixty miles from Derna on the coast, and strange to say there was hardly any mail lost, despite such haphazard postal service.

After our little party had returned to civilisation for a summer holiday the war broke out, and so far the return to Cyrene has not been possible. Following closely the somewhat meagre accounts of the campaign which reach the newspapers I have found no mention of any military operations nearer than Marsa Sousa, so probably our wooden house with its stores has not come into the hands of the Italians. Whether it remains intact however is another question, though a rumour has reached us that our old friend Hadj Souan, the Mudir, has refused to obey a command to collect his local tribesmen and proceed with them to the war, insisting that his first duty is to protect the goods left in his care, a course of action at once less exhausting, and probably, in the long run, more profitable.

In addition to the care of the health of my colleagues my duties included rendering medical and surgical aid to our workmen, and it was thought desirable also to treat any other natives who applied for help. Such treatment had to be generally of a simple character, analogous to that of the casualty department of a general hospital, and subject to the same disadvantages, often enhanced by the difficulty of language, the condition of the dwellings, and complete ignorance of the most elementary hygiene on the part of the natives, and indifference to it. Anything of the nature of in-patient work was out of the question; the local officials deemed it wiser that so far as possible visits to sick persons in their native dwellings should be avoided, so that, with a few exceptions in urgent cases, all patients were seen at the Camp.

We planned at first to receive from natives asking for treatment a small gift in lieu of a fee, but soon found this impracticable owing to the poverty of the country. It was more politic to abandon such a scheme rather than refuse to see the patients, for their good-will and friendliness were of chief importance to us.

There is little doubt that the local people appreciated the means of obtaining medical aid. They were a little slow to grasp the limitations of one's power to heal, but were never troublesome on that account; if disappointed, they kindly ascribed to the will of Allah any failure to cure. But the strongest faith was shown by one who, on the death of his father, came to ask for his resurrection. My regret at being unable to help him in his trouble was tinged with pardonable pride at receiving such an unique request. Throughout the season there was much that was interesting both from the professional and from the scientific and the anthropological points of view, though probably nothing entirely novel was seen.

The first "consulting-room" was the roadside, an arrange-

ment admirably suited to the natives, who delighted in crowding around to see the fun, but not convenient from a surgeon's point of view. After a few weeks, the Camp being put in order, a tent was set aside for use as a surgery, and did duty throughout the winter. In the spring this was abandoned in favour of a large and well-lit tomb, which, despite its old associations, proved more convenient in every way, and should serve for the same purpose next season. It is a pleasure to mention here the useful help given frequently and with great willingness and intelligence in the surgery by George Morgan, one of the servants who accompanied the expedition. At one time when I was partially disabled this alone enabled me to carry on the daily work in the surgery without interruption.

Previous medical reports on the district are few in number, and those travellers who have made any such notes have dealt chiefly with the coast towns of Bengazi, Derna, and Bomba and their environs. Apparently no modern medical man has ever before had the opportunity of settling for several months at an inland point of the Cyrenaica, such as Cyrene. On the other hand, my opportunities of investigating the hygienic conditions of the coast towns were scanty; for literature dealing with these very complete references can be found in Hildebrand's voluminous book on the Cyrenaica (Carl Georgi, Bonn, 1903). In the report of the Jewish Commission appointed in 1908 to travel through the Cyrenaica, a short medical topography by Dr. Eder is included. I had no opportunities of observing the Jews of the coast towns, and inland there are but few Jews, but Dr. Eder's notes on the Arabs and their prevalent diseases are substantially in agreement with my own experience. His military medical informants at Derna and Tripoli appear to have been singularly optimistic with regard to the health of their soldiers; at Derna there was said to have been no disease among the troops for a year. My experience with the men stationed at Cyrene was that diarrhoea and dysentery were both prevalent among them, while quite the usual proportion of victims suffered from syphilis. The soldiers, however, were foreigners to the country, and the conditions of their feeding and housing were very bad.

At Cyrene during the period of our stay, from October to May, the temperature was never tropical and at times was cold; in February on two days there was a slight fall of snow, and cold heavy rains were frequent in December and January. The coolness of the climate during our stay came rather as a surprise to many of us; it is probably determined by the height of Cyrene above sea-level (1800–2000 ft.), by the formation of the country in wide plateaus and terraced hills, facing due north, by the proximity of the Mediterranean and the consequent trend of the winds.

The prevailing winds are from the north and north-west and certainly tend to make the climate cool. By contrast, when the "Gibli" or south wind blows, a type of sirocco

intensely hot and suffocating, charged with fine dust from the desert, one realises the benefit of the prevailing north wind.

Except at the height of the rainy season (December and January) there is no standing water to be seen in the district, and by the end of April most of the wadies are dry. But a few springs, and notably the fountain of Apollo at Cyrene, flow constantly throughout the year; and bearing in mind the heavy rainfall of the winter months, we can see that with a comprehensive scheme of conservation the country could be made to supply water in quantity sufficient for a far larger population than is at present found there. Under present conditions the water supply, after irrigating a few acres of garden, is allowed to trickle down the hills to waste.

I saw no mosquitoes at Cyrene, but would not undertake, on seven months' experience, to say there are none. Likewise I found no evidence of malaria, and this agrees with the observations of others, who have found malaria only on the coast, at Derna and Bomba.

The inhabitants are mainly Bedouin Arabs, there are a few Cretans near Cyrene at Marsa Sousa, the nearest coast settlement, and a sprinkling of negroes from the Sudan. All are Moslems of varying degrees of strictness.

They are not a clean people, partly no doubt owing to local circumstances, but partly from their Oriental acquiescence in things as they are. The local soap is poor in quality and often hard to obtain; a great boon to the people, if they would use it, would be a cheap and readily available supply of good soap.

There are no doctors and no drugs. A few of the old men, generally in their dotage, acquire a reputation as healers, and practise principally the use of cautery and the seton on patients, who seem to realise the futility of these methods, but who bow to tradition and public opinion.

The cauterisation is performed by means of a piece of metal heated in a brazier and applied to the skin for a couple of seconds. No special form of instrument is used and the area cauterised varies. No dressing or cover is applied subsequently. I have seen patients with scars following this treatment for cough and bronchitis, for abdominal pain, and for joint pains, and one notable case of sciatica where the leg had been lightly cauterised with a metal disc about half an inch in diameter at intervals of two inches from the buttock down the posterior aspect of the leg to the ankle. The operation had been skillfully done, but apparently without any benefit to the patient.

The seton is a very common mode of treatment. A coarse linen or cotton thread, generally dyed blue, is passed under the skin surface within the subcutaneous tissue for about an inch, then out again, and the two free ends loosely tied. A large sewing needle is used for the purpose, and no attempt to clean or prepare the skin first is made. Con-

sequently some suppuration invariably occurs, but is rarely very serious in its extent. The site of application of the seton is generally over the area of pain, such as the epigastrium in dyspepsia. Frequently ophthalmia of all kinds is treated by insertion of a seton to the outer side of the orbit of the affected eye; corneal ulcers and opacities and cataract are also treated thus, or by an alternative method of passing the setons through the auricle of the corresponding ear. Amongst other cases seen where the seton had been applied were: a boy with curvature of the spine, with setons applied over the curve, a woman with ventral hernia, another with chronic tympanic abdomen, and a man with a tapeworm, all liberally stitched as to their abdominal walls. A phthisical patient had similar stitches at each apex in front, whilst one with acute rheumatism carried them in each wrist.

Occasionally open wounds are dressed with leaves; more often a dirty rag, or nothing, suffices, and the condition of large chronic ulcerating surfaces or wounds under such treatment defies description. Nevertheless, in many cases healing does ultimately occur.

I saw one of these native healers treating an abscess by murmuring prayers and then spitting on it; later the same patient came to sample modern methods, which in a few days gave more satisfactory results. The use of written charms carried on the person is quite common, and several of these were shown to me, generally consisting of passages from the Koran.

The people are ignorant of nearly all Western medical lore, though rumours of it have reached them, and any traveller passing through the country is soon besieged by patients. They know of Jennerian vaccination, and I had several requests for this preventive measure from Arabs going to a neighbouring district where smallpox was prevalent.

The natives have a systematic method of treating fractured limbs which has quite a rational basis. They apply splints made from bark and softened in water, shaping them to the limb. The splints are left on for as many days as the patient has years to his credit, so that on a boy of fourteen the splint remains for a fortnight, while on an old man of seventy, presumably it would be kept on for ten weeks. Their skill in applying splints was impressed upon me by the case of a man suffering from a compound fracture of the upper arm, the result of a bullet wound. Inflicted a month before, the wounds had never been dressed, but the whole upper arm, wrapped in rags, had been very neatly cased in with strong bark, and windows cut in the splints to relieve the pressure on the wounds. Owing to suppuration no attempt at union of the broken fragments had occurred, but had the fracture not been compound there is little doubt that the excellent setting would have insured good union.

A practical and quite up-to-date remedy for headache, which I witnessed on one occasion, was a form of massage

of the scalp. This was carried on briskly for about ten minutes, and then the masseur concluded operations by giving a vigorous twitch to the root of the patient's nose. The local cure for jaundice consists of three shallow incisions made vertically in the forehead.

Besides the seton and the cautery, very commonly used as a remedy for localised pain, there is a favourite practice of pigmenting the painful area by a tattooing process. Although I did not see the actual method of application, nor the material used, I was informed that the skin was pricked with a needle, and the pigment, producing a deep blue colour, firmly rubbed in. The favourite patterns were circles and short lines in series crossed by longer ones, and many variations of these designs. Several cases of pain in the knee had been marked thus, and I saw also a case of mitral disease where the left breast had been tattooed. Tattooing for purposes of ornamentation and tribal distinction is, of course, quite common, as also is the custom of slitting the nostrils of infants.

As an instance of local superstition in matters of health, an old Arab consulted me for abdominal pain, which he said had been laid upon him some months previously by the curse of some infidel unknown. He believed that the effect of the curse could only be removed by an infidel doctor of the same faith as the offender, who, he thought, was either a Jew or a Christian; so, hearing of the presence of a "Nazrani" doctor in the district, he came to try his luck. He went away with his faith cure supplemented by a strong dose of castor oil, and no more was heard of him.

In the course of seven months 721 patients applied for treatment, making in all 1229 visits. The cost of drugs and dressings, together with a margin for depreciation of instruments, works out at fivepence (ten cents) per patient, or threepence per visit. It goes without saying that treatment was necessarily simple in character, and that a good proportion of the cases were trivial only.

A detailed analysis of the cases seen is not of special value, but an outline of the trend of disease among the Arabs of Cyrene may be of interest. Their commonest diseases are ophthalmia and its sequelae: syphilis in many forms and all its stages; and tuberculosis, also in many forms. One must also record a large number of cases of impetigo, many very chronic, and of skin complaints arising from the attacks of parasites conveniently classed as macroscopic.

The commonest conjunctivitis seen was the contagious form, trachoma, but slight muco-purulent conjunctivitis was by no means uncommon, and all forms were much aggravated by lack of cleanliness. The purulent eyelids of an infant might often be seen covered with flies, while neither child nor mother made the slightest attempt to brush them away. As one might expect, many cases of long-continued and severe conjunctivitis lead on to such sequelae as corneal ulcer, nebula, general opacity of the cornea, anterior staphy-

loma, anterior polar cataract, general shrinking of the eyeball, or complete loss of vision; and examples of all these were seen. Squint was also very common, especially inwards and upwards. Several examples of pterygium were seen, and also senile cataracts. Very few cases of iritis and none of glaucoma appeared, and myopia was very rare.

Of thirty cases diagnosed as syphilitic the greater number were either late secondary or tertiary. Gummatous ulcers were common, while five perforated ulcerated palates were seen. In a remarkable case of advanced syphilitic rhinitis the whole of the nose and central part of the face had sloughed away, so that one looked directly on to the posterior wall of the pharynx. Very few cases of primary syphilis came up for treatment, illustrating the marked dislike in the Arab mind to exposing a part of whose function he is ready to talk in the freest language to his friends. For similar reasons one had no opportunity of gynecological or obstetric practice, though probably in cases of urgency the local Arabs would not hesitate to call a physician to the aid of their women.

Tuberculosis appeared in many forms. Thirty-six certain cases were seen and many other probable ones. Ten cases of phthisis were seen, eight of which were in male adults. Six tuberculous joints, four of these being in children, were seen, but these included no case of hip disease, nor were any cases of old hip trouble seen. Tuberculous lesions of bones were found in several patients of various ages, in addition to osteomyelitis due to other infections. Tubercle in the cervical glands was only found in a few instances, a much commoner cause of enlargement of these and neighbouring glands being found in head-lice. I saw six children whom I considered to have tuberculosis in the abdominal cavity, and one young adult. The causes of the distribution of tubercle in the body are still a matter for discussion, and generalisations should only be made on the basis of many hundreds of cases. One may note, however, that at Cyrene the housing is extremely bad, and nourishment scanty in many families. Milk of both cows and goats is a staple of diet; meat is only an occasional luxury in most households. In this connection it should be noticed that as the result of a more liberal diet following several months' receipt of good wages from the Expedition, our natives seemed decidedly to improve in condition and to have greater vitality and energy.

Amongst other ailments which came to my notice there were, on the medical side, two cases of acute rheumatic fever, two diabetics, rheumatoid arthritis, rickets, and a case of puerperal septicæmia first seen when *in extremis* and showing a well-marked purpura. A few cases with old mitral lesions presented themselves, but on the whole there seemed very little cardiac disease. Intestinal parasites are said to be common. I can vouch for several tapeworms (*Tænia solium*), which the natives seemed to regard almost as necessarily associated with their lives. Since there is a

certain amount of intercourse with Egypt one would expect to see the *Bilharzia* parasite occasionally, but no examples of hæmaturia came to my notice. The tropical diseases of the text-books were conspicuous by their absence.

On the surgical side a few notes of other diseases seen or not seen may be interesting. Six undoubted malignant growths were met with, and others probably carcinomatous. A large lymphadenoma of the cervical glands was seen in a man at Derna. One patient had a thyro-glossal cyst with which he refused to part, while in my last few days at Cyrene another patient with a large lipoma at the back of the neck was equally anxious to be rid of it.

An interesting case of wrist-drop following a bullet-wound at the shoulder was shown to me; the wound had healed, the bullet having entered above the right clavicle in its outer half, and emerged above the spine of the scapula. Except for the musculo-spiral nerve paralysis no other lesion was present. Other bullet-wounds served to remind one of the character of the country we were in.

Hernias were infrequent. I saw only one case of inguinal hernia in an infant. Two umbilical hernias and one ventral in an old woman, situated two inches above the umbilicus, completed my total of four. It would be interesting to determine whether the congenital liability to rupture is less in the Arab, or whether his mode of living and working render him less liable to this weakness. No "acute abdomens" were seen, and only one case suggesting appendicitis.

Varicose veins and varicocele were rarely met with, but possibly the latter would be found if one had more opportunities of examining for it. In a man seen at Marsa Sousa there was extreme talipes equino-varus, while in the hands there was a symmetrical deformity, all the fingers and both thumbs having only half of the first phalanx present, the remainder of each digit having apparently been removed at some time. The condition was stated to have existed from birth, and was possibly an example of amputation *in utero* by amniotic adhesions.

It is a pleasure to record these experiences shared with companions so congenial as my American friends, and did other considerations permit it I would gladly accompany them for another season's work, but although that is not possible, the Expedition has my heartiest wishes for continued and increasing success during the coming years.

Part of this article was published in the *Bulletin of the Archaeological Institute of America*, and any doubt about using it again was quickly dispensed by a kind and generous letter from the President—Mr. Francis W. Kelsey—who in his letter says: "The Officers of the Institute feel that they owe a large debt to Dr. Sladden, whose technical skill, efficiency and steadiness of courage under adverse conditions very materially assisted our work at Cyrene"—a compliment to one of our House Physicians which is very pleasing to read.—Ed.

## Some Chemical Tests for Malignant Disease.

By R. L. MACKENZIE WALLIS.

THE recent advances in our knowledge of the chemical processes taking place in the body has naturally led to the introduction of certain chemical tests for the recognition of different diseases. Attention has of late years been particularly directed towards malignant disease, and the present seems a favourable time to review briefly the most reliable methods. Only those tests of which I have had personal experience will be given, since time and space will not permit of a complete review.

In order to establish definitely a chemical test, one has to demonstrate that it is only found in the disease in question, and that it bears some constant relation to that disease. When carried out with all due precautions the actual chemical technique rarely introduces errors, but even with all due care every test has its fallacies. If we remember what a potent factor is Nature herself, we can easily see that no biological test is absolutely infallible. With this important reservation we will briefly consider the value of the various methods in relation to the subject in question.

## THE CHEMISTRY OF THE GASTRIC CONTENTS IN CARCINOMA OF THE STOMACH.

There is no doubt that the composition of the gastric contents after a standard test meal varies considerably according to the pathological condition of the stomach, and each disease of this organ appears to yield a gastric secretion of a definite type. The test-meal in general use in this country is that known as Ewald's, and consists of two rounds of dry toast, and a pint of weak tea, without either milk or sugar. Although this method of stimulating the gastric mucous membrane possesses certain objections, the results obtained have a very definite comparative value.

The procedure is as follows: Previous to the administration of the test-meal the stomach should be thoroughly washed out to ensure that it is completely empty. The test meal mentioned above is now given, and after the lapse of exactly one hour the contents are removed, the withdrawal being facilitated by the use of Senoran's evacuator.

The following facts are then ascertained by chemical analysis. The quantity recovered is first measured, the usual volume of the filtered contents being about 50 c.c.—a diminished quantity indicating increased motility, whereas an increase points to either decreased motility, hypersecretion, or dilatation of the stomach. In some cases as much as 250–500 c.c. have been obtained. The actual volume should always be taken into account when drawing conclusions with regard to the quantitative values for the various constituents. Apart from the presence of altered blood, or

regurgitated bile, the general naked-eye appearance of the test-meal does not give any evidence of the changes in the gastric contents. A microscopical and bacteriological examination is, however, of importance in malignant disease, since one frequently finds in this condition pus cells, epithelial cells, Oppler-Boas bacilli, and Sarcinae. The presence of Sarcinae is usually associated with dilatation of the stomach. The filtered gastric contents are usually acid in reaction, and this acidity is partly due to the physiologically active hydrochloric acid present, and partly to organic acids, e.g. lactic and butyric acids. The latter, particularly lactic acid, are nearly always present in malignant disease of the stomach, and usually associated with the Oppler-Boas bacillus and other lactic acid forming organisms. With regard to the physiologically active hydrochloric acid this includes both the free and the protein combined acid. Free hydrochloric acid is almost invariably absent, especially in the more advanced cases. The protein combined hydrochloric acid is present only in very small quantity and rarely exceeds 0.06 per cent. The total acidity, including, of course, the active hydrochloric acid, is in consequence markedly diminished and rarely exceeds 0.1 per cent., whereas the normal value is usually about 0.2 per cent. The mineral chlorides, on the other hand, show a comparative increase (Graham), and this fact points to neutralisation of the active hydrochloric acid present, probably by alkaline substances secreted from the growth itself. The ratio of the active hydrochloric acid to the mineral hydrochloric acid never exceeds 92 to 100 in marked malignant disease of the stomach, whereas in normal individuals this ratio is generally above 300 to 100. The ferment activity, as judged by the amount of neudin present is either very low or entirely absent. The chemical tests for blood in small quantity are frequently given in this disease.

A test-meal presenting all these characters is of great value in supplementing the diagnosis based on clinical symptoms and physical signs and is rarely at fault. It may further be added that by a careful chemical examination of the gastric contents after a test-meal it is possible to differentiate between carcinoma of the stomach and chronic ulcer, and also between chronic gastritis and gastric ulcer, conditions which often present a marked similarity clinically. In chronic ulcer, compared with carcinoma, the active hydrochloric acid is either normal in amount or in excess, and free hydrochloric acid is present, while the mineral chlorides are not increased. The ferment activity is always high. If now we compare chronic gastritis and gastric ulcer we find well-marked differences. Chronic gastritis is always associated with a great diminution of the active hydrochloric acid, and an absence of free hydrochloric acid together with a low ferment action. In gastric ulcer, on the other hand, there is always a condition of hyperchlorhydria with excess of free hydrochloric acid and a

high ferment activity. Chemically there are many points of resemblance between chronic gastritis and gastric carcinoma, and frequently it is very difficult to draw a definite conclusion. In chronic gastritis, however, I have never found the Oppler-Boas bacillus, and lactic acid is usually absent. Further, the mineral chlorides are not increased, and so the ratio rarely declines below 100.

Another test for carcinoma of the stomach, which has many points to recommend it, is known by the name of Salomon's test. It is based upon the evidence of secretion of ammonium salts, and albumen by the growth itself. In order to carry out the investigation it is necessary to keep the stomach free from protein food materials for at least twelve hours. The patient is allowed an early tea as the last meal of the previous day, and this consists of tea with a limited supply of bread, which can preferably be replaced by such starchy foods as arrowroot, etc. The following morning the stomach is washed out with about 400 c.c. (15 ozs.) of normal saline solution. After the lapse of a few hours the stomach is again washed out with the same quantity of saline as before, and this second lavage is retained for chemical analysis. The total nitrogen values, and the albumen content are then ascertained. In carcinoma of the stomach the total nitrogen ranges from 10 to 70 mgm. per cent., and the albumen as much as 0.5 gm. per cent. The total nitrogen in other diseases of the stomach never exceeds 16 mgm. per cent. This test has been used as confirmatory evidence of the presence of a malignant growth in the stomach with very satisfactory results. It has also the advantage of being more easily applied than a test-meal, and where the latter is for obvious reasons contra-indicated.

## THE ALKALINITY OF THE BLOOD IN MALIGNANT DISEASE GENERALLY.

The data obtained in the analysis of the gastric contents in malignant disease of the stomach leads one to suppose that the changes are primarily due to actual alterations in the composition of the blood. Moore and his co-workers have shown that there is a small but definite increase in the alkalinity of the blood in malignant disease generally. For the proper maintenance of life it is necessary that there should be an exact balance between the acids and alkalies present in the blood-stream. Normally, such an equilibrium is maintained. It is therefore quite conceivable than an increase of either one or the other will produce profound changes in cellular metabolism, no matter how slight the alteration may be. Having in view the chemical facts with regard to the diminution of the hydrochloric acid in the gastric secretion, and also the possibility of neutralisation of some of this acid by the products of the growth itself, the changes in the reaction of the blood seemed to warrant investigation. I have been engaged in making observations

on these lines, and the results have yielded evidence of much interest. As far as my experiments have gone I believe this test is one of the most valuable for the diagnosis of early cases of malignant disease. For example, the blood of a patient with epithelioma of the tongue gave a well-marked alkalinity figure. All that is necessary for this test is the removal of about 5 c.c. of blood from a vein in the arm, clotting of the blood being prevented either by whipping with a sterile needle, or the addition of hirudin (leech extract).

## THE PRESENCE OF CREATINE IN THE URINE IN MALIGNANT DISEASE OF THE LIVER.

Normally the urine contains a nitrogenous substance known as creatinine, which is constant in amount for each individual, and shows practically no variations under physiological conditions. The presence of the closely related substance creatine constituting the condition creatinuria invariably indicates a pathological condition. It occurs in small amounts only in diseases of the muscular system, starvation, diabetes mellitus, and acidosis generally, also during menstruation, and in pregnancy. Creatine is normally present in the muscular system, and appears to bear a direct relation to the creatinine excreted in the urine of a healthy individual. The conversion of the muscular creatine into the urinary creatinin has been shown by Mellanby to take place in the liver, so that in diseases of this organ changes in the metabolism of creatine may be expected. We certainly do find changes in the creatinine excretion in hepatic diseases, but one disease of the liver, namely malignant disease, appears to stand quite apart from the others. In carcinoma of the liver the creatinine excretion is diminished, and the creatine in the urine abnormally high. These results have been confirmed by several observers, and a case described by Sheen, Scholberg, and the writer in the *Lancet* of September, 1910, illustrates this point very well, and its value as an aid to diagnosis. I have now made observations of the creatinine and creatine excretion in a large number of cases, and the following are the main conclusions arrived at:

(a) Creatine in large quantities is only present in the urine in malignant disease of the liver, being quite absent in cirrhosis and gummatous of this organ. The amount of creatine excreted cannot be derived entirely from the muscular system, and is probably a product of the malignant growth. In this connection it may be mentioned that the largest amounts excreted came from cases with extensive involvement of the liver, e.g. melanotic sarcoma.

(b) There is no distinction to be found between carcinoma and sarcoma as regards creatinuria, and in neither condition does this occur without metastatic deposits in the liver.

(c) Cases presenting generalised metastases, whether in



the peritoneum or elsewhere, do not exhibit creatinuria, unless the liver is at the same time involved. The results are of particular interest in connection with such conditions as carcinoma of the breast with secondary deposits in the bones, and carcinoma of the uterus with peritoneal metastases.

The value of the creatine test in helping to determine the possibility or otherwise of successful operation, especially in types of malignant growth where metastases are rapid and general, seems to be established in these observations.

#### THE METABOLISM OF SULPHUR IN MALIGNANT DISEASE.

During the past few months Murachi, working in Vienna, has brought forward a new test for the detection of malignant disease. This test is carried out on a twenty-four-hours' specimen of the urine, about 200 c.c., or 10 ozs., being required. The procedure is to first convert the ethereal sulphates in the urine into inorganic sulphates by hydrolysis with acid, and then to remove the sulphates present by addition of barium chloride. After removal of the barium sulphate by filtration, the filtrate is then heated with hydrogen peroxide. In a normal urine such treatment yields only a very slight precipitate, but in malignant disease a well-marked and copious precipitate settles out. This precipitate consists of the sulphates derived from the partially oxidised sulphur compounds present in the urine in this condition. The sulphur present in this form may amount to over 3 per cent. of the total urinary sulphur. In the hands of Murachi this test appears to be very characteristic, and, judging from his results, remarkably reliable. Though I have had a very limited experience of this test I have found it positive in a few cases of undoubted carcinoma. The exact technique employed in this test is somewhat involved, and requires two days for its completion.

The above summary of some of the chemical aspects of malignant disease may serve to demonstrate that progress is being made along these lines. Although, in the words of Dr. Garrod, we are still outside the factory and only able to look into the windows, we are making preparations for comprehending the processes which we shall see more closely, when we are finally enabled to enter the door.

## The Treatment of Gout by Diphenyl Chinolin Tetra-carbonic Acid (Atophan).

By A. S. WOODWARK, M.D., M.R.C.P.



HAVE recently tried the effect of the administration of diphenyl chinolin tetra-carbonic acid\* on several patients suffering from gout attending the out-patient department. Such success has attended its use that I feel justified in stating that in my opinion the drug will prove of great service. I have for the time being left out of consideration the question of the intake and output of uric acid. But the result of my experiences has so far inspired Mr. Mackenzie Wallis that we have determined to take in a number of cases in order to investigate the chemical aspect of the question.

Diphenyl chinolin tetra-carbonic acid is a derivative of chinolin-carbonic acid, and was introduced in 1908 by Nicolaier and Dohrn. Since then several papers have appeared in the German medical press detailing the experiences and results of its use. I have in this paper considered the drug under the following headings:

- I. The chemical properties of the drug and the method of its administration.
- II. Its action and contra-indications in acute gout.
- III. Its possible value as an aid to diagnosis.
- IV. Its use as a prophylactic.
- V. Its value in chronic and irregular gout.
- VI. Possibilities, potentialities and general conclusions.

#### I. THE CHEMICAL PROPERTIES OF THE DRUG AND ITS METHOD OF ADMINISTRATION.

Diphenyl chinolin tetra-carbonic acid, which can now be procured from any chemist, is crystalline in form. It is insoluble in water, but soluble in alkalis and hot acids. It has a distinctly bitter taste.

The drug should be prescribed in cachet form, each cachet containing 10 to 15 gr., three times a day for a week, and in doses of 5 gr. for the next few days. Immediately following each dose it is advisable to give sodium bicarbonate 1 dr. on the first day and  $\frac{1}{2}$  dr. on the succeeding days.

A cure will then generally have been effected in that time. The usual dietetic rules for gout must be insisted upon during the treatment.

#### II. ITS ACTION AND CONTRA-INDICATIONS IN ACUTE GOUT.

Within twenty-four hours there is a great increase of uric acid in the urine, and the swelling, redness and pain of the affected joint show signs of diminishing. Numerous

\* Diphenyl chinolin tetra-carbonic acid is known commercially as atophan.

observations both of animals and man have confirmed the increased excretion of uric acid.

The patient will notice that his urine is dark coloured. The drug is stated to have no ill-effects upon the heart or nervous system, and not to cause glycosuria or albuminuria.

Retzaff (*Deutsch. med. Wochenschrift*, ix, 1912), however, states that it should be cautiously used in cases where gastric pain, heartburn, or renal trouble such as stone—is present. But he continues that the coincident administration of sodium bicarbonate obviates all danger. Certainly in two of my cases gastric pain was complained of. In the first case definite signs of gastritis were present with an acute attack (his fourth) of gout in the big toe, both being due to an orgy with alcohol. This man, when I saw him three days later, complained of violent pains in the stomach after taking the drug, and later I was informed by his wife that he had gone to the infirmary because of the pains, but I have been unable to trace his history further. The second case was one of chronic gout associated with dyspepsia and severe pains in the joints. He complained of pains in the stomach after a week's administration, which ceased when the drug was withheld. I have not had an opportunity of seeing the effect in patients suffering from renal complaints.

It has also to be added that the well-known unpleasant accessory effects of colchicum are absent, and that in the majority of cases the patient suffers no inconvenience whatever by taking the drug.

Three cases of acute gout that I treated in the above manner recovered in three or four days, and two of the men told me that their previous attacks (four and eleven respectively) had lasted much longer. The third man whom I treated was suffering from his first attack; and although this cleared up in five days he returned a week later with just as typical an attack in his other foot. He admitted that he had, in view of his recovery, been lax in his diet and indulgence in alcohol. In all three cases the pains and tenderness had disappeared at the end of a week, but the swelling was not entirely gone.

#### III. ITS POSSIBLE VALUE AS AN AID TO DIAGNOSIS.

It has been noted that diphenyl chinolin tetra-carbonic acid causes an increased output of uric acid in normal people without any ill-effects, and therefore at first sight it is difficult to see how this drug could be of diagnostic value, but its worth is comparable to potassium iodide as an aid to diagnosis in syphilis. If a tumour of doubtful nature disappears after the administration of potassium iodide, it is generally assumed to be of syphilitic origin. So when inflamed joints of a doubtful nature rapidly clear up after the ingestion of this substance, coincidentally with a great output of urates, it is not unreasonable to regard gout as the *fons et origo*.

#### IV. ITS USE AS A PROPHYLACTIC.

Retzaff states that victims of chronic gout who are constantly being troubled with supervening attacks of acute gout can avoid them by taking 30-45 gr. a day for three consecutive days every fortnight. But Gudzent is of opinion that it will not always prevent attacks, and certainly the case I quote above supports the views of the latter observer. It will require a longer trial than I have as yet been able to devote to this drug before a definite opinion can be expressed, but it certainly is worth investigating, and I intend to proceed with its administration.

#### V. ITS VALUE IN CHRONIC AND IRREGULAR GOUT.

Some observers state that tophi will diminish in size if the administration of the drug is persisted in for some time; others that atophan is of no value in chronic gout. My experiences are confined to ten cases of chronic gout, in all of which the last acute attack had taken place at least four months previously; in all but two instances the condition was greatly improved. All of these were cases under the care of physicians, whose careful notes, coupled with the patients' stories, left no doubt in one's mind that the attacks in question had been typical acute gout. Eight of the patients complained of constant aching pains in the joints affected, whilst the other two experienced continual indefinite pains of irregular distribution over the whole limb. At the expiration of a week, they, with two exceptions, stated that they felt much better, using such hyperbolic words and expressions as "marvellous," "splendid," "hadn't felt like it for years," etc. In two cases, however, whilst no ill effects were noticed, the patients stated that their condition was unchanged. In no case did I notice any change in the size of the affected joints. The following additional cases are also of interest. One patient with a characteristic history of gout was troubled with universal *eczema*, which he told me was at times "moist and always irritating." Improvement was certainly visible at the end of a week, and to use his own words, "it had dried up more and the irritation had gone," a condition such as he had not experienced for months. Three weeks later he stated that although by no means gone it still was progressively improving. Two patients who had suffered with *sciatica*, one directly following an acute attack, the other occurring in a case of chronic gout, stated that at the end of a week their pains had improved, and in the first case they were entirely gone at the end of a fortnight. A man who had been the victim of *migraine* for seventeen years and had been the rounds of the doctors, hospitals, etc., in a town in the Midlands, visited the out-patient department "to see if London doctors could help him." He had exhausted, as far as one could tell by the doctors' letters, all the drugs in the pharmacopoeia, and I advised his admission as soon as there was a bed. Because of a vague suspicion of gout I gave him diphenyl

chinolin tetra-carbonic acid for a week, and told him not to come up again until a bed was ready for him. At the end of a week he returned of his own accord, and begged for some more medicine, stating that for the first time for ten years he had been free from headache, and "felt like a child." At the end of three weeks he stated that he had experienced only one attack, but not so severe as usual, and that he was in all respects much better. Two subjects of chronic gout, who complained of *malaise*, chronic headache and languor, and stated that they did not feel up to the mark, were much better after a week's administration, although there were no objective signs of active gout, and only the vague symptoms mentioned above. Efforts to discover cases of irregular gout in the eye, throat and other special departments have met with no success.

#### VI. POSSIBILITIES, POTENTIALITIES AND GENERAL CONCLUSIONS.

In my opinion we have in diphenyl chinolin tetra-carbonic acid a drug which for acute gout is as safe as colchicum and quicker in its action, and which is frequently more efficacious than guaiacum in chronic or irregular gout. The patient does not often complain of its taste, and there are no ill-effects except when gastritis (and possibly nephritis) is present. There is no doubt that hundreds of people, who either suffer periodically from gout or who are qualifying for the disease, go through periods, greater or less in duration, of odd pains, etc., during which time a clinician would wait for definite manifestations, such as the joint affections, before he made a diagnosis of gout. But prior to the stage of deposition of urates in the joint they are unquestionably the victims of excess of uric acid in the blood, and it is the sufferers from these vague and indefinite cases of headache, malaise, depression, irritability, pains in the limb, etc., who lend themselves most beneficially to the above drug under consideration. The effect of its administration is being tried in other joint affections, such as acute rheumatism, and it will be of interest to see whether it succeeds in these conditions. Should success, such as I have detailed above, continue in the treatment of gout, I feel sure it will be agreed that Nicolaier will, by diphenyl chinolin tetra-carbonic acid, have made as great an advance in the treatment of gout as he achieved by his introduction of urotropin for the treatment of urinary affections.

### Clinical Gittings.

No. XIX.

By SAMUEL WEST, M.D.

#### RHEUMATIC FEVER AND RASHES.

**V**ARIOUS rashes are described as occurring in the course of rheumatic fever. Yet there is only one which is common, viz. the sweat rash or sudamina; all the others are rare. They are for the most part different forms of erythema. The frequency with which these rashes are stated to occur in rheumatic fever is very variously given by different writers. This depends upon the degree of laxity with which the term "rheumatic fever" has been used in the past. Rheumatic fever is no doubt a specific disease with its own microbe, though the actual specific organism may perhaps not yet have been discovered. The mere association of raised temperature with joint pains is of course not sufficient to justify a diagnosis of rheumatic fever, for it is met with in so many forms of septic infection of other lauds. Gonorrhoea may be taken as an apt illustration. In the early days of tuberculin-treatment joint pains and swelling commonly followed the injections, and they might with equal propriety have been called rheumatic, but they never were. The same difference, and for the same reason, used to be seen even in the statistics of *morbus cordis* as a complication of rheumatic fever, which was stated by some writers to be only about 3 per cent. and by others as much as 70 or 80 per cent. If the diagnosis of rheumatic fever be more definite and more carefully and correctly made, as it is now, the liability to *morbus cordis* is found to be very greatly raised, even to as much as 50 per cent. in the first attack of the fever, while the frequency of skin eruptions is reduced very low, almost, except for sudamina, to a vanishing point. *Per contra* the erythemata are not infrequently associated with joint and muscle pains and rise of temperature, but they rarely result in any cardiac affection. This is especially true of erythema nodosum, which is still often called rheumatic because of the pains and fever: yet I have never seen erythema nodosum occur in the course of rheumatic fever, nor have I myself observed *morbus cordis* develop in the course of erythema nodosum, though I know such cases have been described.

Most of the rashes which have been described as occurring in rheumatic fever are of the erythema type and are of little or no importance. One only need be further considered, and that is the hæmorrhagic or purpuric form. All the erythemata are attended with some extravasation of blood-colouring matter into the skin, and therefore lead to staining, which persists for a time after the rash has gone, and now and then the extravasation is sufficient to justify the term "hæmorrhagic." I have never seen such a hæmorrhagic erythema in the course of rheumatic fever, though it is often associated with joint pains and raised tem-

perature, as is suggested by the name, peliosis rheumatica, which is given to it.

Peliosis rheumatica is not rheumatic fever at all, but a grave and often fatal septic infection of an entirely different nature. If associated with any affection of the heart the lesions are of the ulcerative, malignant endocarditis, type. In fact, peliosis rheumatica might often be well described as malignant septic purpura, as distinguished from purpura simplex. It is, at any rate, entirely distinct from rheumatic fever.

### Obituary.

#### ALFRED ASHBY SHILLITOE.

**T**HE death of Alfred Ashby Shillitoe will be heard of with sincere regret by the many contemporaries who knew him here in the early nineties.

Educated at Dulwich College, in Germany, and at Trinity Hall, Cambridge, he entered St. Bartholomew's in 1884, and obtained his Conjoint Diplomas in 1892, and his M.B., B.C. degrees a year later.

After qualifying he held two or three resident posts, and then, fond of travel, took several voyages as ship's surgeon to China, Japan, South America, and South Africa.

Shillitoe's friends will always remember him as a man of quiet dignity, culture, and lofty ideals. To him, as to his father and brother, both distinguished Guy's men, medicine was not only a means of livelihood, but a profession which demanded the highest standards of conduct. Indeed, his early death may be attributed to his conception of duty, for the long illness which he bore so bravely and patiently followed an attack of influenza contracted whilst acting as *locum tenens* for another Bartholomew's man. Rather than bring back his friend from his holiday he stayed on in charge of the practice, and almost certainly was infected with tubercle from a particularly bad case of phthisis which he then attended. A long stay at a sanatorium and two or three winters spent in Egypt unfortunately did not check the disease, and when he died at Bournemouth on July 10th, æt. 49, he had been practically incapacitated for some years.

#### HERBERT STANLEY GREAVES.

**T**O all who were at the Hospital between 1894 and 1901 the news of the death of Herbert Stanley Greaves will come as a shock, since he was so well known as student, House Physician, and cricketer.

It was the writer's good fortune to act as clerk and as research clerk under him when he was House Physician to Dr. Philip Hensley. He was a universal favourite, known familiarly by the sobriquet of "Daddy" because of his paternal like interest and advice, which were always at the service of anyone who asked for them.

H. S. Greaves was born in Barbadoes and educated at

the Lodge and Codrington College, from which place he took the B.A. (Durham). He entered Bart's, and in 1899 obtained the conjoint qualifications. His first appointment was as House Physician for Out-Patients at Great Ormond Street Hospital for Children. After acting as House Physician at St. Bartholomew's Hospital, he returned to the West Indies to become the Senior Resident Surgeon at the General Hospital, Barbadoes. He subsequently entered general practice in the island, and his very successful career was terminated at the early age of 38.

Although recognised as an exceedingly good house physician and practitioner he will probably be best remembered for his prowess as a cricketer. In this sport he was a great asset to the Hospital, chiefly as a brilliant bat, but also as a useful change bowler. Although he never had the spare time for county cricket, he was a very prominent figure in club circles, and made several fine scores for the Richmond C.C. He was an all-round sportsman and a thoroughly good fellow—an epitaph which he himself would have been proud to select.

#### C. E. HUTT.

**T**HE death of C. E. Hutt, at the early age of 47, will be much regretted by old St. Bartholomew's men who knew him in the eighties. Joining the School in 1884 he took his Conjoint Diplomas in 1888, and after acting as House Surgeon at the Hertford Infirmary settled down in practice at Tottenham.

He soon showed great interest in the work of the British Medical Association, and in 1905 was made Chairman of his Division, which owes its present importance largely to his constant labours on its behalf.

Hutt played as a three-quarter both for the Hospital Rugby Football Club and for Blackheath, and his prowess will long be remembered. He also represented St. Bartholomew's in the United Hospital Sports. A thorough sportsman, always cheerful and good-natured, he was naturally one of the most popular men of his year, and much sympathy will be felt for his widow and family by the many friends and acquaintances who remember him so affectionately.

### The Sports.

**T**HE Annual Sports were held at Winchmore Hill on Wednesday, June 5th. The weather was fine, though rain threatened during the morning, and this no doubt kept many visitors away. The entries were very good and some good racing was witnessed. The obstacle race was even more attractive than last year, as a few more obstacles had been introduced.

100 Yards (Scratch)—A. Abrahams, 1; C. Kearney, 2. Time, 10.3 sec.

Throwing the Hammer (Handicap)—J. B. Mudge (rec. 70 ft.) 130 ft. 4 in., 1; H. A. C. Goodwin (rec. 5 ft.) 121 ft. 4 in., 2.

High Jump (Handicap)—W. S. Soden (rec. 4 in.) 5 ft. 6 in., 1; C. J. Scholtz (rec. 2 in.) 5 ft. 1 in., 2.

120 Yards (Handicap).—H. L. Ellison (rec. 8 yds), 1; F. G. A. Smythe (rec. 10 yds.), 2. One Mile (Handicap).—H. A. C. Goodwin (scr.), 1; C. H. D. Banks (rec. 80 yds.), 2. Time, 5 min. 23 sec. Putting the Weight (Handicap).—J. B. Mudge (rec. 3 ft.) 34 ft. 6 in., 1; H. J. Bowyer (scr.) 30 ft. 7 in., 2. 440 Yards (Scratch).—A. Abrahams, 1; T. H. Just, 2. Time, 56½ sec. Long Jump (Handicap).—K. D. Atteridge (rec. 6 in.) 19 ft. 3¼ in., 1; W. S. Soden (rec. 3 in.) 18 ft. 4 in., 2. Obstacle Race.—C. H. D. Banks, 1; E. A. Brock, 2. 120 Yards Hurdles (Handicap). C. Bilderbeck (owed 6 yds.), 1; K. D. Atteridge (scratch), 2. 220 Yards Freshmen's Race.—M. A. Hafez, 1; C. H. Savory, 2. Half Mile (Handicap).—T. H. Just (scratch), 1; R. White-Cooper (rec. 35 yds.), 2. Time, 2 min. 12½ secs. The prizes were afterwards kindly presented by Lady Rowly from the steps of the Pavilion. T. H. Just returned thanks on behalf of the Club, Sir Anthony Bowly replying with a short speech. The Committee desire to thank the members of the staff and clerks of the course for the pains they took to make the meeting a success.

Correspondence.

SIR THOMAS BROWNE AND THE "WITCHES."

To the Editor of the 'St. Bartholomew's Hospital Journal.' Sir,—In your issue for June Mr. G. L. Keynes, in his admirable article upon Sir Thomas Browne, repeats the old allegation that Sir Thomas, by his evidence, was the means of the execution of two women condemned for witchcraft. As this is a blemish, the only blemish, and apparently an unmerited blemish, upon the fair fame of one of the most brilliant members of the profession, it seems to me that every modern biographer of Browne should do what he can, not to perpetuate, but to remove it. Allow me, therefore, to call attention to a careful and critical consideration of this matter which appears in Notes and Queries for March 27rd, 1912, by Mr. Malcolm Letts, who has found that the story depends entirely upon the unwarranted statement of one author.

I am, sir, yours, etc., S. D. CLIPPINGDALE, M.D.

THE SWALLOWED BROOCH.

To the House-Surgeon.

DEAR SIR,—I have pleasure in informing you that the brooch made a good passage and arrived safely without any inconvenience at 7.45 p.m. this evening. Thanking you for your kindness and attention to my little daughter

Yours sincerely, H. K.

June 14th, 1912.

THE "ROYAL" MEDICAL BENEVOLENT FUND.

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

SIR,—His Majesty the King has been graciously pleased to grant to the British Medical Benevolent Fund the title of "Royal," so that it will henceforth be known as the Royal Medical Benevolent Fund. I shall be much obliged if you will assist in making known this act of the King's grace towards this long established and well deserving charity.

I am, Sir, Yours faithfully, SAMUEL WEST (Hon. Treasurer).

11, CHANDOS STREET, CAVENDISH SQUARE, LONDON, W. July 31st, 1912.

Reviews.

TREATMENT OF DIARRHŒA AND VOMITING BY SEA-WATER.

The Statistical Report of the Ambulatory Patients of the Quinton Polyclinic for Treatment by Isotonised Sea-water from July 1st to December 31st, 1911.

That a theory is false or even ridiculous does not necessarily matter, for research has often been stimulated by an incorrect theory, and many valuable discoveries have been made by working on a false

hypothesis. So when we read the introductory remarks to the Quinton Statistical Report we should not stop here because one finds theories that appear to one ludicrous in the highest degree, for sea-water may be good empirically, never mind how or why it acts, so we should most certainly examine the statistical tables of treatment by isotonised sea-water. "Quinton's primary research work lay" we are told "in the determination of the saline concentration of the primordial life-bearing seas at 0.8 per cent." "Quantitatively, the degree of saline concentration of vertebrate blood remain approximately at 0.8 per cent. i. e. the saline concentration of the fluid which supplies the cellular structure of the nineteenth century organisms is identical with the saline concentration in which primordial organisms flourished. . . . If the complex solution of a certain saline concentration known as sea-water exercised a favourable influence upon cell life, then why not similar fluid of a similar saline concentration now?" The italics are ours. Why not, indeed! On the same reasoning monkey-nuts might be very beneficial to the premature child with its ancestral coat of lanugo still upon it. Why the writer should stop at the nineteenth century we know not; probably he meant the twentieth, but the report has many little inaccuracies of this kind, as when later on, on p. 42, hamoptysis is twice given as evidence of gastric ulcer!

But such things are trivialities; let us examine the statistical tables. There are 318 cases of infantile summer diarrhœa and vomiting. Of these many were severe cases and many mild. Those which were very seriously ill indeed seemed to die; the milder cases recovered; while many which appeared extremely ill recovered, as they do on other forms of treatment. It is impossible from the report to know the exact condition on admission as no standard of illness has been attempted; we are very seldom told the state of the fontanelle, or the elasticity of the skin, or the temperature; one is given generalities, such as child eleven months "cannot walk," "private doctor gave him up," "six yellow-green slimy motions to-day"; in point of fact the "yellowy-green" appearance of the stools, which certainly is a disconcerting and unattractive colour, seems to have influenced inordinately the imaginations of the Quinton Polyclinic. Every now and then we are told that the corneal reflexes were absent, and these cases mostly died. Out of the whole 318 cases 20 died.

Of course in collapse saline infusions are of great value everyone knows that—but the report does not make it clear that sea-water has any specific effect on summer diarrhœa and vomiting. It is not stated definitely what medicinal was employed in injecting the saline, but by a remark in the introduction one gathers it was given subcutaneously.

The report then deals with cases of dyspepsia, constipation, psoriasis, eczema, acne, neurasthenia, sciatica, neuralgia—just those cases which any form of treatment does good for a time, even unto the pinning of slugs upon a fence, which we have known advocated as a cure for warts, and as one would expect, the results in such cases were good, so that it seems a further report of the Quinton Polyclinic is necessary before we can accept completely the wonderful efficacy of the "marine fluid," as they so poetically describe it.

MODERN METHODS IN NURSING. By GEORGINA J. SANDERS, Assistant Assistant Matron, Addenbrooke's, Cambridge; Superintendent of Nurses, Polyclinic Hospital, Philadelphia; Massachusetts General Hospital, Boston. (W. B. Saunders Co.)

We have before us a nursing manual from America, which is certainly one of the best we have seen for some time. In her Modern Methods of Nursing Miss Sanders deals with the whole aspect of a nurse's life and duties from the point of view of one who has added a thoroughly comprehensive training to a naturally large store of common-sense.

The book starts with sound advice on the choice of a training school, a matter which rarely receives much attention from intending probationers, largely owing to difficulty of obtaining accurate information on the subject. A novel point of view is given of the value of "mental work," which should help to make it less irksome to those who are unaccustomed to these tasks. We notice some good hints for the support of a patient in the Fowler position; also the method of utilising a powerful electric light in giving a hot-air bath would considerably lessen the work involved in fixing up the usual cumbersome apparatus. The chapters on bandaging and splints seem comprehensive; the tables of drugs and poisons, with their toxicology and treatment, should prove easy to remember.

Elementary bacteriology and its relation to disease is lucidly set forth, and in the case of the infectious fevers a table of incubation periods, nature of rashes, etc., serves to keep the facts more easily in mind.

The time allowed for the sterilisation of instruments appears to us

too brief, ten minutes' boiling being said to be sufficient for all occasions, whereas the same time devoted to an elaborate disinfection of the hands seems a counsel of perfection. Those rather important procedures, tracheotomy and intubation, receive but meagre notice, perhaps from a conviction that only practice is of much use in their handling.

Special diets are well set forth, but the chemistry of food is dealt with from a more advanced standpoint than is necessary for English nurses.

The section on general ward management, care of linen, and domestic work is full of most useful information, and there are some good invalid cookery receipts in the appendix, although to the preparation of the simple egg more time and instruments of precision appear necessary than the ultimate result would seem to warrant.

The illustrations are good, a diagram illustrating the points where pressure should be applied for the arrest of hæmorrhage being particularly useful; the type is clear, and the whole book of a congenially useful; we would strongly recommend it to nurses in this country; even though the use of the metric system may be confusing, the owner will rarely be at a loss for good and practical methods of carrying on her nursing duties if she study it carefully and keep it handy for reference.

MATERIA MEDICA AND THERAPEUTICS. By BRUCE and KILLING. Ninth edition. (Cassell & Co.) Price 6s. 6d.

It would be unnecessary on our part to attempt criticism of a work which has reached its ninth edition, but it is, perhaps, permitted to briefly indicate the particular merits which strike us on perusal. About two thirds of the book consists of drugs—official and unofficial—with their preparations or uses, the chief sections being well brought to the attention of the student by being printed in heavy type; the remaining portion is chiefly occupied with general therapeutics, discussed from a physiological standpoint, instead of the usual chemical one, which should prove a simple method of fixing a practical working knowledge of drugs in the learner's brain. Each disease is treated under five headings: Physiology, Pharmacodynamics, Pathology, Natural Prevention and Recovery, and Therapeutics, so that practically an elementary treatise on medicine is formed, and written so clearly that the beginner can follow every stage, and wish in a manner which will not fail to interest the more advanced worker.

The sections on Sera and Vaccines are clear and concise; the Colonial and Indian preparations also receive due notice.

Some tables of baths, giving correct temperatures, actions, and uses should fulfil an oft-felt want.

The whole volume is neatly got up, and the type, though small, is clear. It is of a convenient size for carrying in the pocket, whence it may be easily, if surreptitiously, drawn forth by the earnest student to supply correct answers to difficult questions.

THE NERVOUS SYSTEM: AN ELEMENTARY HANDBOOK OF ITS ANATOMY AND PHYSIOLOGY. By JAMES DUNLOP LICKLEY, M.D. Pp. xii + 130, with 118 illustrations. (Longmans, Green & Co.) 6s. net.

It is chiefly for students of psychology that this book has been written in order to provide them with a general survey of the structure and functions of the central nervous system and organs of special sense. To suit the non-medical reader, technical expressions have been largely avoided and a simple, clear, elementary account is presented of the structure of the brain and cord, and of the origin, course and distribution of the principal tracts. In a work of this size it is obviously impossible to go deeply into the subject, and no attempt has been made to do so, but in spite of this the author has succeeded in including the more important points of use to the student of medicine as well as to the psychologist. There is a liberal supply of excellent diagrams which add greatly to the value of the work.

In providing an introduction to the study of the nervous system the author has succeeded.

THE PREVENTION OF DENTAL CARIES. By Dr. SIM WALLACE. (The Dental Manufacturing Company, Limited.) Price 1s. 6d. net.

In the introduction of this manual the author takes an optimistic view in the future prevention of dental caries, but is well able to support his contentions in the succeeding chapters. The importance of efficient mastication as a preventative of caries and consequently

of other related illnesses pervades the whole book, and although this necessitates a certain amount of repetition, the repeated matter being differently phrased is forcibly impressed on the reader.

The artificial methods of preventing caries are regarded as poor substitutes compared to the natural self-cleansing processes which are engendered by efficient mastication.

The subject of dietetics forms a large portion of the book, and the author condemns—and we believe rightly—the still prevalent fashion of pap-feeding.

The book is well written and shows much originality of thought, the only small blemish we could find, apart from a few misprints, being the confusion of the terms "mucus" and "mucous," an error which also appeared in the first edition of this book.

NEW EDITIONS.

Mr. H. K. Lewis announces for early publication new editions of Mind and its Disorders, by Dr. W. H. B. Stoddart, of the Bethlem Hospital; Clinical Bacteriology and Materia Medica for Practising Physicians, by Dr. W. d'Este Emery, and Materia Medica and Pharmacy for Medical Students, by Mr. K. K. Bennett, Pharmacist to University College Hospital. Dr. Stoddart has added two chapters dealing with the study of the subconscious by psycho-analytic methods, and has revised the work throughout as required by the amount of skilled research in the field of psychiatry which has been done since the publication of the first edition little more than three years ago. Dr. Emery's book is the fourth edition of his popular hand-book and has been carefully revised throughout, Mr. Bennett's manual has also been thoroughly revised for its second edition. The same firm has in hand a new edition (the sixth) of Dr. Lewis Jones's Medical Electricity. This will contain several new illustrations, and will be brought thoroughly up to date. A new book on ionisation is in preparation by the same author, and will be issued at an early date. Mention may be made of new editions just issued of three well-known books: The Diseases of Women, by Dr. Lewers (with thirteen coloured plates new in this, the seventh edition); The Elements of Practical Medicine, by Dr. Carter, of Birmingham (tenth edition); and the fifteenth of The Extra Pharmacopœia, by Drs. Martindale and Westcott. This edition is considerably enlarged, and the matter arranged in two volumes for convenience of reference; copies of these three books have been received and will be given more extended notice in later issues.

Messrs. Hodder & Stoughton will publish early in October a novel, entitled Dr. Tuppy, by Mr. Stephen Townesend, author of A Thoroughbred Mongrel.

Resident Staff.

The following gentlemen have been nominated as Resident Medical Officers:

Table with 4 columns: Position, Name, Date, and Name. Includes House Surgeon (Mr. Bruce Clarke, Mr. Sir Anthony Bowly, Mr. D'Arcy Power, Mr. Waring, Mr. Eccles), House Physician (Dr. West, Dr. Osmerod, Dr. Herringham, Dr. Tooth, Dr. Garrod), Intern Midwifery Assistant (J. B. Pulling), Extern Midwifery Assistant (F. H. Robbins, A. J. Gibson), Ophthalmic House Surgeon (A. L. Moreton), and House Surgeon to Ear, Throat and Nose Department (H. S. C. Starkey).

**Examinations.**

UNIVERSITY OF LONDON.

*M.D. Examination, July, 1912.**Medicine*—T. S. Lukis (University Medal).*Midwifery and Diseases of Women*—R. L. E. Downer.*Second Examination for Medical Degrees—Part II.*J. Capell, C. Cooke, E. G. Dingley, G. F. P. Gibbons, G. C. Linder,\*  
D. G. F. Moore, J. B. Mudge, L. F. Strugnell, L. H. Terry.*Second Examination for Medical Degrees—Part I*A. R. Dingley, N. H. Hill, S. W. Isaacs, R. G. Morgan, E. W.  
Scofield, R. H. White-Cooper.*First Examination for Medical Degrees.*L. J. F. Bull, P. N. Cook, R. Coyte, J. L. R. Fortier, N. N.  
Haysom, W. R. Heywood-Waddington, J. B. Hume, B. H.  
Pidcock.

CONJOINT BOARD.

*July, 1912.*The following have completed the examinations for the Diplomas  
of M.R.C.S. and L.R.C.P.:R. E. Barnsley, E. Calvert, G. W. Carte, W. A. Cooke, W. T.  
Dobson, T. E. Hammond, W. G. Orchard, G. A. Smythe.We regret that two errors were made under "Examinations" in  
the last number of the JOURNAL. Dr. Bernard Myers should have  
been included amongst those who took the M.R.C.P., and Major  
S. F. Green, R.A.M.C., passed the examination for the ordinary  
M.D. degree of the University of Durham, not the one for practi-  
tioners of fifteen years' standing as stated.**Royal Naval Medical Service.**The following appointments, etc., have been notified since July 20th,  
1912:Staff-Surgeon H. W. B. Shewell to the "Venerable," to date  
August 13th, 1912.Staff-Surgeon A. Woolcombe to R.N. Hospital, Chatham (tem-  
porarily), to date August 31st, 1912.**Appointments.**EVANS, D. B., M.R.C.S., L.R.C.P., appointed R.M.O. to the Royal  
Hospital for Diseases of the Chest, City Road, E.C.HOWELL, C. M. HINDS, M.D.(Oxon.), F.R.C.P., appointed Assistant  
Physician to Out-patients at the National Hospital, Queen  
Square, W.C.MESSITER, C. C., L.S.A., appointed Anesthetist and Junior House  
Surgeon at the General Hospital, Croydon.NASKIVELL, A. T., M.D.(Lond.), D.P.H.(Cantab.), appointed M.O.H.  
at St. Austell, Cornwall.TOSWILL, L. R., M.R.C.S., L.R.C.P., D.P.H., appointed Medical  
Assistant to the London County Council Public Health Depart-  
ment.WOODMAN, F. MUSGRAVE, M.S.(Lond.), F.R.C.S., appointed Assoc-  
iate Surgeon to the General Hospital, Birmingham.**New Addresses.**BAILEY, R. C., 57, Upper Berkeley Street, Portman Square, W.  
(Telephone 1288 [unchanged].)COOK, A. R., c/o Miss Watney, Sunny Nook, S. Croydon, till March,  
1912.

COX, F. E., 632, Fulham Road, S.W.

DALE, W. CHALMERS, "Belmore," New Barnet, Herts.

\* Distinguished in Anatomy.

EVANS, D. B., Royal Hospital for Diseases of the Chest, City Road,  
E.C.

FIELDING, Capt. C. H., I.M.S., Jail House, Insein, Burma.

FOX, E. H. B., "Coplehays," Yealmpton, near Plymouth.

GREAVER, H. G., Howdale, Oxted, Surrey. (Telephone 71 Oxted.)

MESSITER, C. C., Croydon General Hospital, Croydon.

NASKIVELL, A. T., St. Austell, Cornwall.

PEARSE, R. E. F., c/o The National Bank of S. Africa, 113, Cannon  
Street, E.C.SHAW, E. H., 355, Camden Road, Holloway, N., and 7, Harley Street,  
W. (Telephone 2819 North.)

WOODMAN, E. M., 60, Newhall Street, Birmingham.

**Births.**HUTT.—On Friday, August 10th, at 620, High Road, Tottenham,  
the wife of the late Charles E. Hutt, of a daughter.MAIDLAW.—On August 15th, the wife of William H. Maidlow,  
M.D., F.R.C.S., of a son.TRIST.—On August 7th, at St. Columb, Cornwall, the wife of  
J. R. R. Trist, M.R.C.S., of a son.**Marriages.**CANE—ENGLISH.—On August 8th, at Holy Trinity Church, Orton  
Longueville, by the Rev. H. R. Whytehead, Vicar of Warminster,  
uncle of the bride, assisted by the Rev. A. F. Maskew, Vicar of St.  
Paul's, Peterborough, and the Rev. Warren Hastings, Rector of the  
Parish, Leonard Buckell Cane, M.D., of the Minster Precincts,  
Peterborough, eldest son of the late Leonard Cane, M.D., to  
Margaret, eldest daughter of Marcus V. English, of Orton Longue-  
ville, Peterborough.JAMES—MARSDEN.—On July 24th, at St. Peter's Church, Southamp-  
ton, W. A. James, M.R.C.S., L.R.C.P., B.Sc., of Newport, Mon-  
mouthshire, to Evelyn Marsden, of Adelaide, South Australia.**Deaths.**HUTT.—On August 13th, suddenly, at High Road, Tottenham,  
Charles Edward Hutt, M.R.C.S., L.R.C.P., aged 47 years. Eldest  
son of the late Canon Hutt, of Hockwold cum Wilton.ROGERS.—On August 7th, at Eastbank, Eltham, Thomas Lawes  
Rogers, M.R.C.P., in his 84th year.SCOFIELD.—On August 13th, at "Elmfield," Half Moon Lane,  
Herne Hill, S.E., of angina pectoris, aged 48, Harold G. L. Scofield,  
M.B., B.Sc., C.M., son of the late W. J. J. Scofield, M.R.C.S., of  
Birmingham.**NOTICE.***All Communications, Articles, Letters, Notices, or Books for  
review should be forwarded, accompanied by the name of the  
sender, to the Editor, ST. BARTHOLOMEWS' 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 ADVER-  
TISEMENT MANAGER, the Journal Office, St. Bartholo-  
mew'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, Bartholo-  
mew 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.*

