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# St. Bartholomew's Hospital



## JOURNAL.

VOL. XX.—No. 1.]

OCTOBER, 1912.

[PRICE SIXPENCE.]

### St. Bartholomew's Hospital Journal,

OCTOBER 1st, 1912.

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

#### Calendar.

Tues., Oct. 1.	—Winter Session begins. Annual Dinner of Old Students. Cambridge Michaelmas Term begins. Examination for Part II of Second M.B. Cambridge begins.
	Dr. Ormerod and Sir Anthony Bowly on duty.
Fri., " 4.	—Dr. Herringham and Mr. D'Arcy Power on duty.
Mon., " 7.	—Examination for D.P.H. Camb. begins. Second Examination of Society of Apothecaries.
Tues., " 8.	—Final Examination Conjoint Board (Medicine) begins. Dr. Tooth and Mr. Waring on duty.
Wed., " 9.	—First Examination of Society of Apothecaries begins.
Thurs., " 10.	—Final Examination Conjoint Board (Midwifery) begins.
Fri., " 11.	—Final Examination Conjoint Board (Surgery) begins. Dr. Garrod and Mr. McAdam Eccles on duty.
Tues., " 15.	—Dr. West and Mr. Bruce Clarke on duty.
Fri., " 18.	—Dr. Ormerod and Sir Anthony Bowly on duty.
Tues., " 22.	—Dr. Herringham and Mr. D'Arcy Power on duty.
Fri., " 25.	—Dr. Tooth and Mr. Waring on duty.
Mon., " 28.	—Examination for M.B., B.S. London begins.
Tues., " 29.	—Dr. Garrod and Mr. McAdam Eccles on duty.
Fri., Nov. 1.	—Dr. West and Mr. Bruce Clarke on duty.
Tues., " 5.	—Dr. Ormerod and Sir Anthony Bowly on duty.

#### Editorial Notes.

FOR most men October the first is associated merely with the shooting of the pheasant, but for medical men, *in esse* and *in posse*, the date has a double significance, since it marks the official opening of the winter session of the medical schools. In this country we are not given to much outward manifestation of feeling on any occasion, and medical men, either by temperament or training, are least likely of all to form exceptions to the national rule. But even to the most unobservant eye there is on October 1st a difference throughout the hospital. In the Rooms, the Surgery and the Wards there is a pleasant sense of novelty, to some a feeling of increased importance in the scheme of hospital life; to a few, perhaps, bewilderment, which disappears remarkably soon, and to the most *blasé* some degree of interest revived.

Only to the freshmen is the sense of novelty at all likely to be overpowering and that of a certainty not for long. Not by coincidence but by design this number appears to-day that we may be amongst the first to hold out our inky hand of welcome to all who have become Bart's men to-day. Many of them will have come from the Universities, having already friends here—others perhaps feel they will be strangers. To these especially we extend our welcome, and assure them that in a very few days they will feel as if they had been "Bart's men" all their lives.

\* \* \*

Nor do we feel that our freshmen will regret their choice of hospital. We are not of those who would deny all virtues and excellence to any hospital but their own—that bespeaks a narrowness of spirit worse than unpatriotism. But we do maintain stoutly a devotion for our *alma mater* in regarding her as second to none in the estimation of the world at large, and first in ours.

Some of the freshmen of to-day will in a few years be climbing the rungs of the ladder leading to the Staff and

permanent association with St. Bartholomew's. The majority must carry away to other fields the training which they will get here. Upon their shoulders quite as much as upon those of the minority will rest the reputation of Bart.'s.

\* \* \*

The beginning of this Winter Session inaugurates not only a new generation of students and residents, but coincides with the retirement of Mr. Chandler from the post of Editor of the JOURNAL. We feel sure that all our readers will share in his successor's regret that Mr. Chandler is unable to remain for the usual term of twelve months in a position which he has filled with such distinction. Master of a refreshingly candid and vivid style he was always outspoken, and, indeed, was probably unable to be otherwise—a trait we would welcome in more journalists of the present day, whose honest convictions invariably have to bow before the dictates of convention and rarely see the light.

\* \* \*

As his successor in the editorial chair we start with some misgivings, but more of optimism. For the BART.'S JOURNAL is, after all, run by a very large staff. Every Bart.'s man may, if he will, take part in its production, and we feel sure that many of our readers have only to overcome that slight inertia which in most of us precedes the flow of thought and pen in order to furnish our columns with news, information, and ideas which will help to satisfy the demands of all.

How varied are these demands was depicted only too clearly by our predecessor in last month's notes. Hence the necessity for a wide circle of contributors, that no reader may feel his own point of view has been neglected.

\* \* \*

This October number is sent broadcast to all Bart.'s men, irrespective of subscriptions. To those who long ago or lately have allowed their annual subscription to lapse we urge a renewal of the same. It has always been the aim of the JOURNAL to maintain the interest of all who have been at Bart.'s howsoever many years ago, and with the aid and encouragement of our readers we intend to try and keep, and, if possible, increase that interest.

\* \* \*

In a hospital journal the clinical material should at least form a focus for the divergent tastes of its readers, and so we have every reason to consider clinical articles and notes when making up our columns. But the source of such material resides in our readers. A very large number of Bart.'s men are in a position from time to time to furnish articles and notes gathered from their own practical experience in daily work. We shall welcome gladly "copy" in this as well as in other fields.

\* \* \*

Our readers will notice this month an interesting article sent by Mr. K. Macfarlane Walker, the outcome of a conversation with Dr. J. S. Edye, who was a student here fifty-five years ago. Mr. Walker, writing from Buenos Aires, says: "I met Dr. Edye by chance out in this country, and having once assisted in the publication of the BART.'S JOURNAL I decided to act for you as interviewer and South American correspondent." Will Bart.'s men all over the world note this excellent example, and if opportunity offers, bear in mind the columns of the JOURNAL?

\* \* \*

We call to the attention of freshmen a meeting of the Students' Union, which will be held on Friday, October 4th, at 4.30 p.m., in the Abernethian Room. Tea will be provided, and the Council of the Students' Union hope that all freshmen will take this opportunity of getting to know about the clubs and athletic and social life at the Hospital. A good start in these matters is invaluable, and this October meeting, which is now an annual affair, helps men considerably in "finding themselves."

One would expect that the games clubs would receive their most regular support from the junior men, whose hours of work are less liable to be irregular than those of senior men doing clinical work. But we are assured that this is not the case. This reflects the greater honour upon the senior men, but we wish the position were reversed, as it can be if this year's freshmen will make up their minds that their presence at Winchmore as players will benefit their hospital, their studies and themselves. The old tag, "Mens sana in corpore sano," for all its oft-quoted staleness, is no less apt than when it was first written.

No one will lack the opportunity of a game, for reference to the Clubs columns will show that each game runs two teams, and the Rugby club a third. So we hope that all teams will be readily filled and enjoy the success which enthusiasm and regular play will assuredly bring. We urge all who journey to Winchmore, to observe the warning posted by the Council of the Students' Union against taking the short cut over the fence, hitherto an almost universal custom. Such a mode of entry involves a technical trespass over other people's land, and would lead to legal action and put both trespasser and Students' Union to considerable loss and trouble.

\* \* \*

The last two months have seen the usual influx of painters, plumbers and scaffolds into the Hospital, and during August the whole of the large south block was closed down for repairs. Many of the school buildings have also been receiving similar attentions, and we hear that the old Anatomical Lecture Theatre (now styled "Medical and Surgical Theatre") has a pleasant surprise awaiting its audiences this session. The epidiascope, which has now been set up, should prove a valuable aid to lecturers and

students alike. We understand that in future the clinical lectures will be delivered in this theatre instead of in the small theatre on the roof of the out-patient building.

\* \* \*

Gentlemen who are attending the Old Students' Dinner may care to know of the following arrangements at the Hospital for the afternoon of Tuesday, October 1st: (1) Out-patient Special Departments: Eye, 2.30 p.m.; Gynaecological, 1.30 p.m.; Electrical, 1.30 p.m.; X-ray, 1.30 p.m. (2) Medical Out-patient Department: 1.30 p.m. (3) Surgical Operations: Theatre "B," 1.30 p.m.; Theatre "C," 1.30 p.m. (4) Clinical work in many of the medical and surgical wards, 1.30 p.m. (5) Pathological exhibits in the Museum. Specimens added to the Museum during the past twelve months. Special exhibits illustrating: (a) Diseases of the vermiform appendix; (b) mucocele of the gall-bladder; (c) cysts in bone; (d) X-ray dermatitis and carcinoma; (e) deciduoma malignum; (f) ovarian dermoid cysts. Tea will be served in the Staff Common Room from 4.30 to 5.30 p.m.

### Our Retrospect.

THE work and prosperity of the Medical School during the year which has just ended must be considered to be satisfactory.

The number of students who entered last October was 165, compared with 152 in October, 1910. Last October's entry was made up of 78 full entries, including Cambridge, Oxford and London University men, as well as those working for the Conjoint Board, 64 entries to special courses of work or particular departments of Hospital practice, and 23 entries to the Preliminary Scientific class. It is highly satisfactory that our numbers should have kept up notwithstanding the uncertainty regarding the future of the profession in consequence of the introduction of the Insurance Bill. During the year this Bill has become an Act of Parliament, and we must not be surprised if for the year 1912-13 the entry of students is not maintained at last year's level. Wide-spread apprehensions regarding the future prospects of the profession must exert an influence in deterring parents from entering their sons upon a medical career. We, however, do not think this uncertainty is justified. In our view there never was a time when the prospects of those entering on a student's course in medicine were better than they are now, for in five or six years' time, when those now entering will be qualified, we are confident that the openings for medical work and the conditions of practice will have materially improved. Medical men all over the country are fully alive to the strength and justice of their cause, and the feeling of the general public must be on the side of those who are

demanding satisfactory conditions for medical workers, with proper remuneration and professional freedom and independence.

There is no doubt, however, that a temporary decrease of medical students has taken place and will continue for the present. From the returns of the Registrar of the General Medical Council for 1911, we see that in England, Scotland and Ireland only 1232 students were registered as compared with 1495 in 1910. The decrease of students registered in London is as much as 22 per cent. fewer than in 1910, whilst those registered in the provinces show a similar, though not so large, decrease.

It is a very gratifying fact that a large number of qualified practitioners come to St. Bartholomew's for special advanced teaching. During the vacation which has just ended, the Post-Graduate Courses given in July and September were attended by forty-four practitioners, and our final F.R.C.S. classes are also exceedingly popular. The class for the May examination was attended by twenty-three men, and the class now going on numbers twenty-three. During September we had no fewer than fifty qualified men attending either the Fellowship or Post-Graduate classes.

During the past year the school has sustained a great loss by the death of Sir Henry Butlin, Bart., who died on January 24th, after a distinguished and brilliant career as a surgeon, highly honoured and deeply mourned by all who knew him. As President of the British Medical Association and President of the Royal College of Surgeons, he won many friends outside his old school, and his death is a great loss, not only to Bart.'s, but also to the profession in general. He had a world-wide reputation as an authority on malignant disease and for his skill in the treatment of diseases of the larynx. Sir Henry Butlin was a good and clear lecturer and a bold and cool operator, and he was much beloved by his house-surgeons and dressers and all with whom he worked.

We have also to record the death of Sir Frederick Wallis, well known to many Bart.'s men who were his contemporaries, and his loss is much regretted by all. After qualifying at St. Bartholomew's he became one of the Assistant Demonstrators of Anatomy in our School, and afterwards was appointed on the Surgical Staff of Charing Cross Hospital, where he not only served as Surgeon, but became Lecturer on Surgery and Dean of the Medical School. Although he died at the early age of fifty-four he did many years of good work. He will be deeply regretted by a large circle of friends.

Several changes have taken place in the Hospital staff during the past year. Dr. Norman Moore has retired from the office of Physician and Lecturer on Medicine after thirty-eight years of continuous service, during the whole of which he devoted unceasing attention to the promotion of the interests of the Hospital and School. He has been made a Governor of the Hospital, and Consulting Physician,

and in recognition of his long services the appointment of Emeritus Lecturer on Medicine has been conferred on him. He has been succeeded as physician by Dr. Garrod, and the vacancy created by Dr. Garrod's promotion has been filled by the election of Dr. T. J. Horder as Assistant Physician. On the Surgical side, Mr. Lockwood has resigned his position as Surgeon, and has been elected a Governor of the Hospital and Consulting Surgeon. He has been succeeded by Mr. McAdam Eccles, and the vacancy created by this promotion has been filled by the election of Mr. Etherington Smith as Assistant Surgeon. Mr. W. B. Paterson has resigned the office of Dental Surgeon, and Dr. H. W. Austen has succeeded him. Dr. Lewis Jones has retired from the Electrical X-ray Department, and Mr. McAdam Eccles has resigned the Orthopædic Department.

Old Bartholomew's men will, we are sure, regret Dr. Lewis Jones' resignation. The Electrical Department was founded in 1882, and placed in charge of the late Dr. W. E. Steavenson, whom Dr. Jones succeeded in 1891. Those who knew the Department when Dr. Jones took charge of it and compare it with what it is now will realise the magnitude of Dr. Jones' work. In the Electrical Department St. Bartholomew's has something to be proud of, for it is unquestionably the best of all the Electrical Departments in London, and in his retirement from it Dr. Jones takes with him the fullest regard of all with whom he worked, and the best thanks of all his colleagues for all his past services.

After careful consideration the Governors have resolved to appoint a specialist as orthopædic surgeon instead of placing this department in the hands of one of the assistant surgeons, and it has been decided to separate the X-ray from the Electrical Department, and to appoint a medical officer to have charge of each of the new departments thus formed. These new appointments will be made early in October.

Mr. Etherington Smith and Mr. Elmslie have retired from the Surgical Registrarship, and have been succeeded by Mr. H. W. Wilson and Mr. Girling Ball. Dr. A. E. Stansfield has succeeded Dr. Cockayne as Casualty Physician.

In the Medical School several changes in the teaching staff have occurred. Dr. Herringham, having resigned the Lectureship on Forensic Medicine, has been succeeded by Dr. K. A. Lyster, who has proved to be an interesting and popular lecturer. We regret also to record the retirement of Dr. Christopher Addison from the Lectureship on Anatomy. For some time we have feared that Dr. Addison would find the double work of Lecturer on Anatomy and that connected with a political career too much, and he now abandons the path of science for politics. We wish him every future success. He will, be succeeded in October by Dr. Alexander Macphail, who, after a dis-

tinguished career as an Anatomist at Glasgow, came to London as Lecturer at Charing Cross Hospital, from which he passed to King's College a year ago. He is Secretary to the Anatomical Society and is an interesting and fluent lecturer. Mr. H. W. Wilson has retired from the position of Demonstrator of Anatomy on his promotion to the Surgical Registrarship, and will be succeeded by Mr. E. G. Stanley. In the Department of Surgery Mr. Etherington Smith succeeds Mr. Rawling as Demonstrator of Practical Surgery, and Mr. Gordon Watson succeeds Mr. Eccles as Demonstrator of Operative Surgery. In the Department of Pathology, Dr. E. Klein, after many years' service to the School, first as Lecturer on Physiology and since then as Lecturer on Advanced Bacteriology, has retired from this lectureship. Dr. Klein has deservedly won a world-wide reputation in the science of bacteriology, and his retirement from St. Bartholomew's will be much regretted. Dr. P. Hamill has joined the Staff of the Department as one of the Junior Demonstrators. Owing to ill-health we regret the absence on leave of Dr. J. G. Priestley, the Demonstrator of Chemical Pathology. His place has been admirably filled by Mr. R. L. Mackenzie Wallis. Early in the year Dr. C. M. Hinds Howell was appointed Demonstrator of Pharmacology in place of Dr. F. A. Bainbridge, who has been made Professor of Physiology at Newcastle. During last summer a course of interesting lectures on the Physiology of the Nervous System was given by Dr. Howell under the auspices of the University of London.

One of the most important changes in the School is the re-arrangement of lectures in Medicine and Surgery, whereby instead of these lectures being given by one or two definite lecturers from year to year, the Medical lectures may be given by any of the physicians, assistant-physicians, and physicians to the Skin, Children, and Electrical Departments, and the Surgical lectures may be delivered by any of the surgeons, assistant-surgeons, and surgeons to the Eye, Throat, Ear, and Orthopædic Departments. In this way systematic instruction in special branches of medicine and surgery will in future be a recognised part of the curriculum of medical and surgical work. The lectures are to be of a practical and demonstrative kind, and judging from the programme arranged for next year they promise to be much more interesting and instructive than the old "set" lectures.

Among the distinctions won by St. Bartholomew's men during the past year, we note first the election of Dr. Herringham to the high position of Vice-Chancellor of the University of London. He succeeds Sir W. J. Collins, who also is one of our alumni. We heartily congratulate Dr. Herringham on the great honour conferred upon him and the School. There are large issues of University policy which it will be Dr. Herringham's duty to deal with, for the future of the University is still uncertain, and the Report of the Royal Commission is expected soon. The provision of

a suitable prominent central site for the University, too, is a pressing question. We congratulate, also, Sir Charles Pardee Lukis, Director-General of the Indian Medical Service, on his honour of K.C.S.I., Surgeon-General Sir A. F. Bradshaw on the honour of Knight Commander of the Bath, and Dr. Horton Smith Hartley on his promotion to the C.V.O. We are pleased also to record that Mr. H. Rundle, F.R.C.S., has been awarded by the Minister of War of the French Republic the "Medaille Commemorative de la campagne de 1870-71" in recognition of his services as surgeon under the British National Aid Society during the Franco-Prussian War. Mr. D'Arcy Power has been elected to the Council of the Royal College of Surgeons. We congratulate Dr. H. K. Anderson, F.R.S., on his election as Master of Caius College, Cambridge. St. Bartholomew's now has the proud distinction of numbering among her alumni the Masters of three Colleges at Cambridge, viz. Professor Marsh of Downing, Dr. A. E. Shipley of Christ's, and Dr. H. K. Anderson of Caius. Major T. H. Foulkes, I.M.S., has been appointed Physician to H.H. Maharajah of Mysore.

Among the distinctions gained by our students during the year 1911-12 we record the following: Dr. P. Hamill has been awarded the Raymond Horton Smith Prize for his thesis for the degree of M.D. of the University of Cambridge. Mr. J. W. Trevan has been elected to the Medical Research Exhibition of the Fishmongers' Company, and proposes to carry out an investigation on the variation in the composition of gastric contents in carcinoma and other diseases of the stomach. Dr. T. S. Lukis has been awarded the University Medal at the M.D. examination of the University of London, a distinction which was won also by his father, Sir C. P. Lukis, some years ago. Lieut. B. Biggar gained the Herbert Parkes Memorial, Tulloch Memorial, and First Montefiore and Ronald Martin Prizes at the R.A.M.C. Examination. Mr. G. C. Linder gained distinction in Anatomy and in Pharmacology in the second examination for Medical Degrees at the University of London, Mr. D. P. Pascall was distinguished in Medicine at the final M.B., B.S., and Mr. C. L. Williams, Mr. D. H. D. Wooderson, and Mr. J. B. Randall were awarded honours in Physiology at the final B.Sc. examination of the University.

At various examinations during the year students have well maintained the high reputation of the School. At the University of Oxford one has taken the M.D. and one the M.B., B.Ch. degrees. In the University of Cambridge two have taken the degree of M.D., thirty have passed the final examination for the degree of Bachelor of Medicine, and two have taken the D.P.H. At the University of London three have taken the M.D. degree, two have taken the M.S., and thirteen have passed the examinations for the M.B., B.S. At the Royal College of Surgeons twenty-one have passed the final examination for the Fellowship and

twelve have passed the Primary. At the Conjoint Board examinations sixty-one have taken the diplomas of L.R.C.P. and M.R.C.S.

In the competition for commissions in the R.A.M.C. Messrs. E. B. Allnutt, M. Drummond, J. E. Hepper, I. R. Hudleston, T. E. Osmond, R. B. Price, R. T. Vivian, and P. A. With have been successful, whilst Mr. F. J. Anderson, Mr. J. C. John, and Mr. C. J. Stocker have passed into the Indian Medical Service. Messrs. E. M. Browne, G. E. D. Ellis, R. M. R. Thursfield, and C. T. Williams have passed into the Naval Medical Service.

The awards of the various Scholarships and Prizes have been well contested. The Lawrence Scholarship and Gold Medal, which last year was raised in value to £115 per annum and changed into a Research Scholarship by the generosity of the Misses Lawrence, has been held by Mr. R. R. Armstrong, who has conducted a research on the pathology of broncho-pneumonia. He has been re-elected for a second year. Mr. R. M. Vick has completed his work on the bacteriology of appendicitis as Luther Holden Research Scholar, and Mr. M. Donaldson, who is investigating the pathology of shock, has been elected to succeed him.

The following are the scholars and prize-winners for 1911-12.

- Lawrence Scholarship*.—R. R. Armstrong.  
*Luther Holden Scholarship*.—M. Donaldson.  
*Brackenbury Medical Scholarship*.—A. G. Evans.  
*Brackenbury Surgical Scholarship*.—R. St. L. Brockman.  
*Matthews Duncan Prize*.—R. Stansfield.  
*Senior Scholarship in Anatomy, Physiology, and Chemistry*.—D. H. D. Wooderson.  
*Senior Entrance Scholarships in Science*.—A. B. Appleton, F. W. Watkyn-Thomas.  
*Junior Entrance Scholarships in Science*.—H. M. C. Macaulay.  
*Entrance Scholarship in Arts*.—R. Fortier.  
*Jeaffreson Exhibition*.—L. J. F. Bull.  
*Shuter Scholarship*.—K. B. Bellwood.  
*Kirkes Scholarship and Gold Medal*.—L. G. Crossman.  
*Willitt Medal*.—R. St. L. Brockman.  
*Walsham Prize*.—R. St. L. Brockman.  
*Bentley Prize*.—J. A. Poole.  
*Hitchins Prize*.—Not awarded.  
*Wix Prize*.—D. H. D. Wooderson.  
*Harvey Prize*.—H. S. Griffiths.  
*Sir George Burrows Prize*.—B. W. Howell.  
*Skyner Prize*.—B. W. Howell.  
*Practical Anatomy, Junior—Treasurer's Prize*.—(1) W. R. White-Cooper, E. B. Barnes (æq.); (3) H. H. L. Ellison, S. W. Isaacs (æq.); (5) N. H. Hill, P. H. Wells (æq.); (7) J. Andrew, R. G. Morgan (æq.); (9) W. E. Wilson; (10) K. D. Atteridge, A. R. Dingley (æq.).  
*Practical Anatomy, Senior—Foster Prize*.—(1) G. F.

F. Rowcroft; (2) J. B. Mudge; (3) G. F. P. Gibbons, S. I. Green (æq.); (5) E. Catford, F. G. L. Barnes (æq.); (7) H. G. Moser, H. W. Maltby (æq.).

*Junior Scholarships in Anatomy and Physiology (1912).*  
(1) E. B. Barnes; (2) H. M. C. Macaulay.

In the Medical School some improvements in the equipment have taken place. An electro-cardiograph has been installed in the Physiological Department and the old Anatomical Theatre, which has been renamed "Medical and Surgical Theatre," has been fitted up with an epidiascope, the lantern formerly in this theatre having been moved into the Medical Theatre, which in future will be the "Anatomical Theatre."

Only perhaps by such a retrospect as this is it possible to realise the extent of the changes made in the personnel of the medical side of the Hospital in the course of one year. We believe that a perusal of these notes will appeal to the older as much as to the younger generations. We may be sure that those retiring feel that they are leaving their work in good hands, and their successors equally will uphold the standard set by the past generation, so that the fame of St. Bartholomew's will be well maintained.

### Dr. William Wagstaffe.

By NORMAN MOORE, M.D.(Cantab.).

**DR. WILLIAM WAGSTAFFE**, physician to St. Bartholomew's from 1720 to 1725, is an instance of the curious accidents of fame, for that he is forgotten is due to a dispute as to whether he is the author of some worthless writings published in his name after his death. The volume called the *Miscellaneous Works of Dr. William Wagstaffe* contains one harmless, amusing essay on the story of Tom Thumb, in which Addison's love for the old popular ballads is laughed at and his criticism parodied. Dr. Johnson mentions it without praise or blame as expressing an opinion of the time on the *Spectator* in question. The writer praises the story of Tom Thumb in the kind of way in which Addison has praised *Chery Chase*. The old ballads and tales were then despised by most men of letters as uncouth productions of rustics. Even later in the century Johnson was so much influenced by the prejudice of the time that he failed to see the interest which there is in the genuine if unpolished products of the country fireside, and thought the border ballads which delighted the actors in the scenes they describe no more than bald ill-told tales. The canons of taste have grown broader and everyone now agrees with Addison that the simplicity and truth of these compositions gives them a poetic charm which is as real as that of any of the lesser kinds of verse. Addison pointed out this ground of admiration and he added

another, also of weight, that a great soldier like Sir Philip Sidney had declared that *Chery Chase* "roused him like a martial trumpet. That tale of heroism must have truth and poetry, he said, which could stir the heart of a hero and a poet. But his third method of praise was more commonplace. He compared lines of *Chery Chase* with lines of the *Æneid* as if there was a standard in ancient poetry by which that of more modern times might be tried. In this part of the criticism and in this only has the writer who praises Tom Thumb had any success in his depreciation of the *Spectator*. It was easy enough to take lines of *Virgil*, describing uninteresting details of action and of dress and to put them side by side with the uninteresting details to be found in a child's story and to say the ideas of Tom Thumb and the *Æneid* are thus the same; it is only in the form that there is any difference. A feeble measure of success on this line may perhaps be allowed to the *Comment upon the History of Tom Thumb*, but in every other respect it is poor and dull and the suggestion of a comparison of such wretched scribblers as D'Urfey and Dunton with the learned Ben Jonson and the chivalrous Sir Philip Sidney could not have been written by any man deep in literature or skilled in criticism.

With the exception of this essay, every piece in the *Miscellaneous Works* is abusive, coarse, or dull, and most of them have all three defects. In themselves they are utterly uninteresting, and nobody would ever hear of them now had not the late Mr. Dilke, in his *Papers of a Critic*, published a theory that Swift and not Wagstaffe was their author, and that the life prefixed to Wagstaffe's works was an imaginative production and not a real biography.

Mr. Dilke's positive arguments are but two: that the biography is its own authority and the sole authority for the facts it states, and that the original editions of the works were published by Morpheus one of the publishers whom Swift employed. He adds that Swift's enemies are attacked, and that the time of original publication and of collection fit it in with Swift's views and acts in the years 1711 and 1726, their respective dates, but these are, of course, not actual pieces of evidence.

The hospital Journals have an important bearing on the question of the authenticity of the life. They show that Dr. William Wagstaffe was elected physician in the room of Dr. Salisbury Cade, deceased, on December 29th, 1720, as is stated in the life. The life says that Dr. Wagstaffe having been out of health for some time "took a journey to Bath, in March last, for the recovery of his health, where he had not been many weeks before he relapsed; and continuing to grow worse and worse, he at length departed this life on May 5th last in the fortieth year of his age." This circumstantial statement is fully borne out by two entries in the journals. "February 3rd, 1725. The governors being informed that Dr. Wagstaffe, one of the physicians of this hospital, is so dangerously indisposed that his life is in very great

danger, they are therefore of opinion there is a necessity his place be supplied by some able physician during his illness, and Dr. Levet, the other physician of this hospital, acquainted the governors that Dr. Mills, a governor of this house and an eminent physician, out of the regard he bears to this hospital, is willing to prescribe to the poor of this hospital during Dr. Wagstaffe's illness, or if he died till a new choice; which readiness of Dr. Mills to serve this hospital is received very kindly, and our clerk is ordered to wait upon him to return the thanks of the board, and to desire him to put in execution those kind intentions for the service of the hospital."

"May 27th, 1725. Ordered that the thanks of this court be given to Dr. Walter Mills for his kindness to the hospital in prescribing for the patients during the illness and since the decease of Dr. Wagstaffe, late one of the physicians of this hospital."

Another local record may be quoted. The county history of Buckinghamshire in the list of rectors of Cublington, gives Thomas Wagstaffe, M.A., inducted May 4th, 1688, died 1723. The life says: "His father, who was a younger brother, was bred a clergyman, and as soon as he was capable of holding a benefice, was presented to the Rectory of Cublington, in the county of Bucks."

These confirmations of the chief statement of the life by independent records place its authenticity beyond doubt. It is not now possible to determine who wrote it, but the life reads like the product of a colleague, and it is no strained conjecture to suppose it to be by Dr. Levet, the other physician, who, like Wagstaffe, was an Oxonian.

The life of Wagstaffe is written in a kindly spirit and must always be interesting within St. Bartholomew's as the earliest memoir of one of the staff by a colleague, of which our Hospital reports later contain so many noteworthy examples.

William Wagstaffe received his school education at Northampton, and thence went to Lincoln College, Oxford, where he graduated B.A. on June 16th, 1704, and M.D. July 8th, 1714. He was elected a fellow of the College of Physicians, December 22nd, 1718, and later a fellow of the Royal Society. He was of an old cavalier family, and we may be sure that his father's sermons inculcated passive obedience and non-resistance in their fullest sense. His uncle wrote in praise of *Eikon Basilike*, and when his principles were put to the test at the revolution, gave up his preferment rather than take the oaths to William III.

Young Dr. Wagstaffe, when he came to London, married a daughter of this relative. She died and some years later he married, says the life, "a daughter of the truly eminent and learned Charles Bernard, Esq., who was serjeant-surgeon to the late Queen Anne of glorious memory." This Charles Bernard, called, according to the custom of the time, Serjeant Bernard, was surgeon to St. Bartholomew's from 1686 to 1710 and is mentioned in Swift's *Journal to*

*Stella* and in his *Art of Punning*. The passages show that Swift cared for him.

In the *Art of Punning* he says, "The learned Mr. Charles Bernard, Serjeant-Surgeon to Queen Anne, being very severe upon parsons having pluralities, a reverend and worthy divine heard him a good while with patience, but at length took him up with this question: 'Why do you, Mr. Serjeant Bernard, rail thus at pluralities who have so many *sine-cures* upon your hands!'"

It is easy to see that the punning divine was Swift himself.

On March 9th, 1711, he writes in the *Journal to Stella*: "I went, to-day, into the city, but in a coach, tossed up my leg on the seat, and as I came home I went to see poor Charles Bernard's books, which are to be sold by auction, and I itch to lay out nine or ten pounds for some fine editions of fine authors. But it is too far and I shall let it slip as I usually do all such opportunities."

When he first came to London, Wagstaffe lived without a definite profession. His descent and his connections were such as would give him no friendship for the Whigs, and the original publication of the political pamphlets collected in his works belongs to this period. They contain attacks upon the Duchess of Marlborough, upon the Duke, upon Sir Richard Steele, and upon the favourite physician of the Whigs, Sir Samuel Garth. The party violence of the day was limited by no decency and felt no respect for great qualities. The truce of Utrecht, by which some of the results of Marlborough's victories were thrown away, was a piece of Tory policy to be praised, and the most brilliant master of the military art whom England has produced is spoken of by Wagstaffe as a timid general only anxious to make money out of his commissariat.

The most abusive passages are those against Steele, of whom he has written an ironical "character." It is coarse and violent, does not contain one pointed expression, and adds nothing to history.

It is, indeed, difficult to extract from the four hundred pages of Wagstaffe's writings of that day any illustration of the manners or events of the reign of Queen Anne. Their barrenness is remarkable, and after a careful perusal the only historical fact I have been able to discover is the popular pronunciation of the name of Dr. Sacheverell. The mob used to cry, "Huzza! Church and Cheverell."

Wagstaffe gave up pamphleteering and took to physic, and probably it was through Charles Bernard's friends that he came on to the staff at St. Bartholomew's.

He wrote one medical paper. It is a letter against inoculation, and has no observation and little argument in it. It shows that his early acquaintance with the learned Dr. Freind was continued.

Dr. Freind had studied the mediæval medical writings of the Arabs more deeply than any Englishman before his time, and in his *History of Physic* he has left a lucid exposition

of what they knew, of how they acquired their knowledge, and of their additions to medicines. In the *Comment upon the History of Tom Thumb*, Wagstaffe makes a punning allusion to his friend's Oriental learning. "I have also an *Arabick copy* by me which I got a *Friend* to translate, being unacquainted with the language."

Wagstaffe's letter on inoculation is addressed to Dr. Freind, and the last piece in the *Miscellaneous Works* called "A Letter from the Facetious Dr. Andrew Tripe at Bath," is a coarse attack on Woodward the geologist. Woodward, Gresham Professor of Physic, was a man of some ability, but of little learning and bad manners. He had published a violent attack on a passage on the treatment of smallpox contained in a book by Dr. Freind. A controversy arose, in which many pamphlets were written, and this letter was a jesting one of the Freind side.

When in 1723 Freind was released from the Tower on bail, after his imprisonment on suspicion of being concerned in the Jacobite plots, one of his sureties was Dr. Levet, Physician to St. Bartholomew's and a colleague of Wagstaffe's.

Thus it is clear that Wagstaffe was not an unknown man to whom any publication might be ascribed without fear of contradiction. The veracity of Wagstaffe's printed biography so far as it can be tested by independent records, the circumstance that he was well known to the Fellows of the College of Physicians and to the governors, physicians, and surgeons of St. Bartholomew's make it impossible to believe that immediately after his death a conspicuous volume should be attributed to him which many of his friends must have seen and would have rejected had it been spurious. The essays, when considered with the established truth of the *Life* prefixed to them, cannot be doubted to be the works of Dr. William Wagstaffe of St. Bartholomew's. There is no evidence that he had any personal acquaintance with Swift, though it is not impossible that they might have met in the fine library of Charles Bernard, father-in-law of Wagstaffe and friend of Swift.

### Adrenalin Chloride in a Case of Arrhythmia Cordis and Tachycardia.

THE notes of the following case have been "shelved" in the Editorial sanctum since 1904, but, having been brought to light, the Editor appears to think they may be of some interest despite the lapse of time.

There is no doubt the patient's life was saved by the adrenalin, though I admit I am not clear as to the way in which this result was brought about.

The patient, a male Kaffir, æt. 33, was admitted to hospital on June 3rd, 1904, and operated on the same day for suppurating hydatid cyst of the liver. There was a

history of some years' epigastric discomfort, with frequent pain and vomiting. For some weeks prior to admission patient had been treated elsewhere for "heart disease," during which period he had been continuously "feverish."

The cyst formed a prominent swelling in the epigastrium, was densely adherent to the abdominal wall, and gave no sign that it involved the peritoneal cavity.

There was no evidence of disease in the thorax, nor in the neck. The patient was much emaciated. Pulsation, transmitted through the swelling, was very marked.

Before the operation, which consisted only of incision and drainage, the temperature was 99.4° F. and the pulse-rate 116, fair volume, and regular.

During the first twenty-four hours the patient looked and felt fairly comfortable; there was no vomiting, which fact was attributed to the thorough gastric lavage practised beforehand.

During this period he was given strychnine and morphia twice hypodermically: the temperature rose once to 102° F.; the pulse varied between 116-120 and was inclined to be hard and irregular. The rate of respiration rose from 24 to 48, and the patient complained of epigastric discomfort and præcordial pain.

Second twenty-four hours: June 4th to 5th.—Pulse 106-128, very irregular in rate, tension and volume. Temperature 99-102° F. Respiratory rate 38-46. General condition was worse, and he looked anxious and was breathless. During this period the treatment consisted of injections of liquor strychninae  $\text{Mij}$  and digitalin gr.  $\frac{1}{100}$ , every two hours.

It appeared as if the strychnine accelerated the pulse, and it was omitted on two or three occasions, the digitalin being given alone. The latter had no slowing effect, but seemed to steady the heart somewhat.

At 2 p.m., June 5th, patient was evidently going rapidly down hill; the pulse had risen to 168 and was extremely irregular, and at times scarcely perceptible. The respiratory rate was now 68. Seen in consultation, it was agreed that the patient was dying.

At 3 p.m. I determined to try the effect of adrenalin chloride. The injections of strychnine and digitalin were stopped, and the patient was put upon adrenalin chloride (1-1000 solution), ten minims by the mouth, every hour.

Between 3 p.m., June 5th and 3 p.m., June 6th, the pulse-rate fell from 162 to 110, and the improvement in rhythm and volume was marked. The respirations remained over 40 per minute. The ten minim doses, hourly, were continued until 3 p.m., June 26th (twenty-four hours), when five minims only were given each hour. The pulse rate rose once to 150, but the improvement in quality and rhythm was maintained.

June 7th, 8th, 9th.—Adrenalin chloride, five minims every two hours; administration then stopped. Convalescence was slow, the pulse-rate remaining at 110 until June 10th, but was from that time uninterrupted.

It should be mentioned that there were never at any time signs pointing to involvement of the peritoneum, and that during the exhibition of the digitalis the patient passed more than the usual quantity of urine, so that there can, I think, have been no question of digitalis poisoning. There was never any vomiting.

I had just been reading of the successful use of adrenalin in two cases of acute heart failure in elderly men, and this determined me to try it in this case, which was not one of ordinary heart failure, but rather a condition in which were presented a gradual rise in the pulse and respiration rates, as if the governing centres had been by some means deprived of the services of their regulating mechanism. I am indebted to Dr. J. T. Bays, under whose care the patient was, for permission to publish this note.

### Recollections of St. Bartholomew's during the Fifties.

HERE is always something of fascination and interest in the memories of bygone days. Old men and old hospitals are accustomed to speak lovingly of their past, as of something that is to be treated reverently and with affection. It has a dignity and a solidity which the present may appear to lack. It is great because it is the past. But it is not merely to this that the St. Bartholomew's of sixty years ago owes its appearance of dignity and greatness. Never, during her long existence, has St. Bartholomew's boasted so many famous names amongst her workers as she did during the fifties of last century.

Consequently it was with the feelings of journalistic emotion that the writer discovered Dr. J. S. Edye, and then realised that he was a contemporary of that famous era of St. Bartholomew's. Dr. Edye was not adverse to talking of his old hospital, and from the depths of an admirable memory came stories of Lawrence, Paget, and Savory. It was impossible to listen to these living recollections of the past without feeling the Boswell stirring within one. Dr. Edye's memories of St. Bartholomew's and of St. Bartholomew's giants must be duly chronicled and saved from oblivion. A meeting of Johnson and Boswell was accordingly arranged, and there, over the dessert of a South American luncheon table, the former revived the St. Bartholomew's of the fifties.

When Dr. Edye entered the hospital in 1857 there were many famous names upon the roll of the staff. Lawrence was a surgeon and a lecturer in clinical surgery. Paget was an assistant surgeon and a lecturer on physiology and pathology. Skey delivered the anatomical lectures, and Frankland those on botany. Luther Holden and Savory

worked in the dissecting rooms as senior demonstrators, while Tom Smith acted as junior demonstrator. Burrows and Willett were also on the teaching staff.

Of all the lecturers the finest was Paget. In no way remarkable as an operator, as a lecturer he was outstanding. In the lecture theatre he was in his element. Whatever the subject of his lecture he was secure of an attentive audience. He would enter the theatre with a few dry bones on a plate and retain the interest of his hearers till the hour was up. Neither his appearance nor his language was imposing, but they commanded attention. He had the thin, nervous face of the student, with piercing black eyes, and with his long straight hair brushed back from his forehead. He spoke quietly and without any effort of oratory. His language was interesting rather than fine. It was well chosen, simple and natural. He held his audience and exercised complete control over it. There was rarely any distraction or disturbance, for if a student whispered and looked up he could be certain that those dark eyes would be upon him.

Skey, the anatomist, lectured daily in the large theatre. A pleasant, companionable man, the atmosphere of his lecture room was more restful, and at the same time less tranquil, than that which pervaded the theatre in which Paget was lecturing. The monotony of anatomy could be varied by diversions which appear to have been conscientiously handed down through countless generations of Bartholomew's students. A not unfamiliar sight was that of a tame snake climbing up the theatre gas-bracket, or being returned to his master's pocket when his movements had attracted an undue amount of publicity. Still, Skey was a generous hearted man and a popular figure amongst his students. The cheerless study of anatomy had in no ways blighted the man within him, and he could still appreciate the good things of this life. Dr. Edye, at work in the prosector's room behind the Anatomy Theatre, could hear things that did not reach the ears of the ordinary student. Skey was accustomed to prepare himself carefully for the ordeal of lecturing in anatomy. A few minutes before entering the theatre a voice was always heard in the passage that separated the lecture theatre from the prosector's room. The words were few, and they never varied. They were spoken in the same tone and at the same hour: "Smith, bring me that!" Smith was the old dissecting-room porter. That was a glass of port.

To the genial Skey, the lecturer in clinical surgery formed a striking contrast. Sir William Lawrence had earned quite a reputation in St. Bartholomew's circles for his cold, unemotional temperament. Nothing had ever been known to disturb the tranquility of his outward bearing, or to ruffle the calm that habitually reigned within. Stories were told that gave ample proof of his imperturbability. On one occasion he was making his round when his colleague Stanley, who happened to be in the same ward at the time, was taken suddenly ill. Lawrence was just on the point of

leaving the ward when he was called back by some excited students, who implored him to come and lend assistance to Mr. Stanley. Complying with their request he carefully examined his colleague, the students crowding anxiously around. At the end of his examination he addressed himself to those who were anxiously awaiting his verdict: "Gentlemen," said he, "Mr. Stanley is dead; we will now proceed with the next case."

Sir William Lawrence delivered his lectures in the evening at eight o'clock. The hour was not a popular one and consequently his lectures were not well attended. Nevertheless he was a good lecturer, and those who were present usually gave him their attention. He spoke in a low voice and it was not always easy to catch his words. On one occasion the noise made by a convivial party which had established itself in the gallery of the lecture theatre prevented the more serious-minded of the audience from hearing the lecture. At length one of the studious front benchers interrupted the lecturer with the polite request: "Pray, Mr. Lawrence, would you mind asking those gentlemen in the gallery to make less noise?" "Gentlemen?" replied the imperturbable Lawrence, looking round the gallery, "Gentlemen? Really, I don't see any."

Savory in some respects was not unlike Lawrence. His apparently cold nature did not render him a popular figure amongst the ordinary students. At times, like Lawrence, he could be sarcastic, but he was bitter only where he believed there had been real shirking and absence of effort. As a lecturer he had established a certain notoriety. Indeed, he spared no effort in his determination to acquit himself well in his post as a lecturer, and even went to the trouble of taking lessons in elocution from a clergyman who had acquired great popularity as a West-end preacher. But he did not naturally possess the easy diction of Paget, and an occasional under- or over-accentuation of an aspirate betrayed the effort that was behind the apparently spontaneous flow of rhetoric.

During this period much of Savory's time was spent in the dissecting-rooms, where he and Luther Holden acted as demonstrators. Each of the demonstrators had his following, but Holden was the favourite, for when asked a question he would take the student's place, and would complete the dissection for the benefit of all who stood around. To the enthusiasts, however, who wished to complete their own dissections, this habit of Holden's was an objection, and they were careful to ask assistance only of Savory. Nor were they unwise in their choice, for Savory as a demonstrator was unrivalled. On the anatomy of the brain he had no equal. His words came as though from the pages of a well-written book, and his dissections excelled the best of diagrams and illustrations. As one of his students remarked, it was almost possible to hear the pages turning over as he talked.

In spite of Savory's integrity in the matter of not inter-

fering with other people's dissections, there was a weak point in his general moral rectitude. His fingers literally itched when he caught sight of a pectoralis major. "Ah, Mr. Savory," said Edye one day in the anatomy rooms, "there's one thing you can't resist. You never can resist a pectoralis major." "No," replied Savory, "you are right, I'd get up in the middle of the night to dissect a pectoralis major."

Unfortunately for the present chronicles Dr. Edye saw little of the inside of the wards of the hospital. The surgery of that period was distinctly limited, and consisted mainly of amputations and of operations for stone. In the absence of anaesthetics, speed was everything. The main artery of an amputation stump was tied by the officiating surgeon, whilst the dressers secured and ligatured the smaller vessels. Washing the hands previous to the operation was entirely optional. Everybody washed well after the operation had been completed, and a few faddists washed beforehand. Tincture of opium was sometimes given before the patient left the ward, but operations were always performed behind double doors, and in the most outlying part of the building. Two forms of dressing were in common use—lint spread with lard, and lint spread with unguentum resinae. The operation wound was exposed at the end of twenty-four hours, and if there were no signs of irritation around the sutures the dressings were reapplied. If, on the other hand, signs of inflammation were visible, the wound was opened up and the character of the pus carefully noted. The subsequent appearance of even a cupful of "laudable pus" did not disturb the tranquility of mind of the operator. A poultice was applied and an encouraging prognosis given. If, however, the pus had a greenish appearance, or was streaked with blood, the surgeon shook his head, ordered a bigger poultice, and proceeded with the next dressing.

Such was the state of surgery when Dr. Edye left Bartholomew's in 1859. Since then he has not returned; but, nevertheless, some changes have been effected. The poultice has disappeared from the surgical wards, laudable pus has lost its good character, and the double doors of the theatres are merely regarded as a convenience in preserving a desirable temperature within. The sisters of the wards no longer take snuff in public, and the surgeons wash both before and after operations. Yet in spite of the change that time has brought there lingers a fascination about those early days which even the knowledge of their manifest disadvantages fails to destroy.

K. MACFARLANE WALKER.

## The Motor Holiday.



SUPPOSE we all have our own ideas as to how any particular holiday should be spent, but possibly there are some who have not seriously turned their thoughts to—what to my mind appeals with an irresistible force—a holiday in the car. I am afraid I am an enthusiast over this sort of thing, but I believe it is well worth a little enthusiasm. I have had many years of motoring and many holidays spent wholly or in part in the car, and I confidently recommend this form of recreation to those who can give it a trial.

The motor holiday!—think what it entails. Say you are going to start in the middle of August, in that case you begin your holiday about June 1st! For, let me tell my would-be motor tramps that the hundred and one little matters that must be attended to prior to the great event constitute in themselves a holiday—by anticipation—which is by no means to be despised. There is the car to be tuned up, the favoured few—(! Ed.)—to be selected as one's companions (most important this), the route to be mapped out and endless details to be arranged, none of which is drudgery when done in preparation for a motor holiday.

You may, if you have a good driver, leave most of the car-tuning to him, merely supervising the ordeal, or, on the other hand, you may like to engage yourself in much of the preliminary overhaul. There are the valves to be looked to and probably ground, the cylinder heads to be scraped (or scientifically cleaned by oxygen), the gear-box to be washed out, springs to be greased, etc. By the way, how many are there of us who *do* grease the springs? It is so simple and the result so lasting, for no one can complain of doing the job twice a year. Just jack up the chassis from each dumb-iron and the leaves spring open or may be separated by a screw-driver and the graphite introduced on the blade of an old table-knife. It is best to do the front and back of each spring separately, as one jacking does not as a rule liberate the leaves on the far side of the centre bolts. But I am getting off the rails—we are talking about a motor holiday!

Next there are the spares to be seen to and a full supply assured. This is quite simple as the cunning motorist always carries a goodly assortment, and only requires his outfit to be brought up to date by the addition of a patch-quick or two and a roll of tar-tape. Tools, of course, must be in place, and here let me give a tip which I find very useful. All my tools (or nearly all) are loosely fitted into little home-made green baize rolls in batches, and each batch contains those weapons that are likely to be wanted at the same time. Thus the first batch on opening my tool-drawer contains gas-pliers, small screw-driver, small adjustable wrench and possibly one other tool—the box spanners are in a roll by themselves and the large tools

together and so on—at least this is the scheme, and one suits one's own individual convenience as to the exact details. Each roll is tied up with tape and so all jingling and rattling is prevented. Then you will have to carry oil and grease, and suitable cans to hold a sufficient quantity of each must be got ready.

Tyres—"Ma conscience!" Yes, you will have to lay out something I fear on a couple of new covers and some inner tubes if you have not already got them by you. Extravagant? Not a bit of it; remember that you will be using tyres all through the winter for your work, and may as well get the best of the fun out of them while you have the opportunity to enjoy it and leave the more frequent changing that comes with lengthy wear to the cold prosaic days of winter practice. And so you run through the gamut of things car-like and satisfy yourself that everything is in order and ready for that delightful half-hour on the evening preceding your start, when—unless you are taking your driver—you personally survey every roll of tools and spare parts to be carried and yourself pack each away to its allotted corner, so that you know exactly where to put your hand on anything you want.

I always think the final survey is one of the specially pleasant parts of the whole thing, when, all the hard work having been done, you play the part of a general and inspect the result of your labours. There is a certain feeling of pride about it, of course, just as there is on the grand morning of the start, when you take your place in the driving-seat with the whole world at your feet!

You have made up your mind about your companions, of course. One word of advice—do be sure they are kindred spirits. They need not be motorists, perhaps better not, as they will enjoy the novelty all the more and will not be mentally comparing their own car to yours at every hill! But they must be to some extent enthusiasts, like yourself if you want to get the very best out of the tour.

The route! There I cannot help you much, the field is so wide. I have spent glorious days in the wilds of Scotland, in the beautiful Lake district, among the mountains of Wales, in the soft valleys of the Wye, in the lanes of the New Forest, or exploring the grand uplands of Dartmoor and Exmoor. No need for the Englishman to leave his own island until he can say that he has done every bit of these, and much more besides. Are you one who would study matchless memorials of England of the past rather than its present natural beauties, then you may spend your month prowling from place to place seeking the magnificent remains of ancient Roman occupation, such as are to be found at historic Bath, or visiting the cathedrals of any of the grand old cities throughout the length and breadth of the land. No need to be dull I can assure you, whichever you choose.

I would advise the motor tramp to get one "dissected" map of the United Kingdom of sixteen miles to the inch

scale and others of a scale of two miles to the inch of those localities that are to be especially explored. In this way he will have a bird's-eye view of the tour as a whole, and a detailed grasp of those parts of the country selected for more intimate investigation. I myself am gradually collecting a library of these "half-inch" maps, which are pleasant reminders of holidays spent in the car.

There are other useful additions, such as the various road-books which describe different routes and objects of interest to be noted on the way, and, last but not least, there is that most valuable *vide mecum*, the *Contour Road-Book of England*, which tells of the gradients on all the important roads. Of course, every good car nowadays is capable of negotiating practically anything on main thoroughfares, but the tramp will not be satisfied with main roads only, but will want to dive into the "interior" so to speak on many occasions, and the wise man studies his contour book lest he find himself grinding away his tyres on the wretched surface of Porlock, for instance, when by the expenditure of one shilling he might have taken the charming toll-road and enjoyed the ascent. Not that I deprecate real hill-climbing—far from it; some of the grandest views are only to be obtained by "letting her all out" on the first gear, but I say that the motorist should at any rate know what he is in for and then he will not be taken unawares. I would say to the enthusiast, "Do not attempt too much each day. Let the run be well within the means of your car, allowing always for involuntary tyre stops. One hundred miles a day is very fair going as an average, though often you will reel off 150 with ease, and on the other hand, 50 is enough if the run includes a visit to some interesting sight."

Start as early as you like—9.30 a.m. is the ideal—and do not leave yourself too much to do after lunch. Which reminds me of an important detail. It is delightful to have a lunch-basket and to picnic daily at the side of the road or commit a modest trespass into some inviting wood. If this be your plan, let one member of the party be deputed to look after the commissariat and replenish the basket each morning before starting.

And now you are ready—the car is at the door, the last piece of luggage is stowed away, and the camera is not forgotten. Let us say it is one of those fresh sunny mornings with a touch of keenness in the air, for being an enthusiast and because it is the first day you cannot delay the departure later than half-past seven. The engine is quietly turning, everything is *couleur de rose* to your expectant eyes, and with a thrill of pleasurable eagerness you slip in the first gear and your journey begins! Slowly at first, then as she warms to her work the good engine gets into her stride and you are speeding along to the accompaniment of that sweetest of all music to the motorist—the rhythmic hum which whispers all is well. Town and suburbs are soon traversed and left behind; the houses become more scattered and are altered in appearance; cot-

tages take the place of villas and bricks gives way to smiling hedge-rows—you are out on the open roads! Pause, ye scoffers, who know not the joys of motoring and who hate the present upheaval of old-fashioned methods. Pause, I say, in your scoffing and railing and beg a seat in such a car as I have just described!

There you shall learn for the first time the wonder of the open road. You shall gaze spell bound on the panorama that unfolds itself in all its changing details from minute to minute and hour to hour as the miles slip by. You shall strain your eyes along yonder white ribbon that trails its never-ending course over hill and moor, over mountain and glen, a ribbon that leads on and away to "fresh fields and pastures new," an endless track, carrying in its granite bosom hoary memories of the giants of old who passed along that self-same way—a track bristling with memories of centuries long gone by and fading into the remote ages of the past even as it fades now in the far distance of the purple hills! This is the open road, dear to the heart of the motor-tramp, which is now being greedily swallowed up beneath his ever advancing wheels, which leads—he cares not where, so long as he has the power and opportunity to follow!

"TALK-ROD."

### Abernethian Society.

ALL freshmen will, we hope, take the first opportunity of claiming their privilege of admission to this ancient and honourable Society at the opening meeting on Thursday, October 17th, at 8.30 p.m.

The Society was founded in 1795 by John Abernethy, when assistant-surgeon to the Hospital, under the title of "The Medical and Philosophical Society of St. Bartholomew's Hospital." Its purpose is the reading and discussion of papers dealing with subjects of medical or general scientific interest, and the exhibition of clinical cases and material relating thereto.

Our readers will note that the first winter sessional address is to be delivered by Dr. Garrod, who is taking as his subject "The Scientific Spirit in Medicine."

The list of readers for the coming session is appended, and we are confident that many extremely interesting and illuminating papers will be produced to maintain the high level of excellence which is, as a matter of course, expected at the Abernethian.

### ABERNETHIAN SOCIETY.

SESSION 1912-1913.

Date.	Reader.	Paper.
1912.		
Oct. 17.	Mr. G. N. Stathers	
" 24.	Sessional Address,	
	Dr. A. E. GARROD	"The Scientific Spirit in Medicine."

Telephone 5700 HOLBORN.

## CLINICAL RESEARCH DEPARTMENT, ST. BARTHOLOMEW'S HOSPITAL.

THIS Department undertakes to examine and report upon pathological material of any kind submitted to it.

The Examination will in each case be conducted, and the report signed by, a member of the teaching staff of the Pathological Department.

Attention is called to the fact that the Department undertakes the examination, not only of ordinary pathological material, but the analyses, both chemical and bacteriological, of milk, food-stuffs, drinking-water, and air.

On application, an outfit, consisting of sterilised swabs for throats, sterilised bottles for pathological fluids, and pipettes for blood, together with printed directions, will be sent to any practitioner free of charge. For special purposes other apparatus will be supplied.

The aim of the Department is to send out prompt and trustworthy reports. Telegrams will be despatched, when desired, followed by a detailed report by post.

A scale of fees for the more ordinary work is appended, and fees will be quoted for any investigation in pathology on application.

Special charges will be made in the case of hospitals, by arrangement. If material requires to be collected by a member of the Department, special fees are charged, by arrangement. Water analysis, milk, food-stuff, etc., by arrangement.

#### Blood examinations—

	£	s.	d.
Enumeration of blood corpuscles	...	0	10 6
Differential leucocyte count	...	0	10 6
Estimation of haemoglobin	...	0	10 6
Complete histological examination of blood	...	1	11 6
Blood cultivation	...	2	2 0
Examination for malarial and other parasites	...	0	10 6
Serum tests—			
Widal reaction for <i>B. typhosus</i> , etc.	...	0	10 6
Estimation of opsonic index	...	3	3 0
Wassermann reaction	...	2	2 0

#### Examination of cerebro-spinal fluid—

Chemical and histological examination	...	0	10 6
Ditto with bacteriological examination	...	1	1 0

#### Urine—

General examination, including the ordinary chemical tests, and microscopical examination of the deposit	...	0	10 6
Ditto including examination for tubercle bacilli and cultural examination	...	1	1 0
Estimation of the amount of sugar	...	0	10 6
Estimation of uric acid, creatinine, creatinine	...	£1	1 0 to 2 2 0
Cannidge reaction of urine	...	2	2 0
Examination of calculi	...	0	10 6

#### Examination of test meals—

Including quantitative estimation of hydrochloric acid, chlorides, etc.	...	2	2 0
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#### Examination of faeces—

Occult blood	...	10s. 6d. to	1 1 0
Bacteriological examination	...	from	1 1 0
Examination for ova, parasites, etc.	...	0	10 0
Estimation of fat	...	3	3 0

#### Examination of hairs—

	£	s.	d.
For ringworm or other parasites	...	0	10 6

#### Examination of pus or other inflammatory effusion—

Examination of film preparations only	...	0	5 0
Ditto with cultures	...	0	10 6
If complicated examinations are required	...	By arrangement.	

#### Examination of sputum—

Examination for tubercle bacilli, other micro-organisms or abnormal constituents	...	0	5 0
Cultivation of sputum	...	0	10 6
Animal inoculations	...	1	1 0

#### Throat swabs, nasal or post-nasal swabs—

Examination of films and cultures for <i>B. diphtheria</i>	0	10	6
If three, or more than three examinations are required at one time	...	each	0 5 0
The same examination with full tests, including animal inoculation	...	2	2 0
Examination of films and cultures for other micro-organisms	...	0	10 6

#### Vaccines—

Preparation of autogenous vaccine, including the examination of material from which the vaccine is to be prepared	...	2	2 0
Stock vaccines	...	from, each ampoule	0 2 6
Serums can be provided if required.			

#### Microscopical examination of tissues with slide and report

report	...	1	1 0
Fresh section and report	...	1	1 0

#### Animal inoculations—

For diphtheria, tubercle, etc.	...	1	1 0
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Date.	Reader.	Paper.
1912.		
Oct. 31.	—Mr. R. L. Mackenzie Wallis	"Epidemic Diarrhoea in Infants."
Nov. 7.	—Clinical Evening . . .	—
" 14.	—Dr. P. Hamill . . .	"Some Minor Disorders of Childhood."
" 21.	—Mr. H. Russell . . .	"Some Results of Treatment by Neo-Salvarsan."
" 28.	—Mr. R. Gordon Hill . . .	"With a Field Hospital in Tripoli."
Dec. 5.	—Mr. S. G. Dixon . . .	—
" 12.	—Mr. K. J. A. Davis . . .	"The Position of Pathology at the present day as it affects the Dresser."
1913.		
Jan. 9.	—Mid-Sessional Address . . .	—
" 16.	—Dr. A. E. Gow . . .	—
" 23.	—Mr. E. G. Stanley . . .	—
" 30.	—Mr. A. Felling . . .	—
Feb. 6.	—Mr. R. M. Vick . . .	"Appendicitis."
" 13.	—Dr. T. S. Lukis . . .	—
" 20.	—Mr. C. J. Stocker . . .	—
" 27.	—Clinical Evening . . .	—
Mar. 6.	—Mr. H. Blakeway . . .	—
" 13.	—General Meeting . . .	—

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 or requiring further information about the Union are referred for information to the *Students' Union Year Book*, and the *Christian Union Pamphlet* which will be provided by any member of the Students' Christian Union Committee on being asked for the same. The Student President, G. F. Rowcroft, or the Hon. Secretary, W. R. White-Cooper, would also be glad to give copies of the rules to anyone who would apply for them.

Obituary.

CAROLINE MILDRED RILEY (SISTER PITCAIRN).



THE death of Miss Riley, better known to most of us as Sister Pitcairn, has deprived the Hospital of one of its most remarkable personalities. As a surgical sister she had few equals. Her knowledge of surgery could only be appreciated thoroughly by those who had the privilege of working with her. She had the rare gift of teaching her house-surgeons without appearing to do so. Her quiet, unobtrusive tact often helped in some detail of treatment or diagnosis. She was a strict disciplinarian, with the result that everything in her ward was done smoothly and quickly. One of her most outstanding qualities was her power of quieting nervous or unruly patients. She was never known to be upset in any emergency, and, however hard pressed, was always calm and collected.

The news of her death came as a great shock to all of us, as she had left for her holiday barely a week before, apparently in the best of health and spirits. She was one of the last people one would have expected to succumb to an

illness like pneumonia, for though she never spared herself in work in the ward, she was a firm believer in the necessity of taking regular exercise.

Her death was deeply felt throughout the Hospital, but most of all in her own ward, where she was liked and respected by those who worked with her for her kindness, her fair-mindedness, and her willingness to help and teach all with whom she came in contact.

The Clubs.

RUGBY FOOTBALL CLUB.

SEASON 1912-13.

This season three fixture lists have been arranged, and it is hoped that the increasing number of Rugby players will have plenty of opportunity of obtaining games. With three teams in the field every Saturday and at least one team out on a Wednesday, the prospect of regaining the Inter-Hospital Challenge Cup is increased.

The first matches will be played on Saturday, October 5th, as follows: 1st XV v. Old Alleynians (home), 2nd XV v. Hampstead Wanderers (away), 3rd XV v. Ealing (away).

In order that the secretaries of the three XV's may put good teams into the field for these matches, gentlemen who intend to play this season are asked to write their names down on the list on the boards at once, so that the teams may be selected early. The teams selected will be posted on the boards early in each week throughout the season, and gentlemen will facilitate matters if they either affix a X against their names or scratch their names off the lists correspondingly early.

The prospects for this season are rather difficult to estimate, for it is too early to know who the new playing members will be and what is their capacity. With regard to those who have left, namely Ferguson, Fiddian, Gilbertson, Hodson, and probably Richards, their places will be hard to fill. Fiddian may possibly return after Christmas in time for cup-ties.

Of those who are left, Beyers may return to his old place at back if his knee is sound, and Dive it is understood also intends to play this season. At three-quarters Bower and Savory are left, though probably Bower's knee will prevent him from playing. At half we are exceptionally strong with Williams, Pocock and Robbins. Forward there are Kitchen, Brewitt, Mudge and Bradley, while Evans is returning after Christmas. There ought to be a very keen competition for the remaining places at forward as there are several good men who played for the 2nd XV last season.

It seems that although the 1st XV may not be so strong as last year, it is, on the contrary probable that with regular playing members, coupled with fitness, the season will be a successful one.

The fixture lists for the three XV's are appended below:

The first XV, it will be noticed, begin with the Old Alleynians on October 5th at home. This means a very hard initial game, as they are opponents of exceptionally good-standard.

Three Midland matches have been arranged before Christmas, and it is to be hoped that the results of last year with these clubs will be repeated, if not improved upon this season.

After Christmas there is one Midland match away, namely, Rugby, and on Wednesday, January 22nd, Cambridge University will be our visitors at Winchmore Hill for the first time.

Two fixtures with the Old Leysians and two with the Old Merchant Taylors have also been arranged.

The 2nd XV have a long, and it is to be hoped a better, fixture list than last season.

The 3rd XV has a fairly full one up to the present and the vacant dates will be filled in later.

Date.	Opponents.	Ground.
1912.		
Oct.—Sat., 5.	Old Alleynians	Home
" " 12.	London Irish	Away
" " 19.	Old Blues	"
" Wed., 23.	R.M.A., Woolwich	Home



Date.	Opponents.	Ground.
1912.		
Nov.—Sat., 2.	Coventry	Away
" Wed., 6.	Sandhurst	"
" Sat., 9.	Bedford	"
" " 16.	Old Whitgiftians	"
" " 23.	O.M.T.	Home
" Wed., 27.	R.N.C., Greenwich	Away
" Sat., 30.	Aldershot Command	Home
Dec.—Sat., 7.	Stratford-on-Avon	Away
" " 14.	Rossllyn Park	Home
1913.		
Jan.—Sat., 11.	Rugby	Away
" " 18.	Ealing	"
" Wed., 22.	Cambridge	Home
" Sat., 25.	Old Leysians	Away
" Wed., 29.	R.N.C., Greenwich	Home
Feb.—Sat., 1.	Old Millhillians	Away
" " 8.	Old Leysians	Home
" " 22.	O.M.T.	"
2ND XV.		
Date.	Opponents.	Ground.
1912.		
Oct.—Sat., 5.	Hampstead Wanderers	Away
" " 12.	Beckenham	Home
" " 19.	Catford	"
" " 26.	Rossllyn Park	"
Nov.—Sat., 2.	Blackheath	Away
" " 9.	Old Whitgiftians	Home
" Wed., 13.	St. John's College	Away
" Sat., 16.	Old Alleynians	"
" " 23.	O.M.T.s	"
" " 30.	Beckenham	"
Dec.—Sat., 7.	Blackheath	Home
" " 14.	Old Millhillians	Away
1913.		
Jan.—Sat., 4.	Upper Clapton	Home
" " 11.	Port of London Authority	Away
" " 18.	London Irish	Home
Feb.—Sat., 1.	Old Millhillians	Home
" Wed., 5.	Merchant Taylors' School	Away
" Sat., 8.	H.A.C.	"
" " 15.	St. John's College	Home
" " 22.	Old Whitgiftians	Away
Mar.—Sat., 8.	Old Paulines	"
" " 15.	Hampstead Wanderers	Home
3RD XV.		
Date.	Opponents.	Ground.
1912.		
Oct.—Sat., 5.	Ealing	Away
" " 12.	Leytonstone	"
" Wed., 16.	London Hospital	"
" Sat., 19.	Molesey	"
" " 26.	St. Dunstan's College	"
" Wed., 30.	Guy's Hospital	Home
Nov.—Sat., 2.	Old Blues	"
" Wed., 13.	St. John's College	"
" Sat., 16.	St. Thomas's Hospital	"
" " 23.	Upper Clapton	Away
" " 30.	Port of London Authority	"
Dec.—Wed., 4.	London Hospital	Home
" Sat., 7.	Guy's Hospital	Away
" " 14.	St. Mark's College	"
1913.		
Jan.—Sat., 11.	Old Blues	Home
" " 18.	Leytonstone	Away
" " 25.	Old Emmanuel	"
Feb.—Sat., 8.	Blackheath	"
Mar.—Sat., 1.	St. Mark's College	Home
" " 8.	London Welsh	"

ASSOCIATION FOOTBALL CLUB.

Captain 1st XI.—G. E. Dyas.  
 Captain 2nd XI.—E. M. Grace.  
 Secretaries.—J. W. Stretton and C. R. Taylor.  
 We hope the coming season will produce some new talent to fill up vacancies and we want especially men who will turn out regularly.

We may then hope to have a season equal in success to that of 1910-11.

The last season was far from satisfactory. The team did not succeed in retaining one of the three cups obtained the season before, nor did they even reach the final. This perhaps was not so much due to lack of talent, but to the continual change in the constitution of the team.

HOCKEY.

The prospects for this year seem as good as ever, for most of last year's teams will be available.

The following officers have been elected:  
 Captain 1st XI.—J. G. Ackland.  
 Hon. Sec. 1st XI.—W. V. Hughes.  
 Captain and Hon. Sec. 2nd XI to be elected.  
 A good list of fixtures has been arranged for the coming season for both first and second elevens, including East Sheen, Royal Engineers (Chatham), Reading, and Aldershot Command. All gentlemen, especially freshers, wishing to play, are asked kindly to sign their names with positions on the list posted in the Abernethy Room.

THE BOXING CLUB.

We regret that for the past year the Boxing Club has no achievements to record.

Apparently no meeting of the committee has been held for two years, and the captain and secretary have allowed their appointments to lapse without the election of successors.

It seems a pity that so good a sport as boxing should be allowed to die out in the Hospital, when a little keenness and organisation on the part of those chosen to control it would probably result in its success, for we feel sure that there are numerous men in the Hospital who would be glad of the game and the exercise if meetings were arranged.

We hope that the Boxing Club will be revived this winter.

THE GOLFING SOCIETY.

President.—Mr. F. A. Rose.  
 Hon. Sec.—A. N. Rushworth.  
 The Bart's Branch of the Inter-hospital Golfing Society hope to play team matches in the forthcoming year.

The Inter-hospital Cup was played for last year by four teams—the London, Guy's, St. Thomas's, and Bart's. The London and Bart's met in the first round; the London won a close match on the byes, and ultimately secured the cup.

The Bookshelf.

The Year Book of Livingstone College contains a full report of the work of this well known medical missionary institution. We regret to learn that financial embarrassment threatens to hinder the progress of the college. We note with interest the intention of the Editor to ascertain what twelve medicines are found indispensable by workers in the missionary field. The inquiry should make quite a popular and useful competition.

In the annual report of the Rotunda Hospital, we notice that Dr. Jellett, the Master, takes a very serious view of the future of the hospital as a teaching institution when the maternity benefit of the Insurance Act comes into force.

Under the Act no thirty-shilling benefit can be claimed by mothers delivered in the hospital, and having regard to the low rate of wages coming into the average Dublin household, he foresees a rapid diminution in the work of the hospital.

The Act, to justify itself, must diminish and not increase the risks run by the parturient woman of the hospital class, and it is to be hoped that such a disastrous result will be averted as a result of the representations made to the all-powerful Commissioners by the deputation of practitioners and teachers in midwifery.

Correspondence.

SIR THOMAS BROWNE AND THE "WITCHES."

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

SIR,—In the last number of the JOURNAL your correspondent, Dr. Clippingdale, desires to correct a statement made in my recent article on Sir Thomas Browne, that evidence given by Sir Thomas in 1664 led to the condemnation of two witches to the stake. He refers me to an article on the question by Mr. Malcolm Letts.

I am grateful to Dr. Clippingdale for pointing out this article to me, but, having read it, I nevertheless do not wish in any way to modify the statements made in my article. Neither I, nor, I imagine, any biographer of Browne, ever supposed that he was alone responsible for the condemnation of the witches, but it seems to me to be quite obvious that his evidence had a most notable influence upon the decision of the jury. Further, I hoped I had made it clear that I do not regard the incident as a blot on Sir Thomas Browne's career, but rather as a proof of his honesty and consistency in the face of a most unpleasant situation. I have a copy of the original account of the trial published in 1682, and I am therefore in possession of evidence which Mr. Letts supposes to have been universally neglected by writers on Sir Thomas Browne. I cannot fully justify my position without giving an extended account of the trial, but I can assert that I have not charged Sir Thomas Browne with complicity in the affair wantonly and without a due consideration of the facts.

I am, Sir,  
 Yours faithfully,  
 G. L. KEYNES.

The Junior Staff.

We regret that in our last issue there were some errors in the list of Residents.

The following is a correct list of the gentlemen acting from October 1st to April, 1913.

HOUSE PHYSICIANS TO—

DR. SAMUEL WEST	Mr. H. W. Scott.
	Mr. E. E. Chipp.
DR. J. A. ORMEROD	Mr. R. Sherman.
	Mr. G. Stanger.
DR. W. P. HERRINGHAM	Mr. R. S. Morshead.
	Mr. T. H. G. Shore.
DR. H. H. TOOTH	Mr. A. J. Waugh.
	Mr. H. J. Couchman.
DR. A. E. GARROD	Mr. A. F. S. Sladden.
	Mr. R. G. Hill.

HOUSE SURGEONS TO—

MR. BRUCE CLARKE	Mr. C. J. Stocker.
	Mr. A. B. P. Smith.
SIR ANTHONY BOWLEY	Mr. H. Griffith.
	Mr. G. N. Sneath.
MR. D'ARCY POWER	Mr. H. R. G. Russell.
	Mr. H. K. V. Soltau.
MR. H. J. WARING	Mr. R. A. Ramsay.
	Mr. G. Sparrow.
MR. MCADAM ECCLES	Mr. C. D. Kerr.
	Mr. J. Wroth Adams.

INTERN MIDWIFERY ASSISTANT	Mr. J. B. Pulling.
EXTERN MIDWIFERY ASSISTANT	Mr. F. H. Robbins (October).
	Mr. A. J. Gibson (January).
OPHTHALMIC HOUSE SURGEON	Mr. A. L. Moreton.
HOUSE SURGEON TO EAR, THROAT AND NOSE DEPARTMENT	Mr. H. S. C. Starkey.

Examinations.

University of London.—The following have obtained the certificate of the London School of Tropical Medicine: E. S. Marshall, A. R. Neligan, A. H. Owen.

University of Cambridge.—The following have obtained the Diploma in Tropical Medicine and Hygiene given by the above University: A. R. Neligan, A. H. Owen, C. J. Stocker.

REVIEWS.

PATHOLOGY OF THE EYE. By P. H. ADAMS. (Henry Frowde and Hodder & Stoughton.) Price 5s. net.

We welcome the appearance of this excellent little handbook; it should prove a suitable companion to another well-known book on the eye edited by the same press. The subject has been dealt with very skilfully, and the ground covered, considering the size of the book, is enormous. It should prove a valuable addition to the library of student and practitioner alike.

The chapters dealing with the practical part of the subject deserve special mention; the methods indicated are clear and concise.

The illustrations, chiefly consisting of photographs taken from actual specimens, are worthy of note.

We wish the book every success.

GROVE'S AND BRICDALE'S TEXT-BOOK FOR NURSES. Price 12s. 6d. net.

The appearance of this useful text-book fills a place that has long been vacant. The authors have endeavoured to make the several subjects of sufficient interest both to probationer and qualified nurse; the careful reading of the book should give one a very good general idea of all four subjects.

The illustrations are well selected, and serve to make the volume attractive as well as interesting.

### Appointment.

✓ EDWARDS, T. P., M.B., B.S.(Lond.), appointed Assistant House Physician at the Royal Hospital, Sheffield.

### New Addresses.

BARRIS, J. D., 39, Welbeck Street, W. (Telephone No. unchanged)  
 BROWN, A. C., c/o T. Cook & Son, Ludgate Circus, E.C.  
 CAKE, Lieut. A. S., R.A.M.C., c/o Messrs. Holt & Co., 3, Whitehall Place, S.W.  
 DAVIES, I. J., 8, Dumfries Place, Cardiff.  
 DRAGE, Charles, The Gables, Knighton, Radnorshire.  
 EDWARDS, T. P., Royal Hospital, Sheffield.  
 GOW, A. E., 50, Welbeck Street, W.  
 PEARSE, R. E. F., Brown Heath, Buxted, Sussex.  
 THORNE, L. C. T., 45, Inverness Terrace, W., and 108, Harley Street, W.  
 WAY, L. F. K., Lieut. R.A.M.C., c/o Parry, Leon & Rayner, Durban, S. Africa.  
 WROUGHTON, Major A. O. B., R.A.M.C., 22, St. Luke's Road, Maidstone, Kent.

### Births.

CANE.—On September 7th, at 40, Mountjoy Square, Dublin, the wife of E. Geoffrey S. Cane, R.A.M.C., of a daughter.  
 CHARLES.—On August 27th, at 10, Bancroft, Hitchin, the wife of C. P. Charles, of a daughter.  
 DEANE-BUTCHER.—On September 20th, at Pittsworth, Queensland, Australia, to Dr. and Mrs. Bazett Deane-Butcher—a son. (By cable.)  
 EDELSTEN.—On September 14th, at 370, Brixton Road, S.W., the wife of Ernest A. Edelsten, M.B., M.A.(Oxon.), of a son.  
 GILLIES.—On August 18th, at 73, New Cavendish Street, Kathleen, the wife of H. D. Gillies, F.R.C.S., of a son.  
 GOULD.—On September 14th, at Castle Hill House, Shaftesbury, Dorset, the wife of Harold Uterton Gould, M.B., B.C., of a daughter.  
 LEVY.—On September 18th, at 67, Wimpole Street, Cavendish Square, W., the wife of A. Harold Levy, F.R.C.S., of a son.  
 LOUGHBOROUGH.—On August 7th, the wife of W. G. Loughborough, Clan Conal, Lee-on-the-Solent, a daughter.  
 PAYNE.—On September 8th, at Ardfin, Loughborough, the wife of John E. Payne, F.R.C.S.(Eng.), of a son.  
 WALDO.—On September 22nd, at 40, Lansdowne Road, Holland Park, W., the wife of Frederick Joseph Waldo, M.D., Barrister-at-Law, of a daughter.  
 WORTON.—On September 16th, at Darley Dale, Hadley Wood, wife of A. S. Worton, M.D., F.R.C.S., 71, Harley Street, W., of a son.  
 WROUGHTON.—On September 17th, at 22, St. Luke's Road, Maidstone, Kent, the wife of Major A. O. B. Wroughton, R.A.M.C., of a son.

### Marriages.

CATES—ELMHIRST.—On August 8th, at St. Oswald's Church, West Hartlepool, by the Rev. P. Waddington, Chaplain to St. George's Hospital, London, cousin of the bride, assisted by the Rev. H. Robinson, Vicar, Joseph Cates, M.D.(Lond.), D.P.H.(Camb.), Medical Officer of Health for Lancaster, only son of Mr. and Mrs. Cates, Hillside House, Lancaster, to Rosa, youngest daughter of the late Rev. and Mrs. Robert Elmhirst, of Farnham Lodge, Knaresborough.  
 CHRISTOPHERSON—ORMEROD.—On September 24th, at St. George's, Hanover Square, by the Dean of Salisbury, assisted by the Bishop in Khartoum and the Rev. Canon Christopherson, father of the bridegroom, John Brian Christopherson, Director of Khartoum and Omdurman Civil Hospitals, to Joyce Eleanor, daughter of Dr. and Mrs. Ormerod, of 25, Upper Wimpole Street.  
 CLARK—CLARKE.—On September 19th, at St. George's Church, Hanover Square, W., by the Rev. Canon Rhodes Bristowe, M.A., of Southwark Cathedral, assisted by the Rev. Thomas Turner, of

St. Saviour's, W., Alexander James, eldest son of Sir William Clark, late Chief Judge of the Chief Court of Punjab, of 43, Lexham Gardens, Kensington, W., to Ena Litton, youngest daughter of Ernest Clarke, M.D., B.S., F.R.C.S., of 3, Chandos Street, Cavendish Square, W.

TOWNSEND—PARKER.—On September 5th, at the Church of St. John the Evangelist, Stanmore, Reginald Stephen Townsend, Captain Indian Medical Service, son of the late James Townsend and of Mrs. Townsend, Exeter, to Caroline, eldest daughter of the late Frank Rowley Parker and of Mrs. Parker, the Garth, Stanmore, Middlesex.

TREWBY—LANGWORTH.—On August 6th, at St. Peter's, Piccadilly, by the Rev. Alec Lloyd, M.A., Joseph Frederick Trewbly, son of Joseph Henry Trewbly, late Chancellor of the Turkish Embassy, to Mary Lillian, elder daughter of the late Samuel T. W. Langworth, and of Mrs. Langworth, Downside Lodge, East Sheen.

THORNE—FOSTER.—On September 23rd, at the Parish Church, Dalston, Cumberland, by the Right Reverend the Lord Bishop of Carlisle, assisted by the Rev. J. Wilson, M.A., Litt.D., Vicar, W. Bezly Thorne, M.D., of Harley Street, London, to Edith Maude, youngest daughter of the late Col. George Foster.

### Deaths.

BENNETT.—On September 8th, at 48, Muirkirk Road, Catford, S.E., of diabetes and phthisis, Frederick K. Thomas Bennett, M.R.C.S., L.R.C.P., aged 52.  
 COVEY.—On August 31st, 1912, Edward Charles Covey, M.R.C.S., L.S.A., of Alresford, Hants, aged 71.  
 HEATH.—On August 25th, at St. Ann's Heath, William Lenton Heath, M.D.(Lond.), F.R.C.S., late of 90, Cromwell Road, S. Kensington, aged 58.  
 RANKING.—On September 11th, at Bexhill, in his 63rd year, John E. Ranking, M.D., F.R.C.P., of Tunbridge Wells.  
 RILEY.—On August 31st, at Church Stretton, Caroline Mildred Riley (Sister Pitcairn), of St. Bartholomew's Hospital.

### Acknowledgments.

British Journal of Nursing (13), Nursing Times (12), Guy's Hospital Gazette (7), League News, L'Echo Médical du Nord (4), St. Thomas's Hospital Gazette, St. Mary's Hospital Gazette (2), New York State Journal of Medicine (2), University College Hospital Magazine, Medical Review, The Hospital, London Hospital Gazette (2), Long Island Medical Journal (4), Giornale della Reale Società Italiana d'Igiene (2), Charing Cross Hospital Gazette (2), The Practitioner, The Student, Magazine of the London School of Medicine for Women, The Medical Review (2), The Stethoscope, Middlesex Hospital Journal, The Hospital (3).

### NOTICE.

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



## JOURNAL.

VOL. XX.—No. 2.]

NOVEMBER, 1912.

[PRICE SIXPENCE.]

### St. Bartholomew's Hospital Journal.

NOVEMBER 1st, 1912.

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

### Calendar.

Fri., Nov.	1.—Dr. West and Mr. Bruce Clarke on duty.
Tues., "	5.—Dr. Ormerod and Sir Anthony Bowly on duty.
Thurs., "	7.—Primary F.R.C.S. Examination begins.
Fri., "	8.—Dr. Herringham and Mr. D'Arcy Power on duty.
Tues., "	12.—Dr. Tooth and Mr. Waring on duty.
Fri., "	15.—Dr. Garrod and Mr. McAdam Eccles on duty.
Tues., "	19.—Dr. West and Mr. Bruce Clarke on duty.
Thurs., "	21.—Final F.R.C.S. Examination begins.
Fri., "	22.—Dr. Ormerod and Sir Anthony Bowly on duty.
Sat., "	23.—Examination for D.P.H. Oxon begins.
Tues., "	26.—Dr. Herringham and Mr. D'Arcy Power on duty.
Fri., "	29.—Dr. Tooth and Mr. Waring on duty.
Mon., Dec.	2.—Examinations for M.D. and M.S. London begin.
Tues., "	3.—Dr. Garrod and Mr. McAdam Eccles on duty.
Thurs., "	5.—First and Second Examinations for M.B. Oxon begin.
Fri., "	6.—Dr. West and Mr. Bruce Clarke on duty.

### Editorial Notes.

**A**T last the long and oft-threatening War Cloud in the Balkans has broken, and all Europe is agog with excitement, fears and hopes.

The "Powers" have added another failure to the record of the Concert of Europe, and the cynical mind finds no reason to suppose that the area of the war will not extend further if any one of the Powers can foresee with certainty any advantage to itself from such extension.

To the medical world the war has a two-fold aspect, from the professional and from the political standpoint,

and there has been an immediate rush of applicants for medical service with the organisations of the Red Cross working with the Balkan States, and the Red Crescent of the Ottomans.

Bart's bids fair to supply its full share of men for work which, whether regarded as the expression of sympathy with the combatants or merely of the spirit of adventure, will certainly prove of very real benefit to the victims of the war.

Wherever there is fighting or adventure the Briton is nearly always to be found, and probably the number of our countrymen in the Balkans or Turkey in a few weeks' time will be very considerable; amongst them the contingent of Bart's men will, we feel sure, "make good" by steady, quiet efficiency, and we wish them all good experience, the best of health, and a safe return.

There is a curious kink in the minds of a section of the public which attributes the highest and noblest qualities to any Near Eastern inhabitant provided he is not a Turk, while the latter is to their minds literally "unspeakable." Such people doubtless read with avidity a statement that Turkish doctors were proceeding to the war with supplies of cholera and typhus microbes. We do not read the Turkish medical journals, so have doubtless omitted to learn of the isolation of the bacterium of typhus.

Typhus gave its last great display in the Russo-Turkish war of 1877-78, and if the virus still lurks in the district there may be ample opportunities for isolating this hitherto unrecognised organism. There will be many problems in diagnosis springing themselves upon our representatives, for typhus, Mediterranean fever, smallpox and cholera do not rise so readily to the minds of those accustomed only to English diseases. Nor will there be a pathological department to deal with films and cultures at a moment's notice, but practical observation and clinical acumen will receive a great stimulus, while the value of bacteriology as a clinical aid will be realised as never before.

There was a large attendance—not far short of 200—at the Annual Dinner of Old Students held in the Great Hall on October 1st, and the annual re-union can fairly be described as an unqualified success. The chairman of the evening was Dr. H. Lewis Jones, and amongst a number of distinguished visitors, not to mention many well-known Bart.'s men, were Sir William Osler, Professor Straub (Amsterdam), and Sir James Porter.

It is always a moot point whether it is better to have speeches on these occasions, or to leave more time for old friends and colleagues to tell over again the old stories and recall together the reminiscences of earlier days. Probably the policy of after-dinner speeches, short and few, but good, is the best in the long run, and so we can congratulate the honorary secretary of the Dinner, Mr. Waring, upon his excellent management in securing such a successful evening.

We noticed that every reference bearing upon the Insurance Act was heard with deep attention, as indicating the overwhelming dominance of the Insurance question whenever practitioners meet together. Perhaps those who are at present connected with the Hospital, but have no active concern with general practice, hardly realise the immense importance, not only to men in practice, but to themselves, of a settlement of the Insurance problem on a basis, sound, honourable and just, both to the public and the profession. Such a settlement is not a matter merely of pounds, shillings and pence. The lay press is apt to regard the present deadlock, for such it undoubtedly is, as soluble by means of an increased capitation fee. It is true that this might temporarily remove difficulties, but alone it offers no chance of a permanent solution, which must be founded upon principles guaranteeing permanently the independence of the patient and of the doctor.

We have had many inquiries as to the policy of the Governing Body of the Hospital towards the National Insurance Act now in force.

We cannot do better than quote in full the statement made in the Treasurer's Report issued in April of this year:

"It is not possible at the present time to form any definite idea as to the effect the National Insurance Act will have upon the attendance of patients at this and other voluntary hospitals. It is, however, commonly anticipated that the tendency will be towards an increase of applicants requiring treatment as in-patients and to some reduction in the numbers of out-patients.

"After full consideration of the matter, and after conferring with the Medical Council of the Hospital, the Almoners and I have arrived at the conclusion that no alteration should be made in the present methods of admission of in- or out-patients until the Act has been in opera-

tion for a year. The Governors will then be able to form a better opinion as to the policy that should be adopted by this Hospital with regard to the treatment of insured persons. I may add that this is, in effect, the course agreed to at a meeting of the chairmen of certain London hospitals with medical schools, recently held at St. George's Hospital.

"The Act will definitely and more immediately affect the Hospital in its capacity as an employer of labour, and it is calculated that the contributions which will be payable in respect of the various persons employed will amount to, approximately, £600 a year."

In other words the Premier's advice to "wait and see" is being followed. The important question arises, How will such a policy affect the relationship of the members of the senior and junior staffs of the Hospital towards the concerted action of the medical profession?

Without, for the moment, holding any brief for or against the numerous pledges which have been very largely signed by doctors throughout the Kingdom, we have to recognise, firstly, that many of the members of the said staffs are pledged to act in concert with the profession as represented by the British Medical Association; secondly, that those who regard consultants as outside the influence of the Act will probably be very much in error; and lastly, that the apparent inaction of hospital staffs as a whole, in the matter of finding a solution to the problem is liable to give rise to much misconception of their real attitude, both amongst the public and the profession at large. Therefore we trust that appearances are deceptive, and that a careful and courageous consideration of a question which is admittedly thorny and difficult is taking place now and not being shelved with the Micawber-like hope that "something will turn up."

It is neither wise nor just to leave the general practitioner entirely to solve the problem. All branches of the profession must take their share in the solution if a permanent and sound scheme is to be evolved out of the present chaos.

The Inaugural Sessional Address of Dr. Garrod to the Abernethian Society is to be found in this number, and we feel sure that everyone who heard the address will be glad to see it in print, whilst those who were not fortunate enough to hear it delivered by Dr. Garrod will now have an opportunity of reading an address set forth in charming style, full of ideas, and eminently stimulating.

If there be some who cavil at "too much science" in medicine, let them observe that the most truly scientific workers in medicine are always notable for their human outlook upon their patients and their art.

Three important appointments to the staff of the Hospital have been made this month. The Orthopædic department has been placed in charge of a special surgeon, and eight

beds, four in Paget and four in Harley, allotted. To this newly constituted post Mr. Elmslie has been appointed. The Electrical Department has been entrusted to the care of Dr. E. P. Cumberbatch; whilst the X-ray Department is under the control of Dr. Hugh Walsham. We offer our congratulations to these gentlemen on their several appointments.

### The Scientific Spirit in Medicine:

*Inaugural Sessional Address to the Abernethian Society.*

By A. E. GARROD, M.D., F.R.S.

WHEN I was honoured by the invitation to deliver the opening address of this 117th Session of the Abernethian Society I found it no easy matter to select a topic for my discourse—a subject which should appeal to all sections of my audience; to some who have recently come among us for the first time and stand upon the threshold of their clinical studies; to others whose days of unqualified studentship are nearly ended; to others, again, who have already passed through the ordeal of their final examinations; and last, but not least, to the members of the nursing staff, who grace these gatherings by their presence.

One called to mind the latest such address, delivered during the recent Summer Session by Sir William Church, who described to us in so vivid a manner the changes which he has witnessed in the Hospital, and in medical methods generally, since he entered here as a student; and the temptation presented itself to glance forwards instead of backwards along the corridors of time, and to forecast the condition of the School and Hospital fifty years hence.

Fortunately for you, my hearers, I resisted the temptation to assume the prophetic mantle and to draw an imaginary picture of future developments which the progress of the suns would almost certainly have falsified in almost every particular. And this even had I been able to describe, in language so vivid as to carry conviction, the mid-day arrival of the members of the staff in their aeroplanes, and their reception by resident officers, clerks, and dressers upon the roof of a mighty sky-scraper, which shall lift the wards and theatres into regions of purer air far above the smoke of Smithfield and the bacteria of Little Britain.

I was led to select the less imaginative, although more abstract subject of the scientific spirit in medicine—in medicine in its widest sense, as embracing the whole science and art of healing—by the perusal of a very interesting and valuable report on medical education in Europe, which has recently been published in America by the Carnegie Foundation for the Advancement of Teaching, and which is written by Mr. Abraham Flexner.

Although not himself a medical man Mr. Flexner is an educational expert, and his name has a familiar sound to medical ears. He has spared no pains to make himself acquainted with, and to enter into, the spirit of medical teaching in Germany, France, and our own country. In all he finds matters for criticism and matters for approval, and we recognise that, as a critic, he is essentially fair and open-minded, even though we, who spend our lives in the teaching and practice of medicine in a particular centre, may feel that no one who comes to study our methods from the outside can possibly gain an insight into all the forces at work amongst us. The critic is bound to set up his own ideals, and to look somewhat askance at what does not conform to them.

In the pages of the report the wish, so often expressed, but so seldom sincerely entertained, to see ourselves as others see us, may be fully gratified, and it is clear to anyone who reads it that Mr. Flexner considers that in our British schools of medicine there is a lack of the scientific spirit and atmosphere, which struck him as being so prominent a feature in the university "kliniken" of Germany.

It will be obvious to all that the medical calling, in so far as it rests upon any sound basis, is permeated by scientific method. So essential to the medical man is a knowledge of anatomy and physiology that throughout their history, down to quite recent times, the study of these sciences has been carried on by, and their progress has depended upon, medical men, engaged, for the most part, in the practice of their profession, who have recognised that in order to understand and treat the abnormal it is first essential to acquire a sound knowledge of the normal. Only in recent times have these sciences been studied, for their own sakes, by men who make the pursuit and teaching of them their life's work. Even now the great majority of physiologists and anatomists has passed through a medical training as a preliminary to their special studies.

All sound diagnosis involves scientific method, as also do dietetics and therapeutics, which arts, although our knowledge does not suffice to enable us to dispense with empiricism, are daily conforming more closely to scientific standards.

Nevertheless, scientific method is not the same as the scientific spirit. The scientific spirit does not rest content with applying that which is already known, but is a restless spirit, ever pressing forward towards the regions of the unknown, and endeavouring to lay under contribution for the special purpose in hand the knowledge acquired in all portions of the wide field of exact science. Lastly, it acts as a check, as well as a stimulus, sifting the value of evidence, and rejecting that which is worthless, and restraining too eager flights of the imagination and too hasty conclusions.

The great profession to which we belong, or aspire to

belong, includes in its ranks men whose aims, aspirations, abilities and characters differ widely, and all find work to do within its bounds. Some are differentiated by their tastes and training for special branches of the work, and for many the nature of their work is determined by circumstances beyond their control. Just so, the human body is built up by many different kinds of cells, each class with its special tasks to perform, and upon this differentiation of functions rests the efficiency of the organism as a whole. The parable is almost as old as history, and you will remember with what telling effect it was applied by Menenius Agrippa in the early days of Rome.

The spirit which makes for the advance of knowledge by observation and experiment, the scientific spirit, may be compared to the hormones which stimulate the growth and activity of the parts, but it would fare ill with an organism consisting entirely of glands of internal secretion, and if all were occupied in such labours the spade work of the profession would not be done, work which is quite as essential to the public welfare.

However, one must not press analogy too far, and whereas it may be conceded that it is not to be expected, or, indeed, to be desired, that the whole body of the profession should be actively engaged in the endeavour to advance knowledge, and that for many of us who would gladly engage in such work the necessary time and opportunity are lacking, there can be no doubt that more such work might be done than is done. If it be true that the scientific spirit is not enough in evidence in the places in which the training of the future members of our profession is carried on, this must be reckoned a grave defect in the British system of medical education.

It cannot be disputed that, in the present day, the organisation of research into medical subjects is more efficient in Germany than in our own country, and that, as a consequence, the number of men engaged in such work is proportionately much greater. A glance round the shelves of a good medical library demonstrates this fact, as also does the bibliography attached to almost any paper dealing with medical or surgical subjects. It is greatly to be regretted that our system of secondary education takes little account of German, and that to so many of our students this large literature is a sealed book; for not only can he who reads German have access to the writings of German investigators, but in the publications of the "Centralblatt" class will find abstracted the contributions made to our science and art in every civilised country.

The differences between one nation and another as regards the organisation of research are largely the outcome of what may be described as racial temperament—a point which is well brought out by Merz in his interesting *History of European Thought during the Nineteenth Century*. A large proportion of the great conceptions and discoveries of the past, of which British science is so justly

proud, have emanated from men who have held no academic posts, and have been the outcome of individual effort. No university can claim the honour of having provided the atmosphere and soil in which the minds of Davy, Faraday, Dalton, and Joule ripened to maturity. That brilliant ornament of our profession, Thomas Young, held no academic post. Huggins, a worthy successor of the Herschels in the field of astronomy, occupied no professorial chair. The genius of Charles Darwin came to fruition in the quiet house and garden at Down, unshackled by academic ties. Yet such freedom, splendour as its fruits have been, is dearly bought at the expense of the lack of eager bands of pupils working under the personal stimulation of the master mind.

For one man who undertakes and carries out original work in science on his own initiative, there are twenty or thirty who will do such work, and do it well, under instigation and guidance; and it is of such men that we, in this country, do not make the use which we should.

The ideal professor will create an atmosphere of research around him, will suggest methods and criticise findings, and what is as important as anything, will guide his fellow-workers into lines of work which are likely to lead to results worth having. Many a worker, for lack of such guidance, has wasted laborious months in making his way along paths which lead nowhere.

It was with some misgiving that I used just now the word "research," for this term has become a sort of bogey amongst us, and repels rather than attracts. There would seem to prevail amongst us a notion that research into scientific subjects is something apart, something which only a few individuals are capable of undertaking. Nothing can well be further from the truth than such a notion. In all our medical studies, provided that we approach them in the right spirit, and if our hearts are in them, we are all daily engaged in research. This is as true of the student who takes notes of the first case assigned to him in the wards, as of the more trained observer, who brings a wide experience of clinical and laboratory methods to bear upon the elucidation of a difficult problem of disease. The method is the same, and the spirit which actuates is the same, whether we are observing for ourselves facts which have been observed by hundreds before us, or facts which may rank as new additions to human knowledge. We do not come to a medical school to learn a mere handicraft, but to acquire knowledge by observation and experiment, and this is nothing else but scientific research.

Few can hope to be future Brights and Addisons, and fewer still Harveys and Listers, but every student can aspire to contribute a brick to the structure of medical science; and let me beg of you not to harbour, even for a moment, the paralysing notion that a single brick is not an acceptable offering.

We are too apt to think that the opportunities are not

that they were in the good old days, when the nuggets lay thick on the surface, for anyone who kept his eyes open to pick up, whereas now the gold is only to be reached by skilful mining. It was once my privilege to speak with the great Virchow, and in the course of conversation I ventured to give utterance to some such idea. His reply taught me, once and for all, the lesson which I am handing on to you. It was a single pregnant sentence: "But you must remember that we had only one stain." And yet with carmine alone as a stain, Virchow laid the foundations of modern pathology.

Do not forget that we have at our disposal an enormously increased mass of knowledge, and tools of a degree of perfection not dreamt of by our forefathers, although it is true that an amount of time is needed for the acquisition of their use, and for their employment, which is prohibitive for many of us.

The greater elaboration of methods has rendered it more difficult for individuals to carry through isolated and independent work, and has thus greatly increased the need for the organisation of research. A problem which requires for its solution more time than any single man can give to it, can much more readily be faced by a band of men working in co-operation, especially if each worker has some special knowledge applicable to a particular part of the work. Thus a very distinguished German professor of medicine said to me, not long ago, that he desired that each of his assistants should know more of some particular branch of medicine than he himself did. This form of co-operation is especially desirable for dealing with clinical problems, for, as our schools are organised, the clinical teachers are engaged in practice. But a teacher whose laboratory days are perforce over may still be helpful to the cause by his promptings and advice to younger men. He may still advance research by stimulating others, but this the isolated worker cannot do.

Yet there is plenty of individualistic work to be done, and men engaged in general practice may do an ample share. We all know how much the modern developments of the study of cardiac disturbances owes to hours snatched over a long term of years, in the pursuit of a busy general practice in a northern town. The general practitioner has opportunities of observing things which are hidden from the eyes of those whose work lies in the wards and out-patient rooms of Metropolitan hospitals. He alone can follow the patient from the cradle to the grave, and even may study the medical history of generations in those places in which, to take liberties with the words of the poet:

"Aylmer followed Aylmer at the Hall  
And Averill, Averill at the"—Surgery.

And yet how many of the observations of shrewd observers extending over many years are never utilised for the benefit of mankind at large.

If research is to flourish amongst us, not only the teachers must be imbued with the scientific spirit, but all who work in our schools—teachers and taught alike—must come under its influence. If we in this country are falling behind our brethren in other lands in scientific medicine—I say *if*, because there are at any rate certain branches, such as neurology and the investigation of cardiac disturbances, in which British workers are more than holding their own—the falling back is due, in no small measure, to the fact that nowhere as much as here is the worker in the science upon which medicine rests confronted with so great an array of popular sentiment and prejudice.

It is not only in the agitation against vivisection that such influences are manifested, but in the readiness to think and believe evil of hospitals, and even in the increasing difficulty of obtaining subjects for dissection. The prejudice against hospitals and their methods is frequently encountered in conversation, and is fostered by articles in journals and magazines.

We who work in hospitals know how devoid of foundation such prejudice is, and realise that nowhere has the patient a better, if so good, a chance of profiting by the advances of medicine and surgery, or of receiving the solicitous care for which grave illness calls. Those who practise medicine and surgery realise that they are trustees of the welfare of their patients. They are conscious of a weight of responsibility at least as great as that which rests upon any class of the community; and their scientific zeal stops short of any proceeding, whether examination or investigation, which they believe would be in any way detrimental to the patient.

Into the vivisection controversy I have no wish to enter here. I feel sure that we all respect the generous sentiments which actuate many in their repugnance to experiments upon animals, whilst regretting the popular misconceptions and repudiating with indignation the too frequent misrepresentation of what takes place in physiological and pathological laboratories. The point of view of those who hold that under no circumstances is man justified in inflicting pain and death upon animals is consistent, and comprehensible; but to the attitude of one who selects for reprobation the infliction of pain in order that knowledge may be acquired, whilst he raises no protest against the far greater pain daily inflicted in pursuit of sport and in other ways, neither of these epithets is applicable.

None will dissent from the proposition that vivisection should be conducted in properly equipped places, and under proper supervision, but its whole-hearted opponents are not content with this, and, if they had their way, the progress of medicine, and of the sciences upon which it is based, would be absolutely arrested by powers as autocratic and as little discriminating as those which strangled progress in the dark ages.

Those were centuries in which the scientific spirit in

medicine slumbered. It had been active in the far-off days when Hippocrates wrote, and ancient medicine reached its highest development in the work of Galen. Then followed the period during which the less civilised races which overthrew the ancient civilisations were acquiring a culture of their own, and the period in which original thought was too dangerous to be indulged in. Those who followed the medical calling were content, or one should rather say *compelled*, merely to apply the knowledge accumulated by Aristotle, Hippocrates and Galen, whilst venturing at times to point out that these justly revered authorities were not invariably right. They added nothing on their own behalf to the common stock of knowledge.

The scientific spirit only began to shake itself free from its bonds with the coming of Harvey, and since then scientific medicine has pursued its onward course, gaining aid and acquiring impetus from the general forward movement of knowledge in all directions.

Were the tendencies to which I have alluded to prevail, our sciences would be brought to a standstill once more, and Pasteur, Lister, Paget and their compeers would occupy for coming generations such a position as Hippocrates and Galen once did, of men whose work is revered, but is not emulated. Reverence, apart from aspiration to follow in his footsteps, is but an empty tribute to the memory of a great man.

Since, however, it is hardly conceivable that such tendencies should prevail universally, we in this country should be reduced to the pitiable necessity of importing all our scientific knowledge from abroad, and British patients would profit by the researches of foreign investigators, conducted by methods which public opinion had prohibited at home. We may rely upon the common-sense of the race to save us from such a situation.

Another serious obstacle to concerted original work in this country is a financial one. Our hospitals are supported by the benevolence of comparatively few, and our schools, being devoid of endowments, subsist almost entirely upon the fees of students. I venture to think that much of the very limited endowment of research in this country is upon incorrect lines, and is guided too much by the individualistic tendency of which I have already spoken. A method often followed is that of bestowing a scholarship upon a man who professes his intention of working at some particular subject, a scholarship which provides him with more or less funds for a year, or for several years; whereas I hold that the object aimed at would be far more effectually obtained by the endowment of laboratories in which research is carried on, with funds to be expended for its furtherance.

A man who has to sketch out the lines of his work before it is begun submits to being shackled throughout its course, although it may be granted that too rigid adherence to the original lines is not insisted upon. Like the wind, the

scientific spirit bloweth where it listeth, and an unexpected by-path may prove to be the approach to lands much richer than those which border upon the high road. The field ultimately explored may be wholly different from that which the observer set out to explore, and much more fertile.

Thus an investigation undertaken for the elucidation of the causation and mode of production of gastric ulcer, may culminate in the appearance of a valuable monograph on a subject which has no immediate connection with the process of ulceration nor even with the stomach.

Did we attempt to force it back to its original lines, whenever it tended to stray, the work would lose its spontaneity and much of its originality. As a rule the most fruitful research is such as leads the worker on, rather than is shaped by him.

It may be objected that our present endowments enable or help the investigator to live whilst his work is going on, and do not merely provide him with apparatus and materials. This is true of some of them, but there is nothing to prevent the endowment of posts in recognised laboratories rather than of individual workers.

Remember that the best scientific work of the world has been done in laboratories which fall far short of modern requirements. The *personnel* of the laboratory is far more important than the material. A brilliant laboratory staff may produce brilliant work in a tin shed.

What is chiefly needed nowadays is organised collective effort under inspiring guidance, each man sharing in the task and contributing his share by cultivating a larger or smaller field of his own.

There is plenty of work for all who are willing and able to give the time to it in all fields of medical science: for those who love the acquisition of fresh knowledge for its own sake, and for those to whom no line of investigation really appeals which holds out no obvious promise of practical application; for those who only value results obtained in so far as they directly strengthen our hands in our fight with disease, and for those to whom the study of the disturbances which the body-processes undergo under the influence of disease, possesses in itself an intense interest.

However, it is not only by stimulating the enlargement of knowledge that the influence of the scientific spirit manifests itself in medicine, but also by furthering the application of the knowledge which has already been acquired, in various fields, to the service of medicine and surgery.

Clinical medicine embraces several distinct sciences. The science of diagnosis, which is one of the most important of these, has quite different aims and methods from those of pathology. It aims at finding out, during the lifetime of a patient, the seats and nature of morbid processes, the site and characters of which would often be revealed at a glance at a *post-mortem* examination, when the knowledge could no longer be of any service to the patient. The methods available are in some instances very simple and their results

conclusive. In other instances the methods are complex and indirect, and the information which they afford is at best ambiguous. Yet, year after year, the methods are being improved, and a surer insight is being gained into the signs and symptoms of disease.

Even most of our simpler diagnostic methods are comparatively modern. Do you fully realise that auscultation and percussion were introduced only at the beginning of the nineteenth century, and that the clinical thermometer did not come into general use, even in hospitals, before the seventies of that century?

In weighing the evidence as to what organ is at fault, and the nature of the disease which affects it, we must, naturally, adopt methods, and resort to reasonings which are strictly scientific. Thus we can diagnose with certainty that a patient is suffering from mitral stenosis, and can picture to ourselves the condition of his heart almost as clearly as if we actually saw it. That we can do this is the outcome of many comparisons of the signs observed during life, with the appearances seen after death, of patients who have succumbed to mitral stenosis. Moreover, physiology comes to our aid, and convinces us that the mechanism of the circulation is such that such a lesion may be expected to give rise to the particular signs which we observe.

Of more importance than the state of the valves are the attendant changes in the heart muscle, for it is to these that the death of our cardiac patients is immediately due. By palpation, percussion, and the use of the stethoscope, we can ascertain much as to the state of the heart muscle and its functioning; but far more accurate knowledge has now been brought within our reach by means of the polygraph and the electro-cardiograph.

As an example of far less reliable and precise diagnostic indications, I may refer to the evidence obtainable of morbid conditions of the pancreas. Carcinoma of that gland manifests itself by a syndrome which renders its detection fairly easy; but acute hemorrhagic pancreatitis is seldom diagnosed from clinical signs and symptoms, and of the slighter maladies of the pancreas we know hardly anything as yet. Various tests of its functional activity have been devised, but they speak with an uncertain voice. These tests are based, for the most part, upon the physiological investigation of its functions.

It is in the province of neurology that the application of the scientific method and reasoning to diagnosis reaches, perhaps, its highest level. The problems set are complex and difficult. Only an intimate knowledge of the anatomy of the nervous system, to which many observers have contributed, coupled with the teachings of physiological experiments, has rendered accurate diagnosis possible. The labours of many clinical observers, and the lessons of the *post-mortem* room, have brought this branch of diagnosis to its present level of accuracy.

The task of the neurologist may be compared to that of

a man who is set to ascertain what is wrong at the General Telegraph Office at St. Martin's-le-Grand from what he can observe in Newcastle, Norwich and Exeter. He can ascertain that there is no response from the Central Office. By studying the group of branch offices affected, provided that he has a knowledge of arrangements at the central one, he can probably localise the mischief in a particular suite, or even room. Experience of similar derangements in the past will, perhaps, enable him to infer its most likely cause. So we may suppose that, without coming within a hundred miles of London, he might be able to diagnose that something had occurred in a certain chamber, in a certain building in this city, and that that "something" was probably a fire.

Just so the neurologist is often able to localise with accuracy the seat of a lesion in the brain or spinal cord, and to form a clear opinion as to the nature of that lesion, although the patient's brain, enclosed as it is in its bony case, is entirely beyond his reach. That the lesion thus found is so often unamenable to treatment is not his fault.

It is suggested, and, indeed, it was put forward by Sir Dyce Duckworth, in an address delivered before this Society some years ago, that the introduction of more elaborate and complex aids to diagnosis is leading to some neglect of the older and more simple methods—the use of the eye and nose, of the fingers, and of the stethoscope. I think that there is such a danger, but it seems to me that there is a still greater danger lest there should grow up a wider separation between the laboratory and the ward, and lest personal diagnosis should become replaced by diagnosis by "pink flags."

What we are accustomed to call clinical pathology is really a branch of clinical medicine, and it will be a grave misfortune if such examinations pass out of the hands of those who are working in the wards, and who are in close contact with the patients from whom the materials to be examined are derived. In Germany this danger does not exist, for the clinical laboratories form part of the "Klinik," and are under the control of its head. They are entirely distinct from the pathological institute.

When you go forth into practice you will often have to rely upon your five senses, your thermometer, and your stethoscope, as your implements of diagnosis, and you will sadly miss the resources which are here close at hand. If each student loses no chance of gaining as practical a knowledge as he can of the more complex methods he will be able to supplement his own resources to some extent, and his knowledge of methods which he may not be in a position to employ for himself will give him a clearer estimate of their value and limitations.

For such studies you are provided with ample opportunities, and the more closely such studies go hand in hand with your clinical work the more you will profit by them.

To those of you who are greedy of knowledge let me

point out that a far more complete and tenacious knowledge of a particular point is gained by reference to original articles than can possibly be conveyed even by the best of text-books. You will object, and justly, that art is long and life is brief, but we can usually find time to devote a few hours to following up a point which interests us, especially if it be a small one.

The science of dietetics is another member of the clinical group. Much of the present-day belief on this subject rests upon an empirical foundation, and a very insecure one at that. Scientific method is only fighting its way into this field, and it may be pointed out that nothing in medicine is much more difficult than to prove the value of special dietary restrictions nor the desirability or uselessness of others, the belief in which is so firmly grounded upon tradition and upbringing that to challenge them appears almost impious.

Nor is science always a safe guide in these matters. We do not yet know enough for it to be so. There can be no question that a knowledge of the caloric value of the diets which we prescribe for our patients is of very real use in enabling us to form an estimate of its adequacy or inadequacy. Nor can there be any question that the estimation of the intake and output of nitrogen serves to reveal whether our patient be taking sufficient protein to avert the breaking down of his own tissue proteins; but this is not the whole of the matter. The nitrogen balance tells us that the protein as a whole suffices, but it does not tell us whether our patient is being supplied with a sufficiency of each individual protein fraction for the proper reconstruction of his tissues. A patient on nitrogen balance may be suffering nevertheless from tyrosin or tryptophane starvation.

In the same way a patient may be taking a diet of adequate caloric value, which nevertheless does not suffice for his needs. The recent work of C. Funk on the nature of the food factor concerned in beri-beri and scurvy reveals the workings of dietetic factors hitherto hardly suspected, and similar influences are clearly shown to be at work by F. G. Hopkins' recently published experiments with young rats. When fed upon a mixture of pure protein, fat, and carbohydrate ample for their needs, although the estimation of the intake and output revealed no failure of appetite, the animals ceased to grow, but when there were added to the diet minute quantities of milk, far too small to add materially to its caloric value, the normal rapid growth was resumed.

Thus it becomes evident that, in matters of diet, we have to reckon with obscure factors of which we know hardly anything as yet—with items of diet which do not themselves nourish, but which directly or indirectly stimulate nutrition. The same is true of almost all branches of science, and behind the universe which we have been accustomed to look upon, we are obtaining glimpses of the working of forces hitherto unsuspected. The structure of

facts which appeared so stable is becoming undermined; the atmosphere contains gases of which we wotted not, with strange and unfamiliar properties; the elementary atom is found to be the seat of incessant change. The dream of the Philosopher's Stone is being realised, and one element is seen to undergo mutation into another.

So also the animal body is proving to be the seat of processes of infinite complexity, as yet far beyond the reach of the test-tube and the balance. We have to take into account substances endowed with mysterious activities, the existence of which is only revealed by single properties, hormones, cytolsins, opsonins, and the like.

The recently acquired and constantly increasing knowledge of the internal secretions is introducing new conceptions into physiology and clinical medicine. We are learning how potent is the influence exerted by those organs, formerly so mysterious and obscure of function—the ductless glands—how large a part is played by their activities in the control of metabolism, and, through it, of nutrition and growth. We more than suspect that in some instances one such gland acts as auxiliary to another, and in other instances as an antagonist; and even that some of the influences which were formerly attributed to the nervous system as such, are in reality due to the effects of nerve influences in stimulating and controlling internal secretions.

Again, it is becoming evident that living organisms differ among themselves in their chemical as well as in their physical structure, and that the more widely genera and species are separated from each other, the more pronounced are these differences, which can hardly be detected by ordinary chemical methods, although they are revealed by more subtle tests. This conception of chemical specificity, from which that of chemical individuality necessarily follows, has a bearing upon dietetics. It is not unreasonable to suppose that the fact that human milk is the best food for human infants is not merely due to the grouping and relative amounts of its constituents, but also in part to its being a human product. Obviously, the slight advantage therefrom resulting is only important in very early life, for herbivorous animals, whose earliest food is the milk of their species, are nourished in later life upon vegetable proteins and fats.

Thus in dieting our patients, although we walk cautiously and plant each footstep with care upon what appears to be the solid ground of ascertained fact, we may yet come to grief. Science can only take into account known factors, and it is often only by our stumbling against the unknown obstacles in our path that we learn of their existence.

When we turn to the field of therapeutics in its narrower sense, here also the help afforded by the scientific spirit is very valuable. Pharmacology is gaining for us a far more exact knowledge of the action of drugs than we formerly possessed, and rigid method in their employment is gradually replacing empiricism.

The popular notion of the relationship of diseases and remedies is still extremely crude. How many appear to think that the work of the physician resembles the putting together of a jig-saw puzzle, the fitting into place of bane and antidote, as if, at some previous time, the parts of the puzzle had been mixed up for future generations to reconstruct the picture. How few laymen realise that there is no essential relationship of disease and cure, and that the wonder is that so much, rather than that so little, has been accomplished in this direction.

We have learned of recent years how large a part is played by animal and vegetable micro-organisms in the causation of disease, and the greatest problem of modern therapeutics is how to destroy the invading bacteria or protozoa without inflicting any serious damage upon the protoplasm of the host.

There are, it is true, some diseases which can be cured, but usually by applying some factor which is lacking, such as iron in chlorosis, and some unknown food constituents in scurvy. In the same class may be grouped the treatment of myxœdema and cretinism with thyroid extract, but here the cure is only maintained as long as the drug is taken, just as the symptoms hunger and thirst are only allayed and not cured by food and drink. We can already accomplish something in connection with parasitic diseases, especially with some in which the infecting agent belongs to the animal kingdom—for example, the destruction of the malarial parasites by quinine, and of the *Spirochæta pallida* by mercury or salvarsan.

It is often said that the advance of science is increasing the pride and self-conceit of mankind, but surely its influence should be exerted in the opposite sense. Man has learned that he is not the denizen of the central body of the universe around which the heavens revolve, but is a sojourner upon one of the smaller planets which revolve around a second-class sun. He has learned, too, that he is merely the highest product of organic evolution upon that planet, and has a commanding position over the lower animals in virtue of his highly developed brain, his opposable thumb, and the erect position which he has come to assume. In acquiring this knowledge, he has surely attained to a higher conception of the methods of a Divine Architect than he used to hold.

So also we, who practise medicine and surgery, are beginning to realise that, instead of commanding the forces engaged in fighting disease, with the patient's body as the battle-field, we are at most the allies of the patient in the combat which he is waging against the enemies which assail and threaten to overwhelm him. Our poor therapeutic measures are for the most part crude and ineffectual as compared with the subtle and complex protective mechanisms with which Nature has endowed the sufferer himself—methods so discriminating that they exercise a selective action upon the individual species of pathogenic bacteria,

and tend to neutralise the toxic products which they severally produce. So effectual is Nature's treatment that in some instances the patient is not merely saved for a time, but is protected from the assaults of that particular enemy for the rest of his life. Nevertheless, by a timely intervention the doctor may render valuable aid, and we rejoice to think that he may, not infrequently, turn the scale from defeat to victory. At the same time he must beware lest his interference do more harm than good.

Profiting by this knowledge, we are learning to utilise Nature's own remedies for the benefit of our patients, and strive, often with conspicuous success, to reinforce her efforts by the judicious administration of sera and vaccines. Such therapeutic measures are the direct outcome of scientific research, and owe nothing to empiricism.

Far be it from me to speak slightly of empiricism in therapeutics. To it we owe the great majority of our most valued drugs, which have given untold relief to multitudes of sufferers throughout the centuries.

In most instances pharmacology systematises and directs the employment of drugs which we owe to the herbalist of modern times, or which were in use in the ancient days in the Isles of Greece, Rome or Byzantium.

Nor is the old empirical method by any means dead. A drug introduced on scientific grounds, to effect a particular object, usually receives an extensive trial in all sorts of maladies, and the new discoveries of chemistry and physics, whether coal-tar products, radium emanations, or X rays, are widely tried in the treatment of diseases of all kinds, sometimes with conspicuous success. Nor is this matter for reproach, seeing that, until our knowledge of many diseases shall be far more complete than it is, we cannot hope to treat them on scientific lines. A bow drawn at a venture may at any time hit the mark.

We cannot afford to wait until the efficacy of a drug be conclusively proven, or until its action be explained, before using it. Medicine is always in a hurry, pressed forward by the mass of unrelieved human suffering.

The methods of the surgeon are no less scientific than those of the physician, and it is his privilege to effect many more real cures. The inflamed appendix is a constant source of danger to its owner. Remove it, with due precautions, and he is a sound man again. If he is placed at any disadvantage by its loss that disadvantage is imperceptible, whereas its position is such that it is like a spark in a powder magazine, which the hose of the fireman cannot reach but the axes of the salvage corps can. To sacrifice a part for the salvation of the whole is scientific tactics, whether in warfare, chess, or medicine.

Moreover this branch supplies the most shining example of the beneficent working of the scientific spirit in the healing arts, in the greatest practical achievement of modern times—aseptic surgery.

Much of our treatment is directed to the relief of sym-

ptoms rather than to the cure of disease, and in this field also the scientific spirit holds an important place. A morbid symptom does not, of necessity, call for treatment; and not a few symptoms bear witness to the working of protective mechanisms. Let us beware lest we kill the watch-dog because he barks when there are burglars about. The hypertrophy of the heart in aortic disease is for the good of the patient, and the polycythæmia of cyanotic conditions may well be of the nature of a compensatory hypertrophy of the blood. It is almost certain that the man with chronic renal disease is better off with a raised pulse-tension than without it. However, the compensation or protection is sometimes overdone, and brings its own dangers in its train; a degree of tension which suffices to maintain adequate renal function defeats its object if it induce cerebral hemorrhage.

Even pain must rank as a protective symptom, but when the warning has been received, and acted upon, it is our legitimate aim to relieve it.

The more complete the knowledge available of the diagnostic significance of symptoms, and the more accurate our knowledge of the action of drugs, the better we shall judge when it is desirable to intervene, and what drug we may best employ to attain our end.

Preventive medicine and hygiene, with their fine record of achievement and their far greater promise for the future, rest upon a strictly scientific basis. They represent the ideal methods of combating disease, and their complete triumph would render much of medical science and art unnecessary. Scientific medicine can claim hardly any higher achievement than the recognition of the part played by insects in the transmission of disease, and the application of the knowledge so gained has already had results which justify the hope that such maladies as ague, yellow fever and sleeping-sickness may be in time stamped out of existence by methods which, in the case of the two former, have already freed large tracts of country from their presence.

Yet another aspect of my subject calls for mention. The scientific spirit acts not only as a stimulus, but also as a deterrent. It imposes a standard of precision and accuracy to which it behoves us to conform. In medical matters we are too apt to draw conclusions from evidence which would be rejected as inadequate in any other branch of science. We too often accept traditional teachings without bringing them to book, with the result that statements pass current among us which will not bear examination.

It must be mentioned that we are in daily contact with a public which wants to know on the spot exactly what is the matter and why, which is too apt to mistake scientific caution in statement for evidence of incompetence, and to estimate a ready dogmatism above a reasoned uncertainty.

The statistical method, which is yielding such important results in the hands of Prof. Karl Pearson and his school,

which is so ruthless in operation and so final in its conclusions, is capable of rendering much service to medicine as to other sciences; but there are not a few medical problems in which, I venture to think, the careful observation of individual cases is more illuminating. For instance, there are cases in which bronzing of the skin and diabetes appear as parts of a syndrome so characteristic that no one can doubt their dependence upon common cause, or upon intimately associated causes. Yet these cases of bronzed diabetes are so rare that even large statistics of diabetes might fail to include one of them, or if any cases were included, they would form so minute a fraction of the whole as to suggest that the association was fortuitous. Moreover statistics have this rift in their armour—that the items of information upon which they are based may be, in part, unreliable. The statistician cannot be held responsible for the accuracy of the facts supplied to him, but the larger the statistics the less will the conclusions drawn from them be influenced by errors of fact.

When tested by the statistical method many cherished traditions will totter. For example, it has long been taught that embolic hemiplegia more often affects the right than the left side of the body, and various explanations of this preference have been put forward. But it has recently been shown by the statistical examination of many recorded cases that right and left hemiplegia result with equal frequency from the lodgment of emboli in the cerebral arteries.

It is above all in the domain of treatment that ill-grounded conclusions are apt to be drawn. There are few things more difficult than to estimate the value of a drug, unless its action be immediate and sharply defined.

However enthusiastic its first reception may be, a new drug finds its level in time, and persistent and increasing demand for it, after the novelty has worn off, is the best testimony to its efficacy. Why it is that new remedies so often appear to have healing powers which they quickly lose is one of those questions which hardly come within the ken of exact science. That such is the case is notorious, and Guenau de Mussy, doubtless with a twinkle in his eye, used to advise his pupils to make use of a remedy "pendant qu'il guerit."

Let me advise you to give heed to its warnings when the scientific spirit whispers in your ear, bidding you not to be too easily convinced.

In conclusion, let us turn for a minute to the contemplation of the other side of the picture. The scientific spirit has been my theme this evening, and I have endeavoured to point out to you how important a part is played by it in connection with medicine; how it stimulates us to effort to learn new truths, and urges us on to bring all the knowledge which has been acquired in physiology, pharmacology and pathology into the service of our art; how it restrains our speculations and saves us from rash and ill-grounded con-

### Red Cross Work in Central China.



It is a dull winter evening, and the old Russian gun boat now in Red Cross service is ploughing her way across the placid waters of the Yangtsé towards the southern shore. Long lines of fleecy cloud stream up from the west, and the sun is setting in a dull lurid glow behind Hanyang, whose long turtle-back hill looms up against the sky. Hugging the southern bank a few big junks, with their tall sails flapping, drop lazily down on the tide, and the great river with its waste of muddy waters spreads out a mile across beneath the reddening sunset light.

And so we come to the shores of new China, guarded for miles along the steep, sloping river wall by peering guns and black-coat sentries. Below on the mud banks are stiff wire entanglements, and above are rifle trenches. It is no easy matter to get through, but the Red Cross is privileged and we soon pass on.

By day there is much of interest as we walk up the narrow street packed with people, chairs and rickshas, and heavily-laden coolies "Yo ho! yo ho'ing" as they tread their way through the crowd. The shops outside are banked with stalls piled up with vegetables and fresh-caught fish, and our progress is difficult and slow. At last we come to the Wuchang city wall, and find the gate guarded by a crowd of rough looking soldiers. Their officer in his untidy foreign cap must see our passport before we can get through. Once in, however, we can walk freely through the narrow, rough-paved streets.

Turning towards the north-east corner of the city we pass a gate where hang out two great red flags with the black star and the golden balls of the revolution. This is General Li's headquarters, and if you went in you might see a sturdy round-faced man, bronzed and soldierly in appearance, wearing a plain blue uniform and wide-brimmed brown felt hat. He has been one of the leading spirits of the revolution, and has a good reputation for straight dealing and honesty of purpose. He is some way from the old style Mandarin with his long gown and peacock feather.

A little further down the road you see the Red Cross flags, and now we are at the hospital.

In reality this was a big industrial school with long buildings running north and south, and at the further end on the hill side tiers of verandah rooms facing southwards. It had been commandeered for hospital, and the long rooms were lined with close-packed wooden beds, all filled with wounded "black coats," mostly lying in the clothes in which they fell, and covered with wadded quilts. Most of these wounded had been almost uncared for for a week, and their state can better be imagined than described. So it was a case of setting to work at once, arranging sterilisers and dressings, and with the help of the students to dress and dress and dress! At first we had over 200 patients, and with all our helpers it meant a long morning to get through

clusions. But I would not have you suppose that I overlook the truth that many other factors must contribute to the making of a medical man. A man deeply imbued with the scientific spirit may make a very poor practitioner, and another in whom it is lacking but who relies upon a sound knowledge of his profession, upon what experience has taught him, and upon a diagnostic insight which leads him to correct conclusions which he may find it hard to uphold by argument, may fulfil his functions admirably. Indeed, so many qualities go to the making of the ideal medical man that we may well wonder that any of us can pass muster. In the laboratory the scientific spirit carries all before it, but in the sick-room it has often to be relegated to a back place. In the sick-room a crowd of qualities come into play, and among these, tact, resourcefulness, equanimity, courage to act and prudence to refrain from action, consideration for the sick and courtesy for the sound, patience with fads and sympathy with grief, skill in diagnosis, and manual dexterity, compete in turn for the foremost place.

For him who would succeed in our profession—and in speaking of success I do not mean the mere making of money or the attainment of eminence, but that true success which rests upon the consciousness of work done well and in the best interests of our patients—all of these qualities are highly desirable, and some of them are absolutely essential. Sound knowledge the doctor must have, and the wit to make use of it; the scientific spirit he may or may not possess.

On a par with knowledge, and no less essential, rank certain qualities of the heart rather than of the head, without which he cannot hope to succeed, and the greatest of these is human sympathy.

### The Students' Union Dance.



THE Annual Dance of the Students' Union will be held at the Wharfedale Rooms, Hotel Great Central, on Tuesday, December 3rd, 1912. Joyce's band has been engaged for the evening.

Tickets (10s. 6d. each) may be obtained from the Stewards or from the Secretaries, F. H. Robbins and J. G. Ackland.

After November 29th the price of tickets will be raised.

the work. In a day or two we had fixed up quite a useful little operating room, for we had brought tables and other apparatus with us. Then every afternoon was devoted to clearing up the operation cases. It was chiefly "septic" work, opening abscesses, securing drainage, and taking out bullets. A few amputations; but in China a man is very loth to part with a limb, and, indeed, there were not many that required immediate amputation. The pointed nickel-plated bullets of the Imperials had often passed straight through, and the wounds in some cases healed quickly; but the round shrapnel bullets caused more trouble and resulted in many abscesses. A few shell wounds were also seen. No first aid dressings had been carried, nor had any been available for early application, so that very many wounds had become infected, doubtless also in many cases through fragments of dirty clothing which had been carried in. Indeed, considering the conditions and lack of medical help it was surprising that any wound had failed to suppurate. The worst cases were the compound fractures and injuries of joints, especially knee and ankle. Once infected it was almost hopeless to get them clean under the conditions which prevailed, and many must require amputation later on. One man shot through the occiput was three parts blind, probably due to splintered bone pressing on the cortex, but unfortunately operation was refused by his relations, and he was carried home to die. Two traumatic aneurysms were seen, one in the lower part of Scarpa's triangle, the other in the anterior triangle of the neck. Each was fairly circumscribed, and had a strong thrill and murmur, that of the carotid aneurysm being extraordinarily clear and musical. The former was treated by ligation of the superficial femoral, two inches below Poupart's ligament, and made a good recovery, though the after-treatment caused his doctor no little anxiety: For it was cold and snowy weather, and never a stove in the great draughty ward, and a restless, rolling patient, and no nursing! However, the leg was thoroughly wrapped up in cotton-wool and raised on a layer of hot bricks, which answered the purpose excellently. The carotid aneurysm it was judged best to leave till a later date as it was not increasing in size.

Never was such a rough and tumble hospital; but the patients were, on the whole, very happy, and their wounds healed quickly under treatment.

The day began with early "chou" or rice soup; then came the coolies to sweep the floor and raised a fearful dust. Next you might see the paper boy arrive and the patients eagerly buying the latest revolutionary "wails." Then came the doctors with their oil stoves and kettles, lotions, dressings, cotton-wool and basins. The benches were arranged in the middle of the ward, and the "can-move-ones" would come and sit around the dressing tables and were cleared off one by one. Then for the "fixtures!" the broken legs and serious cases all around the ward.

These were hardly finished when in would come "morning rice" in great steaming tubs to be ladled out in bowlfuls for the patients, and next the dirty cook boy with the "relishes," dishes of chopped-up cabbage and onions, little fried fish, so savoury! and bits of pork. Here and there was a well-to-do patient who provided himself with extras, and you might see a plucked chicken or a few pork chops hanging on the wall above his bed! And after dinner you would often see a hungry dog or two prowling around the ward for scraps!

The afternoons were peaceful, the patients talking or sleeping, while one or another would be stretched away to the operating room. There we had some rather theatrical demonstrations, for there was generally an admiring crowd looking in through the window, who were greatly delighted to see a bullet extracted or a leg amputated. They rather like publicity in China, and besides, this had its uses, *pour encourager les autres*, and to inspire confidence in foreign surgery.

It was dark soon after the evening meal at five o'clock, and the great ward with its sixty or seventy patients and a few dim lamps hanging down the middle of the room looked quite impressive. And here every evening the students gathered for evening prayers, with some singing and a talk. Then, by degrees, quiet and sleep. And next day much the same routine again; only each day the work was lighter, and it was pleasant, too, for the patients were mostly getting better and were very grateful to the workers.

In this way a month soon passed, and it was not without regret that one sunny morning we packed ourselves and all our luggage on board a good-sized junk. Up went the tall sail and away we slipped through the muddy water, the little waves lapping at our sides, over once more to the northern bank.

*Note.*—Hankow, with the adjacent cities of Hanyang and Wuchang, is the great inland trade centre of China, 500 miles up the Yangtsé. It is situated on the northern bank, where the Yangtsé takes a great sweep north and west, and where it is joined by the lesser River Han. Hanyang, with its now well-known Tortoise Hill, is also on the northern side, separated from the burnt-out Chinese city of Hankow, by the River Han. The great fire of Hankow destroyed over two miles of closely packed houses. Wuchang lies opposite this on the southern bank, about a mile away. At the time when the Red Cross party referred to reached Wuchang all the northern bank was in the hands of the Imperialists, but Wuchang was still strongly held by the Revolutionaries. A series of armistices followed, and subsequently the Imperial troops were withdrawn northwards. The Red Cross party consisted of three English doctors and a nurse, and twelve Chinese medical students, sent down from the Union Medical College at Peking.

H. V. WENHAM.

UNION MEDICAL COLLEGE,  
PEKING.

### In Memoriam.

JAMES GLENNY GIBB, M.D. Dunelm, F.R.C.S. Eng.,  
1874-1912.

**G**FOREIGN countries exact a heavy toll of the English medical profession, and often demand the sacrifice of our very best and those whom we should be the least willing to spare. Such an one was Glenny Gibb. We seem hardly to have wished him God-speed to his life in China with his newly married wife and were looking forward to his return to England when the sad news of his death from some acute epidemic disease reaches us.

Born on August 1st, 1874, he was the eldest son of the late James Gibb, M.P. (L.) for the Harrow Division of Middlesex, insurance broker and underwriter at Lloyds, and Helen, daughter of the Rev. David Nimmo, Congregational Minister. Educated at the City of London school, he entered his father's office at the age of eighteen and remained in the city for six years. But the routine of office work galled him; his heart was in medicine from his earliest years, and his deep religious feelings called him to work in the mission field. He entered St. Bartholomew's Hospital in 1900, and went into residence at the University of Durham in 1902 as soon as he had passed the examination in anatomy and physiology at the Conjoint Board. He was admitted M.R.C.S. Eng. and L.R.C.P. Lond. on July 27th, 1905, and in the same year he graduated M.B., B.S. at the University of Durham. In 1906 he acted as house-physician at Westminster Hospital, and in April, 1907, he was appointed my house-surgeon at St. Bartholomew's Hospital, where in April, 1908, he became ophthalmic house-surgeon to Mr. Jessop and Mr. Holmes Spicer. In this year he took the degrees of M.D., M.S. Dunelm, and on June 18th he was elected a Fellow of the Royal College of Surgeons of England. In the autumn of 1908 he married Miss Henman, of Islip, Oxon, who was then Sister "Coborn," and started at once for Peking as surgeon at the Union Medical College, where a staff of brilliant and earnest teachers had already been collected under the London Missionary Society. Here he worked well and steadily, sending occasional letters telling of his life in Peking and of his plague experiences in Manchuria. But work, as usual with him, was all-absorbing, and he found little time for letter-writing. We knew, however, that he intended to start for England with his wife and two boys on October 1st, the very day on which the announcement of his death was received. Since that date we learn that another tragic blow has befallen his widow in the death of her eldest boy, aged 3 years, on October 9th.

Gibb I count amongst the very best of the many house-surgeons with whom I have worked. Shy and somewhat

reserved in manner, he was always found to have foreseen and forestalled the wants of his surgeon. His first care was towards the patient, and so long as there was a ray of hope or anything that could possibly be done, Gibb remained at the bedside, thinking nothing of himself, his fatigue, or any social engagements that he might have made. Often he had his reward in the recovery of cases that had seemed hopeless, and it gave him the great pleasure of his life when he could come up to me in the Square after a night of incessant work with a quiet smile and "I think we have pulled him through, Sir." But with all this work he kept himself abreast of the literature of surgery, as was shown when a rare case came under consideration. He also undertook most of the laboratory work, which is now done by a research clerk. His energy was superabundant and outlasted his student days, for writing to his friend, Dr. E. H. Shaw, from Peking, he says, "I can't expect to hear from you often, but when you write give me some idea of what new things there are, what changes, what new fads, and what real advances in medicine, surgery, pathology and bacteriology: e.g. what of the serum diagnosis of syphilis?" This energy was characteristic of him; whatever he did, he did with his might. Before he entered the Hospital it found vent in athletics, which he kept up for a little while. In 1901 he gained a prize for the two-mile steeplechase open to all hospitals, his time being 11 min. 50 sec., and in 1903 he won the three-mile race at Durham. The stress of the wards and hospital work soon occupied his entire attention and latterly he took very little exercise.

His religious principles were deeply fixed, but they were never allowed to obtrude themselves, although it is certain that they guided every action of his life.

JOHN EBENEZER RANKING, M.A., M.D. (Oxon.),  
F.R.C.P. (London).

As the result of a motor-car accident at Bexhill on September 11th, Dr. Ranking was severely injured and died two hours later. His wife and daughters, of whom two were present at the accident, and his sons, who are both old students of St. Bartholomew's, have the deepest sympathy of everyone in their tragically sudden bereavement.

Dr. Ranking was born in 1850, and after education at Aldenham and Hertford College, Oxford, he proceeded to St. Bartholomew's, whence he qualified in 1876. Two years later he graduated M.A. and B.M., and three years after obtained his doctor's degree at Oxford. He then settled in practice as a physician at Tunbridge Wells, where he became a well-known and justly esteemed consultant. He was widely known throughout the south-east of England, and leaves many friends to deplore his sudden end.



## WILLIAM ORD WOOTTON.

It is with great regret that we announce the death on October 17th of Mr. W. O. Wootton, the Demonstrator in Chemistry. He was educated at the Mathematical School, Rochester, and received his chemical training at the Royal College of Science, where he took a First Class Associateship and also the B.Sc. degree at London University with honours in chemistry. After taking his degree he was appointed Demonstrator in Chemistry at his college, and four years after that he was selected from over fifty candidates to fill our vacant Demonstratorship. Mr. Wootton came to us strongly recommended by the Professor, Sir William Tilden, and the Assistant Professors at South Kensington. He had published several pieces of research and was an abstractor for the Chemical Society's Journal.

While with us Mr. Wootton paid great attention to chemistry in its relation to the various branches of medical science, and when he was ordered away at the beginning of the last summer session he had made good progress with an investigation on the chemical properties of  $\beta$ -hydroxybutyric acid. Mr. Wootton was a most loyal colleague, a hard worker, a man of wide interests, and one with a very fine sense of humour. All those who knew his chemical work were of one opinion as to his future; they were agreed that one day he would fill one of the high places in the subject he had made his own, and that the college which trained him and the school that employed him would have reason to be glad of his connection with them.

In his leisure he had, in conjunction with Mr. E. Cohen, compiled a book on the *Mineralogy of the Rare Metals* and by a strange coincidence this was published on the day of his death.

W. N. H.

## The Clubs.

## ASSOCIATION FOOTBALL.

## ST. BART'S v. OLD BERKHAMSTEDIANS.

This match was played at Winchmore Hill on Saturday, October 5th, and resulted in a win for the visiting team by 2 goals to 1. The Hospital were rather unlucky not to win as they were pressing most of the time, but the shooting of the forwards was very poor. The only goal was scored by Waugh early in the first half. Team:

R. G. Mack (goal); E. G. Dingley, J. S. Soutter (backs); G. M. Cowper, W. S. Soden, J. R. Stoddart (halves); K. D. Atteridge, J. D. McFarland, A. J. Waugh, G. D. Jameson, W. C. Dale (forwards).

## ST. BART'S v. THE LONDON HOSPITAL.

This match was played at Winchmore Hill on Saturday, October 12th, and resulted in a win for Bart's by 8 goals to nil. The visitors played one man short, but in any case the home team played much better than in the first match, the shooting of the forwards showing considerable improvement. Waugh and McFarland were especially conspicuous, the former shooting 5 goals. The other goals were scored by McFarland (2) and Jameson (1). Team:

R. G. Mack (goal); E. G. Dingley, E. M. Grace (backs); W. S. Soden, J. S. Soutter, G. M. Cowper (halves); K. D. Atteridge, J. D. McFarland, A. J. Waugh, G. D. Jameson, W. C. Dale (forwards).

## ST. BART'S v. HON. ARTILLERY COMPANY.

This match was played at Winchmore Hill on Saturday, October 10th, and resulted in a win for the Hospital by 9 goals to 4.

In the first half the Hospital had much the best of the game and the first goal was scored by McFarland soon after the start. This was quickly followed by a second goal by Atteridge. Two more goals were scored in the first half by Jameson and McFarland. Immediately after resuming Soutter scored after a brilliant run down by Dale. After this the visitors began to press and scored 3 goals in rapid succession. The Hospital then replied by scoring 3 goals through Soutter and McFarland. The visitors scored once more, and, just before time, Dale scored the ninth goal for the Hospital. Team: J. F. Haynes (goal); E. G. Dingley, G. M. Grace (backs); J. R. Stoddart, W. S. Soden, G. M. Cowper (halves); K. D. Atteridge, J. D. McFarland, J. S. Soutter, G. D. Jameson, W. C. Dale (forwards).

## The Bookshelf.

Our readers will be well acquainted with the name of Mr. Henry Rundle, from whose pen we are delighted to welcome any contribution. His charming little sketch in the *Medical Magazine* for August last of "A September Tour in Touraine" is written in the truest holiday spirit of one who evidently knows thoroughly how a holiday should be spent, who loves his France, and can convey to his readers his enthusiasm for the country and her history in the pleasantest manner imaginable.

We have received the following publications by Bart's men recently:

THE TREATMENT OF PULMONARY TUBERCULOSIS WITH ICHTHYOL. By WILLIAM ODELL, M.D., F.R.C.S.

OPEN ETHYL-CHLORIDE ANESTHESIA. By R. W. HORNABROOK, M.B., B.S., M.R.C.S., L.R.C.P.

THE POLLUTION OF SWIMMING-BATHS. By J. GRAHAM FORBES, M.D., M.R.C.P., D.P.H.

A SEPTEMBER TOUR IN TOURAINE. By HENRY RUNDLE, F.R.C.S. (Reprinted from *The Medical Magazine* for August, 1912, Rowell: Southsea. 3d.)

We draw attention to a special post-graduate course in the diagnosis and treatment of pulmonary tuberculosis to be held at the Brompton Hospital from November 4th to 16th.

A most attractive series of lectures and practical classes has been arranged, including an excursion to the Frimley sanatorium. The fee for the whole course is only five guineas; all particulars will be furnished on application to the Dean of the Brompton Hospital.

Another special hospital, The Queen's Hospital for Children, in Hackney Road, also announces a series of afternoon lectures and demonstrations to be held in October, November and December. The lectures are free to all medical men and students and the list of lecturers should ensure the success of the course.

We note that Dr. G. A. Auden, an old Bart's man and School Medical Officer of the Birmingham Education Committee, is announced to deliver a course of six lectures on "Methods of Teaching the Mentally Defective, from the Physiological Point of View." The lectures are on Fridays at 8 pm at the London School of Economics, in Clare Market, Kingsway, and have already started.

Side by side with the advance of science one may observe the development of special commercial houses, whose business it is to supply the wants of the scientific public. Prominent among such firms is that of Charles Hearson and Co., Ltd., celebrated all over the world for their incubators. They are prepared to provide incubators of any type for baby or bacillus, centrifuges, shaking machines,

ovens, autoclaves, etc., and those who are fitting up any form of laboratory, will do well to visit Messrs. Hearson's office at 235, Regent Street.

Messrs. G. P. Swinborne and Co. have sent us a sample packet and a book of recipes, in which they recommend their isinglass for the use of invalids. From a practical trial of the same, kindly made on our behalf in one of the wards, we are able to support the proprietors' recommendation of their isinglass, for with its aid many tempting dishes may be set before the invalid with every prospect of awakening his capricious appetite.

## BOOKS RECEIVED FOR REVIEW.

*Clinical Bacteriology and Haematology for Practitioners.* By W. D'Este Emery, M.D., B.Sc. (Lond.). 4th edition. (London: H. K. Lewis.) xv + 274. Demy 8vo. 7s. 6d.

*Materia Medica and Pharmacy.* By Reginald R. Bennett, B.Sc. (Lond.), F.I.C. 2nd edition. xx + 227. F'cap. 8vo. (London: H. K. Lewis.) 4s. 6d.

*Aids to the Treatment of Diseases of Children.* By J. McCaw, M.D. (Edin.). 4th edition. 14 + 431. F'cap. 8vo. (Baillière, Tindall & Cox.) 4s.

*The Course of Operative Surgery.* By Professor Dr. Victor Schmieden. Translated by Arthur Turnbull, M.B. (Glasg.). xx + 345. Royal 8vo. (Baillière, Tindall & Cox.) 12s. 6d.

*Mind and its Disorders.* By W. H. D. Stoddart, M.D. 2nd edition. xvi + 518. Demy 8vo. (London: H. K. Lewis.) 12s. 6d.

*John Gaddesden.* By H. P. Cholmeley, D.M. (Oxon.). (Clarendon Press, Oxford.) 8s. 6d.

*Dr. Tuppy.* By Stephen Townesend, F.R.C.S. (Hodder & Stoughton.) 6s.

*A System of Surgery.* In three volumes. Edited by C. C. Choyce, F.R.C.S. Vol. II. (Cassell & Co., Ltd.) 21s.

*British Red Cross Society Nursing Manual.* No. 2. By James Cantle, M.B., F.R.C.S. (Cassell & Co., Ltd.) 1s.

*Hygiene for Health Visitors.* By C. W. Hutt, M.A., B.C., D.P.H. Pp. 416. (P. S. King & Son.) 7s. 6d.

*Diseases of the Throat, Nose and Ear.* By W. G. Porter, M.B., B.Sc., F.R.C.S. (Edin.). Pp. 275. (John Wright & Sons, Ltd., Bristol.) 7s. 6d.

*Home Nursing.* By C. F. Wightman, F.R.C.S. (George Gill & Sons, Ltd.) 9d.

*On Alcoholism—Its clinical aspects and treatment.* By Francis Hare, M.D. (J. & A. Churchill.) 5s.

## REVIEWS.

JOHN OF GADDESSEN AND THE ROSA MEDICINE. By H. P. CHOLMELEY, M.A., D.M. (Oxford: Clarendon Press.) Price 8s. 6d.

Under this title Dr. Cholmeley has grouped a series of most interesting essays on the education of an undergraduate at Oxford in the fourteenth century, from the time he entered as a boy of fourteen until he incepted in arts, the education of a physician in the same period, the *Rosa Anglica*, Gaddesden's famous work, the medieval physician, and the opportunities for the study of medicine in Oxford during the fourteenth century. There are several interesting appendices not the least of these being a translation of the "Laagoge" of the Arabian physician Hunain (Joannitus), in which are defined the six naturals, non-naturals and contra-naturals, and which is a key to the pathology and terminology of the ancients. As one would expect, one learns nothing of the personal life of Gaddesden, and except in the Preface one is told nothing of him as Court physician to Edward II, which is disappointing. Our knowledge of the *Rosa Anglica* or *Medicine*, is small and is based mostly on a desultory perusal of it during one glorious afternoon's grazing in the late Dr. Payne's magnificent library at Barnet, but that was sufficient to show that there were many absurdities in it, and that he frequently employed a *post hoc ergo propter hoc* argument from which his severe training in logic should have saved him and of which a Fellow of Merton should have been ashamed; and we imagined that, in spite of the *Rosa* becoming the text-book of medicine throughout Europe, the contemptuous Guy of Chantilly expressed for it as early as 1363 and the animadversions of Haller centuries later were by no means undeserved. Haller says of Gaddesden that he was "an empiric, full of superstition, a lover and puffer of arcana, above all things unlearned, greedy of gain, and one who meddled with matters of cookery."

Dr. Cholmeley, however, forms a higher estimate of him than this,

and says, "The *Rosa Anglica* may be taken to give us a very fair picture of an English physician of the fourteenth century. We see therein a man of good general education, one who was acquainted with the writings of his predecessors. More than this, he must have been an accurate clinical observer. On the whole it is fair to say that the *Rosa Anglica* contains much that is sound and much that is applicable to disease at the present day even in the light of our present knowledge."

Yet there is little that is original, there are many utter absurdities and many things quite unworthy of a physician, and Gaddesden certainly does not deserve the honour Chaucer conferred upon him by naming him with such men as Ypoecras, Haly, and Galien, Serapion, Razis and Avicenn.

We welcome most sincerely this book as another contribution to the history of English medicine, which still needs so much laborious and enthusiastic work to make it anything like complete, and it should find an appropriate place on one's shelves beside the historical works of Dr. Payne and Dr. Norman Moore.

DR. TUPPY. By STEPHEN TOWNESEND. (Hodder and Stoughton.) Price 6s.

Mr. Townesend is a remarkable man; a Fellow of the Royal College of Surgeons, an accomplished actor, who, under the name of Will Dennis, has many admirers on both sides of the Atlantic, an ardent advocate of humanitarianism, of late years he has become a novelist.

*Dr. Tuppy*, not the first of his book-family, is a tale of a youth with such a sweetly simple soul, that at times he becomes almost appalling in his simplicity. We meet him first as a dresser at a hospital which bears in many respects an extraordinarily close resemblance to one not a hundred yards from West Smithfield. Tuppy's honest, open mind fails completely to realise the falseness of his supposed friends amongst the students, and these devote a surprising amount of malicious ingenuity to laying pitfalls for the hero. But the healing balm of love soothes the wounds inflicted by false friends, and pleasantly aided by "Sister Mary" (this cannot be Bart's after all!) Tuppy and Nurse Jessop proceed to fall in love, "Sister's" room being apparently at their disposal (What would Matron say if she knew?). After many adventures the happy pair are united. One hopes that the subsequent Tuppy, junior, has inherited his father's strength of character and noble soul, while discarding some of his extreme simplicity and gaucherie.

But we must leave our readers to purchase the book, and learn for themselves of Dr. Tuppy's unostentatious kindness, his adventure in surgery and in love, of Lady Milner, a cleverly drawn character sketch, of the extraordinary doings of the Amateur Dramatic Club and the Discipline Committee, and of the founding of the Tuppy Convalescent Home. We congratulate Mr. Townesend, and wish the book every success.

CUNNINGHAM'S MANUAL OF PRACTICAL ANATOMY, Vol. I. Fifth Edition. Edited by PROF. ARTHUR ROBINSON. (Henry Frowde and Hodder & Stoughton.) 10s. 6d. net.

An exceedingly important alteration has been made in the new edition of this deservedly famous manual, in the universal adoption of the Basle nomenclature. We must welcome the change in deference of our insular prejudices, while deploring the necessity of forsaking so many of our time-honoured names. Much confusion must result at first, and the student versed in the new terminology will at first find some difficulty in persuading his clinical teachers that the radial nerve, for example, lies in the upper arm and not in the forearm; such confusion, however, is inevitable, and will be of short duration; and while no claim to perfection is made for the Basle nomenclature, yet the new terms are on the whole simpler, more instructive and less arbitrary than those which we have hitherto used; moreover, it is only in a comparatively small proportion of names that any really sweeping change has been made.

Several alterations in the plan of dissections have been made "with the object of bringing the methods of dissection more into line with the necessities of present-day operative procedure"; these affect especially the dissections of the axilla, the abdomen and the pelvis; everywhere the practical details are fully and clearly explained, and the results which should be obtained are more beautifully and profusely illustrated than ever. Some of the drawings might, indeed, be criticised on account of their elaboration; the series of the dissections of the abdomen represented in figs. 169, 170, 176, 184 and 191, for instance, become almost bewildering in their complexity; and the diagrams of the brachial and sacral plexuses shown in figs. 143 and

241 are more complex and more difficult to follow than those in the previous edition; they lose in value, too, by being so purely diagrammatic as to be totally unlike what the dissector sees. The drawing of Hunter's canal on page 102 is none too clear to the first-year student; these, however, are minor points, and we can only find one bad and inaccurate diagram—fig. 111, which shows the plantar arterial arch in a totally incorrect relation to the digital nerves.

This edition thoroughly well maintains the high standard set during Professor Cunningham's lifetime, and it is more than ever a pleasure to recommend it to students; so firmly is it established in their favour that they would buy it whether we recommended it or not.

INTERNAL SECRETION AND THE DUCTLESS GLANDS. By SWALE VINCENT. (London: Arnold, 1912.) 12s. 6d. net.

Most discoveries nowadays come step by step, and their appearance, when they do arrive, does not stagger *a priori* reasoning. But there are occasions when the newly revealed fact is so strange a novelty that after its establishment all things seem to be possible. In consequence a gate is opened for unrestrained theorising, and counsel is darkened by a cloud of hypotheses purporting to extend the bearing of the new fact. For instance, Röntgen rays, wireless telegraphy, and radium emanations have been a godsend to disciples of the occult, who hasten to ground upon these seeming miracles an apparently reasoned presumption in favour of telepathy and the like. Similarly the discovery of internal secretions, and the wonderful success of thyroid medication in suitable instances, have brought in their wake a good crop of futile theory, and hasty deductions drawn too often at the instance of hope rather than of any securer stimulus. Time will remedy this no doubt, but in the meanwhile we may be grateful for such a book as this, which enables us soberly to take stock of our facts. It is well written and well illustrated and comprises an immense bibliography; and it the reader experiences a sense of disappointment at the ambiguous results of much of the experimental work reviewed in it, he must reflect, with what patience he can, that the roads of science in unexplored regions are always narrow and tortuous and do not admit of high speeds upon them. The section devoted to the pancreas seems small in comparison with the importance of the item; but no one who is sensible of the laborious task accomplished will have the heart to grumble at omissions. Professor Swale Vincent has our congratulations and our thanks.

HARE-LIP AND CLEFT PALATE: WITH SPECIAL REFERENCE TO THE OPERATIVE TREATMENT AND ITS RESULTS. By JAMES BERRY, B.S.(Lond.), F.R.C.S., and T. PERCY LEGG, M.S.(Lond.) F.R.C.S. (J. & A. Churchill.)

We have no hesitation in describing this book as the best clinical exposition of the subject of hare-lip and cleft palate with which we are acquainted. All surgeons are aware of the part which Mr. Berry has played in the controversy which has of recent years taken place with regard to the treatment of cleft palate, and all will welcome this systematic exposition of the views which he and Mr. Legg hold. The book is the more valuable because it is for the most part a statement of the authors' experience, and controversial matter has been almost entirely excluded. The normal development and anatomy of the lips and palate are fully considered, and the varieties of hare-lip and cleft palate, with their functional results, are carefully described. But by far the greater part of the book is devoted to the question of treatment by operation; on this subject Mr. Berry's views are so well known as to need no repetition here; it is sufficient to say that, to our minds, the strongest possible case is made out for the closure of the hare-lip in the first few weeks of life, and the later closure of the palate by what is known as Langenbeck's operation. The various operations are described in the greatest detail, and are most beautifully illustrated; the illustrations, indeed, which number no less than 242, partly from photographs and partly from drawings (almost all original), are a most striking feature of the book.

Davies-Colley's and Arbutnot Lane's operations receive very short notice, but Brophy's operation of forcible approximation of the two halves of the upper jaw in early infancy is described and figured in detail—the only up-to-date description of the operation with which we are acquainted; as to the results of this procedure, however, the authors are unable to speak.

There is a useful chapter on obturators and vela, and finally a complete record of all the cases of cleft palate operated upon by the authors to the date of publication of the book, with their results; if we could believe that the advocates of the turn-over flap operation had exercised as much care in the tracing of their patients as is

evidenced in these tables, we should be more ready to place reliance upon their statements as to the advantages of their operation; but as yet these gentlemen have produced no statistics of results at all comparable with those given in this book.

THE SURGERY OF THE SKULL AND BRAIN. By L. BATHE RAWLING, F.R.C.S., Surgeon with Charge of Out-patients, St. Bartholomew's Hospital, etc. (Messrs. Henry Frowde, and Hodder & Stoughton.) Price 25s. net.

For some time past we have anticipated the crystallisation of the author's experience in cerebral surgery in the form of a book on the subject, and we heartily welcome its appearance, representing as it does the results of ten years' observation and research. Further, a succinct and modern work on cranio-cerebral surgery is needed at the present time.

The publishers are to be congratulated on the production. The book is of handsome yet reasonable size, artistically bound, and well printed in large, clear type. Headings are abundant and prominent, and the illustrations and diagrams are well chosen, and, unlike many, are of actual value, illustrating some special point.

The first chapters deal with cranio-cerebral topography and generally with operations on the brain and skull; the former is essentially practical, and is well illustrated by photographs from the author's well-known book on *Land-marks and Surface Markings*. The latter subject is, again, well illustrated from the author's article in Burghard's *System of Surgery*, from which it seems largely to be taken. It seems rather dangerous to make the generalisation that there can be no greater error than rapidity of operation in trephining without adding that common exception to the rule—cessation of respiration in operating for a cerebellar abscess, although this is clearly emphasised in later chapters.

We are glad to see that a detailed description of the various motor-engines for opening the skull is omitted.

The third chapter is clear and lucid and treats chiefly with cephalo-cæles and hydrocephalus. The author describes his own cleverly planned operation for the latter condition, which seems to have met with some success in this otherwise hopeless condition.

We are rather surprised that no mention is made of any treatment directed against syphilis or rickets, on the assumption that these diseases may be at the root of the trouble in some cases.

The exposition on fractures of the skull is perhaps the best chapter in the book. Here there is reviewed in a masterly fashion the theories of fracture of the base, the author finally putting forward his views, founded on the study of some 300 cases, in a concise fashion. The fact that fractures of the base tend to follow certain definite paths varying with the site and direction of the application of the force was first demonstrated by the author in his Jacksonian Essay some years ago, and it is the view more and more widely held up to the present.

The accompanying diagrams are excellent and instructive. The chapters on hemorrhages and the remote effects of head injuries are of the same high standard. The author quotes largely from the articles by Weismann, Kronlein and von Bergmann in von Bergmann's *System of Surgery*, articles which probably are still the best extant on the subject. Clear and helpful directions are given for operating in cases of middle meningeal hemorrhage, and we notice that the author, contrary to the usual teaching, places little value on the presence or absence of the "Hutchinson pupil," doubting even its frequent occurrence, and, indeed, placing but little value at all on the condition of the pupil as a localising sign.

The author has done well in emphasising the importance of the more remote effects of injuries to the head and their early treatment. He gives us statistics of twenty-one cases of traumatic epilepsy which came under his observation, and makes clear his point that in practically every case a pathological condition is found which may be dealt with by operation, finally describing an original and well-conceived operation for covering defects of the skull.

The interesting subject of the pathology of brain tumours is somewhat summarily dismissed, and we fail to see the absolute necessity of a consultation with a so-called neurologist before proceeding to remove a brain tumour. The general question of operative interference in tumours of the brain might well have been more fully discussed.

The pathology, symptomatology, and treatment of infective conditions of the brain and meninges is well reviewed and described. The author follows von Bergmann in his classification of abscesses of the brain, and is largely in agreement with MacEwen in their symptomatology.

The treatment of cerebral or cerebellar abscess of otitic origin, far and away the commonest form of brain abscess, lies within the domain, at any rate in hospital practice, of the aural surgeon, who, therefore, becomes an expert in this form of cerebral surgery, and we believe that few aural surgeons would advocate the two-stage operation, which appeals more to the general surgeon, and the author's last argument in favour of the two-stage operation, viz. that the general surgeon does not possess an intimate acquaintance with the anatomy of the ear, hardly seems to support the form of treatment advocated, but suggests two obvious means of remedying the situation—either the acquisition of the necessary knowledge or the transference of all such cases to the aural surgeon.

The concluding chapters on trigeminal neuralgia and tumours of the skull bones are good. In the operative treatment of the former the pterygoid route of reaching the Gasserian ganglions is well omitted. The last chapter contains some excellent original illustrations. The only obvious error we note is on p. 177, line 23, where for "lowered" one should read "raised."

On the whole the book is well conceived and thought out, and full of the results of personal experience, and while being a clear and thorough guide to the subject is also an example of literary style, and we wish it every success, hoping that it may mark an era when surgeons may visit Great Britain to bring their knowledge of cerebral surgery up to date, and not the United States of America, as the author says in his preface.

INSOMNIA: ITS CAUSES AND TREATMENT. By SIR JAMES SAWYER, M.D.Lond., F.R.C.P. Second edition. Pp. 107. (Birmingham: Cornish Brothers.) Price 2s. 6d.

The scant knowledge at present held of the actual physiological mechanism of sleep renders the study of the causes and treatment of insomnia a particularly difficult one if it is approached from the purely scientific standpoint untouched by clinical experience and common-sense. If there is one symptom in medicine above all others where experience, and even empiricism, have a right to attention, insomnia surely must be considered as having a claim for consideration.

Therefore the author of these lectures, from his ripe clinical and therapeutic experience, has an especial competence to deal with the subject.

Whatever be the ultimate cause of insomnia, in many cases a grosser cause can certainly be assigned as prime mover of the disturbance, and if this can be successfully dealt with, sleep will follow. But frequently the prime mover cannot be entirely eliminated, or worse, it cannot be discovered, and then ensues the long-drawn-out weariness and hopelessness of insomnia.

This is the point at which a judicious application of therapeutics may score a great triumph, and Sir James Sawyer's apt remark may well be remembered—"The joys of a pathological diagnosis are a very acquired taste, and one of the medical mind only, while the victories of therapeutics need but the common love of life and ease for our appreciation of them."

There is much experience embodied in this little book, presented in a style quite unusual in medical papers. We notice no mention of the value of aspirin (aceto-salicylic acid) as a sedative and mild hypnotic, nor is the use of anti-acids such as magnesia given; we have found this most useful in insomnia accompanying certain cases of chronic hyperacidity. In mentioning veronal we think more stress should be laid upon the disasters which have occasionally accompanied its use.

Throughout the book common-sense and shrewd experienced advice are much in evidence, and the value of it is not diminished by the statement of dosages and of detail to be observed.

THE ROYAL DENTAL HOSPITAL OF LONDON—ANNUAL REPORTS FOR 1911. (Dale, Sons & Danielsson, Ltd.) Price 5s.

We are interested to find there is hope of the excavation of an ordinary tooth-cavity being one day made a painless operation by the use of pressure anaesthesia. The one difficulty would seem to be the transference of the liquid, under pressure, from syringe to cavity because of leakage at the nozzle.

In the paper on "Periodontal Disease," the importance of searching the mouth when a focus of poisoning is needed to account for disease elsewhere is again accentuated.

We do not think enough encouragement is given to the local treatment by thorough scaling and cleansing followed by ionisation,

or the general treatment by vaccine. Some remarkable results are daily obtained in these ways.

Whilst we cannot urge enough the dangers of a septic condition in the mouth, by the pessimistic paper entitled "The Value of Teeth" we are depressed.

In both this and the previous paper mentioned not enough is made of remedies other than extraction. The value of teeth is hardly settled by their not being found indispensable in mastication or to beauty.

Very many interesting papers on caries, hospital practice and on the more mechanical side of dental surgery appear.

THE NURSES' COMPLETE MEDICAL DICTIONARY. By M. THERESA BRYAN. Pp. 206. (Baillière, Tindall & Cox.) Price 2s.

The author has compiled this book as a complete vocabulary of terms which a nurse is likely to meet in her daily work. Doubtless such works have their uses, but we think it a mistake to attempt to make any "nurses' dictionary" complete. What nurse, or for the matter of that, what medical man, needs to know the meaning of such terms as "acelia," "agmatology," "agrippa," "lithoclysmia," "kystein," or "hysterokataphraxis"? Nor can we think that any sane surgeon would speak, except in jest, of coproplaxis, nor an obstetrician refer to himself as a tokologist.

However, the dictionary contains many words of a less unreasonable order, and for the proper pronunciation and meaning of the same the uninitiated will find this handy little volume useful.

THE PREVENTION OF COMMON DISEASES IN CHILDREN.—By J. SIM WALLACE, D.Sc., M.D., L.D.S. Baillière, Tindall & Cox. Price 3s. 6d.

We find collected in a neat volume nine lectures given at different times by the author and dealing principally with the question of diet as affecting oral sepsis.

There is necessarily some repetition and overlapping, but this only tends to emphasise Dr. Sim Wallace's conviction that until recent years the subject of diet has been badly mis-handled by the medical profession. The mechanical aspect of diet has been overlooked in the enthusiasm for protein standards and calorie values, and the claims of the mouth neglected for those of the stomach. His views have the advantage of embodying much common sense, however revolutionary some might regard them. With him, we will gladly eat an apple after every meal, and abjure sweet things at the tail-end of the menu—and we may mention that we shall continue the use of a tooth-brush.

AN OPERATING THEATRE IN PRIVATE PRACTICE. By C. HAMILTON WHITEFORD, M.R.C.S., L.R.C.P. London: Harrison & Sons. Price 3s. 6d.

For the guidance of surgeons who are superintending the building and fit-up of operating theatres either in their own nursing homes or in small hospitals, this little volume should prove most useful. Mr. Hamilton Whiteford is a thorough-going exponent of sane asepsis, and at the same time an opponent of unprofitable expenditure. His attention to detail is the keynote of his surgical faith, and this is balanced by a practical mind. We should like to visit this model theatre facing Plymouth Sound.

PHYSIOLOGY MADE EASY. By LUCY BROOKS. The Scientific Press, Ltd. Price 1s. 6d.

It may be possible for one well versed in physiology to render its study easy, but success cannot be said to attend this effort. Such a gem of definition as, "Blood is a hot red liquid, having a temperature of 98° F.," is an index to the quality of this particularly poor publication.

DISEASES OF WOMEN: A HANDBOOK FOR NURSES. By FLORENCE E. WILLEY, M.D., M.S.(Lond.). The Scientific Press, Ltd. Price 2s.

Within the space of less than one hundred well printed pages, Dr. Willey has compressed a most excellent account of gynaecology from the nursing point of view, and the book fulfils admirably the object of its author.

HOSPITAL SISTERS AND THEIR DUTIES. By C. E. LÜCKES (Matron of the London Hospital). Fourth Edition. The Scientific Press, Ltd. Price 2s. 6d.

The revised edition of this book deals chiefly with the personal relationships which should exist between Sisters and those with whom they have to deal, especially nurses and patients.

We cannot help feeling, that in her anxiety to inculcate sound rules of action for the guidance of those who are or aspire to be Sisters, Miss Lückes has laid undue stress on the faults of character and imperfections which she has met amongst the members of her profession during her long experience.

We think that many of the weaknesses held up for avoidance are naturally foreign to the nature of the majority of nurses and Sisters, and so are likely only in exceptional cases to require correction, and therefore the spirit of the book, though eminently sound and proper, strikes us as being unduly pessimistic. This does not apply equally to the chapter upon patients, and the book ends in a more optimistic and cheerful tone.

MANUAL FOR WOMEN'S VOLUNTARY AID DETACHMENTS. By P. C. GARRETT, M.R.C.S., Lieut.-Col. (retired). Bristol: John Wright & Sons, Ltd. Price 1s.

A thoroughly practical little book, written with a terseness and vigour which are most refreshing. It conveys within 100 pages a maximum of information essential to those who intend to serve their country in time of war under the above auxiliary organisation.

ELECTRICAL INJURIES: THEIR CAUSATION, PREVENTION AND TREATMENT. By CHARLES A. LAUFFER, A.M., M.D. London: Chapman & Hall. Price 2s.

We do not remember to have seen before a book upon this subject. A clear account of injuries and accidents incidental to electrical work is given, including also some notes upon criminal electrocution and its post-mortem findings. The author has wisely availed himself of aid and information from technical electricians, who in turn owe him a debt of thanks for a book especially useful to themselves.

AN HISTORICAL OUTLINE OF AMBULANCE FROM THE EARLIEST TIMES. By CHARLES H. MILES, L.R.C.P. (London). Bristol: John Wright & Sons, Ltd. Price 3d.

This short sketch should prove of interest to those ambulance workers who possess the historical sense.

SMALL-POX AND ITS DIFFUSION. By ALEXANDER COLLIE, M.D. (Aberd.). Bristol: John Wright & Sons, Ltd. Price 2s.

The author of this brochure is emphatic in his disapproval of the hypothesis of aerial transmission of small-pox, basing his views on figures from the Hoxton hospitals from 1871 to 1885. The present generation perhaps can hardly appreciate the heat which is aroused in Dr. Collie's breast as he fans again the ashes of this old controversy.

THE NEW PHYSIOLOGY IN SURGICAL AND GENERAL PRACTICE. By A. RENDLE SHORR, M.D., B.S., B.Sc. (London), F.R.C.S. Second edition. (Bristol: John Wright & Sons, Ltd.) Price 5s.

There is a freshness about this book which evidently has commended it to a wide circle of readers, hence the rapid appearance of a second edition. We welcome this revised and enlarged edition most warmly, for the writer has succeeded in making his subject readable to a degree not often found in physiology books. This is achieved without sacrificing the scientific attitude, and the writer entices one to go further into the investigation of the subjects discussed by references to original papers. The importance and value of modern physiological advances in clinical work are clearly set forth in a form which will be attractive and useful to the practical man equally with the theorist.

ELEMENTS OF PRACTICAL MEDICINE. By ALFRED H. CARTER, M.D., M.Sc., F.R.C.P. Tenth edition. Pp. xvii + 683. Crown 8vo. (London: H. K. Lewis.) Price 9s.

One is frequently asked by beginners in medicine to recommend a text-book from which they can start the subject by getting a general idea of the chief diseases which they meet in the wards. The examination cram-book certainly does not meet their wants, while the larger and more complete text-books, such as Osler's or Taylor's, are more appreciated and better understood a few months

later. Consequently an intermediate type of book designed to fill this gap is sure to command an extensive sale.

Dr. Carter's book has stood the test of over thirty years, and the issue of a tenth edition is good proof of its popularity. We can recommend it to students with this proviso, that they do not neglect later on to advance to fuller treatises. The author has written the book with this object in view, regarding it as an advantage for the reading of the beginner in medicine to be more restricted, so that later on, with fuller understanding, the larger works can be read with more profit.

HOW TO BECOME A CERTIFIED MIDWIFE. By E. I. C. APPEL, M.B. The Scientific Press, Limited. Price 6d.

A collection of rules relating to midwives, which might well be embodied in a rather more comprehensive book on the elements of midwifery.

### Books recently added to the Library.

Bell, W. Blair, B.S., M.D. (Lond.) The Principles of Gynecology. With 6 coloured plates and 357 illustrations in the text. Royal 8vo. Lond. 1910.

Berkley, Comyns, M.A., M.D., B.C. (Cantab.), F.R.C.P. (Lond.), M.R.C.S. (Eng.), and Bonney, Victor, M.S., M.D., B.Sc. (Lond.), F.R.C.S. (Eng.), M.R.C.P. (Lond.) A Text-book of Gynecological Surgery. With 392 figures in the text from drawings by Victor Bonney, and 16 coloured plates. Medium 8vo. Lond. 1911.

Boyle, H. Edmund G., M.R.C.S., L.R.C.P. Practical Anaesthetics. Second Edition. Crown 8vo. Lond. 1911.

Corbin, Herbert E., B.Sc. (Lond.), M.R.C.S., L.R.C.P., D.P.H., and Stewart, Archibald M., M.A., T.C.D., B.Sc. (Lond.) A Handbook of Physics and Chemistry Adapted to the Requirements of the First Examination of the Conjoint Examining Board of the Royal College of Physicians and Surgeons, and also for General Use. With 183 illustrations. Fourth Edition. Crown 8vo. Lond. 1911.

Fuchs, Dr. Ernst. Text-book of Ophthalmology. Authorised translation from the twelfth revised and greatly enlarged edition with numerous additions by Alexander Duane, M.D. With 441 illustrations. Fourth Edition. Royal 8vo. Philadelphia and London. 1911.

Galabin, Alfred Lewis, M.A., M.D. (Cantab.), F.R.C.P. (Lond.), and Blacker, George, M.D., B.S. (Lond.), F.R.C.S. (Eng.), F.R.C.P. (Lond.) The Practice of Midwifery, being the seventh edition of Dr. Galabin's Manual of Midwifery, greatly enlarged and extended. Illustrated with 503 engravings. Royal 8vo. Lond. 1910.

Goodhart, James Frederic, M.D., LL.D. (Aberd.), F.R.C.P. The Diseases of Children. Ninth Edition, edited by George Frederick Still, M.A., M.D., F.R.C.P. Medium 8vo. Lond. 1910.

Halliburton, W. D., M.D., LL.D., F.R.C.P., F.R.S. Handbook of Physiology. Tenth Edition (being the twenty-third edition of Kirkes' Physiology). With nearly 600 illustrations in the text, many of which are coloured, and three coloured plates. Demy 8vo. Lond. 1911.

Hill, William, B.Sc., M.D. On Gastroscopy: With a Description of a New, Easy and Efficient Method of (Oesophago-gastroscopy, Combining Direct and Indirect Vision, and a Plea for its Employment by Gastric Experts. With 47 illustrations. Demy 8vo. Lond. 1912.

Howell, William H., Ph.D., M.D., Sc.D., LL.D. A Text-Book of Physiology for Medical Students and Physicians. Fourth Edition, thoroughly revised. Royal 8vo. Philadelphia and Lond. 1911.

Hutchison, Robert, M.D. (Edin.), F.R.C.P. Food and the Principles of Dietetics. With Plates and Diagrams. Third Edition. Revised and enlarged. Medium 8vo. Lond. 1911.

Hutchison, Robert, M.D., F.R.C.P., and Collier, H. Stansfield, F.R.C.S. An Index of Treatment by Various Writers. Sixth Edition. Revised and enlarged. Post 8vo. Bristol and Lond. 1911.

Hutchison, Robert, M.D., F.R.C.P., and Rainy, Harry, M.D., F.R.C.P. (Ed.), F.R.S.E. Clinical Methods: A Guide to the Practical Study of Medicine. With 13 coloured Plates and 149 figures in the text. Fifth Edition, revised throughout. Small 8vo. Lond. 1912.

Kelly, Howard A., A.B., M.D., LL.D., F.R.C.S. (Hon. Edin.), Medical Gynecology. With 165 illustrations, for the most part by Max Broedel and A. Horn. Second Edition. Royal 8vo. New York and Lond. 1912.

Lea, Arnold W. W., M.D., B.S. (Lond.), B.Sc. (Manch.), F.R.C.S. (Eng.). Puerperal Infection. Crown 4to. Lond. 1910.

Mitchell, P. Chalmers, LL.D., F.R.S., F.Z.S., F.L.S. Outlines of Biology. Revised and supplemented by George P. Mudge, A.R.C.Sc. (Lond.), F.Z.S. With eleven plates and numerous diagrams. Third Edition. Revised. Crown 8vo. Lond. 1911.

Musser, John H., M.D., LL.D., and Kelly, A. O. J., A.M., M.D. A Handbook of Practical Treatment by Various Writers.

Vol. I. General Principles—Physical Methods—Intoxications—Blood, Lymphatics and Ductless Glands. Royal 8vo. Philadelphia and Lond. 1912.

Vol. II. Diseases of the Circulatory System—Infectious Diseases, Tropical Diseases—Animal Parasites. Royal 8vo. Philadelphia and Lond. 1911.

Vol. III. Constitutional Diseases—Respiratory, Digestive, Urinary, Nervous and Muscular Systems. Royal 8vo. Philadelphia and Lond. 1911.

Perkin, W. H., Ph.D., Sc.D., LL.D., F.R.S., and Kipping, F. Stanley, Ph.D., Sc.D., F.R.S. Organic Chemistry. Entirely new edition (November, 1911). Crown 8vo. Lond. 1911.

Quain's Elements of Anatomy. Editors: Edward Albert Schäfer, LL.D., Sc.D., M.D., F.R.S.; Johnson, Symington, M.D., F.R.S.; Thomas Hastie Bryce, M.A., M.D. In four volumes.

Vol. II, Part I. Microscopic Anatomy. By E. A. Schäfer. With 1001 engravings and 21 coloured plates. Eleventh Edition. Royal 8vo. Lond. 1912.

Sequeira, James H., M.D. (Lond.), F.R.C.P. (Lond.), F.R.C.S. (Eng.). Diseases of the Skin. With 44 Plates in colour and 170 other illustrations. Royal 8vo. Lond. 1911.

Swanzy, Sir Henry R., A.M., M.D., D.Sc., and Werner, Louis, M.B., F.R.C.S.I. A Handbook of the Diseases of the Eye and their Treatment. Tenth edition, with illustrations. Medium 8vo. Lond. 1912.

Thomson, Alexis, F.R.C.S. (Ed.), and Miles, Alexander, F.R.C.S. (Ed.). Manual of Surgery. Fourth Edition. Revised and enlarged, with 297 illustrations.

Vol. I. General Surgery. Crown 8vo. Edinburgh and Lond. 1911.

Vol. II. Regional Surgery. Crown 8vo. Edinburgh and Lond. 1912.

Vol. III. Operative Surgery. Crown 8vo. Edinburgh and Lond. 1912.

Thomson, St. Clair, M.D., F.R.C.P. (Lond.), F.R.C.S. (Eng.). Diseases of the Nose and Throat, Comprising Affections of the Trachea and Oesophagus. A Text-book for Students and Practitioners. With 18 plates and 294 figures in the text. Royal 8vo. Lond. 1911.

Tabby, A. H., M.S. (Lond.), F.R.C.S. (Eng.). Deformities including Diseases of the Bones and Joints. A Text-book of Orthopedic Surgery. Second Edition illustrated by 70 plates and over 1000 figures, of which nearly 400 are original, and by notes of 54 cases.

Vol. I. Congenital and Static Deformities. Injuries and Diseases of Muscles, Tendons, Bursae and Fasciae. Medium 8vo. Lond. 1912.

Vol. II. Diseases of the Bones and Joints: Paralytic Deformities. Medium 8vo. Lond. 1912.

White, W. Hale, M.D. Materia Medica, Pharmacy, Pharmacology and Therapeutics. Twelfth Edition. Small 8vo. Lond. 1911.

Young, James, M.D., F.R.C.S. (Edin.). Reproduction in the Human Female. The Uterine Mucosa in the Resting, Menstrual, and Pregnant States, and the Function of the Decidua, Incorporating an Account of an Early Human Ovum. Royal 8vo. Edinburgh and Lond. 1911.

Collected Papers by the Staff of St. Mary's Hospital, Mayo Clinic, Rochester, Minnesota, 1905-1909. Royal 8vo. Philadelphia and Lond. 1911.

The following were presented by the Authors:

Adamson, H. G., M.D., F.R.C.P. Goulstonian Lectures on Modern Views upon the Significance of Skin Eruptions; Delivered before the Royal College of Physicians of London. Lond. 1912.

Doran, Alban H. G., F.R.C.S. A Guide to the Series of Pathological Specimens Illustrating Injuries and Diseases of the Organs of Generation in the Female (including such as are incidental to Gestation and Parturition) in the Museum of the Royal College of Surgeons of England. Lond. 1912.

Herringham, W. P., M.D., F.R.C.P. Kidney Diseases. With Chapters on Renal Diseases in Pregnancy. By Herbert Williamson, M.D., F.R.C.P. Demy 8vo. Lond. 1912.

Mark, Leonard Portal, M.D. Acromegaly: A Personal Experience, With 11 plates. Demy 8vo. Lond. 1912.

Rawling, L. Bathe, M.B., B.C. (Cantab.), F.R.C.S. (Eng.). Landmarks and Surface Markings of the Human Body. With 31 illustrations. Fifth Edition. Demy 8vo. Lond. 1912.

The following were presented by the Publishers:

Vallery-Radot, René. The Life of Pasteur. Translated from the French by Mrs. R. L. Devonshire. With a foreword by Sir William Osler, Bart., F.R.S. Two Vols. Medium 8vo. Lond. 1911.

Von Noorden, Carl. Metabolism and Practical Medicine. English issue under the Editorship of J. Walker Hall.

Vol. I. The Physiology of Metabolism. By Adolf Magnus Levy. Royal 8vo. Lond. 1907.

Vol. II. The Pathology of Metabolism. By Carl von Noorden, Fr. Kraus, Ad. Schmidt, W. Weintraud, M. Matthéus, and H. Straus. Royal 8vo. Lond. 1907.

Vol. III. The Pathology of Metabolism. By Carl von Noorden, H. Salomon, A. Schmidt, A. Czerny, H. Steinitz, C. Dappert, M. Matthes, C. Neuberg, O. Loewi and L. Mohr. Royal 8vo. Lond. 1907.

### Correspondence.

#### SAVORY'S ELOCUTION MASTER.

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

DEAR SIR,—I have read with great interest Dr. Edey's "Recollections of St. Bartholomew's during the Fifties," prepared by Dr. K. Macfarlane Walker, especially the paragraph which states that Sir W. Savory, when young, "went to the trouble of taking lessons in elocution from a clergyman who had acquired great popularity as a West End preacher."

I have heard this statement denied, and few doctors of the present generation have heard it repeated. But I can here testify that in the year 1870, when I had the honour of being admitted as a student at St. Bartholomew's, my father's friend, Mr. Edward Matthew Ward, R.A., the eminent historical painter, said to me one day: "So Savory is one of your surgeons at the hospital! I met him at dinner at Bellew's many years ago; he was taking lessons in elocution." Now my own father, a great playgoer and authority on the English stage, told me that Bellew learnt elocution from Macready, and on one occasion when he looked in on me, then resident, about 1870, in College, he saw Sir W. Savory and heard him talk. "That's Macready style all over," said my father. I, too, when a child, heard Mr. Bellew preach, and what is more to the point, he coached me and several other juveniles in 1858 in the rehearsal of Miss Corner's play, "Beauty and the Beast." I was to fill the title rôle—the second, not the first character in it, *bien entendu*. But owing to an epidemic of measles or some other plague common in our early history, the performance was postponed and never came to pass. Bellew was a splendid speaker, and in common conversation his style was oratorical. *Me puero memini*, as the pious Prudentius said of Julian the Apostate, and I remember, too, far more gratefully Sir William Savory's voice and gestures. Without doubt they were like to those of the famous cleric, the Mr. Honeyman of Thackeray.

I am, Sir,  
Yours faithfully,  
ALBAN DORAN.

### New Addresses.

BATHURST, L. W., 43, Queen Anne Street, Cavendish Square, W. (additional address). Tel.: Mayfair 4545.

CLARKE, H. H., Halwall House, Kingsbridge, S. Devon.

DALE, H. H., 140, Thurloe Park Road, Dulwich, S.E.

GIBSON, W. R., F.R.C.S., D.P.H., D.T.M., Monteith Road, Egmore, Madras, India.

HAMILTON, Major W. G., I.M.S., East India United Service Club, St. James's Square, S.W.

HOWELL, D. W., Royal Free Hospital, Gray's Inn Road

JUDWINE, Capt. W. W., I.M.S., 50, Iverna Gardens, Kensington, W.

JONES, Lt.-Col. J. Lloyd, I.M.S., H.M. Assay Office, Bombay

NELIGAN, A. R., H.B.M. Legation, Teheran, Persia.

NICHOLSON, C. J., Norfolk and Norwich Hospital, Norwich.

ROWLANDS, B., 67, Pitfield Street, N.

WRIGHT, F. C., Royal Portsmouth Hospital, Portsmouth.

### Appointments.

Mr. E. N. RUSSELL left London on October 21st for the front in charge of a Field Hospital of the Ottoman Red Crescent Society. He is accompanied by Mr. S. M. HATTERSLEY, whilst Mr. G. S. STATHERS is going as a dresser. It is understood that their work will probably lie in the Scutari region on the Montenegrin border.

Messrs. D'ARCY POWER (jun.) and E. L. DOBSON are attached to a Field Hospital under the direction of the Balkan Red Cross Society, and have left for the seat of war. Messrs. A. R. JENNINGS and E. C. LANGTON are also starting in a short time.

Mr. R. OGIER WARD is attached as second in command of another Red Cross Hospital to be stationed at Constantinople.

Dr. ERIC MARSHALL is organising an additional field hospital for service with the Balkan States.

- ✓ CAMPBELL, F. W., M.R.C.S., L.R.C.P., appointed House-surgeon at the Royal Portsmouth Hospital, Portsmouth.
- ✓ HOWELL, B. W., M.R.C.S., L.R.C.P., appointed House-physician at the Royal Free Hospital, Gray's Inn Road.
- ✓ NICHOLSON, C. J., M.R.C.S., L.R.C.P., appointed House-physician at the Norfolk and Norwich Hospital, Norwich.
- ✓ WHALE, H., M.D., F.R.C.S., appointed Surgeon for Diseases of the Ear, Nose and Throat to the Blackfriars district for the London County Council.
- ✓ WRIGHT, F. C., M.R.C.S., L.R.C.P., appointed House-physician at the Royal Portsmouth Hospital, Portsmouth.

### Royal Naval Medical Service.

The following appointments have been notified since September 20th:

- Fleet-Surgeon J. H. Pead to the "Vivid" for R.N. Barracks, to date October 1st, 1912.
- Fleet-Surgeon H. Clift to the "Ariadne," to date October 1st, 1912.
- Staff-Surgeon J. Boyan to the "Impregnable," for the "Powerful," to date October 5, 1912.

### Births.

- BODY.—On September 26th, at Dowlais House, Middlesbrough, the wife of Thomas M. Body, M.R.C.S., a daughter.
- CLARKE.—On July 27th, at Siema, Malta, the wife of Captain Colin Clarke, R.A.M.C., F.R.C.S., of a son.
- FELL.—On October 10th, at Flan How, Ulverston, the wife of Major M. H. G. Fell, R.A.M.C., of a daughter.
- HOSKYN.—On October 10th, at 69, Clifton Road, Rugby, the wife of Charles Reginald Hoskyn, M.B., B.S.(Lond.), of a son.
- LAIDLAW.—On October 22nd, at Hyefield, Uffculme, the wife of F. F. Laidlaw, M.A., of a daughter.
- STACK.—On October 14th, at Arvalee, Clifton, the wife of Dr. Stack, of a son.
- TAYLOR.—On October 23rd, at Tun Bridge, Liphook, Hants, the wife of J. J. Taylor, M.A., M.D.(Cantab.), of a son.

### Marriages.

- GASKELL—EADEN.—On October 10th, at Little Shelford, Cambs., by the Rev. E. T. S. Carr, rector of the parish, and the Rev. Canon Pemberton, John Foster Gaskell, M.D., son of W. H. Gaskell, M.D., F.R.S., The Uplands, Great Shelford, to Margaret, daughter of John Frederick Eaden, of Little Shelford.

- ILLOTT—SATTERTHWAITE.—On October 12th, at the Parish Church, Bromley, Kent, by the Rev. A. Lethbridge, Vicar of St. Peter's, Leicester, assisted by the Rev. D. Tait, Vicar of the Parish, Dr. Cyril Herbert Thomas Ilott, only son of Dr. Herbert J. Ilott, of Bromley, to Lucy Annette, eldest daughter of Col. E. Satterthwaite, C.B., and Mrs. Satterthwaite, of Bromley, Kent.
- LEA-WILSON—LUTMAN.—On September 30th, at the church of St. John Baptist, Pinner, by the father of the bridegroom, Basil H. C. Lea-Wilson, M.R.C.S., L.R.C.P., son of the Rev. A. Lea-Wilson, Vicar of Leavesden, and grandson of the late C. Lea-Wilson, Esq., of Beckenham, Kent, to Muriel, daughter of Mrs. Lutman, of Pinner Wood House, Pinner.
- OGLE-SKAN—READE.—On October 16th, at St. John's, Moston, Manchester, by the Rev. W. Holden, Rector and Rural Dean, assisted by the Rev. A. N. Dixey, Rector of Christ Church, Harpurhey, Henry William Ogle-Skan, M.R.C.S., L.R.C.P., to Hilda Theodora, fifth daughter of C. E. Reade, Esq., and Mrs. Reade, of Woodland, Moston, Manchester.
- PHILLIPS—SLATTER.—On October 12th, at St. Mary's Church, Waterloo Park, Liverpool, by the Rev. S. J. Sykes, B.A., Lionel Lewis Phillips, M.R.C.S., of Redruth, Cornwall, only son of Mr. and Mrs. Walter J. Phillips, late of The Mount, Totnes, Devon, to Hilda May, only daughter of Mr. and Mrs. Edward G. Slatter, of Newstead, Waterloo Park, Liverpool.
- WOODWARK—ROBINSON.—On September 26th, at St. Peter's, Cranley Gardens, by the Rev. T. Thistle, Vicar of Eling, Southampton, uncle of the bride, assisted by the Rev. W. S. Sweeney, Vicar of the Parish, Arthur Stanley Woodwark, M.B., M.R.C.P., son of the late George S. Woodwark, J.P., and of Mrs. Woodwark, Croylands, King's Lynn, to Hilda Mary, youngest daughter of R. A. Robinson, D.L., J.P., and Mrs. Robinson, Putney.

### Deaths.

- GIBB.—At Peking, suddenly, James Glenn Gibb, F.R.C.S., eldest son of the late James Gibb and Mrs. Gibb, of 51, Ladbroke Grove, W. POPE.—On October 26th, at 4, Frebend Street, Leicester, Frank Montague Pope, M.D., F.R.C.P., son of the late Thomas Pope, of Harewoods, Bletchingley, Surrey, in his 57th year.

### Acknowledgments.

The Hospital, Nursing Times (4), St. Mary's Hospital Gazette, University College Hospital Magazine, The British Journal of Nursing (5), L'Echo Médical du Nord, The Student, St. Thomas's Hospital Gazette, Medical Press, The Medical Review, Guy's Hospital Gazette (2), Long Island Medical Journal, New York State Journal of Medicine, Clinical Excerpts, Evans' Journal, The Practitioner, The London 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.

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# St. Bartholomew's Hospital



## JOURNAL.

VOL. XX.—No. 3.]

DECEMBER, 1912.

[PRICE SIXPENCE.]

### St. Bartholomew's Hospital Journal.

DECEMBER 1st, 1912.

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

### Calendar.

Mon.,	Dec.	2.	Examinations for M.D. and M.S.(London) begin.
Tues.,	"	3.	Dr. Garrod and Mr. McAdam Eccles on duty. Students' Union Annual Dance, Wharnclyffe Rooms.
Thurs.,	"	5.	First and Second Examinations for M.B.(Oxford) begin.
Fri.,	"	6.	Dr. West and Mr. Bruce Clarke on duty.
Mon.,	"	9.	First, Second and Part I of Third Examinations for M.B.(Camb.) begin.
Tues.,	"	10.	Dr. Ormerod and Sir Anthony Bowlby on duty. Part II of Third M.B. (Camb.) begins.
Fri.,	"	13.	Dr. Herringham and Mr. D'Arcy Power on duty.
Mon.,	"	16.	1st Examination for Med. Degrees (Lond.) begins.
Tues.,	"	17.	Dr. Tooth and Mr. Waring on duty. Oxford Michaelmas Term ends.
Thurs.,	"	19.	Cambridge Michaelmas Term ends
Fri.,	"	20.	Winter Session Divides. Dr. Garrod and Mr. McAdam Eccles on duty.
Tues.,	"	24.	Dr. West and Mr. Bruce Clarke on duty.
Wed.,	"	25.	Christmas Day.
Fri.,	"	27.	Dr. Ormerod and Sir Anthony Bowlby on duty.
Tues.,	"	31.	1st Examination Conjoint Board begins. Dr. Herringham and Mr. D'Arcy Power on duty.

1913.

Wed.,	Jan.	1.	D.P.H. Conjoint Examination begins.
Thurs.,	"	2.	Second Examination Conjoint Board begins.
Fri.,	"	3.	Dr. Tooth and Mr. Waring on duty.

### Editorial Notes.



WE hear, on good authority, that Mr. Bruce Clarke has resigned his position as Surgeon to the Hospital, the resignation to take effect at the end of the year. We hope that, although he will be no longer on the active Staff, his familiar and popular figure will be seen amongst us as frequently as in the past. In the wards and the operating theatre, and at Winchmore Hill, there will be many to regret his departure, for he has made his presence felt in many directions, and all will wish him well in his retirement.

\* \* \*

Since our last issue events have travelled with great speed in the Balkans, and one can well imagine that opportunities for letter-writing are few for the doctors of the Red Cross and Red Crescent Hospitals. We publish, however, a letter from Mr. E. L. Dobson detailing some of his adventures and impressions, and hope to hear more of him and of other Bart's men in the war area.

During the past few weeks Messrs. Eric Marshall, H. G. Baynes and R. W. Meller have gone out, the first in charge of a Red Cross Hospital with the Bulgarians, and the last two to Constantinople, while Mr. Bernard Haigh, who was in charge of a Red Crescent Field Hospital in the Tripoli hinterland, has, we understand, proceeded to Salonica.

\* \* \*

Dr. E. A. Cockayne, late Casualty Physician at this Hospital, and now Medical Registrar at the Middlesex, has, together with his surgical colleague (Mr. C. H. S. Webb), gone to the Greek frontier, at first to Larissa, in charge of the medical side of a base hospital provided privately by a wealthy Greek shipowner and his wife, Mr. and Mrs. Embiricos.

This private hospital is equipped with a staff of English nurses, and will move up towards the fighting line as required, possibly to Salonica, to deal with sick and wounded of the Greek army.

The termination of Sir Thomas Crosby's year of office as Lord Mayor of the City will be specially regretted at St. Bartholomew's, for his mayoralty, as befits that of a medical man, has been marked by his kindly attitude towards hospitals, and towards the City Hospital in particular. The historic association of St. Bartholomew's with the City of London has on several occasions been emphasised by the late Lord Mayor, and in his last week of office he wrote the following letter to the Treasurer :

THE MANSION HOUSE, LONDON ;  
November 4th, 1912.

DEAR LORD SANDHURST.—The Municipal Council of Vienna, in recognition of their recent visit to London, have sent me 5000 kronen (£206 3s. 8d.) to give to any charitable object in the City of which I approve, and for the personal dispensation of which I will be responsible.

It gives me great pleasure to hand this amount to you in support of the special appeal on behalf of St. Bartholomew's Hospital.

It was gratifying to me, in the first week of my mayoralty, to apportion a considerable sum of the amount given to me by Whiteley, Limited, for so good a cause, and I rejoice that, in the last week of the year of office, I am able again to show my recognition and appreciation of the Hospital's splendid work.

Sincerely yours,  
THOS. BOOR CROSBY,  
Lord Mayor.

THE RT. HON. LORD SANDHURST,  
G.C.S.I., G.C.I.E.

We offer to London's first medical Lord Mayor our felicitations upon a very successful term of office, and our hopes that in his retirement he may be blessed with health and vigour such as marked his mayoralty.

The Abernethian Society meetings have been well attended, and the papers read have stimulated much interest and discussion. A pleasing feature of the papers has been the inclusion of original work and observations of the readers themselves, which, although perhaps not exceptional in Abernethian papers, is certainly very welcome.

On October 31st Mr. Mackenzie Wallis spoke on "Epidemic Diarrhoea in Infants"; the following week Mr. R. R. Armstrong lectured on "The Mechanism of Infection in Tuberculosis"; on November 14th Dr. Hamill gave a paper on "Some Minor Disorders of Childhood"; and on the 21st Mr. Russell gave a most excellent account of treatment of a series of cases with neo-salvarsan. The use of the epidiascope was invoked to great advantage, and at the end of the paper the company adjourned from the theatre to the Abernethian Room, where, in more comfortable surroundings, a well-sustained discussion was carried

on. We congratulate Mr. Russell on the merit of his paper and its attractive delivery.

Signs of the near approach of Christmas are beginning to appear, and amongst them the annual exacerbation of the Hospital Dramatic Club. The play chosen this year is "Liberty Hall," by R. C. Carton. All the parts will be taken by men, so that every performer will be well known to the Hospital audience, and judging from unmistakable evidence of enthusiasm amongst the players we can confidently predict very successful performances on January 6th, 7th, and 8th, the dates fixed for the entertainment.

The Musical Society will also have a large share in the entertainment, and has started practice. Musical members of the Hospital are asked to note that their services will be welcomed, and those desiring to help should communicate with Mr. Soltau, the secretary of the society, or with Mr. D. W. Hume, the conductor.

The question of the remuneration of doctors attached to hospitals and public institutions, for giving evidence at inquests on persons who have died within the hospital was again raised at the Southwark Coroner's Court a few days ago.

The Coroner, Dr. F. J. Waldo, said he thought medical men ought to be remunerated, but he was bound by statute law and the regulations of the London County Council. A private doctor was paid one guinea for attendance, and one guinea for a *post mortem*, but it was not legal for a hospital doctor to be paid anything unless the deceased person died outside the hospital. Dr. Waldo said he had often suggested to resident medical officials at Guy's, St. Bartholomew's, and other hospitals that they should ask their local members of Parliament to induce the Home Secretary to introduce legislation in conformance with the findings of the Home Office Departmental Committee *re* Coroners, reported on in 1909. He feared, however, the Government was too occupied with controversial vote-gaining Bills to think of the doctors or coroners. The Coroner added that the jury could make any recommendation they liked, but the foreman of the jury, characteristic of his kind, said they would rather not express any opinion, and that for himself he was much in sympathy with the poor ratepayers! It is typical of a rather large section of the public to regard doctors as fair game in the matter of payment for services rendered. Moreover, they insist upon mingling sentiment with business in order to save their own pockets and to keep the medical man's empty. We suggest that Dr. Waldo's advice be taken, and we shall be glad to hear the opinions of our readers here and at other hospitals and institutions, with a view to taking some concerted action.

Dr. Thursfield has been appointed Demonstrator of Practical Medicine in place of Dr. Horton-Smith Hartley, resigned.

In this number will be found several lists of successful examinees. To all we offer our congratulations, and notably to those now qualified. In the examination for membership of the Royal College of Physicians Mr. J. D. Barris was successful, whilst five Bart.'s men passed the "Primary" for the F.R.C.S., viz. Messrs. Anderson, Biggar, Bird, Bradford, and Linder.

While reading through a reprint of the Harveian Lecture, delivered this year by Dr. Claye Shaw, Emeritus Lecturer in Psychological Medicine to this Hospital, there was borne in upon one's mind how superficial and entirely inadequate is the knowledge of Psychology acquired by the great majority of medical men. In our training for qualification to treat the ailments of our fellow men, on the purely physical side we start rightly with the study of the body in normal health and form, and then go on to experience in pathology and clinical work the many and varied ways in which "the works" go wrong. But in considering the less tangible aspect of our kind we are less fortunately placed, for instruction in the abnormalities and diseases of the mind has perforce to be started at once *in medias res*, with no guarantee that the learners have any acquaintance with the normal processes of mind save what they may have acquired by the way. Our lecturer in psychological medicine will probably be the first to agree with us when we say that the time allotted to the teaching of his subject renders it possible only to deal in outline with the essential *pathological* aspect of mind and conduct, without devoting a fraction of the time really desirable to the consideration of sanity and its phenomena. And so probably with most men a training in normal psychology has to be left to chance.

The whole trend of physiology at the present time is to lay stress entirely on the physical and chemical influences controlling the living animal. Without entering upon any discussion of the subject of the nature of life, so attractively and inaccurately carried on recently in the halfpenny press, we must realise, as practical men, that we have constantly to remember the minds and emotions of our patients as well as their visible and palpable bodies; to examine not only the physical, but the psychological signs. On inquiring once of a medical friend after the progress of his baby girl of three months he said, "Oh! she is just a little pepsin and trypsin machine at present!" The modicum of exaggeration in his apt description would become serious if maintained three months later; and how much more in error are we if we regard, say, the woman of thirty years with "gastric symptoms" merely as a pepsin and trypsin machine out of gear. The casualty patient who perhaps worries us with her insistent remark that "It's me nerves, doctor," yet serves to rouse

us from the clear-cut and altogether too simple mental picture of digestion that we form from physiological studies, and to realise that even "psychic juice," for all its value, will not make a complete cure. We have to supply a more subtle psychic influence in order to satisfy the lady that she is better. Why is it that the effect of Hst. g. c Rh. when ordered by printed card is inferior to the same dosage of the "mysterious mistura" written on a "white slip," whilst its power when prescribed by "the head doctor" may be little short of marvellous? The very length of one's coat has therapeutic value for some patients. For some, age, with its gathered experience, is the touchstone; other more modern spirits give pride of place to young men fresh from hospital, filled with the latest advances, and supposedly encyclopaedic in their knowledge of pathology and new treatments.

Perhaps, after all, no kind of training in psychology could teach us how to meet these different phenomena. All have to gain their experience, and very fortunate are those who, by innate common-sense, trained powers of observation and subtle intuition tinged with imagination, can quickly learn to gain the confidence of their patients. Then the scientific spirit can be given full rein and has the best possible chance of winning the race if guided by one who is cognisant of its limitations.

### The 37th Annual Dinner of the Cambridge Graduates' Club of St. Bartholomew's Hospital.

ON Monday, November 11th, the Annual Dinner of the Cambridge Graduates' Club of St. Bartholomew's Hospital was held at Frascati's, over one hundred being present. Mr. L. B. Rawling was in the chair. After the toast of "The King," the Chairman rose amid prolonged cheers and encouraging sounds of various description to propose the toast of "The Club." Employing an elaborate military simile he said he had strengthened his position that night by having the most able support on both flanks—Prof. Howard Marsh and Dr. Norman Moore on the right, and on the left Dr. Colbeck, and his brother, Captain Rawling. He was glad to welcome that evening an old teacher of his—Prof. Howard Marsh—and several pupils of his who had distinguished themselves—Messrs. Ball, Foster Moore, and Blakeway. He went on to say that it had been felt that so successful a club should not be confined to members of one hospital, so the Cambridge Graduates' Medical Club had been founded as well, which he hoped all would join, and brought down the house with cheers and much laughter by an involved piece of eloquence: "I think," said he, "that without bias or prejudice we may consider our hospital is at least equal to none." He

regretted the absence of Dr. Anderson, who had hoped to be present but was prevented, and congratulated him on the high honour he had attained in becoming Master of Caius College. He congratulated other members of the Club on recent honours—Mr. Etherington Smith on becoming Assistant Surgeon to the Hospital, and Mr. Eluslie Orthopaedic Surgeon. His speech ended amid applause and loud and familiar cries.

Dr. Norman Moore, then rising, was greeted with the uproarious and enthusiastic greeting with which he is always deservedly welcomed. He proposed in his inimitable and pleasing style the toast of "The Guests." Mr. Rawling, he said, had confessed to bolstering himself up with famous persons. Captain Rawling had lived amongst cannibals—a rare distinction—and had helped to discover a race of pygmies. Dr. Colbeck, though not a St. Bartholomew's man, might be said to be closely connected with the Hospital, for he was a Caius man, and Dr. Caius, the founder of that College, lived for a long time on the site of the new Pathological Block. Then another of their distinguished guests was Dr. Macphail, our new Lecturer on Anatomy. His appropriate name, Mac, the son of, Phail—a feast—was not his only claim to our attention, for he must be considered a direct lineal descendant of the great Vesalius, the founder of anatomy after the revival of learning; for was not Vesalius the teacher of Dr. Caius? Then he welcomed Dr. Adamson and Dr. Horder, London University men. He took, he said, the greatest interest in the welfare of London University, and had sat on over 300 committees; he had often felt anxious about its future, but the University was young and had not yet had time to produce a Newton or a Darwin. He did not wish to depress these gentlemen, but to encourage them. He felt now all his doubts removed, as its helm was to be steered by "our Dr. Herringham." And he looked forward to the time when the University would be so closely bound up with London, the greatest city in the world, that it would become the greatest university in the world.

Captain Rawling, in an amusing speech, replied first for the guests. He thanked Dr. Norman Moore for his kind remarks, and said that he had the pleasure of knowing one old Bart.'s man—Dr. Marshall—intimately, for they had been together on several expeditions. Dr. Marshall was not only the most delightful companion, but on several occasions put his personal attractions, which were great, to considerable use. He helped the expedition by his power of ingratiating the female savage. On two occasions particularly he was invaluable in this way, but on a third he failed them, and had he been a Cambridge man as well as a Bart.'s man Captain Rawling felt he would not have failed them. It was in New Guinea, and they had just discovered a new race of pygmies, but they could never see a woman. They tried hard to get a sight of one, and almost despaired of ever doing so, when they were told that the only way to

do so would be to go out naked into the woods and stand there in the simplicity and natural dignity of the skin they were born with, and so unencumbered by the terrifying weeds of civilisation the confidence of these retiring ladies would be gained. Captain Rawling, like a true British soldier, in no wise abashed, exclaimed, "Right ho! if Marshall will come." But Dr. Marshall would not be persuaded, and so they came away without seeing the women folk of the pygmies. Had Marshall been a Cambridge man, Captain Rawling felt sure a valuable ethnological point would have been gained. It was discussed subsequently whether this was a compliment or not! We think it was.

Dr. Macphail also replied to the toast of "The Guests." After the toast of "The Chairman," given by Dr. Lewis Jones, and which was received with tremendous applause, Mr. Rawling replied, and proposed that of "The Secretaries," Dr. Horton-Smith Hartley and Mr. Etherington Smith.

Dr. Hartley rose to reply, but received such a deafening acclamation that he could not begin for some moments. When he could speak he said, with characteristic modesty, that he hoped the applause was a testimony to a good dinner. He announced that he was about to retire from the secretaryship, and thought it time, as he had held it for seventeen years. He had pleasure in saying that Dr. Burroughes was going to fill his place. He thanked those gentlemen who had been so kind as to entertain us, and especially Dr. Stott, who had arranged the programme. He knew Mr. Etherington Smith was very anxious to make a speech, so would no longer prevent him doing so.

Mr. Etherington Smith then spoke.

In between the speeches Mr. Catford sang "The Yeoman's Wedding Song," Mr. Gillies played a violin solo, Mr. Russell sang "Sigh no more, Ladies," and Mr. Whitehead performed conjuring tricks. Every item was greatly appreciated, and Dr. Drysdale was heard to observe what a good surgeon Mr. Whitehead would make, for how convenient it would be during an operation for supposed gall-stones to be able to produce one at pleasure.

The company, having sung "God Save the King" and "Auld Lang Syne," retired to Dr. Morley Fletcher's hospitable house at 98, Harley Street. There a most enjoyable evening was spent, and of course the story of "Hairy Ranchy" was loudly called for from Dr. Norman Moore, and "The Twelve Apostles" from Dr. Burroughes, who also sang another delicious song entitled "The Pig," which quite baffles all description.

At twelve o'clock the assembly dispersed after the merriest and most enjoyable of evenings, and our warmest thanks are due to the energy of Dr. Horton-Smith Hartley and the hospitality of Dr. Morley Fletcher, and to those who so kindly contributed to the entertainment of the evening.

## Impressions of Southern Rhodesia.

By H. SYMONDS, M.D. (Lond.),  
Kimberley, Cape Colony.

**D**URING a short trip which my wife and I made in Southern Rhodesia we found the railway travelling, especially south of Bulawayo, on the express trains surprisingly good. The catering in the dining saloon is really excellent, and would put many a hotel to shame, both in South Africa and England. Beyond Bulawayo hardly so high a standard is maintained, but, considering the difficulties to be coped with in a new country, it is creditable to the railway authorities. The trains are all of the corridor type, and, as a rule, the sleeping accommodation is sufficiently comfortable to make it no hardship to spend the night in the train. So also with the hotels, which are in the larger places quite well appointed. Indian waiters, with a white uniform and red sash, usually serve in the dining-rooms, and the charges are not excessive.

The scenery, during the last twenty-four hours before reaching Bulawayo, is perhaps rather monotonous, as the line passes through a continuous forest, the trees being, as a rule, rather thinly placed, with no great degree of undergrowth, giving a view of some two or three hundred yards on each side of the line. The trees are in considerable variety, some being evergreen, and beautiful lights and shades are to be seen in the foliage, especially at sunset. One may catch sight of many bright-plumaged birds. Dust, however, is a great nuisance along this part of the line, unless rain has recently fallen, which is unusual. The railway stations are few, usually with a trading station alongside kept by a Jew, who does a considerable trade with the natives in cattle, which are sent to the markets to the south.

Beyond Bulawayo on the Salisbury line the rail follows the watershed which separates the rivers which flow north-west to the Zambezi and east to the Indian Ocean. Here the country largely consists of undulating grassy plains interspersed with rocky kopjes or tree-covered kloofs; the latter half of the route to Salisbury is, however, more of the thin forest type, with large cleared spaces where mealies and other crops are raised. Enormous ant-hills are everywhere in this part, so large in places that the railway in cutting through them leaves a high bank on each side. Many of these must be of great age, as quite ancient trees are seen growing on them. The scenery on the Beira line about fifty miles from Salisbury is particularly striking. The country here is mountainous, and every point, high and low, is covered by immense white boulders, sometimes three or more being balanced one on another, and giving, when seen in the distance, weird effects of castle-like

structures. We were told that on the Portuguese border the scenery is still more beautiful. Rhodesia presents a marked contrast to many parts of the Cape, in that everywhere streams abound plentifully filled with water.

We stayed for two days on a farm not far from the Portuguese border, among these beautiful surroundings. The isolation can be imagined, however, when I say that our hostess had not spoken to a white woman for over six months till she saw my wife; but this beautiful spot, with its rich valley of deep black soil capable of producing heavy crops, its little river, its tree-covered hills with immense rocky boulders standing majestically against the sky-line, was a picture never to be forgotten.

As this was in June, we probably experienced the climate at its best, but all are agreed that even in summer the heat is not excessive, as the regular rains cool the air. In June it was about as perfect as could be, with sharp, crisp cold at nights and early mornings, and a comfortable warmth by day. Of course this was not the fever season, but doctors and old settlers alike are agreed that fever is little to be feared even in summer if a man lives amidst comfortable surroundings.

Gold mining, no doubt, is to-day the mainstay of Rhodesia, and on it depends all the prosperity of the country. The gold lies mainly in reefs of quartz, which seem to be scattered over nearly the whole country, and it is quite a usual sight to see from the railway some indication of gold working. It is necessarily a very speculative employment, and many a man, or a few together, work for years, barely covering expenses, before striking a rich vein which pays handsomely.

We visited two mines which were good specimens of a small and a large proposition. The small mine was in the Selukwe district, and was most romantically situated in a hollow, completely surrounded by high hills, whose steep sides were covered by forest trees; a small stream wound through the bottom. This reef had been worked by the ancients, and the remains of vertical shafts made by them were still to be seen. Our friends, three white men, with about forty natives, had lately driven a tunnel into the side of the hill near the bottom, and had struck the reef after going about fifty yards; the quartz was blasted out, and carried down about 100 yards to a small battery on the side of the river; these stamps practically never stopped working, the three white men taking turns in directing operations at the battery or in the mine. Two portable boilers supplied the power, and the hills were being rapidly denuded of trees to supply the fuel. All, whites and natives alike lived in comfortable huts, made with a rough wooden framework, the sides plastered with mud, and the roof thatched with grass; these were alike warm in winter and cool in summer.

Gold-mining has a wonderful fascination for many men; while driving from Gwelo to the place just mentioned, we

passed two white men apparently living quite alone, who were evidently prospecting for gold; there was their windlass, with which they hauled up the dirt from their well-like shaft; more often than not the arduous labour which all this represents meets with no reward in the way of a payable reef.

The large mine was a good specimen of one being worked in an up-to-date way. Machinery of the latest type was in use, and many hundreds of natives employed. These natives were housed in huts, or *kyas*, as they are locally called, but in spite of every care being taken to house and feed them there was a considerable mortality from scurvy and pneumonia. Scurvy is a great curse in many parts of South Africa—among natives especially, when they come from their kraals to work at the mines. Lately a doctor in Rhodesia, who has charge of a large number, has reported that after trying everything in the way of prevention, he has found that the compulsory use of a tooth-brush has worked wonders.

The doctor with whom we stayed had a practice which must be typical of many others in the country; there was probably not another doctor within thirty miles or more. He received a fair salary with a house in return for looking after all the mine employees, white or black; the company provided a small hospital with about five beds and all necessary drugs. He also held a similar appointment at two other smaller mining concerns in the neighbourhood. He was district surgeon also—a Government appointment, which necessitated his attending the local mounted police, and to do any official medical work the district magistrate might direct. The private practice outside the mine work did not amount to much, the country population being so thin and scattered, and so giving very little scope. This doctor had a good working arrangement with the large mine, in that he was allowed to bring outsiders into the mine hospital on their paying a fee and to attend them there. The day we arrived he had brought in from a farm some miles out, in his own buggy, a man who was suffering from a strangulated hernia. The picture of the patient on the floor of the buggy, with his knees bent over the splash-board, can be imagined. He was operated on in the hospital quite successfully, the only assistant being the hospital orderly.

The doctor used a buggy with two mules for his rounds. He told me that his predecessor had managed with a bicycle, and at first he had done the same, but several times as a result he got short attacks of malaria, brought on by a chill following the exertion of cycling; so that, though a mule turn-out was a considerable expense both in original outlay and up-keep, he considered it money well spent. There was enough work in this place to keep a doctor fairly occupied, with plenty of opportunity for a day's shooting when he wished. There was certainly no room for any medical opposition, for as long as all the local

appointments were held by one man no one else could make a living out of the general practice. My friend here was in the habit of sending to Bulawayo all patients who required any major operation unless it was urgent, as with the limited accommodation and assistance at his disposal he did not feel justified in undertaking them, though of course severe mining accidents had often to be dealt with on the spot.

A ten-mile drive in the early morning from this place took us to a typical farm of the neighbourhood. A glorified hut formed the main building, with smaller huts as bedrooms and stores situated near. Farming in the not far distant future is likely to be the main industry of Rhodesia. One is struck at once by the up-to-date methods that are adopted to-day by all the best farmers in the country; the latest pattern of English and American ploughs, harrows, etc., are in daily use, involving a considerable outlay in starting a farm. Up to the present land has been given out to settlers on very easy terms by the Government, no rent at all being asked for during the first five years or so, but it is insisted on that the farm shall be really occupied and a certain amount of money spent in developing the land.

The Rhodesian native is, as a rule, so unreliable as a labourer that indentured labour largely from Portuguese territory is employed. At present the two great farming industries are the growing of mealies (maize) and the raising of cattle, and these two work well together, as the oxen are wanted for the field work and the mealie stalks make good feeding for the cattle during the winter months. Mealies, when planted in well-ploughed ground and kept properly cultivated grow remarkably well, and at present, a ready market is found for them at the mines, as they form the staple food for the native labourer; for this reason the farms at present taken up are usually within easy reach of a mine. Eight to ten bags of 200 lb. each per acre is the crop usually expected, and these will command a price of anything from 10s. to 15s. a bag; the cost of growing averages under 4s. a bag, so where a thousand or more bags are raised in a season a fair margin of profit is assured.

The native cattle are small, hardy beasts, and it is found best to work with these as a basis, and to improve the breed by introducing a better-bred bull to the herd; better-bred cattle brought fresh into the country are very likely to die from diseases to which the native cattle are immune. The Southern or Matabele part of Southern Rhodesia is looked upon as being the better cattle country; in old days Lobengula and his chiefs were very rich in cattle. The Northern or Mashonaland district, with its richer soil and greater rainfall, is thought best for agriculture, but there is good reason to believe that this part will in the future carry a large number of cattle; it will be well understood why in the past there were no large numbers here, as they were always being raided by Lobengula's impis. Sheep-farming

is at present practically non-existent, the grass being in most places too long for them to thrive; it is thought, however, that in time, when the rank grass has been eaten down by the larger stock, places will be found where sheep can be farmed at a profit. The long grass is now almost universally burnt off in winter, leaving for the time being a very destitute appearance; it is followed, however, very quickly by a fresh green grass in the spring very acceptable to the stock.

Horses, again, cannot at present be bred in the country on account of horse-sickness, which even levies a considerable toll on stabled horses in the towns, and the same applies to mules, which, however, are more easily rendered immune (or "salted," as it is called) than are horses; donkeys can, however, be made to thrive in many parts. Market-gardening is carried on very successfully and the produce commands very high prices generally; tomatoes have for years been exported during the winter to the large centres in the Cape and Transvaal. Poultry-farming should be very profitable, as eggs are always very expensive.

In the farm mentioned above a very fine garden for growing fruit and vegetables had been laid out, and irrigation of it was carried out by means of a portable steam engine and force-pump, raising water from a small river. The steam power was also brought into use for driving the machine that shelled the mealies, and also for grinding the mealies. Tobacco is in some places raised very successfully, and some very fair cigarettes are already made in the country, but so far the industry is very limited, and the same applies to the growing of cotton and rice.

In the towns of Salisbury and Bulawayo considerable attention is devoted to open-air games, and in the former place one side of the outskirts of the town is laid out entirely for sports of all kinds, horse-racing, polo, golf, cricket, football, tennis and croquet all having their votaries. The enthusiasm displayed for them is remarkable, and the standard of play is usually high. But outside these places the great attraction to most men is shooting, and this is really ideal. It must not be thought that the game is so plentiful that you have only to go away from the homestead to turn up whatever you like. Good dogs are necessary if you want to shoot birds, but the true sportsman has no objection to working hard to find his game. One great charm of the day on the velt is the glorious uncertainty. There are many varieties of the smaller buck, which can be brought down with a shot gun, and for birds the so-called partridges and pheasants are fairly abundant. Both of these are varieties of the family of Francolins, and are very good eating. I saw the spoor of several of the larger buck. To shoot these, of course, a rifle is required, and when out it is well to confine oneself either to the one form of sport or the other.

I saw the spoor of elephants also, and these animals are

often very destructive. The shooting generally is not particularly easy, as the game has to be looked for among the trees or bushes, and quick shooting is necessary before the game is lost to view. The man fond of sport never tires of these days with the gun, and they come as a most welcome break in what is often a rather monotonous life. The farmer, too, has always to have his firearms ready to protect his stock or crops. There is always the chance of a lion or leopard coming after his cattle, and though these animals are not so frequently seen as some would have you believe, it is essential that at night all cattle should be shut up in high-walled kraals, or these animals would soon cause great losses among the herd. Baboons and pigs are also a great nuisance to the farmer with standing crops, and unless prevented they make sad havoc in the mealie fields. Pigs do the damage by night, and when the corn is ripening fires have to be made round the fields to keep them off, and it is a wearisome business keeping watch with a gun to keep off these depredators.

The settlers already in the country are quite of the right sort; many are colonials from the older colonies to the south, and many are from the home-land direct. They are all manly and self-reliant, proud of their country, and determined upon making it a success. The society and style of living in the towns are similar to that of the smaller towns at home. On some of the farms, also, where the owner is well-to-do, comfortable houses have been built, and the lady of the house, sometimes newly out from home, presides over an establishment where all the niceties of a comfortable home are to be found. The fact that such homes exist is not always appreciated by newcomers, who assume that everything, manners included, is good enough for a new colony, and what is nothing less than bad form on their part is often keenly resented by their hostesses. Ladies' society, except in the larger centres, is distinctly scanty. Many of the farms are taken up by two or three young fellows living together, and in such cases the life is rough. Coats are distinctly at a discount as an article of clothing. One man told me, who lived with two others, that they only kept one between them, which was used by any one who had to go to town for any purpose. It is among men living like these, with no regular meals cooked for them, and constantly subjected to chills, that malaria finds its victims, and in some seasons a considerable mortality from blackwater fever results.


Natives, considering the number in the country, are not much in evidence. The Mashonas are very shy, and prefer to keep away from the white man's settlements and main roads. The natives' wants are so few and so easily satisfied that they do not see any reason for work, and I am told that something like two thirds of the native labour of the country is imported. Bees seem to be abundant, and the natives display considerable ingenuity in capturing swarms; it is no uncommon thing to see rough cylinders of bark put

high in the trees for this purpose; they make a primitive form of basket for carrying their honey by peeling off a section of the bark from a tree trunk about a foot and a half long and a foot wide, which naturally takes the curve of the trunk from which it was cut and the ends only have to be closed. It was a puzzle to me for some time why so many trees had lost these pieces of bark till I was given the explanation. In the clearings that the Mashonas have in the past made for raising crops the trees are still standing as gaunt skeletons, as the custom was to kill them merely by removing the bark and to leave them standing.

All over the country are to be found signs of ancient workings for gold. Near where had been running water, often many flat stones with a saucer-like depression in the middle can be found. In this depression the quartz must have been put preliminary to washing and broken up by hand with a rounded stone. Specimens of these primitive pestles can also be found. If this was their only method of pulverising their quartz it must have taken a multitude of men to do the work that evidently has been done in some past age. Other very interesting relics are the heaps of broken fireclay cylinders found in great numbers in many places; they were used for smelting iron, being placed on their ends close together filled with the iron ore and then heated. When cooled sufficiently for the metal to be solid the fire-clay was broken off and the ingot hammered. The extraordinary thing is that no clay suitable for making these cylinders can be found in the neighbourhood, yet it must have been used in large quantities.

It may be asked, What scope is there for medical men, especially new-comers? From what has been already said I think it will be seen that at present there is very little indeed. The towns of Salisbury and Bulawayo possess well-equipped hospitals and good work can be done there, but it must be remembered that the whole white population of these towns is only about 2000 in each, though no doubt a good many patients come there from outside places for treatment. A man settling in them must be prepared to wait and the expenses of living are distinctly high. In other places the population is so thin and scattered that unless a good government or mine appointment be first secured, the chances of making a living are rather small. Still, the population is bound to increase steadily, and the first on the field are likely to reap the benefits. The line of development of the country is likely to be the opening up of more and more gold workings, and these will be followed by farmers to produce the necessary supplies. A method that commends itself to some is to combine farming and doctoring, and I can well believe that this combination might succeed and tide over the early years of practice, but only for a man who feels the "call of the wild," and is content to live for many years a life very different from that at home.

### A Letter from Montenegro.

 E are fortunate in being able to publish the following letter received by Mr. F. Hill from Mr. E. L. Dobson, who is stationed at Rijeka Hospital, on the Montenegrin border:

RIJEKA HOSPITAL,  
BRITISH RED CROSS,  
MONTENEGRO.

November 14th, 1912.

Your splendid letter received to-day with great joy. Do it again when you have time as we like to have letters from home. It seems ages since we left, although it's only just about a month. The first part of our trip was, as you say, more like a glorified holiday than anything else, but now we have settled down and got ourselves into the public eye and are doing any amount of work.

I have had many and varied experiences, having been sent off alone three times now to fix up about transport of wounded and running of hospitals. Now I am in sole charge of a fine large hospital of my very own in this town. It has thirty-four beds, and is next door to the palace, where the King and Court reside at present. The palace, I may tell you, is a glorified farmhouse kept as a winter shooting lodge for the King, but being on Lake Scutari, and so on a direct line to the front, it is the present headquarters of the Court. A man named Ogilvie, of Guy's, who came out here on his own, has been roped in as assistant, and there is another man named Cary, an Irishman, who is acting as general orderly and dresser-in-chief. I have a sort of major-domo who looks after (or ought to) the food and general arrangements, three small boys, all good, as aides-de-camps, and a staff of about fourteen volunteer nurses, Montenegrin women, who chatter like a nest of magpies and want a deal of looking after. The character of the Montenegrin in some ways strangely primitive. They have absolutely no idea of method or organisation. They take away a lamp to clean, or some sheets to wash, and put them down to talk to a pal and promptly forget all about them. It is a trifle irritating to find sheets and blankets lying about forgotten on the mountain side when such articles are scarce. It is well-nigh impossible to get anything done at once. Everything takes about three hours, and when one does not understand a word of their language, it doesn't make things any easier.

But still one enjoys life. You never know what is going to happen next for one thing. It's awfully funny, but I am the absolute rr in this town. When I was first sent here by the B.R.C. no one knew I was coming and I found a mixed staff of four doctors—a Montenegrin, a Russian, a Swiss, and a little Italian. The place was in the most awful state; everything filthy and untidy, and everyone running about all over the place shrieking, and the place

absolutely chock full of doctors, women, wounded and their friends, everyone spitting impartially on the floor or the beds or patients if they happened to get in the way. They spit noisily and frequently in this country. No one, of course, spoke English so I worried along in very bad French, and stayed five days trying vainly to get a little method and order into the place, but without success. Then there was a grand bust up which took place quite suddenly one fine sunny afternoon. It appears that one of the well-known women of the place sent in a report to Prince Mirko that the hospital was hopeless, the wounded were not well cared for, the doctors were never there, and that the other women did no work. There was a grain of truth in what she said, but the chief trouble was lack of organisation and of one single boss to give orders. However, when this was heard the staff struck in a body. The women swore they wouldn't work alongside of a shameless creature of no reputation who told lies to the King. The Russian and the Italian left for Podgoritza in a hurry; three of the women before leaving went for the woman, who defended herself stoutly. Lastly the Montenegrin and his mother turned up and went for her tooth and nail, and had to be forcibly restrained by the 6 ft. 4 in. President of the town. I sat on the rails and shrieked with laughter. It was too like a musical comedy for words! Finally after a fearful row everyone cleared out, leaving me and the shameless one in charge of seventeen wounded! Luckily we had transferred a lot of them to Cetinje that very morning, as the previous night we had fifty-six. You see this is more of a glorified dressing station than a hospital. Wounded are dressed in the field stations and sent on to us. We keep them for the night, dress them night and morning, and send them on home or to the big central hospitals at Cetinje as we think fit. But this is a digression.

After the turmoil had died away in the distance, I sent in a request to see Prince Francis of Battenberg, and went and interviewed him and his wife, the Princess Anna. They formally handed over the hospital to me, and told me that they were rather glad than otherwise to get rid of this Montenegrin and his allies, and would I please go to Antivari, get assistance, and carry on. I must describe the Montenegrin to you. He was a tall, lanky individual, with a pale face, hooked nose and pince-nez, long black hair, and a little imperial, no moustache, and all capped by the little red and black round cap that everyone wears here. He was addicted to subcutaneous injections of morphine and camphor—in fact, lived on them—and talked French and Slav with his mouth, head, hands, and feet all going hard. He used to do his dressings in a long white coat and rubber gloves, which he put on at 7 a.m. and took off at 12, doing anything, including smoking, patting dogs, and, I suspect, everything in them—a fact which rather detracted from their sterility, as he only washed once when he started. He used to plug his nostrils with cotton-wool soaked in

eau de Cologne, and has been known to vomit more than once over a quite ordinary septic case. — I was called away at this point by the arrival of four new cases, three sick and one wounded. The sick were a pleurisy, a rheumatic, and an influenza. The wounded man was an American, who had come over to fight for his country, and fell sick, and so couldn't go to the front. His brother went without him, and he was so disappointed that he had four plugs at himself with his own revolver. One shot has penetrated his left lung and emerged at the back of his shoulder, one has grazed each clavicle and bagged an ear in transit, and the fourth missed, as he fainted at that point. They are a quaint race, these people; brave, and more than hospitable, they have no money, and all are miserably poor, but wherever I have been when on my various expeditions, I have been invited into house after house and treated to the very best they possess. Of course, being English gives one a great pull. They will do anything for us, but don't think much of the Italians or Austrians. One thing one has to get out of with a jerk is the tipping habit. I was fool enough to try and tip a carpenter who had put us up two ranges of shelves in our private room when I first got here, with the result that I offended the old boy horribly, and had to apologise in dumb show. Well, well—I am really having a great time. I have seen the Prince of Battenberg and his wife several times about the hospital; I have dined at the Court, and drunk Montenegrin fizz, which is great, but must be taken in very small quantities; I had a half-hour interview with the King, and have talked to Prince Mirko; Prince Danilo I have not yet tackled, but doubtless he will come!

I have commandeered two bad Montenegrin hospitals for the B.R.C., and on one expedition got into Turkish territory, and heard the firing in the distance. That is the nearest I have got to the front so far, but as soon as this place is well established I am going to push out towards the firing line and try and get through to Scutari as soon as they take it. I have also been snowed up for twenty-four hours in a pass 3000 feet up in the mountains—a nasty business, no food, no nothing.

To answer a few of your questions—we met Russell on the way out at Trieste, also Hattersley. Their stores had all miscarried, and the place they were going to taken by the Montenegrins; so Russell went on to Medua, on the Dulcigno river, and left Hattersley to await the stores. Medua has also been taken by the Montenegrins. A week later a boat arrived at Antivari, bearing Hattersley, who had collected his stores, and Stathers, who was very fit. Next day I left for Rijeka, so know no more. I heard to day, however, that D'Arcy Power had been sent under Captain Leeke to the Boyana river, which is near Medua, so it is possible that he has snookered Russell. I shall laugh if this is so, as Russell has £2000 worth of stores with him, much of which we could do with.



On reading this letter through, I find it rather gives the impression that I am living in the lap of luxury in a big town. Don't get carried away by that idea. Rijeka consists of one main street by the river and a few slums, the street being at most a quarter of a mile long. The hospital is at the lake end, well apart from the town. We have two wards, and a little room on the upper floor which we have fitted up as a dressing and operating room, also a living room with one bed, for the officer on duty, *i. e.* either Ogilvie or myself.

We seem to be fated though. After three days' hard work we had got the hospital straight and *clean*, and dealt with our first big batch of wounded. The fourth day of our installation here we had a terrific gale and thunderstorm, with torrents of rain, and one third of our roof went sky high, and landed in the King's kitchen. Of course the rain soaked through the plaster and through both wards. We saved most of the plaster by extensive boring operations, but *of course* a silly beggar mending the roof next day must needs stick his foot through the ceiling! Wish the fool had broken his neck. Now we have got all straight from that, and await the next disaster. It's a merry and bright life, and full of incident. Another man has just arrived with a septic foot on his way to Cetinje.

Our out-patient list would amuse you, ranging from a baby with bronchitis to a pregnant woman with burst varicose veins, a tuberculous gland in neck, and a large suppurating sebaceous cyst, operated on by myself under a local to-day. We have had several cases of malaria, a Hodgkins' disease, a general peritonitis (before I was boss here, or I'd have operated), and another very interesting case. The man was shot through the apex of the right lung, and got successively pneumothorax, general surgical emphysema, and gangrene of the whole of the right lung. He lingered in horrible agony for five days, and then died. I promptly photographed his funeral. (Ye gods! I broke off again in the middle of the last sentence to trap a delightful 2½ inch scorpion that was perambulating on the wall. Now he is breathing his last in methylated spirits by my side as I write!)

Another good case of ours was that of a man who was shot in the groin, and developed traumatic aneurysm of the common femoral. I did not see the end of him, as I sent him on to Cetinje.

Of the war we know nothing, and are allowed to know less. I heard the Austrian envoy describe his passage to Tarabosh and Scutari at the Court when I was there. The Turks turned all their guns and a regiment of infantry on to him, and he was under the white flag! The Montenegrins treat the Turkish prisoners quite well. Four thousand five hundred of them passed through here a short time ago. I have got some good photos of them. In fact my collection of photos so far ought to be rather good, as I have a complete record of our trip, and everywhere I have been, I never move without a camera.

I wish you were here; you'd love this game. The grub, by the way, is weird and wonderful! I have not got typhoid so far, but they feed extensively on vegetable soups and sour cheese, and my digestion is sorely tried.

### The Epilept.

“**T**HERE'S ways and ways o' gettin' a night's lodgin',” said Mr. Byles after listening to the story of a friend who had tried the plate glass method. “Yus,” he said, “there's ways and ways, but I reckon Perky Bone h'aint tried epileptic fits for many a long summer. 'Im and me was down 'op-pickin' and tramped it up 'ere together, and by the time we got 'ere we 'adnt got a farthin' between us. 'Twas a bitter night too for the time o' year, and we was pretty wet into the bargain, so altogether we wasn't in the best spirits. Well, I remember, well as yesterday, we was standin' under the bridge at Ludgate keepin' out o' the wet, and a couple o' coppers went by with an 'and ambulance. I wasn't takin' partic'lar notice, but Perky 'e turns round all of a sudden and says, 'I've got it,' 'e says. 'Well, don't lose it,' I says, 'for you'll want all you've got afore mornin'.' But Perky 'e says very solemn, 'Ave you ever seed a epileptic fit, Toff,' says 'e. 'No,' I says, 'but I seed a man fall down dead in the Blue Goat.' 'Well,' 'e says, 'my aunt Amy 'ad epileptic fits all 'er life, and I'm goin' to 'ave one to-night.' 'What's that for,' says I? 'Lodgin',' says 'e, 'free lodgin' and brandy to bring me round.' Then I see what 'e was arter. 'Come along,' 'e says, 'you watch me and see 'ow to do it, and then you go and 'ave a fit across the water.' 'Are you sure you know it right?' says I. But 'e layed 'e could match them young doctors, and off we went up the Old Bailey. 'Now,' says Perky, 'it's like this 'ere. Fust I 'ollers out, and then I falls down a champin' my teeth a good bit, and then I lies as still as the dead. Don't you forget it,' 'e says, 'cos they'll ask you what I done.' So I says it all over. Then 'e says 'Swelp me, I'd a'most forgot the blood. Aunt Amy used to froth up a bit o' blood to 'er fits.' So arter a time 'e 'greed to prick 'is finger, an' got some blood in 'is mouth. Then, soon as 'e see a slop comin' in the distance 'e lets fly an 'owl and falls over careful, and begins frothin' and champin' like all possessed. Well, up comes the peeler, and I tells 'im my mate 'as throwed a fit, and orf 'e goes to get a ambulance. Next there comes along an old party stout as a bishop and 'e stops and says 'Pore feller, what's the matter with 'im?' 'Fits,' says I, 'e 's a victim to 'em.' 'Pore feller,' says 'e, and down 'e goes on 'is knees in the wet and pulls out a little bottle. Perky, 'e lay like the dead, but I see 'im let fly a wink at me, and 'e took down the stuff like milk. 'Faith,' says I to myself, 'this is up to

sample,' but I'd 'ardly thought it when Perky 'e makes a most 'orrible noise and out come all the stuff. 'That's better,' says the old party, 'it's lucky I 'ad the wife's sal volatily. 'E'll soon come to when I've give 'im another dose,' 'e says. And I thought it more 'n likely, but just then up come the peeler, so 'e and 'is mate put Perky on the stretcher. Pore Perky was that put out 'e begins champin' again like mad, and kep' it up right into the 'orspital. So a porter sticks a wad o' blanket in 'is mouth, and there 'e lay a-frothin' fit to bust 'isself. Presently in comes one o' they young doctors and looks at Perky a lyin' there bitin' on to the blanket, with 'is eyes tight shut. 'Ow long 'as 'e been like this?' says 'e. 'Rout ten minutes,' says I. 'Is 'e used to 'ave fits?' says 'e. 'From a baby,' I says. 'Allers like this?' says 'e. 'Similar,' I says. 'It's peccoliar,' says 'e, bitin' 'is little bit of a moustache. 'What's peccoliar?' says another young feller what 'ad come along of 'im. 'Why,' says the other, 'you see 'ow 'is jaw's a goin' although 'e's been in the fit ten minutes.' Then old Perky 'e sees that 'e's orf the rails, so 'e slows up 'is champin' and lies as still as 'e can. Then the doctor goes up to Perky and tries to open 'is eyes, but Perky 'e wasn't takin' any, and froze 'em down like the top of a beef tin. Last of all the doctor done it, and put 'is finger flat on Perky's optic. Perky, 'e snaps it up tight in a minute, and goes to frothin' agin, bein' vexed I suppose. 'It's a most curious case,' says the doctor, and with that 'e tries to open Perky's mouth. But there wasn't no sign o' brandy, so Perky froze up till the young feller fetches a lever and prises his mouth open. Then they puts pinchers on 'is tongue and 'itches it out, and wipes 'is mouth out, and the young doctor 'e turns to the nuss and 'e says 'E may 'ave blood in 'is mouth' 'e says, 'but 'e haint bit 'is tongue none the more for that.' 'Pore feller,' 'e says, lookin' at me, 'e's precious bad, but we must do what we can for 'im.' 'E's in a desprate situation,' says 'e, 'and I'm afraid 'e'll need very strong measures, my man.' 'Pore chap,' I says, 'I don't suppose 'e'll say no, whatever you do.' 'No,' says 'e, 'I reckon 'e won't.' But I didn't know 'e meant all 'e did. 'It's a painful sight,' says 'e, 'p'raps you'd rather wait outside.' But I was gettin' intrusted so I said I wouldn't leave my mate. 'Very well,' 'e says, 'fetch the batt'ry.' Then they brings along a box with wires to it, and 'andles, and sets it buzzin' with 'lectricity, and claps the 'andles on pore Perky. Well, I judge 'e never made more faces in the time. Fust they puts it on 'is cheek, and out goes 'is mouth all to one side like my uncle Tom's arter 'e'd fell down a area in Bloomsbury, then they jams it on 'is forehead, and sets 'is scalp a-wriggling like a 'orse with flies on 'im, and so they went on for about ten minutes.

“Well, I must say Perky kept a stiff neck, for 'e never says a syllable. Presently the doctor gives over and says 'Dear dear, its worse 'n I expected. I'm afraid 'e'll 'ave to be

took in.' 'Bad as that, is it?' says I, 'e allers said 'e couldn't abide 'orspital,' I says, playin' up at the finish, 'but o' course, if you says so.' 'Well,' says 'e, considerin', 'since 'e objects I suppose we ought to make a great effort. I suppose 'e won't say no,' 'e goes on, lookin' funny at the nuss. So then they took 'im 'long to another room, and props 'im in a chair, and straps up 'is arms and legs, so 'is 'e couldn't no more'n breathe by 'isself, and the young feller 'e prises open 'is mouth agin, and swelp me if the doctor didn't start runnin' a indyrubber gaspipe down 'is throat. It was about a yard long, and it just finished Perky. 'E let fly the best 'ow 'e could for all the things in 'is mouth, and begins fightin' like a wild cat. 'Look 'erc, mate,' I says, 'that's about enough of it.' But the young doctor 'e says, 'If you can't keep quiet, young feller, the p'leece 'll just tilt you out o' this. We're savin' 'is life,' says 'e. So I kept quiet. 'E's comin' round,' says one of 'em, and then 'e poured about a quart o' water into pore Perky with a funnel. My, I reckon Perky 'adnt 'ad so much water for months, and I never seen such a sight as 'im settin' there with all them contraptions in 'is mouth, a-lookin' at me and them as if we was 'is wife and lovin' family. And there was the constables a-larin' and the doctors and the nusses all fit to bust theirselves. Last of all they finished and lets 'im go. 'Feelin' better?' says the doctor lookin' kind at 'im, all 'ot an' angry an' wet. But Perky's 'art was broke, and 'e didn't say nuthin'. 'You've 'ad a wonderful escape my man,' says the doctor. But this was more 'n Perky could abide. 'Escape!' says 'e, 'escape!' 'oldin' 'is 'and to 'is stomach and countin' of 'em up. But they was too many, so we slid out, and I didn't throw no fits in Southwark.”

### Some Cases of Nocturnal Enuresis—from the Surgery.

By T. H. G. STORE, M.R.C.S., L.R.C.P.

**T**HE symptom of enuresis, or the involuntary voiding of urine during sleep, is a very troublesome one both to the patient and his friends, and to the physician. It is generally a functional disorder, dependent upon the interaction of an abnormal irritability of the bladder with some irritation reflexly leading to contraction of the organ during sleep. The reflex may be set in motion by some quite small stimulus received either from the bladder or elsewhere. Among the common causes are hyperacidity of the urine, the presence of crystals of urates or oxalates in the urine, phimosis, intestinal worms, indigestion, or adenoids. A certain number of cases are undoubtedly of epileptic origin, and others are due simply to bad habits, especially in mentally deficient children.

All of these can be cured by removal of the cause, or careful treatment, or both.

The condition must be distinguished from frequency of micturition present also by day, such as that of cystitis, and from the forms of incontinence in various nervous diseases.

It is often difficult to obtain an accurate history even of such an obvious matter as micturition. A patient can often give no satisfactory account of micturition by day, whereas the story of micturition by night, which troubles him more, especially if involuntary, is fairly clearly given. The following is a case in point:

A man, *æt.* 35, complained of nocturnal incontinence. His urine was passed without his knowledge every night for ten nights, though he was not troubled by day, and did not even notice a daily frequency. No alteration in the composition of his urine could be found, and no reflex cause of his trouble appeared to be present. Further examination revealed absence of knee-jerks, and the presence of Argyll-Robertson pupils. On further questioning, it transpired that he had noticed "lightning pains" and transient diplopia. He had no Rombergism. This patient was apparently suffering from one of the bladder troubles of early tabes.

Enuresis in older people should put one on one's guard for such an explanation as this, true nocturnal enuresis being usually confined to children.

Three cases of another type have recently come under observation, the eldest in a lad, *æt.* 17, who had "always wetted his bed," and the other two were boys giving a similar history. In none of these could any of the ordinary causes be found, but two points were common to them all. The urine was of low specific gravity—1010 to 1012—and was faintly alkaline. There was no sediment, and no abnormal substance present. The exact nature of the alkalinity was not determined.

As these patients had been to many doctors, and had received no benefit, the outlook was not very hopeful. But there was the alkalinity left to work upon, so it was decided to render the urine acid by giving ammonium benzoate in doses of 10 gr. with urotropine. The former is excreted as hippuric acid, thereby increasing the acidity of the urine. In all three of these cases an improvement was noticed in a week; in the oldest patient the symptom had ceased, and in the others was less marked, and continued to improve as treatment was continued. On one occasion the drug was discontinued too soon, and the enuresis returned, to be cured again when it was re-administered. No cause for the alkalinity could be found in the short time at one's disposal for investigating surgery patients. There appeared to be no dietary cause. Urotropine was given on the supposition that the reaction indicated some mild and chronic form of cystitis.

One other case of quite a different nature is of interest. A little girl, *æt.* 7 or 8 years, was brought up a few weeks ago with a story of enuresis for three years. She could not

apparently be put into any of the commoner categories. The onset bore no relation to any previous illness. The condition had come to be taken more or less as a matter of course, the reason of her visit to the hospital being certain vague wandering pains of ten days' duration. There was no temperature and sore throat, nor endocarditis, and no previous history of pains or chorea. She was put on *sodæ sal. gr. x l.d.s.* with a view to treating the pains as of rheumatic origin. Curiously enough the enuresis, which it was not intended to treat for the moment, gradually diminished, and by the time the pains were relieved it had ceased.

It may be that the condition was due to "latent chorea," manifesting itself in sleep much as *petit mal* may do, but it is strange, if this is the explanation, that chorea did not develop in three years, and also that rheumatic pains should be present with chorea—a combination rarely if ever seen.

### Obituary.

#### EDWARD BLAKEWAY P'ANSON.



WITH deep regret we have to announce the death of Mr. Edward Blakeway P'Anson, who for years has acted as Surveyor to St. Bartholomew's Hospital.

Mr. P'Anson was born in 1843. He was educated at Cheltenham College, in Germany, and at St. John's College, Cambridge, where he took his degree of M.A. After travelling on the Continent for a year he entered his father's office and shortly afterwards became a partner.

Mr. P'Anson's father was, for some years, Surveyor to St. Bartholomew's Hospital, and at his death, 1888, Mr. P'Anson was elected to succeed him. This appointment he held with distinction and loyalty until the time of his death on November 10th last. He was the last of three generations of architects who over a period of more than one hundred years have practised at 7A, Laurence Pountney Hill, and he had a large practice as an architect and surveyor. He was a Fellow of the Royal Institute of British Architects, of which his father had been President, and Vice-President of the Surveyors' Institution.

He held the appointment of Surveyor to the Charterhouse, was surveyor to large estates in the south of London, and was frequently requested by his professional brethren, who had complete confidence in him and greatly respected him, to settle by arbitration matters in dispute.

Mr. P'Anson had a wide knowledge and experience in the building of hospitals, and amongst his most notable works of this character were the recent extensive additions to St. Bartholomew's Hospital, the erection of cottage hospitals at Shanklin, Finchley, Broseley and Much-Wenlock, the "Hospital Convalescent Home" at Swanley, Kent, and the Convalescent Home at Llandudno.

Besides the hospitals previously mentioned, many very

important buildings were erected by his firm during the partnership with Mr. P'Anson, senior, and after his father's death; and the long record of buildings for which he acted as architect testifies to Mr. P'Anson's professional ability and distinction.

He joined the Merchant Taylors' Company by patrimony in 1874 and filled the Master's Chair in 1901-2, being on the Court at the time of his death. He was also on the Livery of the Gold and Silver Wyre Drawers' Company, and churchwarden of the parish of St. Laurence Pountney.

Mr. P'Anson was unmarried, and his home life, both in Kensington and in Hampshire, was spent with his sisters. In 1862 Mr. P'Anson the elder purchased land and built a residence at Grayshott, and the family has lived in that neighbourhood ever since, and Mr. P'Anson was deeply interested in his country home. He acted as honorary architect of the beautiful church of St. Luke, Grayshott, and subscribed largely to the building fund, while the land for both church and vicarage was given by another member of the family.

At St. Bartholomew's he was ever pleased to help liberally towards any good cause, and his generosity was always unostentatious and ready. To him the Hospital Rifle Club is indebted for the cup presented in 1908 to be shot for between teams representing the staff and the students.

His modest, simple, upright and generous nature, combined as it was with a genial and courteous manner, secured for him the friendship and respect of all with whom he was associated.

A memorial service was held on Friday, the 15th inst., in the church of St. Bartholomew-the-Less. Canon Pearce officiated, and a large number of persons were present.

Mr. P'Anson was buried at Grayshott, which he loved well, and for which he did much.

#### FRANK MONTAGUE POPE.



EVERY many Bart's men will have learnt with great regret of the death of Dr. Frank Pope, of Leicester, on October 26th, at the comparatively early age of 56. Dr. Pope was a Cambridge and St. Bartholomew's man, and qualified in 1879.

He held many appointments and was especially interested in diseases of the chest.

He served in the South African War, and was a Lt.-Colonel of the R.A.M.C. and chief surgeon to the St. John Ambulance Brigade.

In 1901 he took his M.D. degree at Cambridge and a year later became a Fellow of the Royal College of Physicians, London.

He was also an active member of the Council of the British Medical Association, and, at the time of his death, was Senior Physician to the Leicester Royal Infirmary, and held other important posts in the district, where he was a very prominent and popular medical man.

### The Clubs.

#### RUGBY UNION FOOTBALL CLUB

The following matches have been played:

##### ST. BART'S v. OLD ALLEMIANS.

Lost, —

Played at Winchmore on October 5th. As this was the first match the play was rather scrambling and not very fast. We did not get much of the ball, but the defence was quite satisfactory, Wilson being especially good, and Dive was very safe at back. In our own "twenty-five" Mudge and Bradley broke away at times, but the forwards were not well enough together to keep the dribbling going.

##### ST. BART'S v. LONDON IRISH.

Lost, 3-11.

Played on October 12th. This was the most enjoyable game played this season, because the team, although not very clever, played as hard as they could go the whole way through. The London Irish scored twice before Smyth got in after some good work in the loose. The forwards then started to make way with great determination, and in putting men down and using their feet were very effective, especially Clegg and Marshall. Shortly after half-time Savory retired with a cut head, and the Hospital could not afford the handicap.

##### ST. BART'S v. COVENTRY.

Lost, 0-45.

Played at Coventry on November 2nd. The Coventry fixture usually results in a very hard and close game, so that we were unfortunate in not being able to send down a full side. But even so the result was very disappointing, because it was only the "outsides" who were weakened, and it was the forwards who were at fault. They started exceedingly well, and made a lot of ground whilst their opponents were waking up. After this first rush things became more even. The opposing forwards were a good deal heavier, and it was only by very hard shoving that we got the ball in the scrums. In the loose they made up for lack of weight by hard tackling and in being always on the ball; and this quickness in breaking up and helping the backs, who were defending very well, neutralised to a great extent the opposing half-backs' advantages. Mudge was very good in the line-out, and was fairly well backed up. The scrums were rather slow in wheeling, but Bradley and Joyce dribbled well. The three-quarters were good, especially Bridgman, and Cunningham stopped a lot of rushes.

The team showed in the first half how by hard work a much heavier and cleverer side may be held in check. And of the second half it can only be said that it gave horrible proof of the truth of this, for the Hospital forwards were in no sort of condition to keep up the hard work, and although Coventry had only scored two tries in the first half, they added some 35 points in the second. Team: A. H. Little (back); H. R. Dive, W. E. Wilson, C. H. Savory, R. O. Bridgman (three-quarters); C. D. Cunningham, R. Coyte (halves); B. J. Brewitt, J. B. Mudge, E. J. Bradley, T. M. Marshall, M. T. Clegg, Joyce, N. A. Scott, Davenport (forwards).

##### ST. BART'S v. BEDFORD.

Lost, 3-22.

For this match, played at Bedford on November 9th, the Hospital once again turned out a very unrepresentative side; however, a very good game resulted, and if only the forwards had been in better training the result might have been very different. For the first half we quite held our own, and after fifteen minutes' play Williams scored after a very fine individual effort by Mudge. Bedford twice retaliated, and when half-time arrived the home team were leading 8 points to 3. The superior training and healing of the Bedford forwards kept us penned in our own "twenty-five" for most of the second half, and the defence was severely tried. Little played an excellent game at full-back, his tackling and saving being very effective.

ST. BART'S v. OLD WHITGIFTIANS.  
Drawn, 11-11.

Played at Croydon on November 16th. In this match the Hospital turned out a very weak side—Kitching, Mudge, Bower, Pocock, Savory, Beyers, Bridgman and Wilson all being unable to play. However, by far the best form shown this year enabled us to secure a draw.

The Old Whitgiftians started off with a rush and Ellis scored two tries, one of which was converted. The Bart's forwards then began to wake up, and from a penalty near half-way Williams landed a penalty goal. The backs then began to see more of the ball and Wells made an excellent run, passing to Owen when tackled, who scored, the try being converted. At half-time the Old Whitgiftians were leading 11-8. In the beginning of the second half the forwards played an excellent game both in the loose and in the scrums, but the backs failed to take advantage of their opportunities. Young was now penalised for off-side and Williams again landed a penalty goal, thus making the scores level.

Henceforward until "no side" the Hospital had a very anxious time. The Old Boys continually attacking, but the defence was very good. Owen and Little doing some very useful tackling. The forwards at times were excellent, Clegg and Smyth being most prominent, but the play from the line-out is still very weak.

## ASSOCIATION FOOTBALL CLUB.

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

The Hospital were drawn against Aquarius in the second round of the Middlesex Cup, and the match, which took place on our opponents' ground at Honor Oak on Saturday, November 2nd, resulted in a win for Aquarius by 2 goals to 1.

The Hospital were without Waugh at centre forward, Whippell coming in from outside right to fill the vacancy. The game was fast and fairly even, and the result was in doubt up to within a few minutes of time. Aquarius scored the first goal a short time after the kick-off.

Soon after the re-start Whippell ran through and equalised with a good shot. The Hospital then had rather the better of the game, Dale making several good runs down the left wing, but the insides failed to take advantage of several excellent opportunities of scoring.

After half-time Aquarius began to press, and were only prevented from scoring by the fine goal-keeping of Mack. The Hospital then made several strenuous efforts to score, but without result, and Aquarius eventually won by scoring their second goal a few minutes before the whistle blew. Team:

R. G. Mack (goal); E. M. Grace, E. G. Dingley (backs); W. S. Soden, J. S. Soutter, A. C. Cowper (halves); K. D. Atteridge, J. N. McFarland, W. P. Whippell, G. D. Jameson, W. C. Dale (forwards).

## ST. BARTHOLOMEW'S HOSPITAL v. CASUALS F.C.

This match was played at Winchmore Hill on Saturday, November 16th, and resulted in a win for the Hospital by 3 goals to 2. The play was very fast, and the game was one of the best of the season so far. The Hospital had much the best of the earlier stages of the game, and looked like scoring on several occasions. The Casuals then made several attacks but failed to score, and half-time arrived without any score. Soon after changing over the Casuals pressed, and Mack stopped a hot shot but failed to clear, and the Casuals scored the first goal of the match. Jameson then scored for the Hospital, but the Casuals quickly scored again. Play was then fairly even, until McFarland equalised with a fine shot. The Hospital continued to press, and eventually Dale ran down and scored the winning goal on the stroke of time. Team:

R. G. Mack (goal); F. M. Grace, J. W. Skilton (backs); G. M. Cowper, J. S. Soutter, V. T. Bailey (halves); W. P. Whippell, J. N. McFarland, A. J. Waugh, G. D. Jameson, W. C. Dale (forwards).

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

This fixture was to have been played at Winchmore, but owing to a 2nd XI cup tie on that ground the above match was played at Malden. St. Bart's only had four of their 1st XI playing, and under the circumstances they did well to lose only by 4 goals to 1. For the first quarter of an hour St. Bart's only played nine men, but no goals were scored, although play was confined to their half of the field.

Dale made some good runs on the left wing, but his efforts were wasted, as he shot at goal from awkward angles instead of contriving to the insides, who were often unmarked. Before half-time the Old Westminsters scored two goals. After change of ends the Bart's team, with the wind behind them, attacked strongly, and Waugh narrowly missed. Dale, however, broke away from the half-way line and scored with a good shot.

The Old Westminsters replied by scoring two more goals. Towards the close both goals had some narrow escapes, but no further points were registered, and the Old Westminsters won, as stated, by 4 goals to 1.

The game was not fast, as most of the Bart's players were unfit, many of them playing for the first time this season. Mack in goal shows promise, and with a full side the Hospital should make a strong bid for the Cup.

## HOCKEY CLUB.

We endeavoured to get reports of matches played by the hockey teams from the Secretary of the Club, but were informed that it was not worth while publishing reports.

If, as we believe, the hockey men generally wish to have their matches reported, we suggest that it is easy to take measures to remedy this state of affairs.

## Annual Fire-Drill Competition.

The Fire Brigade manned by employees of the Hospital held a Fire-Drill competition on October 26th in very wet weather. Lieut-Colonel Fox, Chief Officer of the London Salvage Corps, was present and asked as judge. The time-keeper was Fire-Inspector Webb, assisted by Fireman Kirby, who gave valuable instruction to the men.

A challenge cup presented by the Union Assurance Society was won by the Surgery team of porters, viz. Tutton, Evans, Herbert and Wilson, in 19 seconds.

For the one-man drill twelve competed, and the first three places went to Tutton (13 seconds), Evans (13½), and Lewis (14½).

The five-men pump-drill prize was won by Mr. Murray's team, consisting of Lewis, Pocock, Martin, Harvey and Murray. Subsequently Mr. G. Acton Davis, acting Treasurer, presented the cup and the prizes, kindly subscribed by the Treasurer and Almoners to the successful competitors in the Library.

## The Bookshelf.

Messrs. Adlard and Son have published in handy form a reprint of Communications, Reports, and Discussions on Mental Deficiency, from the *Journal of Mental Science*, at the price of one shilling. Owing to political expediency the Mental Deficiency Bill, 1912, before Parliament, has been shelved in order to press forward measures of far less real importance to the country, but which, if dropped, involve the loss of partisan support.

Doubtless the subject of Mental Deficiency will again come up for the consideration of our legislators, and on a matter so beset with pitfalls and full of difficult issues a few more months' thought will be profitably spent. Messrs. Adlard's reprint forms an excellent introduction to the subject, giving the expressed opinions of many members of the Medico-Psychological Association of Great Britain and Ireland.

*Merk's Annual Report* is issued for the twenty-fifth year, and from a modest pamphlet of fifteen pages, printed in German, it has increased to a book of 457 pages, and is published in four languages. It forms a work of very great value in the field of therapeutics, and contains an abstract of researches carried on during the year all over the world on many hundreds of drugs, with full bibliographies, and a very complete system of indexes.

The work may fairly be described as unique, and reflects the greatest credit on the famous chemical firm responsible for its production. A limited number of copies will be sent to medical men on application to Merk's office at 16, Jewry Street, or the reports may be bought through booksellers for 1s. 6d.

## BOOKS RECEIVED FOR REVIEW.

- A Handbook for Midwives and Maternity Nurses.* By Comyns Berkeley, M.D., F.R.C.P., 3rd Edition. (Cassell & Co., Ltd.) 5s.
- Forensic Medicine and Toxicology.* By C. O. Hawthorne, M.D., 3rd Edition. (Edward Arnold.) 6s.
- A Handbook of Physics.* By W. H. White, M.A., B.Sc. (Methuen & Co., Ltd.) 7s. 6d.
- Diseases of the Ear.* By Richard Lake, F.R.C.S., 4th Edition. (Baillière, Tindall & Cox.) 7s. 6d.
- A Treatise on Hygiene and Public Health.* By B. N. Ghosh and J. L. Das. (Hilton & Co., Calcutta.) Rs. 38, or 5s.
- E. Merk's Annual Report.* Vol. xxv, 1911.
- Cunningham's Manual of Practical Anatomy.* 5th Edition, revised by Arthur Robinson. Vol. ii. (Henry Frowde and Hodder & Stoughton.) 10s. 6d.
- Manual of Medicine.* By A. S. Woodwark, M.D., M.R.C.P., (Oxford Medical Publications.) (Henry Frowde and Hodder & Stoughton.) 10s. 6d.
- Manual of Operative Surgery.* By H. J. Waring, M.S., 4th Edition. (Oxford Medical Publications.) (Henry Frowde and Hodder & Stoughton.) 12s. 6d.
- Massage Manual.* By Mabel Pireau (The Scientific Press, Ltd.) 2s. 6d.
- Ophthalmic Nursing.* By Sydney Stephenson (The Scientific Press, Ltd.) 3s. 6d.
- Lead Poisoning and Lead Absorption.* By T. M. Leggo, M.D., and K. W. Goadby, M.R.C.S., D.P.H. (International Medical Monographs.) (Edward Arnold.) 12s. 6d.
- Pye's Surgical Handicraft.* 6th Edition. By W. H. Clayton-Greene. (Bristol: John Wright & Sons, Ltd.) 12s. 6d.
- The Carrier Problem in Infectious Diseases.* By J. C. G. Ledingham, M.B., D.Sc., and J. A. Arkwright, M.D. (International Medical Monographs.) (Edward Arnold.) 12s. 6d.

## REVIEW.

A MANUAL OF MEDICINE. By A. S. WOODWARK, M.D., M.R.C.P., Junior Curator of St. Bartholomew's Hospital Museum; Physician to the Royal Waterloo Hospital and the Miller General Hospital, etc. (Mr. Henry Frowde and Messrs. Hodder & Stoughton.) Price 10s. 6d. net.

We cannot help wondering how long has elapsed since a text-book on medicine emanated from this essentially surgical hospital. We have to congratulate Dr. Woodwark not only in breaking the long silence, but in contributing a most admirable addition to what in his preface he describes as the enormous mass of medical literature at present in existence. The intention of the book is a very audacious one. Primarily it aims obviously at supplying a really efficient guide to students for examination purposes. In this respect the success of the author is unquestionable, and we do not doubt that a thoroughly deserved popularity among students will rapidly develop.

There is a well-established prejudice to the effect that the text-books written for examination purposes are *ipso facto* "crum books," and are to be condemned because of the narrow minded, short-sighted knowledge of the subject such "compilations of facts" instil. It was evidently with this prejudice at the back of his mind that Dr. Woodwark aspired to make his book "a convenient reference for the busy practitioner." It is, we think, paying the highest tribute to the author when we state with confidence our opinion that he has equally well established his second claim. The work of condensation has been completed with care and skill, and whilst details of the rarest diseases are omitted, no complaint can be made of the thoroughness with which important details are treated.

For the satisfactory accomplishment of these requirements a keen sense of proportion is needed. This is evidenced at the very outset by the method of setting out the table of contents, when the subjects considered are printed in varying sizes of type relative to their importance—a guide of no little value to the beginner.

In several respects marked originality is displayed. As a case in point, the infective fevers are arranged alphabetically to be easy of reference, instead of in a more or less haphazard order based upon relative importance or fancied clinical resemblance. Another feature which deserves the highest praise is the inclusion of a chapter on insanity, one which will certainly appeal to students, who are always reluctant to read a special text-book of a branch of medicine upon which few questions are asked.

The introduction to the consideration of the acute specific fevers is contributed by Dr. Mervyn Gordon in the masterly style common to any production of this eminent bacteriologist. If the author has erred at all in his book it has certainly been on the side of being too comprehensive, and this applies particularly to the section under consideration, as we doubt if the rather elaborate way in which the subject of immunity is treated is within the legitimate limits of a text-book on medicine.

Considering the compactness of the work the style is really admirable, and evidently great care has been exercised both in the choice of expression and in the correction of proofs. The only important typographical error we have observed is on page 44, where the prescribed strength of silver nitrate for rectal injection in colitis is given in gr. 4 to the pint when *ounce* is evidently intended. On page 217 *arsenite* hydrochloride is wrongly spelt. "Neo-salvarsan" and sensitised vaccines are examples of the latest forms of treatment which are mentioned. The index deserves a special word of praise: it is very full and most admirably arranged, and almost outside criticism.

## New Addresses.

- BONEV, T. K., Hospital for Children, Hackney Road, N.E.
- CANDLER, A. L., Barnfield Road, Exeter.
- CORNER, F. P., Capt. I.M.S., Junior United Service Club, Charles Street, S.W.
- DOBSON, J. R. B., City Sanatorium, Yardley Road, Birmingham.
- DOBSON, W. T., Warneford and South Warwickshire Hospital, Leamington Spa.
- DOUGLAS, R. I., 45, Via Calabria, Interno 12, Rome (October to May), and Jameson Manse, Strathpeffer Spa.
- FORDIS, J. G., Granard, High Street, Eltham.
- GILBERTSON, H. M., Royal Victoria Hospital, Folkestone.
- HARRISON, EVERARD, 1, De Montfort Street, Leicester.
- HUGO, J. H., Major I.M.S., 43, Colebrooke Avenue, West Ealing, W.
- LANE, W. B., Lt.-Col. I.M.S., Nagpur, Central Provinces, India.
- MILLS, H., 21, Brynheulog Street, Elbow Vale, Monmouth.
- MORSE, C. G. H., Officers' Mess, R.A.M.C., Aldershot.
- NEWTON DAVIS, C., Lt. I.M.S., 18th King George's Own Lancers, Meerut.
- RANKING, R. M., Major R.A.M.C. (retired), 18, Mount Ephraim Road, Tunbridge Wells.
- SANGER, F., Rendoomb, Cirencester.
- SMYTHE, G. A., The General Hospital, Bristol.
- WAY, L. F. K., Lt. R.A.M.C., The Officers' Mess, R.A.M.C., Tempé, Orange Free States, South Africa.

## Examinations.

## UNIVERSITY OF LONDON.

- Third Examination for M.B., B.S. Degrees, October, 1912.
- Pass List.—R. Brewitt-Taylor, A. J. Gibson, C. D'O. Grange, B. W. Howell, H. K. V. Soltan, F. R. Todd.
- Supplementary Pass List—Group I. Medicine. J. M. Curé, W. M. Glenister.
- Group II: Surgery and Midwifery and Diseases of Women.—A. C. L. O'S. Bilderbeck.

## ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following have passed the Primary F.R.C.S. examination: B. Biggar, G. C. Under, E. C. Bradford, M. W. K. Dind, F. J. Anderson.

## CONJOINT BOARD.

October, 1912.

The following have completed the examinations for the Diplomas of M.R.C.S., L.R.C.P.: C. R. B. von Braun, R. St. L. Brockman, P. C. Cole, L. G. Crossman, D. E. J. S. Hughes, D. D. B. Jay, G. O. Maw, S. G. Papadopoulos, W. Frank Thompson.

### Appointments.

Mr. H. G. BAYNES has left London in charge of an expedition with the Red Crescent to Constantinople to meet Mr. Bernard Haigh, who will join the expedition from Tripoli. He expects to go to Salonica to join Mr. Calthrop.

✓ BONEY, T. K., M.B., B.S. (Lond.), M.R.C.S., L.R.C.P., appointed House-surgeon to the Hospital for Children, Hacton Road, N.E.

✓ DOBSON, J. R. B., M.B., B.S. (Lond.), appointed Resident Medical Officer, City Sanatorium, Yardley Road, Birmingham.

✓ DOBSON, W. T., M.R.C.S., L.R.C.P., appointed House-physician at the Warneford and South Warwickshire Hospital, Leamington Spa.

FORBES, J. G., M.D., M.R.C.P., D.P.H., appointed Divisional Medical Officer, Public Health Department, London County Council.

✓ GILBERTSON, H. M., M.R.C.E., L.R.C.P., appointed House-surgeon to the Royal Victoria Hospital, Folkestone.

✓ SMYTHE, G. A., M.R.C.S., L.R.C.P., appointed House-surgeon to the Bristol General Hospital.

✓ WINTER, L. A., M.D. (Durh.), M.R.C.S., L.R.C.P., appointed Medical Officer to the Post Office, and Medical Referee to the Prudential, Gresham, Pearl and other Insurance Companies at Sheerness.

### Royal Naval Medical Service.

The following appointments, etc., have been notified since October 20th, 1912:

Staff-Surgeons A. R. H. Skey and F. H. Nimmo promoted to the rank of Fleet Surgeon, November 10th, 1912.

Acting-Surgeons K. M. R. Thursfield, B.A., and G. E. D. Ellis have been confirmed in the rank of Surgeon in H.M. Fleet, April 3rd, 1912.

Staff-Surgeon S. Roach to the "Royal Arthur," to date October 22nd, 1912.

Staff-Surgeon W. K. Hopkins to the "King George V" (temporarily), to date November 16th, 1912.

Surgeon F. C. Searle, M.B., to the "Vernon," to date October 27th, 1912.

Surgeon E. Moxon-Browne to the "Aboukir," to date October 24th, 1912.

### Army Medical Service.

From the *London Gazette*:

Col. H. G. Hathaway to be Surgeon-General, October 15th, 1912.

Col. J. R. Dodd retires on retired pay, October 12th, 1912.

Col. W. G. Bedford, C.M.G., on completion of four years in his rank, is placed on half pay, September 12th, 1912.

#### ROYAL ARMY MEDICAL CORPS.

Major H. E. Winter to be Lieut.-Colonel, June 8th, 1912.

Major N. Marder is placed on retired pay, July 27th, 1912.

Captain R. M. Ranking retires, receiving a gratuity, October 26th, 1912.

Lieut. J. J. H. Beckton to be Captain, July 30th, 1912.

R. B. Price and J. E. Hepper to be Lieutenants on probation, the former to be seconded.

Major M. H. G. Fell has been appointed D.A.D.G. at the War Office.

On arrival in India during the present trooping season the following officers will be posted as stated:

Majors W. E. Hardy and F. M. Mangin, Lieut. J. M. Weddell to Lucknow.

Major F. W. Begbie and Lieut. E. G. S. Cane to Mhow.

Major S. F. St. D. Green to Quetta.

Major St. J. B. Killery to Secunderabad.

Lieut. A. S. Cane to Poona.

Captains E. W. M. Paine and J. R. Lloyd are due home from India this season.

Lieut.-Colonel E. M. Hassard has been transferred from Lahore to Karachi.

Lieut.-Colonel F. H. M. Burton and Lieut. L. F. K. Way proceed to South Africa, and Lieut. G. H. Dive to North China.

On completion of the Senior Course at the R.A.M. College the following have been posted to special appointments, as stated:

Captain G. E. Carhart, Aldershot, physical training.

Captain P. A. Lloyd Jones, Aldershot, ophthalmology.

Captain C. H. Turner, Dublin, operative surgery.

Major S. F. St. D. Green, recently in charge of the Louise Margaret Hospital at Aldershot, has taken the M.D. Durham.

### Births.

DINGLE.—On October 24th, at Sandakan, British North Borneo, the wife of Percival A. Dingle, M.R.C.S. (Eng.), L.R.C.P. (Lond.), of a son.

SLADE.—On November 7th, at Chernoche House, Fleet, Hants, the wife of John Godfrey Slade, M.A., M.D., B.C. (Cantab), etc., of a son.

### Deaths.

MAIR.—On November 4th, in London, after an operation, Ludovic William Darra Mair, of Stone Court, Carshalton, M.D. (Lond.), Medical Inspector (Local Government Board), eldest son of Robert Slater Mair, M.D., of 14, Pembridge Villas, W., aged 46.

TAYLER.—On November 23rd, George Christopher Taylor, M.D. (Lond.), at his residence, Lovemead House, Trowbridge, Wilts., after a few hours of suffering, aged 67.

### Acknowledgments.

*Long Island Medical Journal, The Practitioner, The Hospital, Nursing Times (4), The London Hospital Gazette, The Student (5), The British Journal of Nursing (5), The Middlesex Hospital Journal, The St. Thomas's Hospital Gazette, Charing Cross Hospital Gazette, Guy's Hospital Gazette (2), The Medical Review, L'Echo Médicale du Nord (2), Magazine of the London (Royal Free Hospital) School of Medicine for Women, New York State Journal of Medicine.*

### NOTICE.

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

The Annual Subscription to the Journal is 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. XX.—No. 4.]

JANUARY, 1913.

[PRICE SIXPENCE.]

### St. Bartholomew's Hospital Journal.

### Editorial Notes.

JANUARY 1st, 1913

"Æquum memento rebus in arduis  
Seivare mentem."—Horace, Book II, Ode III.

### Calendar.

Wed.,	Jan.	1.—D.P.H. Conjoint Examination begins.
Thurs.,	"	2.—Second Examination Conjoint Board begins.
Fri.,	"	3.—Dr. Tooth and Mr. Waring on duty.
Mon.,	"	6.—Winter Session Resumes. Second Examination for Society of Apothecaries begins.
Tues.,	"	7.—Dr. Garrod and Mr. Eccles on duty. Final Examination Conjoint Board (Medicine) begins. Christmas Entertainment in Great Hall.
Wed.,	"	8.—First Examination for Society of Apothecaries begins. Christmas Entertainment in Great Hall. Cambridge Lent Term begins.
Thurs.,	"	9.—Final Examination Conjoint Board (Midwifery) begins.
Fri.,	"	10.—Dr. West and Sir Anthony Bowlby on duty. Final Examination Conjoint Board (Surgery) begins.
Mon.,	"	13.—Examination for Matriculation (London) begins.
Tues.,	"	14.—Dr. Ormerod and Mr. D'Arcy Power on duty. Oxford Lent Term begins.
Fri.,	"	17.—Dr. Herringham and Mr. Waring on duty.
Tues.,	"	21.—Dr. Tooth and Mr. Eccles on duty.
Fri.,	"	24.—Dr. Garrod and Mr. Bailey on duty.
Tues.,	"	28.—Dr. West and Sir Anthony Bowlby on duty.
Fri.,	"	31.—Dr. Ormerod and Mr. Power on duty.

WE wish for all our readers, Bart's men all over the world, a happy and prosperous new year.

1913 promises to be an eventful year for hospitals and the medical profession, and we trust that during this year the present unsettled state of medical educational prospects and of general practice will be largely past history, and that the good sense of the profession at large and of the nation will enable matters to be settled so that medical education in this country will continue to advance, practice be put upon a securer footing, and the organisation of national health be founded upon a sound basis.

These three conditions are surely compatible if only the settling of the matter can be got into the proper hands.

In our November number we expressed a hope that hospital managers and staffs were giving more active attention to the Insurance Act problem than was apparent at the time. The official attitude of the Hospital then was to be summed up in the words of the Treasurer's Report of April, viz., "After conferring with the Medical Council of the Hospital, the Almoners and I have arrived at the conclusion that no alteration should be made in the present methods of admission of in- or out-patients until the Act has been in operation for a year." The trend of events has prevented adherence to such expectant treatment of a difficult case, and those responsible for the management of this hospital have found themselves obliged to initiate a more definite policy with regard to the Act.

After joint conference with representatives of the Medical Council of the Hospital, the Treasurer and Almoners have adopted five resolutions recommended to them by the Medical Council. These are set forth and discussed *seriatim* in a short note to be found in this number of the JOURNAL. We understand that the Medical Council of the Hospital

considers that the whole question of the granting of certificates relating to benefits under the Act, requires further very special consideration.

We are glad that the authorities of St. Bartholomew's Hospital have given a definite lead in this matter. The resolutions cannot possibly be interpreted as prompted by political bias.

That such is not the case is quite clear if these resolutions are carefully read, and we understand that a very prominent member of the Cabinet has expressed his approval of them, so much so that one of his supporting halfpenny papers which, by its headlines, indicated strong disapproval of the action of St. Bartholomew's, was compelled next morning to execute a complete *volte face*!

Christmas time passed very cheerfully in hospital in spite of foul weather and leaden skies. The wards were decorated with the skill and good taste to which we are accustomed, and the Christmas spirit entirely pervaded all at St. Bartholomew's.

It is our habit here to make Christmas go with a swing, and no attempt is made to lengthen out the festivities beyond Boxing Day, a custom which we are sure is to the best interests of both patients and staff.

In the morning several types of Santa Claus were busy distributing presents in the wards to the patients. In many wards were Christmas trees for the children, who never seem to be more numerous in hospital, than in December!

There were many clever posters to be seen a few days before Christmas, and we think the performances did not belie the posters.

All the afternoon enthusiastic audiences gave most gratifying receptions to the various troupes that entertained the wards. Artists from outside the walls of the hospital gave generous help in this way, while popular troupes of residents and students in varied costumes sang and jested vigorously well on into the evening, till every ward was ringing with rag time choruses, topical verse and songs of every kind.

"The Swabs," in black pierrot costume; "The Yellow Firm" appropriately clad; a differential count of eight "Lucasites" in granular garments or in hyaline forms; five stalwart "Babies" from Elizabeth, with rubber teats complete and remarkably well-developed cries; and a collection of "Metabolic Errors" were all hard at work amusing their audiences and themselves. On Boxing Day the concert arranged by Sister Faith and held in the Medical Out-patient Department was as popular as ever and drew a large and appreciative audience.

Many of our readers will be glad to have an opportunity of reading Dr. Gordon's paper upon "Sensitised Vaccines," which, through the courtesy of the *Quarterly Journal of Medicine*, we are enabled to print in this issue.

The subject has been carefully worked at from the

experimental side by Besredka and others, and now the sensitised vaccine, which really represents a compromise between the immunised serum on the one hand, and the ordinary vaccine on the other, requires extensive and unbiased trial in clinical practice.

At St. Bartholomew's this new form of therapy is, we know, being widely tested, although it is too early to form a final opinion as to the value of sensitised vaccines.

Even with a long series of results before one, it is not easy to deduce the true value of a new mode of treatment, because on clinical grounds it has to be accompanied by older therapeutic measures. If the outcome is favourable it is easy for the sceptic to claim that in the absence of the vaccine an equally good result would have been obtained, while the enthusiast may equally be apt to ignore the working of influences other than those of the vaccine.

To get a series of truly parallel cases and apply to 50 per cent. of these alternately the new remedy is the best method of overcoming this difficulty, but even this course is not always easy to follow.

However, a prolonged test of the value of sensitised vaccines in the wards will surely show whether we have here, as seems probable, a distinct and important advance in our methods of assisting the body to develop its natural mechanisms of defence against micro-organisms and their products.

Mr. D'Arcy Power has kindly handed us a letter from his son in Montenegro, giving more news from the war. Probably the armistice at present in being does little to lighten the labours of the medical men at the front. We learn that Messrs. J. Shah and A. E. Jenkins are stationed at Sofia with a Red Crescent Hospital sent to give aid to wounded Turks. There are to our certain knowledge at least fifteen of our men out in the Balkans, impartially attached to hospitals of all the combatant nations.

It is our very great pleasure to congratulate Mr. George Gask upon the announcement of his engagement, and his large circle of friends will unite in wishing him every happiness in the future.

We have to congratulate the following gentlemen on their successes in higher examinations in November and December. Final Fellowship of Royal College of Surgeons: Messrs. A. C. Morson, G. Viner, C. Mackenzie, R. Pearse, R. M. Vick, W. S. Wildman, Wilburn Smith and D. W. Hewitt. M.S.(London): Mr. E. G. Stanley. M.D.(London): Dr. T. H. Woodfield (Medicine); Dr. C. R. Hoskyn (Midwifery and Diseases of Women). Of sixty-one candidates for the final F.R.C.S., thirty passed, so that more than one quarter of those successful had worked up for the examination at Bart's.

## Voluntary Hospitals and the National Insurance Act.

THE overwhelming vote of the representative meeting of the British Medical Association on December 21st, 1912, makes it imperative that the profession as a whole should work together, and for this reason the Staffs of the Voluntary Hospitals throughout the Kingdom have a duty as well as the general practitioners.

The authorities of St. Bartholomew's Hospital, after consultation with the Medical Council, passed on December 19th certain resolutions for their own guidance, and these were presented to the representative meeting by the Chairman of the British Medical Association Council, Dr. J. A. Macdonald, and the meeting passed the following: "That this meeting approve the scheme adopted by St. Bartholomew's Hospital with regard to persons presenting themselves for treatment at that Hospital after January 15th, 1913, and that the Council be requested to make arrangements for obtaining approval of such scheme by all hospital staffs and committees throughout the country."

The scheme is as follows:

(1) That all persons coming to the Hospital (except in cases of urgent illness) should be asked by a lay official of the Hospital whether they are insured.

(It will be seen that the onus of determining whether a patient is an insured person or not is placed upon a lay official of the Hospital. Most insured persons will reveal that they are insured in order to endeavour to obtain the necessary certificates for "sickness" benefit.)

(2) That each insured person should be referred to a medical officer of the Hospital to decide whether his or her ailment be urgent or not.

(By this means no urgent case will be overlooked.)

(3) That in the case of an insured person with an ailment or accident which can be treated by a general practitioner of ordinary competence, such insured person should be told by a medical officer of the Hospital that he or she must obtain treatment from a medical practitioner outside the Hospital.

(By this means the Hospital will not treat those persons for whom the Act provides, and subscribers to the Hospital will not feel that their money is being used for those for whom the State has provided, and who are no longer necessitous poor.)

(4) That the treatment of the really necessitous poor remain as at present. An efficient inquiry department will be required for the purpose of investigation.

(This clause is introduced to show that any really necessitous person will receive treatment as heretofore. It will provide even for the treatment of those insured persons who, being Post Office contributors, have used up all their

available aid, and cannot obtain adequate free medical treatment outside the Hospital.)

(5) That notices be posted in prominent positions in the Hospital in the following or similar terms, viz:

(a) On and after January 15th, 1913, all persons applying for treatment will be required to state whether they are insured persons or not.

(b) Insured persons with small ailments will not be treated at the Hospital.

W. McADAM ECCLES.

## The Sensitised Vaccine of Besredka.

By M. H. GORDON, M.D.(Oxon.).

(Reprinted, by kind permission, from the *Quarterly Journal of Medicine*.)

AT the present time two principal methods are in general use for producing immunity to a given pathogenic micro-organism. Either the animal is actively immunised by inoculating it with a vaccine of the killed micro-organism, or of its products; or it is immunised passively by injecting serum containing specific antibody already elaborated by another animal in response to such vaccination. In the first case the animal is stimulated to produce its own antibody, and in the second the antibody elaborated by another animal is made use of. Each of these methods has its advantages, and each its shortcomings.

The immunity obtained by active immunisation lasts, as a rule, for several months. The drawback is that immediately following on the injection there ensues a period of variable duration known as the negative phase, during which resistance to infection is actually lower than normal. Moreover, if the dose is large, the inoculation is liable to be attended by considerable disturbance, either local or general, or both.

Passive immunity, on the other hand, has the advantage that it is rapidly attained—immediately if the antibody is administered intra-venously, and within twenty-four hours if injected by the subcutaneous route. The drawbacks are as follows: In the first place the immunity does not last for longer than eight to fourteen days. Secondly, in the human subject, when a large amount of horse-serum has to be given in order to supply the necessary antibody, the subcutaneous reception of this amount of fluid is liable to be attended with considerable inconvenience, not to say pain. Thirdly, such injection of horse-serum is liable to be followed by the group of disagreeable symptoms known as the serum sickness; and fourthly, the patient may become hereafter hypersensitive to horse-serum. It is clear that there is room for improvement in our present methods of producing immunity.

Lorenz, in 1892, in order to protect pigs against swine erysipelas, was one of the first to combine the two methods of active and passive immunity in one by administering at the same time vaccine and serum as a prophylactic.

The value of the combined method was examined experimentally in the case of plague by Calmette and Salimbeni. It was found that the immunity thus produced was of longer duration than when immune serum alone was given, but considerably less than when vaccines were given alone. The duration of the immunity was seven to eight weeks, as against four, five, or six months with the vaccine alone. Beinrowitch, who also investigated the same point in regard to plague, came to the conclusion that the aptitude to elaborate active immunity, and the duration of this immunity, are in inverse ratio to the quantity of immune serum injected before inoculation with the bacilli. Pfeiffer and Friedberger, investigating immunity to the cholera vibrio in a similar sense, gave to one set of animals doses of cholera vibrio sufficient to cause antibodies to appear in their serum. To another series of animals they gave the same doses of cholera vibrio with the addition of increasing doses of anti-cholera serum. It was found that the more the specific antibody was added, the less the animals elaborated this substance themselves, and a point was eventually reached at which they elaborated no more, though the same dose of vibrio was given as before.

It appears, then, that, apart from questions of serum sickness and anaphylaxis, the administration of serum tends to interfere to some extent with the production of immunity in response to treatment by vaccine.

#### BESREDKA'S METHOD.

Besredka bases his method on the discovery of Ehrlich and Morgenroth, that every cell when brought in contact with its specific antibody fixes it to the exclusion of every other substance which may be present.

Applying this principle to the present purpose, Besredka uses the vaccine to abstract specific antibody from an immune serum. He then gets rid of the serum, and uses the combination of vaccine and antibody as sensitised vaccine.

The process of sensitisation is carried out as follows: An emulsion of the micro-organism is made in saline and counted. This emulsion is next brought in contact with serum from an immunised animal, and the serum and emulsion are left in contact for twelve hours at the room temperature. During this time the bacillary bodies attract to themselves the specific antibody present in the immune serum. At the end of the twelve hours the bacillary bodies have deposited at the foot of the tube. The serum is now pipetted off and replaced with saline. The tube is well shaken and centrifuged for a few minutes until the bacillary bodies have again sunk to the bottom. The saline is then pipetted off and replaced by more, and the centrifuging

repeated. In this way all traces of serum are removed and a pultaceous deposit of bacterial bodies with their specific antibody attached is obtained. This is the so-called sensitised vaccine of Besredka.

There are a few practical points that may be mentioned.

(1) The serum must contain definite antibody to the micro-organism. Before using a serum Besredka satisfies himself of the presence of agglutinin specific for this micro-organism.

(2) He uses as little antibody as is compatible with sensitisation.

(3) It is well to count the emulsion before bringing it in contact with the serum. In this way difficulty due to agglutination is avoided.

(4) It is convenient to carry out the whole process in a graduated centrifuge tube, and it is advisable to complete it in one day.

Those who are quite satisfied with our present knowledge of immunity would consider, perhaps, that there is no need to kill the bacilli after sensitisation. Living vaccines sensitised in the way described have, as a matter of fact, been given, as will be described later. Most people, however, prefer to take no risks, and it may be mentioned that in the case of killed vaccines Besredka prefers to kill the micro-organisms after sensitisation. This may be effected either by adding 0.5 per cent. phenol, or by heat.

Sensitised vaccine appears to keep well, provided the excess of saline is pipetted off. Besredka has kept one as long as six months without loss of power.

#### THE EFFECT OF SENSITISED VACCINES.

##### I. *The Effect of Sensitisation in reducing the Toxicity of a Vaccine.*

In one of his earliest papers on the subject Besredka gives a remarkable instance showing the effect of sensitisation in this sense.

Cultures of plague bacilli retain some of their toxicity even when killed by heat. Thus Hafkine's plague prophylactic, which consists of a broth culture of *B. pestis* heated to 70° C., kills a mouse in a dose of  $\frac{1}{10}$  c.c. (Wourtz and Bourges). Besredka found that heated agar cultures were equally toxic,  $\frac{1}{10}$  to  $\frac{1}{20}$  c.c. of a forty-eight hours' agar culture killed by heat producing a fatal result in a mouse in forty-eight hours with symptoms of intoxication. Now, after sensitisation, Besredka found that he could inject two whole heated agar cultures, *i. e.* twenty to thirty times the dose previously toxic, into a mouse subcutaneously without producing any symptoms at all.

##### II. *The Value of Sensitised Vaccines for Producing Immunity to Various Pathogenic Micro-organisms.*

*Plague.*—The effect of sensitisation in reducing the toxicity of plague vaccine has just been referred to.

As regards rapidity of onset of the immunity, mice injected with sensitised plague vaccine withstand a fatal dose of living plague bacilli forty-eight hours after vaccination. The immunity lasts in the guinea-pig for a month and a half, and in mice for four to five months.

*Cholera.*—Guinea-pigs injected with a dose of sensitised cholera vaccine become immune to a fatal dose of living cholera vibrio twenty-four hours later. The immunity lasts for over five months.

*Typhoid.*—Guinea-pigs injected with a dose of sensitised typhoid vaccine withstand a fatal dose of living typhoid bacilli twenty-four hours later. This immunity lasts for over five months.

Paladino Blandini made an exhaustive experimental investigation of the comparative values of various typhoid vaccines. He tested in this way no less than seventeen different vaccines as follows: (1) Cultures living and virulent in broth; (2) cultures living but attenuated by growth at 40° C. for three days; (3) the vaccine of Pfeiffer and Kolle; (4) the vaccine of Wright and Sample; (5) the toxin of Chantemasse; (6) the toxin of Werner; (7) the toxin of Rodet, Lagriffoul, and Whaly; (8) filtered peritoneal exudate; (9) typho-nucleo-albumen; (10) the extract of Macfadyan and Rowland; (11) the extract of Brieger and Mayer; (12) the toxin of Balthazard; (13) the extract of Shiga; (14) Wassermann's extract; (15) Berne anti-typhoid serum; (16) the extract of Jez; (17) the vaccine of Besredka. As a result of this comparative trial he concluded in favour of the vaccine of Besredka, which "not only has the advantage of conferring immunity within twenty-four hours, but ought to be considered the best of all the immunising procedures in view of the fact that it gives rise to no reaction, local or general, that it does not predispose to infection, and that it confers on animals an immunity more durable than that obtained by all the other methods known."

More recently Metchnikoff and Besredka, having shown that chimpanzees develop typhoid fever when they are infected by mouth with *B. typhosus*, tested the comparative values of an emulsion of typhoid bacilli killed by ether and autolysed (Vincent), and of living typhoid bacilli sensitised, for protecting chimpanzees against infection. They found that while Vincent's vaccine failed to protect, Besredka's vaccine succeeded equally well as a previous attack of typhoid in protecting the chimpanzee against typhoid infection by the alimentary canal.

During the past few months Broughton Alcock, working in M. Metchnikoff's laboratory, has taken the matter a stage further, and has injected forty-four human beings with living typhoid-sensitised vaccine. He gave them subcutaneously two injections consisting first of 1 c.c. of a 1 per cent. dilution of a twenty-four hours' peptone-free agar culture of typhoid, followed eight to ten days later by 2 or 3 c.c. of the same. His observations demonstrated the harmlessness

of this sensitised vaccine of living typhoid bacilli; and showed further that the living typhoid bacilli, when sensitised, produced less local and general reaction than the same dose of typhoid bacilli killed, but unsensitised. He informs me that cultures from the urine and faeces showed that no living typhoid bacilli were excreted in these materials by the patients who had been injected with the living sensitised vaccine.

*Dysentery.*—Owing to the great toxicity of the micro-organism, immunisation of laboratory animals against bacillary dysentery by means of heated cultures is a matter of some difficulty. The immunity does not appear before twelve to fifteen days, if it appears at all, for about 40 to 50 per cent. of the mice die in course of vaccination.

During the period that elapses between the injection and the appearance of immunity resistance to infection is lower than normal. The immunity, moreover, does not endure for over four to six weeks.

Similar results were obtained by Dopter when he used autolysed dysentery vaccine. None of these methods of producing active immunity could be recommended for use in the case of human beings in face of an epidemic.

By sensitising the vaccine, however, Dopter succeeded in overcoming all difficulties. In the first place he found that the mice would now stand a dose of vaccine equivalent to 100 times the fatal dose of ordinary heated culture, and that without loss of weight or any apparent disturbance of health. He concluded as follows:

(1) The vaccine by sensitised bacilli is in no degree toxic. It produces no reaction, either local or general.

(2) The mice thus treated acquire an anti-dysenteric immunity in about four to five days.

(3) During the incubation period of this immunity the animal is no more sensitive than a control to a fatal dose.

(4) The immunity thus obtained lasts for at least four months and a half.

In view of these encouraging results on animals Dopter thinks that the sensitised vaccine is eminently suitable for trial in human beings in the face of an outbreak.

*Streptococcal infections.*—Levy and Hamm tried sensitised streptococcal vaccine in cases of puerperal sepsis with encouraging results. Marxer, having first of all satisfied himself that rabbits after injection with sensitised streptococci became capable twenty-four hours later of withstanding several times the fatal dose of virulent streptococci, tried the same vaccine as a curative; but his results were disappointing. The sensitised vaccine was superior to the vaccine of streptococcus killed by galactose (which Marxer himself had introduced), and also superior to vaccines of streptococcus killed by heat or by tricresol, as shown by the longer life of the animals, though they eventually succumbed.

*Pneumococcal infection.*—The experimental work of Levy and Aoki showed that vaccination by the intensive method of W. Forst and M. Müller, in which increasing doses of

vaccine are given on three successive days, was particularly efficacious for protecting rabbits against the pneumococcus. They found that ten to seventeen days after vaccination by three successive and large doses in this way the rabbit would withstand even 10,000 times the dose of living pneumococcus fatal to a control animal.

On comparing the values of pneumococcus vaccine un-sensitised and sensitised respectively, they found that the immunity produced by sensitised vaccine was both more rapidly attained and of a more solid character.

Encouraged by the success of Levy and Hamm with sensitised streptococcal vaccine in puerperal sepsis, they investigated the curative value of sensitised pneumococcus vaccine. On injecting into one part of a rabbit 100,000 living virulent pneumococci, and into another part of the same animal a dose of sensitised pneumococci, they were able to obtain either survival of a certain duration, or complete survival. The result depended chiefly on the dose of sensitised vaccine used. Thus, while a dose of 1-2 c.c. was not sufficient to save the animal, with 4 c.c. of sensitised vaccine they protected two animals out of three, and with 6-8 c.c. they saved all the animals. The result with non-sensitised vaccine was not so good. They concluded that with sensitised pneumococcus vaccine immunity in rabbits follows quicker and more surely than with non-sensitised vaccine.

**Tubercle.**—Fritz Meyer investigated the effect of a vaccine of sensitised tubercle bacilli, both on experimental animals and on persons suffering from tuberculosis. He sensitised his emulsion of tubercle bacilli with the anti-tuberculous serum of Höchst, which is both agglutinating and precipitating, fixes complement in the presence of tubercle bacilli, and neutralises tuberculin and renders it harmless for the tuberculous guinea pig.

His experiments on animals showed that the sensitised tubercle bacilli were tolerated by tuberculous guinea pigs in doses five times superior to non-sensitised bacilli. These animals also withstood repeated doses of the sensitised bacilli, whereas they succumbed generally when non-sensitised bacilli were injected in the same way.

The treatment with sensitised tubercle vaccine prolonged the life of the tuberculous guinea-pigs considerably, and in early cases seemed to retard the development of the disease. For instance, although they eventually died, he succeeded in keeping tuberculous guinea-pigs alive for nine months after the death of the controls, which had succumbed in eight weeks. In man the sensitised tubercle vaccine on subcutaneous injection is rapidly absorbed, and the local reaction is minimal.

Meyer tested sensitised vaccine in forty-seven cases of tuberculosis, with amelioration in forty. The best result was with localised tuberculosis—*e. g.* fistulae and abscesses which had resisted previous treatment healed rapidly. The results were less favourable with tuberculous affections of the bones, joints and eyes. In pulmonary tuberculosis the fever and

sweating and other symptoms due to intoxication were improved, but there was no effect on the lesion, nor on the number of tubercle bacilli in the sputum.

**Rabies.**—It is interesting to note that the method has also been applied by A. Marie with success in the case of a disease due to an ultra-microscopic micro-organism, *e. g.* rabies.

In preparing the vaccine an emulsion of "fixed virus" is mixed with anti-rabic serum, and after contact for twenty-four hours the serum is removed by washing with salt solution. The mass thus obtained contains the rabie virus sensitised by its specific antibody.

Marie found that this vaccine had parallel properties to the sensitised vaccines referred to previously. It is non-toxic, and can be injected into the brain without producing any bad effect on the animal. Its immunising action is rapid; while with the Pasteurian vaccination it is necessary to wait a fortnight after a long series of injections before proving the immunity of the animal successfully, with the method of sensitised vaccine the animal passes this test three days after receiving the vaccine. The immunity is also durable.

Marie has incorporated the method with success in the treatment of persons bitten by animals affected with rabies.

**Polymyositis.**—Levaditi and Landsteiner have shown that the same method is successful in protecting monkeys against this disease.

From the experimental evidence, then, it would seem that the results obtained on animals with the method of Besredka are very encouraging. Besredka regards the main action of sensitised vaccine as being to activate and accelerate the work of the leucocytes. Whatever may be the correct explanation, there can be no doubt that from the laboratory point of view the method forms an advance on previous methods of producing immunity. While its value is undoubtedly greatest in a preventive sense, it appears to have some curative action in animals—a point which suggests that perhaps the method of treatment by sensitised vaccine is worthy of a more extensive trial clinically than it has yet been given.

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### A Note on Tobacco-Smoking.

By ADOLPHE ABRAHAMS, B.A., M.B., B.C.

HERE are few subjects which appeal with greater interest to an assembly of men in any walk of life than the use and abuse of tobacco. The question has been treated on several occasions in the most authoritative fashion, and it is not with the hope of adding any considerable item to the literature that I venture to contribute a note which attempts to embody the experience of a non-smoker who for some years was a fairly heavy smoker. This method of investigating the subject has hitherto, so far as I am aware, not been adopted.

The publication of the analysis of various tobaccos with multitudinous polysyllabic chemical names and fearsome-looking formulæ cannot be said to strike much terror into the nicotine-sodden mind of the tobacco enthusiast: the publications of the obviously fanatical anti-tobacco school, so far from imposing abstinence upon him, only impart an added charm to the pipe which is lit through their medium.

The smoker can afford to laugh when a more or less direct connection is traced between Sir Walter Raleigh's discovery and his disastrous termination; when quoted cases of "poisoning" include influenza, tabes and dilatation of the heart as sequelæ of each other and of tobacco-smoking; when the soothing weed is given as a prominent cause of sterility; and it is stated that even the perspiration of a smoker being absorbed by his wife can poison the ovum and lead to abortion; whilst the opinion is added that the only women who suffer from cancer are the wives or daughters of men who have indulged to excess in tobacco.

After these charges the production of insanity is a modest expectation, but the perusal of such nonsense induces the conclusion that so far from tobacco-smoking leading to insanity, there would appear to be irrefutable evidence that the latter results from its abstinence.

On their side, the smokers, with the comfortable assurance that the *onus probandi* rests with their opponents, advance claims the model, as a rule, of moderation. These claims, however, rest on a more or less unstable foundation, but an opportunity is afforded to a reformed smoker to test them subjectively.

The habit of tobacco-smoking is, I suppose, entirely without parallel. Unlike other drugs, the ingestion of which induces a drug habit, tobacco is not taken in the first instance to satisfy a natural or an unnatural craving. On

the contrary, in all cases a deliberate attempt is made to acquire the habit, in nearly all cases the attempt is followed by the most unpleasant consequences, and in not a few cases tolerance is established only after a persistent effort which may last for months.

It is not within the scope of this humble contribution to enumerate the pathological disorders which may arise from excessive smoking. It is a matter of common observation that idiosyncrasy plays a very remarkable part, for it is a familiar phenomenon that some men who are smoking five or six ounces or even more of tobacco weekly can continue for years without the slightest inconvenience or disturbance, whilst to others half this quantity would represent a dangerous excess. It appears as if some men have almost a natural, certainly a very readily acquired, tolerance for the drug, and that in them the evil results of so-called excessive smoking never appear.

It is not without interest to try to form some estimate of the extent to which tolerance once acquired persists after the habit is relinquished. Most men have dropped smoking for a few days, either to demonstrate their independence, or from a willingness to endure self-flagellation on account of the enjoyment upon resumption. One careful observer assured me that he could detect a slight degree of loss of tolerance even after only two days' abstinence, when inhalation of a cigarette led to a sensation of giddiness to which, as a rule, he was quite foreign. Resumption of the habit at the end of twelve weeks convinced me that tolerance is not appreciably diminished, estimating tolerance, of course, by immunity from nausea, giddiness, or any of the usual accompaniments in a person quite unused to smoking.

I have never met a smoker who had been an abstainer for a very long interval subsequently to resume the habit. Presumably there are no backsliders after a long period of virtuous living.

To the smoker with the habit fully established, tobacco has the following virtues.

It is a digestive—there is a well-known saying to the effect that you lose half your dinner without the cigar at the end of it—an obvious hyperbole, but it illustrates the great regard in which the after-dinner smoke is held. It is a laxative of a particularly efficacious nature, and it is an intelligent laxative, for it induces a regular matutinal evacuation and does not act outside regulation hours.

It is a mental stimulant; it is a soporific. And finally it possesses a great many advantages which cannot be directly analysed in the same way as the preceding. Thus a peculiar sense of satisfaction is produced which cannot be referred to any particular sensation, and the sociability that is afforded by indulgence in a common habit is also an advantage which cannot be expressed in a definite formula.

Perhaps the advantage the smoker would put first if he really believed in it is the antiseptic action of tobacco smoke. Exposure to infection at least provides a good

excuse for indulgence, but I very much doubt if any considerable disinfection is afforded save on the lines suggested by an enthusiast—that tobacco is really the best antiseptic in the world, being the finest preservative of the milk of human kindness.

Certainly tobacco smoke is a good deodorant, and the unpleasant consciousness of a bad smell may be avoided. It is unnecessary to point out that tobacco may in this way be a two-edged weapon if indifference to a smell exposes one to the influence underlying the smell.

The digestive value of smoking is obviously only an indirect one. It must be admitted that a cigarette does give a definite finish to a meal and dissipates the further desire for food. The act of smoking also tends to keep one quiet, and enables digestion to proceed as it should proceed without any distractions. I do not find that my digestion has suffered in any way, whilst I am certainly better for the abstinence from that baneful habit of smoking on an empty stomach. The place of the cigarette is now often supplied by sweets.

As regards the aperient action of smoking, Professor Dixon has explained this as due to the action of nicotine upon the sympathetic nerve-endings in the intestine—I write entirely from memory of his lectures at Cambridge as I can find no reference in any of his publications. Twelve months ago I would unhesitatingly have asserted that the daily evacuation is determined by the after-breakfast smoke, but as I find perfect regularity just as easily maintained without smoking I am disposed to think that in this connection also an indirect action only is produced.

On the whole I am tolerably certain that one sleeps better as a non-smoker. In this connection and in that of what may be termed general well-being generalisations can hardly be drawn, as personal peculiarities play so large a part. Readers of Wilkie Collins's *The Moonstone* will remember the profound effect which abstinence from tobacco had upon Randall Blake (a heavy smoker); and although this effect is perhaps over-drawn because it is essential to the *dénouement*, yet there can be little doubt that entire deprivation in the case of a heavy smoker must for a time make life almost unbearable. After eight tobacco-less months I can detect no appreciable difference in my general condition. Most other observers agree with me that after ten days the habit can be said to have been broken and all sense of craving is lost. (Sir Clifford Allbutt in his article in his *System of Medicine* says that the effects of any chronic drug habit do not disappear from the body under six weeks.)

Thenceforward one might never have been a smoker save for that indescribable sensation of "wanting something to do," or the wish to join in that camaraderie which smoking certainly establishes.

It is difficult to form any opinion as to the value of smoking in mental stimulation. There are many men who

cannot read or write anything necessitating considerable mental exertion without smoking continuously. It is popularly thought that nicotine acts as a direct brain stimulant much in the same way as coffee or tea, but a simpler explanation is offered by Sir Lauder Brunton, that the effect is simply that of stimulating the branches of the fifth nerve, which in some way appears to increase the blood-supply of the brain—an effect which can be produced by eating sweets and in other ways.

Whether the quality of one's mental work improves or not when tobacco is relinquished I cannot even speculate, but I am sure that two influences can be traced. One's memory, particularly for names, is impaired by tobacco-smoking, and one's latent period is lengthened (cigarette smoking in particular is blamed for these effects). As a non-smoker one can think more quickly, and this may be why one "remembers" more readily.

To turn, finally, to the purely physical side. All authorities agree that the highest physical efficiency can be expected only when tobacco is withheld, from which one would conclude that the stereotyped "training" which rigidly excludes tobacco is on sound principles. Certainly at the universities, where tradition flourishes, runners and, *à fortiori*, oarsmen, whatever their sins of omission and commission, will not, unless they are Ouida's heroes, fail to observe the rule—absolutely no smoking.

I must admit that I began to feel some doubt about the baneful action of tobacco when I met a few runners, undeniably in the first flight, who continued smoking right up to the very hour of their contest. This doubt has been gradually strengthened by a contemplation of the comparative laxness outside university circles, where one may see athletes, whose excellence is unquestionable, regular smokers, and, in some cases, really big smokers. It is not protesting too much that a man will not be at his best physically if he feels the deprivation of some familiar factor in his life, and an athlete who is a smoker is quite likely to do no better by following the usual training formula. Whether or no he would have been a better performer had he never become a smoker is, of course, impossible to say. A famous athlete, Mr. E. H. Kyle, expresses the same opinion in the chapter on training in his recent book, *Athletics*.

Looking back upon nine athletic seasons, during some of which I smoked continuously, whilst dropping smoking for two or three months on the other occasions, I cannot trace the slightest influence of tobacco on physical efficiency, and I am sure that the year when I was unquestionably at my best was one of those when tobacco was not dropped for a day. So many factors enter into the question of the highest physical efficiency that nothing may be proved either way by such observations; but my case, and that of many others much more to the point, can be quoted as showing at least that a moderate degree of smoking is compatible with the undertaking of extreme exertion without discomfort.

### More News from Montenegro.

ADRIATIC.

(On board the Royal Yacht.)

2.45, November 11th, 1912.

**W**E feel we have really got started at last, as we don't know where we shall sleep, or get our next meal; we have a few emergency rations with us, so we shall not starve. I was on duty at the hospital this morning, as it was my twenty-four hours on, when I got a message at 10 a.m. to say Bradford had had a telegram asking him to form a field hospital at St. Nichola, so Goldsmith and two orderlies were told to get ready to leave at 12. Goldsmith and I dashed round, and collected as many stores as we could get together, put them in a couple of hampers, went up to the hotel, where I turned both my kit-bags out on to the floor, shoved as much as I could into the "Woolseley," and was ready. This is not at all a bad little yacht; about 100 tons, I should think. We have got a captured Turkish sailing ship in tow, from Antivari, and have just stopped out at sea and picked up another sailing boat, so if we continue at this pace we shall look like a tug before we get to St. Nichola. I will try and get the captain, who talks a little English, to take this back to Antivari and post it. I hope that you can read this, as there is quite a swell on at present.

*Dulcigno*, 8.30 p.m.—We were comfortably basking on the deck in the sun when the engines suddenly stopped, and we were told that that was as far as the yacht was going to take us. A small boat came alongside, and on account of the swell we had rather a job in getting our stores into it. It was finally accomplished safely, and they rowed us ashore. Here we were greeted by a Montenegrin, who is a medical student at Paris, a very nice man, and medical *aide de camp* to General Martinovitch. It was he who sent us the wire asking us to come over. He hunted round the town to find us somewhere to sleep, and also a cart to take our stores and kits. While he was doing this an exceedingly nice French girl discovered us, and gave us a letter from Leake telling us how he had been getting on—Rough time, plenty of work, and wants more help—As the letter was addressed to Bradford, we gave it to the captain of the yacht to take back to Antivari, as there is no regular post here, only telegraph. The French girl appears very practical, and has been helping Leake; she wears trousers and putties. The cart turned up, and we carted our things to this cottage. Most awfully hospitable people—one grandmother and two sons. One room, four beds; query number of people! They refused to let us pay for anything, and gave us an excellent supper if rough—vegetables, a little meat, tinned fish, wine, cheese, bread, coffee. French student turned up, and had supper after we had finished,

and he did not know where he was going to sleep; last night it was at the prefect of police; he had tried at the Russian hospital, but could not get in there, so he was going to knock at every door till he did get taken in. We discovered that we are so popular, as England has to-day said that if Austria chips in, England will blockade the Adriatic. This appears to be official. Ford, the man who was under Tink in the B.S.A. Police, comes from Sandown. Our other orderly is Carter from the hospital.

*November 11th.*—Have spent a most comfortable night on the "Woolseley." There were only two available beds, so Goldsmith and I gave them to the orderlies and slept in the valises. We slept in a funny kitchen place—store room, etc.—of the house, with a wood fire, but no chimney for the smoke to get out; it apparently escapes through a cracked window and through the cracks in the floor. Between us was a dirty old ruffian with a sack of bread, which he is taking to the *Times* and *Morning Post* correspondents. He apparently has orders to stick tightly to us as he never leaves us.

10.45 a.m.—There is a great wind here to-day, so we can't go on to St. Nichola by boat. We are, at the present moment, trying to secure four or five mules to carry our stores and kits. They say the roads are quite impassable for even the roughest bullock-cart. If we get mules we shall have to walk by the side. The distance is thirty kilos. Goldsmith and I went over one of the Russian hospitals here—there are three—this morning. They are most completely furnished—portable beds, operating table, small dispensary, distiller for water; we have none of these things, not even a balance for weighing medicines. Our medicine consists of a tabloid box—thirteen bottles—seven other bottles of tabloids, nearly all the same as in the tabloid box, and four or five hypodermics, and a few tubes for the hypodermics.

We are feeling pretty hungry at present. Yesterday we got coffee and rolls for breakfast, some bread and cheese, which we took with us on the boat, and some chocolate Menier of mine. We got a rough very garlicky meal here last night, and a small tumbler of coffee this morning without bread. We have just been to the hotel of the place, but we can get neither coffee nor lunch there. We have got some emergency rations with us, so must fall back on them. They consist of biscuits, small tin of corned beef, three Oxo tablets, chocolate, cheese, tea tablet, sugar, so we shall not starve at any rate.

*November 13th, 1912.*—To continue: Yesterday we managed to leave Dulcigno at 1.30 p.m. with all our stores in a bullock cart—why we could not have left at 9 a.m. no one knows. Devitch the Montenegrin French medical student—came along with us. I have never in all my life been along such a road. There were ruts all over the road at least a foot deep, and at one place there was a hole five feet deep where the road had subsided. We continued for



about two miles along this road, when we were told it was washed away altogether, so we turned into a field and waded over our ankles in water—a pleasant change from the mud. At this point Devitch saw a pack pony grazing, so he clouted the boy who was taking care of it round the ears and commanded it, much to the boy's wrath. There was also a foal with it that came along as well. Presently we had to cross an arm of the river, which was spanned by a mud bank with frequent holes in it to allow the current through. I never saw such a funny thing in my life, but along this bridge the fish were jumping right out of the water on to the bridge. They were about the size of herrings, and we cut their heads off and brought about a dozen along with us. This beats fishing at Bidford hollow. Shortly after this we came across a picket of four men and an officer. They kindly provided us with three more pack ponies. In passing I may say that a pack saddle is not the most comfortable thing that you could choose to ride upon. The bullock lumbered gamely on all this time at about two miles an hour. Devitch left us about now, as it was only two hours into here—St. Nichola—and, he said, quite a straight road. His idea was to come on and have a house ready for us. The road was merely a grass track across open country, with furze bushes. We continued in this manner, riding and walking alternately, until dusk; then it got pitch dark and began to rain and thunder. At this period we got off the track and got fairly lost. We at last saw a light after wandering hopelessly about for an hour or so, but we did not much care to ask our way at the house as we were so near the Turkish border, and we knew that there were a lot of Malissors—Albanians with Turkish sympathies—about here. Finally we risked it, and, funnily enough, discovered Devitch, who had also lost his way, at the same house. We then got a small boy to act as guide. It was raining really well by now, and pitch dark, so that every moment we were scratching our hands and faces in furze bushes. After what seemed an endless time we finally arrived here. They put us into the mansion house, a house with cattle in the basement, and three rooms on the first floor, and a roof which leaks like a good 'un into every room. The worst of the business is that Devitch is doing everything for us, and he only talks French; none of the other three understand a word, so all communications have to go through me. Leake is about eight miles from here, at Pentari. They tell us that he is to form a dressing-station there; he has been there for the past week, and has a sort of a place. We are to form a clearing hospital here, and to send our cases down to the Russians at Dulcigno. What will probably happen is that the Antivari hospital will be closed and the rest will join us here, as they are expecting a big battle near here in a very few days, and they say we may have anything from 100 to 500 wounded planked on our hands at an hour's notice, and as there are only Goldsmith, myself and two orderlies here, we shall have rather a job.

We are only four kilos from the Turks, and there are trenches in the village. They warn us not to wander about outside the village, as they are sniping. Last night we saw the Turkish camp fires, and they seem quite close. They have got a searchlight as well; they have been sniping in the village all morning. We have applied to General Martinovitch this morning for four revolvers, purely for show, as I should think we are the only males in the country without them; if the Turks come along we shall lose them. Devitch and I have spent all this morning making up a telegram for stores, etc. He is a funny bird; I can't get more than ten nightshirts out of him for all the patients, but he has ordered thirty kilos of cognac!

There is a lot of malaria here, but apparently the proper season is now over, as it is beginning to get cold; at any rate, I think I shall wear my mosquito head-net for the next week or so at night, to be on the safe side. There is no post from here, only telegraph, so I'll send you a wire occasionally. The only way to get letters posted is to find someone going down to Antivari. They have started a little cannon practice this afternoon, but they apparently don't fire on the village, or, if they do so, they shoot very wide. As a matter of fact, I don't see what there is to shoot at except the village. At this moment a Maxim is firing like blazes. The river here is the Boxana, and it is Turkey on the opposite bank. This village is just at the mouth of the river on the sea; they don't seem to think that there is any chance of the Turks getting across though. It is uninteresting having the firing about three miles off and yet seeing nothing. Goldsmith has gone up to see Leake to-day, but if they are fighting like this I don't quite see how he will return; anyway, I don't want him, as, until he returns, I am in charge, as Devitch is only a three and a half years' student! Carter, the hospital porter, is our cook now; he really is not at all bad considering he has never done any in his life before, except once when he started to make a beefsteak pudding, which finally ended in a roly-poly!

The people here are apparently very careful to put shutters up in their windows at night, so as not to draw fire. The two houses that we have here for hospitals you would be ashamed to put cattle in at home. Even the floors are all holes. We have turned four soldiers on to clearing the manure out of the basement!

There is quite a decent little church here, but the people won't hear of having that converted into a hospital—so much for religion. The post-office here is a white house which stands on the river bank; it has got chunks taken out of it all over by bullets—quite fifty; I suppose it makes a nice easy mark. I'll try and photo it. There is some little game on to-night, quite what we can't make out, as fifty men have crossed the river, fifty have gone up this bank, and fifty up the middle in a boat.

November 14<sup>th</sup>, 1912.—Just as we had got into bed at 8.45 last night we had two wounded men brought in; one

shrapnel in the face, and the other shrapnel in the abdomen. Devitch and at least fifty soldiers most indignantly demanded that he should go on at once to the Russians at Dulcigno. This I refused to hear of, fearing peritonitis. I hope I have done the right thing, and he does not die, as the Montenegrins are perfectly savage with me for not allowing him on. They say that he is an Austrian volunteer, and some minister or other said he was to go to Dulcigno, so I gave them my views in English about ministers in general who tried to interfere with the doctors. It was all very complicated, as I had to put everything into French for Devitch, and he had to put it into Serbian. We have not got any instruments here at all, but three pressure forceps and two hypodermics, so the question of operating was soon settled. I sent a note up to Goldsmith asking him to come down first thing this morning with instruments, as he did not return last night from seeing Leake at Pentari. At the present moment there is the very devil of a battle progressing about two or three miles away; Devitch says that, from the great rapidity of the rifle firing, they must be within 200 metres of each other, so I expect we shall be fairly swamped with wounded to-night. No beds or any provisions have arrived yet, so goodness knows what we shall feed them on. Devitch says that, if the Turks win, they can't cross the river, as the Montenegrins have a gun which is *tres bien place*, but it seems rather a weak reed to lean on. He says that this battle will finish the fighting round here, and then there will only be fighting round Iarabosh. At the present moment there is a tremendous fusillade from rifles, shrapnel and cannon combined.

3.30 p.m.—The Montenegrins seem to have got the best of the scrap, as about two hours ago they marched about ten prisoners through the village with some considerable pride. Towards the end of the morning there were a few shots fired from inside the village itself. Goldsmith turned up about 11.30 and says I did quite right not to allow the man with the shrapnel in his belly on last night, which is rather a relief, considering the fifty Montenegrins all demanded that he should go to Dulcigno immediately. We have wired to some Princess at Cettigne for operating instruments—behold how well the unit is equipped in every respect. Some meat and bread has at last turned up, which is a blessing, as we have been living practically on emergency rations, and the biscuits and cheese are both very mouldy in them by now, as the fools at the stores only wrapped them up in ordinary paper. The mosquito head-net is an excellent thing here; I wore it last night, and it is very pleasant to hear them buzz about on the outside; the other poor brutes got bitten quite a lot. I am sorry that I made all those rude remarks about the poor little thing before I left home. There is quite a lot of malaria here, even now, when the weather is fairly cold. My beard is growing A1, but the beastly thing will stick out at right angles. Goldsmith says that Leake's interpreter was in an awful funk last

night as all the Montenegrins had retired, and there was nothing between the hospital and the Turks. As I was sitting in the telegraph office here last night I counted eight bullet-holes in the wall opposite the window, so the Turks must have done some pretty good shooting. I have just been down to the telegraph office and the telegraphist has been showing me how he used to sit humped up on his table between his two windows, with bullets coming in at each. He is a plucky old man, and was hit three times. The bullets come in through the glass, don't crack it, but leave a nice little round hole. I don't care much about standing before his lighted-windows even now at night, although the Turks are two or three miles away! Carter has developed quite a talent for cooking, as he has given us most superior steaks and onions this evening—the first decent meal we have had for days.

November 15<sup>th</sup>, 1912, 9.50 p.m.—I shall be able to send this after all, as Lock, the *Times* man, has drifted in, and is going to Antivari to-morrow, so he will post it. Up to 4.15 nothing happened at all, except that the Government has given us two pack ponies and two riding ones; I thought I would try one and go out for a ride. Just at that moment the little steamboat came down the river with too large flat-bottomed boats in tow, bringing us sixty-one wounded—this the result of all the firing yesterday, when they told us one Montenegrin only was wounded. At the same moment as the boat arrived our stores luckily turned up from the Russians at Dulcigno. They could perfectly well have given us twelve hours' notice, but, instead of that, they gave us none at all. The result was that nothing was ready. We turned every available soldier to bring hay into the two stables, which, luckily, we had had previously cleaned out. We also got a few mattresses stuffed with hay for the worst of the wounded, who were simply horrible, as they appear from the wounds to have got within a few feet of the Turks. One man is shot through the head, and I put my middle finger right through the brain substance, but he is sitting up demanding more soup, although he is delirious at times. Sister Henry would have had a fit if she had seen Goldsmith and me doing the dressing: we had a mug of hyd. perchlor., into which we dipped our fingers when we happened to think of it. Some of the men had had no food for three days. One had to be quick clapping on the dressing, as all sorts of beastly animals otherwise got into them out of the straw. One man almost had a frog—small one—jump into a large shrapnel wound of the thigh. I am afraid that three will die for certain to-night. Besides the sixty-one here we packed off twelve in two ox carts; they were all medical cases, and we were thankful to be rid of them. The dressing took us four hours' hard—the very hardest work. I'll stop now as I am tired. Lock leaves at 7 a.m., so I shan't be able to add anything more to this to-morrow. Very many thanks for your telegram, which some orderlies, who came up from Antivari, brought up.

Also letter from Lidford, and *Telegraph* for November 6th. Don't send a paper more often than once a week now, as I can't possibly get letters more often than that, and I shall be lucky if they turn up as often.

November 16th, 1912, 11.55 a.m.—As the *Times* man has been unable to get a horse until after lunch, I will continue this as far as we have gone to-day. Altogether last night I had two hours' sleep (4 to 6 a.m.), dashing round and stopping haemorrhage until I could hardly stand. One man died. This morning we ordered up twelve ox-waggons, and behold, not one of the wounded would stop. One American Montenegrin said, "Very good doctor, damned bad hospital!" which of course it is, as there are only two stables. At least three of the men must die before they get a mile on the so-called road; but, when this was explained, the friend of one man said, "Well, why not go and let me shoot him now with my revolver?" What can you do or say to such people? Two of the men who have gone have got bullet-wounds in their skull, and their brains pulsating at the holes; but, oh no, off they trundled with the rest. The carts that they are packed away in are drawn by two oxen, are 6 ft. long by 3 ft. broad, and wheels 5 ft. 6 in. high, which run on wooden axles. Of course, no sort of springs at all; each side consists of about six upright poles.

After this experience I am never going to be routed out of bed in the middle of the night again. If they choose to bleed, well, they must. They don't appreciate having anything done, and are really merely semi-savages. One man asked me quite seriously the other day whether London was bigger than Dulcigno, which consists of not more than a hundred mud huts!

Well, I must stop now, and will continue my further woes in my next letter, but this little bit will give you some insight into Montenegrin life up country. The *Times* man does not think the war will be over for some time, as he says that two hundred men can hold it for ever, and the Montenegrins have only just begun, if they have even yet, to starve them out. D'A. P.

### Resignation of Mr. S. C. G. Tweedy.

**B**V the resignation of Mr. Tweedy, the Hospital will lose one of its most familiar figures. Mr. Tweedy has been associated with the Dispensary for the past fifteen years, during twelve of which he has acted as Chief Assistant Pharmacist.

It is almost impossible to describe the extent of his popularity. It is not necessary to say that "it was reserved only for those who knew him intimately to appreciate him," for even the freshest dresser, after two days in the Surgery,

gladly embraced the advantage to take him as a guide, philosopher and friend. Nevertheless, it would come as a great surprise to many to realise the enormous amount of work that he did outside official hours. I had the advantage of a very intimate friendship with Mr. Tweedy for over six years, and I have been amazed at the extra work, which he not only never grudged, but even invited. I have never met a man who was more anxious to do acts of kindness, and it is not surprising that I have never heard anyone speak of Mr. Tweedy except with expressions of appreciation.

Whilst one thoroughly valued his friendship, what one admired most of all, perhaps, was his remarkable tact in explaining to a dresser who had prescribed approximately a hundred times the B.P. dose that the dispensary had no fully-paid-up shares in any flourishing undertaking business; in persuading a newly appointed and enthusiastic H.P. to substitute for his seven and sixpence a dose drug something equally efficient at about one-ninetieth the price; or in indicating that the elaborate prescription with about fourteen ingredients (which would take three quarters of an hour to prescribe) boiled down very nicely to one of the Hospital's "hausti." And all was done without the slightest suggestion of superior knowledge or of finding fault, so that in the end Mr. Tweedy and the Hospital got their way, whilst the other party thought they had got theirs, which, I suppose, is the characteristic of a real diplomatist.

In himself Mr. Tweedy was often better than the tonics he dispensed, for I never saw him ruffled or pessimistic, not even when racked with rheumatism. He combined the resourcefulness of a Sister Surgery with the imperturbability of a hospital steward; and, if things went wrong, a few minutes' chat with Mr. Tweedy sent away the jaded over-worked Houseman feeling that, after all, the Hospital wasn't the beastliest place on earth.

To relinquish the activities enforced by hospital routine and to leave his innumerable friends will be a big wrench to Mr. Tweedy. But it is with confidence one states that there is nobody who ever knew him who would not accompany his departure into private life with the heartiest wishes for the prosperity of a thoroughly good fellow. A. A.

### The Students' Union Dance.

**T**HE Annual Hospital Dance was held at the Wharcliffe Rooms, on December 3rd, under the auspices of the Students' Union. Lady Champneys, who kindly acted as Lady President, received the guests, who numbered over 300, and the dancing commenced punctually at nine o'clock.

Previous "Bart's" dances have set a high standard of excellence, which was fully maintained this year. The floor

was good, there was no crowding, and throughout the evening Archibald Joyce's band, conducted by the famous composer in person, played with an irresistible rhythm and swing, which made it almost impossible for anyone in the ball-room to refrain from dancing. The programme of music contained most of recent popular waltzes and one-steps, and at the end of the first part supper was served in the Great Central Hotel.

Our thanks are due to Lady Champneys and the ladies' committee for the time and trouble they expended in suggesting improvements in the arrangements, and the secretaries deserve hearty congratulations for the careful arrangement, even to the smallest details, which resulted in a most successful and enjoyable dance.

### The Clubs.

#### RUGBY UNION FOOTBALL CLUB.

##### ST. BART'S HOSPITAL v. OLD MERCHANT TAYLORS.

This game was played on November 23rd at the Old Deer Park, Richmond, and resulted in an easy win for the O.M.T.

Bridgman and Savory were on the injured list, and this rather upset the combination behind the scrum. For the first half the Hospital played a very good game forward, and although unable to get the ball in the scrums, were able, by quick breaking-up, to upset the excellent passing of the opposing backs. After twenty minutes' play the Taylors scored a decidedly lucky try, which Ryan converted, and half-time arrived with the Hospital 12 points down.

The second half the Taylors combined much better, scoring repeatedly, Ryan, Fuller, Lewis and Allen all securing tries, most of which Ryan converted. The game was finished in absolute darkness, the Taylors winning by 35 points—0.

For three-quarters of this game the forwards played distinctly well, but unfortunately could not keep up the pace, the backs absolutely failed to show any combination, but occasionally tackled well. Team:

A. H. Little (back); H. R. Dive, R. Coyte, T. Owen, W. E. Wilson (three-quarters); W. A. Pocock, R. H. Williams (halves); B. J. Brewitt, J. B. Mudge, E. J. Bradley, J. M. Marshall, M. T. Clegg, F. G. Smyth, N. A. Scott, H. C. Joyce (forwards).  
Referee: C. H. R. Coeg. Touch Judge: R. Burn.

##### ST. BART'S HOSPITAL v. STRATFORD-ON-AVON.

Played at Stratford on December 7th, resulting in a win for Stratford by 16 points—8. This was a most exciting game, the Hospital showing distinct improvement. We played for most of the game with fourteen men, a substitute appearing in the second half. The forwards played a good hustling game, but absolutely failed to get the ball in the scrum. The first half was decidedly in favour of the Hospital, half time arriving the score being 5—3 in our favour, Bridgman scoring for the Hospital and Williams converted.

The second half Stratford improved, and landed a penalty goal from a long way out; they then scored twice in quick succession, both converted. From now till the end the Hospital did everything but score, due entirely to the inability of the forwards to get the ball in the scrum, but just on time Savory made an opening for Dive who scored, the kick failing.

A. H. Little (back); W. E. Wilson, R. O. Bridgman, C. H. Savory, H. R. Dive (three-quarters); A. Chillingworth, R. H. Williams (halves); R. L. Kitching, B. J. Brewitt, M. T. Clegg, F. G. Smyth, H. M. Davenport, H. C. Joyce, A. H. Marshall (forwards).  
Touch Judge: H. J. Bower.

##### ST. BART'S HOSPITAL v. ROSSLYNN PARK.

This game was played at Winchmore Hill on December 14th, and resulted in a draw, both sides scoring 8 points. The ground was very heavy and sticky, consequently the ball was difficult to hold.

From the first few scrums Bart's got the ball, Pocock getting it away smartly, and the three-quarters had several chances, but nothing came of it. Once Mudge tried to cut through but slipped, twisting scrum and played on the wing.

The forwards thus depleted failed to heel the ball, but were still very effective in the loose. Eventually the Park secured the ball after an excellent passing movement enabling Souttar to score under the posts, Adams converting. This had the effect of bucking up Bart's, and after some scrambling play the Park were penalised for off-side Williams kicking a penalty goal.

Immediately after this Savory picked up the ball in our 25, and dodging several opponents, kicked over the back's head, and Bridgman, after an exciting race, managed to touch down, Williams converting. Half-time arrived with the scores level. The second half was distinctly scrambling in nature, and neither side scored. However, it was very keenly contested and both lines were frequently in danger, Savory and Dive causing much anxiety to the Park.

Kitching played an excellent game, heading some splendid forward rushes. Scott and Clegg were also prominent. The backs defended splendidly, and on several occasions it was only the fearless saving and tackling of Little and Pocock which enabled us to secure a draw. Team:

A. H. Little (back); H. R. Dive, J. B. Mudge, C. H. Savory, R. O. Bridgman (three-quarters); W. A. Pocock, R. H. Williams (halves); R. L. Kitching (capt.), B. J. Brewitt, E. T. Bradley, T. M. Marshall, M. T. Clegg, F. G. Smyth, N. A. Scott, H. J. Jukes (forwards). Referee: Mr. Calver. Touch Judge: Mr. Cunningham.

#### ASSOCIATION FOOTBALL CLUB.

##### ST. BARTHOLOMEW'S HOSPITAL v. BRIGHTON COLLEGE.

This match was played at Brighton on Saturday, November 23rd and resulted in a win for St. Bart's by 4 goals to 1.

The Hospital went down one man short, but the College lent us a substitute to fill the gap. The Hospital began to press soon after the start, and Dale made several good runs on the left wing, from one of which a corner was forced. From the kick the Hospital scored their first goal. The Hospital then continued to have rather the better of the game, but the score remained unaltered till half-time. After changing ends Brighton College began to attack, but were unable to penetrate the Hospital defence. The pressure was relieved by Waugh, who scored the second goal for the Hospital after a fine run down. Brighton College then scored after some good combination. The play was then fairly even, until Waugh scored the third goal for the Hospital with a good shot. This was soon followed by a fourth goal by Jameson. Brighton then had most of the game, but could not increase their score, and the Hospital won as stated. Team:

R. G. Mack (goal); J. W. Stretton, E. M. Grace (backs); T. E. Osmond, W. S. Soden, W. E. Spackman (halves); W. C. Dale, G. D. Jameson, A. J. Waugh, J. F. McFarland (forwards).

##### ST. BARTHOLOMEW'S HOSPITAL v. OLD BRADFORD ROVS.

This match was played at Winchmore Hill on Saturday, December 14th, and resulted in a win for the Hospital by 3 goals to 2.

The Hospital kicked off with a strong wind behind them, and at once began to press. The first goal was scored by Jameson off a corner about a quarter of an hour after the start. The Hospital still continued to have rather the better of the game. Whippell was conspicuous on the right wing, and Dale on the left wing was unlucky not to score on one occasion after a good run. McFarland then scored the second goal for the Hospital just before half-time. On changing ends our opponents began to press vigorously, and it was not long before they scored their first goal. The Hospital then attacked and Jameson scored. For the remainder of the time our opponents had much the better of the game, but only succeeded in scoring one more goal, and the Hospital won as stated. Team:

C. Hedge (goal); E. G. Dingle, J. S. Goutier (backs); A. G. Cowper, W. S. Soden, C. R. Taylor (halves); W. P. Whippell, J. D. McFarland, G. D. Jameson, I. F. Bailey, W. C. Dale (forwards).

## THE CRICKET CLUB.

## BATTING AVERAGES—1ST XI, 1912.

	Runs.	Innings.	Not out.	Average.
N. F. Norman	217	5	0	43.4
W. C. Spackman	171	7	3	42.7
T. Owen	393	12	3	35.9
A. G. Turner	152	7	1	25.3
E. M. Grace	304	16	0	20.3
A. J. Waugh	132	7	0	18.9
R. H. Williams	158	9	0	17.7
H. J. Bowler	104	12	1	17.6
R. O. Bridgman	89	7	1	14.8
W. A. Pooock	145	12	2	14.5
E. G. Dingley	101	7	0	14.4
E. J. Brash	167	13	0	12.9
H. D. McCall	88	10	2	11

(Owing to pressure on our space last month we were obliged to hold over this seasonable contribution—Fn.)

## Dinner of Old Bart's Men in York.

On November 6th a most successful gathering of old students resident in Yorkshire was held at the Royal Station Hotel, York. The arrangements were in the capable hands of Drs. Wightman and Llewellyn Jones, and a large proportion of Yorkshire Bart's men attended the dinner.

Dr. Eddison, of Leeds, presided, and the guest of the evening was Sir Anthony Bowlby. Others present were Drs. Bedford Pierce, Bateman, Shadwell, Reynolds, Wightman, Llewellyn Jones, A. Hall, H. Knight, Raw, Body, Gosling, Abwyn Rainnes, Evelyn, Bronner, Carter, F. E. Eddison, Bromie, Naish, Hey, Hodgson, Vitet, and Darward Brown; Surgeon-General Kenny, Lieut. G. E. Riley, Captain Hayes, Rev. Canon Owen, and Messrs. Hughes, H. Hill, Griffin, Harold Walker, and Hind.

Dr. Hall proposed the toast of "St. Bartholomew's Hospital," and said he hoped the gatherings would occur at more frequent intervals than in the past. "St. Bart's" had to them an association which was peculiar, and they liked to think of it as it was in his student days. He coupled with the toast the name of Sir Anthony Bowlby, to whom they all looked up with respect and esteem.

Sir Anthony Bowlby, in response to the toast, said that he did not feel a stranger in Yorkshire, because it would be remembered, there was a small village on the coast which bore his name, and where his family lived for many years. Most of his holidays during his school days were spent on the Yorkshire coast. It was in their eternal advantage that they were stamped as St. Bart's men, but the difficulty was to live up to it. The name was a passport to the goodwill of other services in the country. Sir Anthony continued that it would be a good thing for England if St. Bart's men would take a greater interest in the public services of the country. He urged them all to take up Red Cross work, and anything else which involved discipline and training, which would be of advantage to the health and physique of the country. It seemed to him that the doctors of the country had an opportunity of impressing the importance of military training, which was of value to the health of the young men in the country. He said they ought to take an interest together, apart from classes. That was one of the things which they could do, apart from politics, with very great advantage to the country. He was glad to meet the medical men of Yorkshire, and particularly those of the neighbourhood of the city of York. (Applause.)

Dr. Bedford Pierce proposed the toast of "Yorkshire Medicine," and in doing so, he said, with regard to the Insurance Act, he hoped that in their decision, which they had to record in the next few days, they would record an independent opinion. If their opinion after recording their vote, was in a minority, he hoped they would regard it as their duty to stick to the profession. It was of the utmost importance that the minority should not stand aside. (Applause.) If the medical profession could keep united, it would be of lasting benefit to the profession and add to their strength and usefulness in the world. (Hear, hear.)

Dr. Eddison responded to the toast, and said he had never repented going to St. Bartholomew's, and was thankful for the happy days which he had spent there.

Mr. Hughes proposed the toast of "Our Guests," with which he coupled the name of Surgeon-General Kenny.

General Kenny, in response, said it had been a great pleasure to him to meet so many of St. Bartholomew's men, who were represented in all the services, because wherever they were they were all good fellows. (Hear, hear.) He was always pleased to have St. Bartholomew's men serving with him, and he was also pleased because they had in the services many women who had been in St. Bartholomew's. While he was in South Africa one of the best nurses he met was trained at St. Bartholomew's, and he was particularly pleased because she was a Yorkshire woman. (Applause.)

During the evening songs were sung by Mr. Edwin Morgan, Dr. Knight, Dr. Hall, Dr. Shadwell, the last-named also giving a cello obligato to songs by Mr. Morgan.

## The Bookshelf.

We welcome the publication of the Year Book for 1912-13, under the auspices of the Students' Union.

The Year Book has now reached its eighth number, and we hope it is firmly established as an annual publication, for its contents, particularly the directory of old Bart's men, are of very great value to many members of the Hospital, and also to men no longer actively associated with St. Bartholomew's.

We have received a most interesting little book by Dr. Arnold Chapin, a Bart's man, upon *The Illness and Death of Napoleon Bonaparte*. The subject is approached from the medical standpoint, but is, nevertheless, quite clearly comprehensible also to the lay public. Dr. Chapin summarises all the evidence concerning the health of Napoleon in his last years, and, in spite of his impartial judicial survey of the case, one is still left wondering how the existence of gastric disease was not discovered *ante-mortem*, nevertheless one can grasp better how such mistaken diagnoses of the case were possible.

One hears of the greater frequency of gastric carcinoma. The case of Napoleon may well be cited in favour of the view that it is the diagnosis of gastric carcinoma, rather than the prevalence of the disease, that has become more frequent.

Dr. Chapin criticises severely the bold statement, made in many text books, that Napoleon suffered from epilepsy, and throws out the suggestion, though not, we fancy, the first time, that the epileptiform fits and slow pulse may have been due to partial or complete heart block, but rightly points out that this supposition can never be proved. The book is published at 2s. 6d. by Hirschfeld Bros., Ltd., 263, High Holborn.

## BOOKS RECEIVED FOR REVIEW.

*Aids to Gynaecology.* By S. Jervois Arons, M.D., M.R.C.P. 5th Edition. (Baillière, Tindall & Cox.) 2s. 6d.

*Vaccine Therapy—its Theory and Practice.* By R. W. Allen, M.D., B.S. (London) 4th Edition. (H. K. Lewis) 9s.

*Geometrical Optics.* By A. S. Percival (Longmans, Green & Co.) 4s. 6d.

*Diseases of the Liver, Gall Bladder, and Bile Ducts.* By Humphry Davy Rolleston, M.A., M.D., F.R.C.P. (Macmillan & Co.) 25s.

*The Illness and Death of Napoleon Bonaparte.* By Arnold Chapin, M.D. (Hirschfeld Bros., Ltd., London.) 2s. 6d.

## LONDON MEDICAL PUBLICATIONS.

*Diseases of the Eye.* By C. Devereux Marshall, F.R.C.S. 10s. 6d.

*Medical Diseases of Children.* By T. Rowland C. Whipham, M.A., M.D. (Oxon.), M.R.C.P. 10s. 6d.

*Treatment after Operation.* By William Turner, M.S., F.R.C.S., and E. Rock Carling, B.S., F.R.C.S. 10s. 6d.

*Diseases of Women.* By Thomas G. Stevens, M.D., B.S. (London), F.R.C.S., M.R.C.P. 15s.

All the above published in London for the University of London Press, by Hodder & Stoughton, and Henry Frowde.

## REVIEWS.

CLINICAL BACTERIOLOGY AND HÆMATOLOGY FOR PRACTITIONERS  
By W. D'ESTRÉ EMERY, M.D. Fourth edition. Pp. xv + 274  
Demy 8vo. (H. K. Lewis.) Price 7s. 6d.

Ten years have elapsed since the first edition of this book appeared, during which the importance of the subject dealt with has become increasingly recognised by the profession at large. Every year more and more men go out from the medical schools into practice, equipped with a practical knowledge of clinical pathology. Both for them, and for practitioners who had fewer advantages in this direction during their hospital days, Dr. Emery's book is of the utmost value, giving, as it does, a clear and practical account of methods and also of the application of results.

Of new matter introduced into this edition is a description of the Wassermann reaction, together with a discussion of the interpretation of results; the latter will be appreciated by all, including the rank and file of practitioners, who are advised by Dr. Emery, as a rule, not to attempt their own Wassermann reactions.

SYMPTOMS AND THEIR INTERPRETATION. By JAMES MACKENZIE, M.D. Second edition. (Shaw & Sons.) Price 7s. 6d.

The issue of a second edition of Dr. Mackenzie's book is not surprising, for the author has dealt with his subject in a most able and practical manner. It is plain largely that brings the patient to the doctor, and however essential for sound practice it is to get to the prime cause of the pain, it must be admitted that the patient requires, above all things, relief from his pain. Any advance in our knowledge which will help us to correlate more closely the exact nature and site of the pain with its causation will benefit both patient and practitioner.

Some clinicians disagree entirely with Dr. Mackenzie's views on visceral pain. We fancy more often than not the disputants are somewhat at cross-purposes, and a careful, unprejudiced perusal of this book should do much to clear away misconceptions. The author throws some doubt on the expediency of exploratory laparotomy in cases of obscure abdominal symptoms. Many surgeons will no doubt point to good results following such operations, even where no anomaly was found, but the tendency to explore abdomens is certainly not to be encouraged if other less drastic modes of diagnosis, giving as good or better results, can be devised. A patient discharged three weeks after laparotomy may perhaps be recorded as "cured," but complete recovery takes many more weeks, as men in private practice well know.

We should like to see more and better diagrams in the third edition, and some good diagrams to illustrate Head's areas. The book affords good reading, and by frequent revisions to keep it up-to-date it may well go through many editions.

STOMATOLOGY IN GENERAL PRACTICE. By H. P. PICKERILL. (Henry Frowde and Hodder & Stoughton.) (Oxford Medical Publications.)

As indicated by its title, Mr. Pickerill's book is intended for the general medical practitioner rather than for the dental surgeon, although it may be read by any dental practitioner with advantage. Mr. Pickerill has aimed at showing the connection between dentistry and medicine. The chapters on acute stomatitis and gingivitis are clearly put and ought to be easily grasped by the medical practitioner.

The chapter on "Oral Sepsis and its Effects" is most instructive, and any dental practitioner would do well to read it. The cases are full of interest. One would like to have seen included in this book a chapter on the tongue in connection with the teeth.

A most useful feature in the book is that which deals with the examination of a child's mouth. It is most important that a medical man should be able to understand the teeth, as school-children are required to be inspected by the medical officer. One chapter deals with the examination of the mouth in a good systematic way, and a medical man would do well to read this chapter and get thoroughly acquainted with the way to examine a child's mouth.

The illustrations are good. The author ends by giving some useful prescriptions which will be found valuable in oral and dental conditions. To all who are interested in this important subject the book will strongly appeal.

## BOOKS RECENTLY ADDED TO THE LIBRARY.

Adami, J. George, M.A., M.D., F.R.S., and McCrae, John, M.D., M.R.C.P. (London). A Text-book of Pathology for Students of Medicine. Illustrated with 304 engravings and 11 coloured plates. Royal 8vo. Lond. 1912.

Carter, Alfred H., M.D., M.Sc., F.R.C.P. Elements of Practical Medicine. Tenth Edition. Crown 8vo. Lond. 1912.  
Cunningham, the late D. J., M.D. (Edin. and Dubl.), D.Sc., LL.D. (St. And. and Glas.), D.C.L. (Oxon.), F.R.S., Cunningham's Manual of Practical Anatomy. Fifth Edition. Edited by Arthur Robinson. Vol. I. Superior Extremity; Inferior Extremity; Abdomen. With 255 illustrations. Crown 8vo. Edinburgh, Glasgow and Lond. 1912.

Vol. II. Thorax; Head and Neck, with 256 illustrations, most of which are in colour. Crown 8vo. Edinburgh, Glasgow and Lond. 1912.

Dixon, Walter E., M.A., M.D., B.S., B.Sc., D.P.H., F.R.S. A Manual of Pharmacology. Third Edition. Lond. 1912.  
Fraser, Elizabeth T., M.D. (Glas.). A Manual of Immunity; for Students and Practitioners. Crown 8vo. Glasgow 1912.

Osler, Sir William, Bart., M.D., F.R.S., F.R.C.P. The Principles and Practice of Medicine: Designed for the use of Practitioners and Students of Medicine. Eighth Edition. Largely re-written and thoroughly revised with the assistance of Thomas McCrae, M.D., F.R.C.P. Royal 8vo. New York and Lond. 1912. Two copies.

Williams, J. Whitridge. Obstetrics. A Text-book for the use of Students and Practitioners. Third enlarged and revised edition, with 16 plates and 668 illustrations in the text. Royal 8vo. New York and Lond. 1912.

The following was presented by Frank Coleman, Esq., L.D.S.:  
Coleman, Frank, M.R.C.S., L.R.C.P., L.D.S., and Hillard Harvey, M.R.C.S., L.R.C.P. Anaesthetics in Dental Surgery. With six plates and thirty-eight illustrations in the text. Crown 8vo. Lond. 1912.

The following were presented by the Authors:  
Hollander, Berasor, M.D. (Frankfurt), M.R.C.S., L.R.C.P. (Lond.). "The Revival of Phrenology." The Mental Functions of the Brain: An Investigation into their Localisation and their Manifestation in Health and Disease. Illustrated with the Clinical Records of 800 cases of Localised Brain Derangements and with several Plates. Medium 8vo. Lond. 1901.

Starling, Ernest H., M.D. (Lond.), F.R.C.P., F.R.S., Hon. M.D. (Breslau). Principles of Human Physiology. Royal 8vo. Lond. 1912.

Waring, H. J., M.S., M.B., B.S. (Lond.), F.R.C.S. Manual of Operative Surgery. Fourth Edition. Illustrated with 541 Figures, several of which are in Colour. Crown 8vo. Lond. 1912. (Two copies.)

McDonagh, J. E. R., F.R.C.S. Salvarsan in Syphilis and Allied Diseases. Medium 8vo. Lond. 1912.

Rawling, L. Bathe, F.R.C.S. The Surgery of the Skull and Brain. Crown 4to. Lond. 1912.

Rolleston, Humphry Davy, M.A., M.D. (Cantab.), F.R.C.P. Diseases of the Liver, Gall-Bladder and Bile-Ducts. Illustrated. Second Edition. Medium 8vo. Lond. 1912.

The following was presented by Lady Butlin:  
Butlin, the late Sir Henry, Bart., D.C.L., F.R.C.S. Eng. Three Lectures on Ulicella Cancer—the Parasite of Cancer. Edited by R. H. Paterson, M.D. (Lond.), F.R.C.S. (Eng.). Crown 8vo. Lond. 1912.

The following was presented by Dr. P. B. Stoney:  
Lion, Heyman, An Entire, New and Original Work, being a Complete Treatise upon Spinae Pedum, containing several important Discoveries. Illustrated with Copper-plates, exhibiting the different species of Spinae. Post 8vo. Edinburgh 1802.

The following was presented by University College:  
Newcomb, L. Catalogue of the Periodical Publications, including the Serial Publications of Societies and Government in the Library of University College, London. Folscap 4to. Oxford 1912.

The following was presented by the University of Upsala:  
Lennander, K. G., Gesammelte Werke. Im Auftrag der Universität zu Upsala. Unter Mitwirkung von Dr. K. H. Gierz, Prof. Dr. K. Petré, Dr. A. Petterson, Doz. Dr. Fr. Zachsson and Prof. H. Ohrvall. Herausgegeben von Dr. Gustaf Ekshorn. Three vols. Royal 8vo. Upsala and Stockholm 1912.

## New Addresses.

BARROW, R. M., Norfolk and Norwich Hospital, Norwich.  
 BINNS, C. C., Royal Eye Hospital, St. George's Circus, S.E.  
 BOWLEY, Sir ANTHONY, C.M.C., 25, Manchester Square, W.  
 BURNE, T. W. H., St. Bartholomew's Hospital, Rochester.  
 CLARKE, Capt. F. A. H., R.A.M.C., Third Division, Northern Army, India.  
 COLE, P. C., Royal Sussex County Hospital, Brighton.  
 COOKE, W. A., 82, Woodland Gardens, Muswell Hill, N.  
 DALE, W. C., English Presbyterian Mission, Swatow, South China, (via Siberia).  
 DORAN, ALBAN, 6, Palace Mansions, Kensington, W.  
 EVANS, E. LAMING, 50, Sevmour Street, W.  
 FENZEL, H., The Beeches, Salisbury Road, St. Anne's Park, Bristol.  
 GRANGE, C. D'O., Gresham House, Newcastle-on-Tyne.  
 GREY, C. G., Orhogo, Southern Nigeria.  
 HOWELL, B. W., Royal Free Hospital, Grays Inn Road, W.C.  
 MERCER, W. B., Kaeo, Auckland, New Zealand.  
 PLAYNE, B. A., Floriston, Bridge Road, Torquay.  
 RICHARDS, Major W. G., I.M.S., 10, Cambrian Road, Richmond, Surrey.  
 SMITH, R. RUTHERFORD, Stutterheim, Cape Colony, South Africa.  
 SOAMES, R. M., 74, Hurlingham Road, S.W.  
 TURTON, J. R. H., 14, Hanover Square, W.  
 TWEDDIE, A. R., 14, Oxford Street, Nottingham.

## Examinations.

UNIVERSITY OF LONDON.  
 M.S.—Examination, December, 1912.  
 Branch 1: Surgery.—E. G. Stanley.

M.D. Examination.  
 Branch 1: Medicine.—T. H. Woodhead.  
 Branch 1: Midwifery and Diseases of Women.—C. R. Hoskyn.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.  
 Dr. J. D. Barris has taken the Diploma of M.R.C.P.

## Appointments.

BALL, W. GIRLING, F.R.C.S., appointed Surgeon to the City of London Truss Society for the Treatment of Hernia.  
 BINNS, C. C., M.B., B.C.(Cantab.), M.R.C.S., L.R.C.P., appointed Junior House-surgeon at the Royal Eye Hospital, Southwark.  
 BURNE, T. W. H., M.B., B.S.(Lond.), appointed House-surgeon at St. Bartholomew's Hospital, Rochester.  
 CANDLER, A. L., M.B., B.S.(Lond.), F.R.C.S., appointed Medical Officer to the Exeter Dispensary.  
 COLE, P. C., M.R.C.S., L.R.C.P., appointed House-surgeon at the Royal Sussex County Hospital, Brighton.  
 COULBY, G. A., M.A., M.D., B.C.(Cantab.), appointed Assistant Physician to the Children's Hospital, Nottingham.  
 DAVIES, A. T., M.D., F.R.C.P.(Lond.), appointed Examining Physician to the Pinewood Sanatorium, Wokingham, Berks.  
 HOLTHOUSE, A. W., M.B., B.S.(Lond.), M.R.C.S., L.R.C.P., appointed Medical Officer to the St. George-in-the-East Schools, Upton Park, E.  
 MILLER, T. M., M.R.C.S., L.R.C.P., appointed Surgeon to s.s. "Mongolian" (Allan Line).  
 PRINGLE, K. D., M.B., B.C.(Cantab.), appointed Senior Resident Medical Officer to the British Hospital, Buenos Aires.  
 SOAMES, R. M., M.B., B.C.(Cantab.), M.R.C.S., L.R.C.P., appointed Assistant Medical Officer to the Fulham Dispensary for the Prevention of Consumption.  
 TURTON, J. R. H., M.B., B.S.(Lond.), F.R.C.S., appointed Demonstrator of Pathology and Assistant Curator of the Museum at St. George's Hospital.  
 WATERHOUSE, R., M.D.(Lond.), M.R.C.P., appointed Physician to the Royal Mineral Water Hospital, Bath.

## Royal Naval Medical Service.

The following appointments, etc., have been notified since November 20th, 1912.  
 Surgeons K. D. Bell, H. B. Hill, M.B., and P. M. Rivaz, M.B., promoted to the rank of Staff-Surgeon, to date November 21st, 1912.  
 Staff Surgeon N. Harris to the "Bellerophon" (temporary), to date December 11th, 1912.  
 Staff-Surgeon H. B. Hill to the "Victory," additional for disposal, January 13th, 1913.  
 Surgeon G. Ellis to the "Pembroke," additional for disposal, December 9th, 1912.  
 Surgeon R. Thursfield to the "Antrim," to date December 11th, 1912.

## Births.

FORBES.—On the 22nd Dec., at Granad, Eltham, the wife of J. Graham Forbes, M.D., M.R.C.P., of a daughter.  
 MILSOM.—On December 15th, at 309, London Road, Thornton Heath, the wife of E. G. D. Milsom, M.R.C.S., of a daughter.  
 PEREIRA.—On December 19th, at 9, Duke's Avenue, Muswell Hill, the wife of Dr. Pereira, of a daughter.

## Marriages.

CARSON—WELLIS.—On December 19th, at All Saints', Harston, Cambridgeshire, Herbert William Carson, F.R.C.S., of 111, Harley Street, son of James Hamilton Carson, Esq., to Mary, daughter of Duncan Willis Esq., of Walsay, Cheshire.  
 FORD—HOILE.—On November 30th, at the Parish Church, Wimbledon, by the Rev. J. Allen Bell, M.A., Vicar, Frank C. Ford, M.B., of Wimbledon, to Elizabeth Stirling Burns, widow of Brigade-Surgeon Lt.-Colonel Edmund Hoile, M.D., and daughter of the late Rev. Joseph Milne, M.A., of Bathgate.  
 ROSE—HARRIS.—On December 4th, at All Souls', London, by the Bishop of Southampton, assisted by the Rev. H. S. C. Whitehouse and the Rev. Scott Webster, Frank Atcherley Rose, F.R.C.S., of 3, Upper Wimpole Street, to Marian Elizabeth Darling, only daughter of Dr. Alfred C. E. Harris, J.P., of Birkenhead.

## Deaths.

MATHIAS.—On June 28th, 1912, at Khartoum, Col. H. B. Mathias, D.S.O., R.A.M.C.  
 TREMEARNE.—On November 14th, at Toorak, Melbourne, Australia, from heart failure, John Tremearne, M.R.C.S., J.P., only son of the late J. N. Tremearne, of St. Ives, Cornwall.  
 WELLS.—On October 31st, 1912, Captain A. J. W. Wells (retired), R.A.M.C.

## 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. XX.—No. 5.]

FEBRUARY, 1913.

[PRICE SIXPENCE.]

## St. Bartholomew's Hospital Journal,

FEBRUARY 1st, 1913.

"Aquam momento rebus in arduis  
 Servare mentem."—Horace, Book ii, Ode iii.

## Calendar.

Tues.,	Feb.	4.—	Dr. Herringham and Mr. Waring on duty.
Fri.,	"	7.—	Dr. Tooth and Mr. Eccles on duty.
Tues.,	"	11.—	Dr. Garrod and Mr. Bailey on duty.
Fri.,	"	14.—	Dr. West and Sir Anthony Bowly on duty.
Tues.,	"	18.—	Dr. Ormerod and Mr. Power on duty.
Fri.,	"	21.—	Dr. Herringham and Mr. Waring on duty.
Tues.,	"	25.—	Dr. Tooth and Mr. Eccles on duty.
Fri.,	"	28.—	Dr. Garrod and Mr. Bailey on duty.
Sat.	Mar.	1.—	Hichen's Prize. Applications for Luther Holden Scholarship to be sent in.

## Editorial Notes.

WE have this month the pleasure of offering congratulations to members of the Staff upon elections to higher appointments within the Hospital. Firstly, Mr. R. C. Bailey has now become Surgeon to the Hospital in place of Mr. Bruce Clarke, who resigned at the end of the year.

Dr. Hinds Howell was elected Medical Registrar in December, *vice* Dr. Langdon Brown, who has resigned after holding the post for seven years, and who has kindly contributed to this number a short retrospect of his experiences in the post-mortem room during this period.

We regret in our November number having omitted to mention Dr. Langdon Brown's appointment as Demonstrator of Practical Medicine in the previous month.

We learn that the University of London has conferred upon Dr. Andrewes the designation of Professor of Pathology, an honour which is gratifying on personal grounds, and also to the Medical School and Hospital in which Professor Andrewes is so distinguished a teacher.

The result of the work of the Special Appeal Committee of St. Bartholomew's Hospital, which was closed at the end of 1911, has been published, and shows that, in cash and promises, a total sum of £38,000 was realised. Of this amount the Governors themselves gave £10,868, while other large contributors were the Mercers' Company, £1050; Grocers' Company, £1000; Goldsmiths' Company, £1000; and Smith's (Kensington Estate) Charity, £1000. An appeal to the textile trade realised £1298, and to the London Chamber of Commerce, £798. Through the help of Mr. John Smithers, £1673 was collected on the Stock Exchange, and at Lloyd's, through Sir John Luscombe, £1607. Sir Thomas Crosby, the late Lord Mayor, allocated £406 to the Hospital from funds at his disposal, and permitted a dinner to be held at the Mansion House, which produced £2006. The committee pay a special tribute of gratitude to Lord Sandhurst, the Treasurer, for his invaluable services.

The Surgery since January 15th has presented quite an empty appearance from the enforcement of the new regulations called into being owing to the Insurance Act.

Five lay officials are deputed to inquire into the position of all patients with regard to insurance, and after examination by the medical and surgical casualty officers, those insured persons whose cases are not urgent and who are not necessitous are referred to panel doctors for treatment. Considerable dissatisfaction was expressed by some of the insured persons over the change, and we imagine the Chancellor's "rare and refreshing fruit" had rather an unripe flavour.

But the charitable public cannot be expected to pay twice over for the treatment of minor ailments, in fact the governing body of the Hospital would not be justified in

permitting the expenditure of money entrusted to them on persons for whom the State has undertaken to provide.

The net result is a large diminution in the attendance in the casualty rooms, especially on the male side. From the point of view of junior residents and dressers this decided slump in patients is quite distressing at times, but we are of opinion that the advantages of the new *régime* will, on the whole, outweigh the disadvantages.

We observe amongst the appointments to the Honorary Consulting Staff for the Queen Alexandra Military Hospital, London, the names of three of our Visiting Staff—Sir Anthony Rowly, Mr. W. T. Holmes Spicer, and Dr. W. S. A. Griffith.

The appointments are made for four years, dating from January 1st, 1913.

Mr. W. Girling Ball has been appointed Surgeon to the City of London Truss Society.

Mr. A. Feiling has obtained the Membership of the Royal College of Physicians at the examination held in January.

Many of the Bart.'s men who went out to serve in hospitals with the forces of the Balkan allies have returned home as there is now little to be done which cannot be managed by the allies' own organisations. As is commonly the case, many men went out expecting plenty of surgical work, whereas, in point of fact, a large amount of the work was medical. This lowered proportion of surgical cases was intensified by the distance of the hospitals from the fighting lines.

Mr. Gordon Hill, whose experiences in the Turco-Italian war last year we have pleasure in publishing, also found that medical cases occupied much of his attention.

We have persuaded the Head Dispenser to give a few hints how economies may be fairly effected in connection with his Department, and his notes form interesting and amusing reading. We remember that in the Treasurer's Report for 1911 the Drug Bill alone showed some diminution on the previous year's amount. But to a great extent, the outgoings of the Dispensary are in the hands of the medical officers of the Hospital (including the surgeons!), and an appreciable saving can only be made through the care and forethought which everyone attached to the Hospital ought to exercise when ordering treatment.

We have thought it advisable this month to increase the size of the JOURNAL to twenty pages, and nevertheless have been compelled to hold over some matter for the next issue.

But do not let our readers imagine that contributions are any the less welcome; there is ample space in the Editorial desk for more copy, and we shall always be prepared to enlarge our pages to make room for interesting articles.

## Seven Years in the Post-mortem Room: a Retrospect.

By W. LANGDON BROWN, M.D., F.R.C.P.

**A**T the close of seven years' tenure of the post of Medical Registrar and Demonstrator of Morbid Anatomy, I may, perhaps, be permitted to recall some of the changes that have occurred during that time, in the hope that they may be of interest to the students of the present day.

I was appointed just when the old post-mortem room was closed. This was a small, gloomy room behind the old out-patient block, of which the isolation wards are the sole remains. It had a depressing approach through an avenue of coffins. There was little opportunity for the students to see much, for although there were galleries something like those in the operating theatres they were unfavourably placed, and crowded with pots and instruments for which there was no room anywhere else. In winter it was dark, and throughout the year it was stuffy. It was not uncommon for a censer to be set burning to try and conceal, in some measure, the objectionable effluvia it could not prevent. Altogether they were cramped and inconvenient quarters.

It was at the beginning of 1906 that the temporary post-mortem room was opened—a corrugated iron building on part of the site recently acquired from Christ's Hospital. It was at least roomy and well ventilated. In addition to the four tables transferred from the old room there were two others which were supposed to be of an improved pattern introduced as an experiment. The intention was to have them all of this pattern ultimately, but so unsatisfactory did they prove in practice that we still have the old tables in the new room, with the substitution of more cleanly metal stands in place of the wooden ones. The "improved" experimental tables are there also, but are only used when absolutely necessary. A small laboratory was attached to this temporary post-mortem room, but it was never equipped, for it was not practicable to make use of it until the pathological staff was increased. Blood-cultures and sections were therefore only made in cases of special interest, and the wide separation from the pathological laboratory and the museum was very inconvenient. Still the conditions were a decided advance in every way on those obtaining in the old abode.

The new post-mortem room at the top of the pathological block was opened on May 21st, 1909, and the first examination, on a case of cerebral hemorrhage, was made before a large number of spectators by Dr. Norman Moore, then senior physician. He has recorded the fact in what I believe to be Irish black letter in the post-mortem register. It is unnecessary to describe this room, which is, or should be, familiar to every student. I will only call attention to

the ventilating fans and to the method of cold storage of the bodies, which have so greatly diminished the unpleasant accompaniments of morbid anatomy. The censer has become as extinct as the carbolic spray. The freezing of the bodies also allows of more accurate observations because of their better preservation. I well remember the surprise with which I saw for the first time (it happened to be a case of tuberculous meningitis) the lateral ventricles filled with a mass of icicles. The small perforated dissecting tables which are placed over the slate tables were introduced by Mr. Gordon Watson. They are very convenient for making further dissections, and have saved me an aching back on many occasions, but I fear they can never be rendered surgically clean.

From the scientific aspect, undoubtedly, the greatest improvement is the laboratory attached, where Dr. Gordon and the demonstrator of pathology on duty carry out routine investigations. Blood-cultures are made in every case, and fresh sections are cut whenever necessary. This has added enormously to the interest and the value of the post-mortem, enabling us to know the nature of the infection while the examination is proceeding, and to obtain valuable microscopical evidence, which often throws an entirely fresh light on the case. Rather more than a thousand medical and surgical cases have already been investigated in this way, and, as I believe an abstract of the results are to be published, I need not dwell on them. I will only refer to three points which have attracted my attention. Firstly, the surprises which sometimes occur in infantile gastro-enteritis; thus, I can recall instances where the infection was found to be typhoid, paratyphoid, Flexner's *B. dysenteriae*, or a septicæmia due to *B. coli* or the *B. aerogenes capsulatus*, while clinically they appeared to be cases of ordinary infantile diarrhoea. Secondly, the frequency with which infants dying with Laennec's "acute suffocative catarrh," have proved to be the subjects of pneumococcal septicæmia with comparatively little to be found in the lungs or bronchi. Thirdly, the discrepancy between the macroscopic and microscopic appearances of kidneys. Some with very little alteration to be made out by the naked eye have shown advanced interstitial changes under the microscope, while I remember one case where the kidneys looked typically "small white," yet showed little change microscopically.

In the last seven years the total number of medical post-mortems has been 2282, an average of 326 a year, divided between the two registrars. The numbers in each year show remarkably little variation, the highest being 346 in 1909, and the lowest 310 in 1911.

During the examinations many questions are asked and opinions expressed; the few statistical results that follow are selected merely because they give my experience on certain points on which I have noticed some difference of opinion, or concerning which questions have been frequently asked.

I have made nearly 100 examinations of cases of tuberculous meningitis, and in all but thirteen there was a caseous focus in the bronchial glands. In seven of these the mesenteric glands were caseous, and in three there was a caseous focus in the lungs, but the glands were not involved. In one there was caseous ulceration of the intestines, the mesenteric glands were large and hard but showed no evidence of tubercle, while the bronchial glands were not affected. One case started as tuberculous conjunctivitis, and the pre-auricular gland was caseous. Only in one case did I fail to find a caseous focus of some sort; it was in a girl, æt. 10, who showed scanty miliary tubercles in the lungs and a few tubercles, but no caseation in one mesenteric gland. The following case, not included in the foregoing list, presents some interesting features. A woman, æt. 32, under care of Dr. Herringham, died with typical signs and symptoms of tuberculous meningitis. During life, tubercle bacilli were obtained from the lumbar fluid. There was a caseous focus at the apex of the left lung and some tuberculous broncho-pneumonia. Macroscopically, neither the brain nor the spinal cord showed any evidence of tuberculous meningitis. But Dr. Gordon injected a guinea-pig with an emulsion of the cord, and when the animal was killed two months later it was found to be the subject of multiple tuberculous lesions.

It is often said that tubercle is rare during the first year of life, and that tuberculous cavities are hardly ever found in young children. Yet I was able to collect ten examples of such cavities in children under five in the course of about two years. One of these was in a child aged only five months. It is true that the majority of these cavities are at the root or base of the lung, and have evidently resulted from the breaking down of a caseous bronchial gland into a bronchus, which set up a very intense infection in a limited area. This is not always the case however. Thus a child aged one year and nine months had cavities at both apices, just as might be seen in an adult.

The apparent antagonism between mitral lesions and tuberculous of the lungs is often disputed. I can only say that I have seen no instance of pulmonary tuberculosis with mitral stenosis, and only two with mitral regurgitation, one of which was complicated by chronic nephritis. One case diagnosed clinically as mitral stenosis with tubercle of the lungs proved to be congenital heart disease, which, as is well known, is very apt to end in this way.

The ordinary teaching is that in morbus cordis with failing compensation the spleen is smaller than usual, but dark, firm, and tough, and that for enlargement of the spleen to occur in morbus cordis it is generally necessary for infarction to take place. And although I have heard this dictum disputed, my figures support the orthodox view. I have not included cases which, dying of something else, had old valvular disease which was compensated. The spleen was small, tough and firm in 55 per cent., normal in 15 per cent.

and enlarged in 30 per cent. But of these 30 per cent. 20 contained infarcts (13 per cent. being cases of infective endocarditis), while another 2 per cent. were infective endocarditis without infarction. This means that in only 8 per cent. of all the cases was the spleen enlarged other than by infarcts or infective endocarditis, while it was small in 55 per cent. It might be expected that the condition of the intra-hepatic capillaries plays some part in determining whether the spleen enlarges or not. But against this I may say that a nutmeg liver was found in almost exactly the same proportion of the cases of large and small spleens. So that it is necessary to find another explanation of the fact that whereas back-pressure acting through the hepatic vein usually excites the spleen to contract against it, back-pressure applied directly through the portal vein, as in cirrhosis of the liver, more generally causes it to enlarge. I believe perisplenitis, which is so common in cirrhosis, is a factor in determining this enlargement of the spleen. It must hinder the rhythmical contractions of the organ rather as adherent pericardium interferes with the rhythm of the heart; and this we know leads to cardiac hypertrophy. I am strengthened in this opinion by finding that perisplenitis was also present in two out of the eight cases where the spleen was enlarged in cases of heart disease without infarcts or infective endocarditis. In passing, I may add that the rarity of hæmorrhagic as compared with anæmic infarction of the spleen is shown by the fact that I have only seen it twice in seven years.

On looking back over one's records, it is curious how few cases stand out individually; a sort of composite photograph results, giving a typical picture of a morbid condition, any departure from which is at once recognised. It is reassuring to find, on going into figures and percentages, how accurate on the whole this composite impression becomes. I might mention two cases which stand out because they were unique in my experience. A stableman, æt. 34, addicted to alcohol, but said to be sober at the time, was seen to fall backwards on to his head while at work. He was dead when picked up. There was no external sign of injury, but in addition to a fractured base he had dislocated his atlas and axis. The odontoid process of the latter had been pressed into his medulla, killing him instantly. A man, æt. 35, died apparently from acute bronchitis. Both lungs were intensely congested; scattered throughout them were a large number of small black granular friable patches which stood out above the level of the surrounding plum coloured tissue on section. I found that for the last six weeks of his life he had been a gold-worker. It seemed in the highest degree improbable that all this was gold-dust, but that it was more probably filings from the iron in which the gold is worked. This was kindly confirmed by Dr. Huxley, who found no gold, but was able to extract considerable quantities of iron from the lung. This could properly be called a case of acute siderosis.

I remember someone saying to me that post-mortem examinations are not made with the care that they were in the days of men like Moxon. But the answer to this is that the point of interest has shifted, and that in two directions; for then the necropsy was the final stage; to-day it is often but the opening chapter of a series of investigations which may be protracted over weeks. Again, just as the surgeon can control his theories by the "biopsy" of operations, the physician is now able to check his by clinical pathology.

Sir James Goodhart took for the title of his Harveian oration last year "The Passing of Morbid Anatomy," a significant choice for a distinguished representative of a school that has been pre-eminent in morbid anatomy. It was the natural course of events that we should pass from symptoms to physical signs and thence to their anatomical basis. And in the examination of every case we repeat in brief the stages of medical discovery, just as ontogeny repeats phylogeny. But now we are passing from the study of lesions to the causes of those lesions; the infections, the alterations in secretions, both internal and external, and the changes in function that precede those of structure. To take an example familiar to all, locomotor ataxia is the name of a disease symptomatically described, and tabes dorsalis represents the anatomical stage of our knowledge; but this only describes the lesion resulting from degeneration of the lower sensory neuron in a person who has had syphilis. The next step is to determine the chemical changes which precede that degeneration.

There is a tendency to regard each new method of investigation as giving us indisputable facts rather than opinions, but even so the difficulty may still be rightly to interpret those facts. I was recently a good deal impressed by examining on the same day two men who had died with symptoms of intra-cranial syphilis. Each gave a positive Wassermann's reaction, which was naturally held to clinch the diagnosis; but one had a gliosarcoma of the occipital lobe, and the other a cystic glioma of the frontal lobe. Still more often, perhaps, does the difficulty arise with the various tuberculin tests, in view of the great frequency with which there is quiescent tubercle in the body, which is found at the post-mortem not to have been responsible for the symptoms observed during life. So that it remains true that morbid anatomy must be the basis of a large part of medicine, and it is as necessary as ever to test clinical diagnosis by post-mortem experience. Many a man in practice has told me how he misses the opportunity of seeing post-mortems, and how he has lost the lessons that an obscure case might in that way have taught him. A fatal case without a necropsy leaves us but little wiser than before. Therefore it is of the greatest importance to cultivate "the post-mortem-room habit."

### With a Field Hospital in Tripoli.

A paper read before the Abernethian Society on Thursday, November 28th, 1912.

By R. GORDON HILL, M.R.C.S., L.R.C.P.

AT the outbreak of the recent Turko-Italian war in Tripoli an organisation was formed in London entitled the British Red Crescent Society, for the purpose of assisting the Ottoman Government by sending properly equipped field hospitals to Tripoli. The funds for this purpose were mostly raised among the large and influential Mohammedan Communities in India and other parts of the British Empire.

The first hospital to leave England sailed early in the year under the charge of Dr. Bernard Haigh, a Bart.'s man; and the second fully equipped hospital, which I accompanied, left London for the seat of war early in June, 1912. The personnel consisted of the director, Captain Dixon Johnson, who was in charge of both hospitals and looked after the business side of the expedition, two doctors, one dresser, and five English orderlies. The hospital itself was composed of seven small marquees, each one capable of holding at least eight patients, and three others, one for stores, one as a pharmacy and operation tent, and the other for the orderlies. Besides these we had three Cabul tents and a mess tent for the officers. It was most completely equipped with practically everything that money could buy. This, however, had one disadvantage, in that it rendered it unwieldy owing to its great weight—in fact it weighed twice as much as an English field hospital of the same size.

Our stores were well packed in boxes of such size as were most suitable for being carried on camels' backs. The hospital, medical stores and groceries were sent direct to Tunis by steamer, while the staff travelled overland *via* Marseilles to Sfax, a small port in Tunis. Here we hired a number of Arab servants, all of whom could speak both French and Arabic. From Sfax we proceeded to Bengardane, the nearest town to the Tripoli border. For this purpose we chartered an Arab dhow. She carried a most villainous looking crew, picturesque ruffians rigged in yellow and crimson turbans, coloured tunics, and belts stuffed with arms of antique pattern.

Twelve hours after leaving port the wind dropped and we lay becalmed for a whole day, with the sun directly overhead and no shade. During the day the heat was excessive, and the sea like glass, but the most annoying part was that the presence of sharks prevented us from bathing. Night brought lower temperature, so low that our clothing was insufficient to keep us warm. On the second night out we ran aground and were unable to get off for twelve hours, and then not until we had transferred the whole of our cargo into another boat. Once more afloat the cargo had to be put back again, all of us working like very niggers.

Soon afterwards we reached Bengardane. This is a typical Arab town. The houses are tunnel-like and possess no windows; as an entire family lives in each house, and the houses are only about six feet wide, it is easy to understand how large a population may cover a very small area. Bengardane possesses the usual Oriental market, through which it is a delight to thread one's way, amidst the confused medley of camels, men, asses, horses, and merchandise. Care must be exercised lest one's horse should put his foot among the numerous wares exposed for sale on the ground. At Bengardane we discovered our baggage, which had been sent on in advance by tramp steamer, and we had two days' hard work sorting it into loads for the camels. As there were several hundred packages, and most of them weighed 150 pounds or more, we naturally found the work very fatiguing, especially as it was done beneath a hot sun. To our great joy we discovered in the corner of the field in which we were working a well, but our joy was turned to sorrow when we discovered that the water was salt owing to the presence of sulphates, and liable to give one diarrhoea.

We arranged with a *mahmoud*, or *chef de caravan*, to hire 200 camels, each camel to carry 450 pounds. As there had been trouble before about the agreement when the first hospital went up country, this one was put into writing, both French and Arabic, but, as you will see later, this availed us nothing.

Nesciat Bey, the commander-in-chief, had sent a message that we were to proceed to Zelten, but hearing that this was being shelled by the Italians, we decided to make for Regdalin, the next oasis. We had, of course, intended to travel by night, so arranged for the camels to arrive at four o'clock p.m. However, they did not put in an appearance until six o'clock. We let them into our field fifty at a time, and though it had been guaranteed that each camel should carry 450 pounds, almost without exception the rascally drivers attempted to escape from the field with loads of about a third of that weight, but fortunately our men stationed at the gates detected the manoeuvre in time, and drove them back. No sooner had the loading started than pandemonium began. There was but one driver to every five camels, so that while he was fixing the load on one brute the other four wandered about among the baggage. The drivers disregarded our carefully arranged loads, and rushed all over the place, picking out the lightest and least bulky packages. These had to be unloaded again. Darkness came on, and as the moon rose late that night it was very hard to supervise the loading properly. The whole while our menagerie kept up a horrible chorus of most beastly sounds. Gargling in a loud and offensive manner seemed to be their chief amusement. The darkness, the shouting of the men and the roaring and hissing of the camels was sufficiently distracting, when in the middle of the uproar a stallion broke loose and bolted after one of

the mares. Instantly everything was in the wildest confusion. The mare charged into the already loaded camels, causing them to stampede, the boxes which we had so carefully arranged were flung off at any angle. Thus there were fifty camels charging in every direction, throwing boxes about, and a couple of horses playing hide and seek at the gallop in the middle of them, and all this in a circus of an acre. Every man naturally fled for safety, and sought what cover he could find. Eventually the stallion was caught. Things quieted down again, and the loading recommenced.

I found the camel not the romantic animal I had been led to believe him. He has a supercilious and contemptuous expression, a filthy mouth, a mangy skin, a coat which harbours a peculiarly horrible looking insect, the size of a bean, called the camel-louse. He has a most obstinate temper, and, worst of all, his hide is so thick that it is practically impossible to hurt him. Camels have no bridle and are driven with a stick. To load the brute you divide the load into two parts on the ground a yard apart and drive the camel in between. You then dodge round in front of him to prevent him walking right through. In all probability he will then back out and go off to join his comrades, but if you are lucky you may persuade him to lie down. This is done by making a noise in the throat like *sh-r-r-r*, and hitting him on the knees with a stick. With luck he may condescend to go through the first motion and drop on his knees. He may object to doing anything more than this and probably get up again. To complete the process you lean heavily on his neck, which curiously enough has the effect of making him lower his hind quarters. When once you have got him down you tie a cord round each of his two front legs, and, in fact, truss him like a fowl. Even then if the spirit moves him he will hobble away on his elbows.

The loads are not, as a rule, tied on to the camel, but balanced on each side, but if cord is used it is kept in place by a groove it has worn on the hide. Once the loading is finished you proceed to make him rise, some four men holding the load in place. It will then be found in all probability that it is not properly balanced, and the whole tedious process must start over again. This finished he moves off to the place where the other loaded camels are standing, knocks his load into one of theirs, both come off, frighten the other camels, and the baggage is once more scattered.

The camel-driver is the most immoral, obstinate and generally objectionable person it has been my misfortune to meet, but as he spends his life among camels he really has some excuse.

We had arranged that as each batch of camels was loaded they should wait at the edge of the desert, a mile or two outside the town. At last, at two o'clock in the morning, the last camel was loaded, orderlies and native servants mounted,

and we thought that our troubles were for a time at an end. But alas! as we rode out we discovered numbers of bales and boxes which the camels had shed, and no attempt had been made by their drivers to pick them up. Suddenly shouts and cries were heard, and galloping up we found that the stallion the other doctor was riding had rolled over him. When we came up he was quite unconscious, but to our relief speedily came round, but unfortunately he was quite unable to walk as the animal had rolled on his legs. He was in great pain and reluctantly was taken back to Bengardane; this was the last we saw of him for many weeks. A short distance away the caravan had halted for the night and the camels had been unloaded; so, dead beat and too tired to worry any more, we spread out our blankets and went to sleep.

At five o'clock next morning the caravan once more reloaded and moved off in detachments. A driver then told us that one of our camels had disappeared with its load in the night, and he thought probably it might have wandered home. In a caravan the strong camels walk fast and the weak ones slowly, so that though they start together, before long they are split up into squads, spreading over five or six miles. Many loads are dropped on the way and these take time to put on again. In our caravan no animal save our own horses had bridles, the other horses and the camels and asses all following one another.

The desert land bordering on the coast is covered with small dry shrub about a foot high, and the caravan route consists of a number of more or less parallel narrow paths formed by the camels picking their way between them. If one wandered away from the tracks they would be difficult to find again, as few of the shrubs are disturbed. The heat was terrific, and the sirocco or hot wind of the desert was blowing. Face and body were dried like parchment, tongue dry and hard, and eyes full of dust. My horse seemed to feel the heat more than I did; it was impossible to make him travel at more than a slow walk. I found it quicker to dismount and lead him, but this, unfortunately, caused me to perspire freely, and thus increased my thirst. To make matters worse, we were crossing a number of dried-up salt lakes, and the earth for most of the way was impregnated with salt. We had had no opportunity of filling our water-bottles since the night before, and they were now empty, though the journey was not half completed. Blazing sun, scorching wind and salt dust caused intense discomfort. To add to the pleasures of the ride, on the horizon was a beautiful, but tantalising mirage of blue water and many beautiful islands—a veritable paradise. I wish that I had been able to compare notes with the others to see if the appearance of my mirage was in any way similar to theirs. I pushed on ahead in order to stop the water camels, to enable those behind to fill their bottles, but unfortunately the water cisterns had been placed on what proved to be the fastest camel, and, of

course, headed the caravan. Though only three or four miles in front of me it took a solid three hours to reach him. On the way I found the dresser with one of the orderlies lying by the side of the caravan route. The latter had fainted through lack of water and fallen from his camel, and the former had stopped behind to look after him. They were both semi-wild with thirst, and their mouths were so dry that they could barely articulate. They had both been without water for some hours. Their camels had gone on ahead, as their drivers would not, or could not, understand what they said. The orderly had persisted in attempting to walk, his reason being that he would choke unless he were in an erect position. Having no water to give them I rode on as rapidly as my jaded horse would allow to obtain some. At last I overtook the head of the caravans at the place selected for our first camp. Luckily I had a key of the water cistern, and after a drink rode back a few miles with a supply for the others. One of them, after drinking, had acute colic, and vomited for the rest of the journey.

For the journey we carried a ration consisting of bread, cheese, a cake of chocolate, and an onion. The onion was the only thing eatable, for the chocolate melted over the bread and cheese, and rendered it anything but a tempting meal for a man with a parched mouth. The tail end of the caravan did not reach camp until five hours after the arrival of the van. Except for a well, our camping ground was in no way different to the rest of the desert. On arrival we found another caravan in possession, who had placed an armed guard over the well. The rule of the desert is that the first caravan coming to a well has the right to water its men and all its animals before the next can touch water.

Several hours elapsed before sufficient water rose for the men and beasts of our party. Tents were erected and some tea made, but this proved very unpalatable, as the water with which it was made was salt and curdled our milk, and was thick with dirt—dirt which we had no means of straining off. Our intention was to start away at eight o'clock in order to travel by night, but at that hour the *chef de caravan* informed me that he could not get away until midnight, and in the end we actually started at three o'clock in the morning. In justice it must be said that the control of a large caravan is a difficult matter: the camels belong to various owners, who travel with them, and who camp in groups scattered over a large area.

In about two hours we arrived at the Tripoli frontier, and took leave of the guards the French Governor at Bengardane had so kindly provided. The only thing to mark the frontier was a small hut made of matting. Here all Arabs coming from Tripoli into Tunis had to leave their modern rifles, but firearms in the shape of family heirlooms were allowed to pass owing to their harmless nature. Save for a short rest at noon we were riding the following day for

seventeen hours. Our men by this time were fairly worn out, and were falling asleep on their camels, often finding themselves on the ground in consequence.

Riding in the desert at night possesses a charm I am unable adequately to express. Under the moon shining brilliantly there is a stillness almost weird, broken only by the slow creaking of the baggage on the camels. Another caravan is passed in utter silence. No word of greeting is exchanged. I know nothing which makes one feel life so worth living as travelling by the light of the desert moon.

Nothing so strangely stirs one's spirit of adventure as riding thus through a land where it is said not a dozen Englishmen have been before, in a country of which there is no map, to a destination of which one can gather no information; riding in the company of men who cannot speak a word of your native tongue, men clothed in the costume of Bible pictures and armed with the engraved and inlaid weapons of their forefathers. Add to this the fact that the Italian battleships are lighting your path with their search-lights, that the men you are with are unspeakable blackguards who will rob you if they have the slightest chance, and that you are travelling only five miles away from, and parallel to, the enemy's front.

Many times during the night the Director and I allowed the caravan to go ahead, and dismounting, and lying on the ground with one leg through the bridle to prevent the horse getting away, we were asleep in a second. Half an hour after, up and away after the caravan at a canter and then to repeat the same performance.

The last time we did this we were awakened by some of our Arab servants who had ridden back to find us. We had been asleep some hours, and on being roused found the sun rising and the heat of the day already commenced. On the horizon—oh, joy!—we saw the long, low dark line which told us we were nearing the oasis of Regdalin; trees and shade after three days of salt, arid and shadeless desert. From the time we first sighted the oasis we were riding for three hours before we could dismount beneath the trees.

On this journey we learned from the Arabs the only method of keeping cool. Every Arab during the heat of the day wears a *berousse*, a long voluminous blanket cloak covering the head and reaching to the ground. It is certainly successful in keeping out the heat, and prevents the perspiration evaporating too quickly. Thus less water is taken from the body and one suffers less from thirst.

This cloak is surmounted by an enormous straw hat, three feet in diameter, surrounded with coloured tassels, and a coloured band to pass beneath the chin.

My first impression of an oasis was one of disappointment. I expected cooler air, green trees and grass. Well, the expected greenness was not there. Instead I found nothing but sand, with dusty palm trees scattered in clumps over a large area of a dull brownish green, and nowhere in

the country did I see the vivid green which we are accustomed to in England.

At Regdalin are a number of wells, the water of which is saline in character. It is a very singular fact that of two wells not a hundred yards apart, one should be salt and the other not.

The houses of the village are arranged in the form of a square, the entrance to which is through an old archway. Inside the square the ground is merely a deposit of the filth of generations. Prior to our arrival the Turkish medical officers had chosen this spot for their camp, and remained there until an Italian airship had dropped some bombs in their immediate neighbourhood. The Italians must not be blamed for thus inadvertently disobeying the rules of war, for the Turks had flown no Red Crescent flag, and the only symbol to show the real nature of the camp was a small and dirty Red Crescent, 18 in. long, and even this was so placed as to be invisible to an airship. We were well entertained by the Turk in charge of the telegraph station to a meal consisting of melon, salad and Arab tea. He made us most welcome. We were informed that the Turkish medical people had moved to the oasis of Menchia 12 kilometres distant, as in their opinion Regdalin was too near to the Italian lines.

We found here a large number of wounded, who with others, on hearing of our coming, made haste to seek our aid. These crowded into two or three of the little tunnel-like houses, where the great heat, darkness, lack of ventilation and the odour of unwashed humanity somewhat interfered with proper diagnosis and treatment. Some of these people had been treated by the Turkish medical officers, but on their departure their patients had fallen back on native remedies, and very nasty remedies they appeared to be. We decided to press on to Menchia that day, but left some medical stores at Regdalin, intending to ride back every alternate day to dress the wounded who were there. At midnight we arrived at Menchia, where we were most hospitably entertained by the Turkish medics. We squatted on the ground "*à la Turk*," and all ate from the same dish, washing the meal down with palm wine. As the senior medical officer was a Greek and the two others Turks, the conversation was conducted in French, of which language none present had a great knowledge, and all spoke with their native accents.

The Turkish hospital consisted of a long low tent in such a very dilapidated condition that its tatters flapped with every breath of wind. It was crowded with patients, who lay on the sand with neither mattresses to lie on or blankets to cover them, and in the same garb in which they were wounded. This tent was surrounded by innumerable native tents, in which other patients lived with their wives and families.

Of the three medical men, one Abdul Salem alone did any work; the remaining two occasionally looked on, but

Leonidas the Greek went so far as to have a chair brought, the better to pursue this arduous task.

The out-patients were attended under a palm tree. The only antiseptic used was iodine, in which they placed great faith. Abdul Salem informed me that with it he had obtained most excellent results. As the wounds of his patients were at least a day or two old when he saw them, and during that time had been in contact with their dirty clothes, I am afraid that he placed too much credit to the iodine and too little to the comparatively harmless nature of the modern bullet-wound. Besides the medical unit, we had in the camp a large number of Arabs, a telegraph station, and a detachment of Turkish troops, but not a single latrine, nor, indeed, any sanitary device whatever. It will be readily understood that we found the neighbourhood of the camp distinctly objectionable. Our relations with the Turkish medical officers were amicable and they treated us with the greatest courtesy, but we soon found that they regarded us with jealousy, and were trying their best to induce us to pitch our camp in such a position that our cases would have first to be seen by them—in fact, we were to treat only those they chose to pass on to us. Naturally we objected to this and decided to visit the commandant, and from him obtain permission to erect our hospital five miles behind the firing line, and not fifteen as we were then. We informed Leonidas of our intention and he appeared at once to fall in with our views, but added that we must not think of moving out of camp without an escort, orders having come from the commandant to that effect. We therefore applied for an escort. Yes, they would be ready at nine o'clock. At nine we were told they had been sent on another journey and we would have to wait until two. At two o'clock no sign of them and at three o'clock we were told that two camels were going in the direction we desired and we might accompany them if we wished. This was meant as an insult, for no person, far less a stranger, is given an escort of camels. We rode, therefore, without an escort, and on seeing the commandant preface our request by apologies for disobeying his commands by travelling without an escort. He replied that he had certainly given no orders to that effect, but that we could have one if we wished. After this experience we decided to ignore any more orders conveyed through our Turkish medical friends. We obtained from the commandant permission to camp at Regdalin. Early next morning we packed up and set off in that direction, arriving there in the middle of the night.

Next morning we started to plan out the camp and to sort out the baggage. Regdalin was the hottest place we were ever in, so much so that it was impossible to work in the day between 10.30 and 4.30. On the morning of the next day we were awakened by the sound of heavy gun and rifle fire, which continued until three o'clock in the afternoon. In the evening an Arab sheikh rode in to say that many wounded were on their way to Regdalin and that some had

already reached the village. We rode back and found the village square filled with Arabs, horses and camels. All the wounded had ridden in five or six miles, as the only stretchers in the district were those that belonged to our own equipment. The wounded came in mounted on horseback, many riding two on a horse with their rifles crossed behind them. Some of them were covered with blood from head to foot. Among these I afterwards discovered a fractured femur and several men shot clean through the abdomen. They were all in the most excited state of mind, and the fact that they had captured a few Italian rifles appeared to outweigh the fact that they had been defeated in battle and that one of their towns had been captured. So merry were they that we did not realise that they had been badly beaten until they had been in hospital some hours.

We set to work and hastily put up a few tents, but were not able to erect many as darkness fell soon after their arrival. I must explain at this juncture we were not really in a position to receive patients at all, for half our baggage had been taken away in the night to a place two days off, and there held to ransom. This naturally put us in a position of considerable difficulty as we had no drugs and but few tent poles.

Numbers of the men had been shot through one or both lungs, but this seemed to have practically no effect on them; it certainly gave rise to no shock. We offered to take them into hospital, but they preferred to go home and to return daily to the hospital to be dressed. The results showed they were justified, for in none of these cases did I afterwards find any bad results. The few tents we had managed to put up were situated in a little hollow under some palms, and into this hollow poured a continual stream of wounded men and their friends. There was no ambulance system of picking up the wounded and conveying them from the field. Those who were strong enough rode in, others were brought in by their friends, and the remainder were left at the front to their fate.

That night they were packed like sardines: tents normally holding eight held as many as sixteen. It was impossible to make more than a provisional diagnosis owing to their excitable condition, and the difficulty of obtaining their history and the position of their wounds through the interpreter. They talked and laughed and made such a hubbub through the night that it was found necessary in several cases to administer an opium pill before it was possible for anyone in camp to obtain any sleep. Through the night, however, wounded continued to arrive, and tying their mounts to trees in the middle of the camp the more fortunate would crawl into a tent and lay down to sleep.

With the aid of a lantern I made my night round in the early hours of the morning. The camp presented an extraordinary sight. The whole ground was covered with sleeping animals and wounded men lying among the tents. In

the morning it was much worse, for fodder for the animals was added to the general litter.

It appeared to me hardly in the best interests of surgery to have horses and camels rolling and kicking outside the tents or tripping over the tent ropes, making a cloud of dust while the patients were being dressed. Upon trying, however, to banish them from the camp, I discovered that they were the private property of our patients, and that as there was nowhere else for the animals to go they must of necessity be allowed to remain. During the day still more patients continued to arrive, and it was not until that evening that we were able to look around us and commence a systematic examination.

Let me now describe something of our more interesting cases, and endeavour to indicate the nature of the wounds caused by modern projectiles. It must be borne in mind that at no time did we have even a solitary case in hospital which had not ridden in from a distance of several miles; our experience of serious wounds was therefore not so great as would have been the case had there been a complete ambulance system, or, in fact, any ambulance system at all. We had but one man with a shell wound, for the Italians used but little common shell. The posterior part of the right deltoid and the muscles on the back of the scapula had been carried away. The wound granulated well, and we had intended to skin-graft it, but the patient thought he was doing well enough and went off. Of rifle-bullet wounds there were a great many. I had always heard that the entrance wound of a modern rifle bullet was small, and that the exit was large. This is true of the round shrapnel bullet, but not, in our experience, of the modern high-velocity one. In cases in which a rifle bullet had passed through a limb without striking above or picking off a vein, artery or nerve the effect was trifling; it was rarely followed by suppuration. It healed within five or six days sufficiently for the patient to return to the front, and left no permanent trace save a small fibrous cord which was formed along the course of the bullet. In several cases in which a bullet pierced the arm, paralysis resulted, but in no case could one be certain that a nerve was divided; in fact, in some cases the bullet seemed to have travelled distinctly to one side of the nerve. The experience of army surgeons is, I believe, that the nerve is more likely to be bruised than divided, and that the best results are obtained without operation. Bearing this in mind, though sometimes tempted, we did not operate in these cases.

Of fractures we had four, three of the humerus and one of the femur. In the two cases from which we recovered the bullets they appeared to have ricocheted, and to have been bent before they entered the limb and struck the bone sideways. In the arm case the bullet was found under the skin, but upon an attempt at extraction being made it retracted. A fortnight later it pointed two inches above its former position, and was excised. In the case of the femur,



the bullet had struck the lower end of the bone, breaking it, the bullet remaining in the limb. A few days after the admittance of the man the injured thigh swelled to a great size, and his temperature rose to 102° F., pus at the same time coming from the wound. On the fifth day the bullet dropped out, and was found in the dressing. His temperature then fell, and all inflammation subsided. This bullet might have been found if we had probed for it, but as the success attending the treatment of modern wounds is due in great part to the surgeon refraining from probing, in no case did we attempt it. A long Liston was made, and the limb set up under an anæsthetic, and as there was some shortening, extension was applied. In a country in which there is no wood (for the palm tree makes no wood) there is great difficulty in making a long Liston. In the end we made one by joining two smaller pieces of wood, and padding the splint thus formed with wood fibre from one of the packing-cases. This made a fairly satisfactory splint. The applying of extension was also no easy matter, as we possessed no beds, and it was impossible to apply it to a patient who lay flat on the ground. We remedied this, however, by placing the patient on a stretcher which rested on two boxes. A stake was driven into the ground at the foot of the bed thus formed, extension applied by means of a cord passing over the top of the stake, and at its end was tied a rice tin filled with sand.

A few of the more severe chest cases remained in hospital, and one never ceases to wonder at the curious course the bullets sometimes take in the thorax. They seem to have a respect for the pericardium, and will take a devious route to avoid it; one case especially exemplified this fact, for though the man was shot through the chest from side to side, and a line drawn from the entrance to the exit wound certainly passed through the pericardium, such was not the course of the bullet, as the presence in hospital of the man showed.

Bullet wounds of the head were not many, as most of the men wounded in that part were killed outright. One man was shot at the outer side of the right eye between the eye and the orbit. The bullet was found deep in the tissues at the back of the neck. Though the sight of the eye was impaired it was not destroyed.

Several men had had bullets pass through the cheeks, in some cases smashing the jaw. One man was evidently shot while his mouth was open, for only one wound was found.

I saw two cases in which the spinal cord had been either injured or divided by a bullet, in both cases complete paralysis of the lower limbs resulting. There were numbers of cases where the bullet had passed clean through the abdomen, and it is truly wonderful how little damage it sometimes does. In one case a bullet passed through one side of the sacrum, and out in front just above the pubes in the middle line. In another it passed from

one side of the anus and out through the abdominal wall, and in another directly from front to back, the bullet passing out from below the umbilicus. In all these cases the man had ridden into hospital twenty-four hours after the battle, and though the intestine, and in one case the rectum must have been shot through, in none was there any serious symptom. This is probably due to the fact that the Arabs carry no water-bottle when going into battle. I placed these three men side by side in one tent, and as a measure of precaution starved them for a few days. On coming upon them suddenly one time, to my horror I found them sharing an unripe melon between them. This was confiscated, but I am certain that, while efforts were being made to starve them, they were liberally fed by their friends.

The worst cases were those shot through both chest and abdomen, and these all died. In one man the bullet had entered above the right clavicle and departed through the left groin. Another was shot through the lower part of the chest, the bullet passing through the stomach. Naturally, in such cases, it was impossible to do much. In one tent the man nearest the entrance died, on the next day the next to him died, and on the third day the man next to him also. On the fourth day the tent was empty, the patients lying outside. They did not seem to like dying by rotation—it was getting on their nerves.

A majority of the wounds we had to deal with were caused by shrapnel from the naval guns. A shrapnel is a shell filled with large round leaden bullets and timed to explode after it has travelled a certain distance. The explosion scatters its bullets downwards in the form of a cone. The bullets are supposed to have the same velocity as the shell, but this is not great, as is shown by the fact that though they may travel almost through a limb, in a large number of cases they have not sufficient force to break through the skin on the other side. The great value of shrapnel bullets is their stopping power, for while a man may still fight with a single serious bullet-wound, he will give up if he has half-a-dozen shrapnel bullets distributed throughout his body. Shrapnel bullets are round when in the shell, but when removed from the body they are often of an irregular shape. This may be due to the bullets jostling one another when the shell explodes. The only part of the body where I saw no shrapnel wound was the abdomen, and from this I gather that from the larger and often irregular nature of the bullet, a wound here causes so much destruction as to prove very quickly fatal.

We were quietly having tea in the evening of the day on which a number of these cases had arrived when a native came over from the hospital to inform us that his brother was dying. I found him lying doubled up under a palm. A bullet had passed through his abdomen, entering 2 inches to one side of the spine and leaving 2 inches to the right of the umbilicus. His abdomen was rigid, and he was

undoubtedly suffering from general peritonitis. The question was, Should we operate or not? Against operation was the fact that we had only our emergency stores with us, no tent suitable owing to the rascality of the *chef de caravan*, and nobody but myself in camp who had ever given an anæsthetic before, and no apparatus for sterilisation. I also felt that in either case the man would probably die, and that he was the last kind of patient I should choose as a first operation case to be used as a decoy for the others.

The argument for operation was the disinclination one has to see a man die without making an effort of some kind to save his life. I therefore decided to operate, and as the sun was setting it was necessary to hurry. An operation table was improvised in the open air, and was formed of a stretcher resting on two packing-cases, which were so unsteady that during the operation an orderly had to hold on to each to prevent the whole thing from collapsing. The instruments were boiled in a cooking-dixie, heated by a fire in the ground. The anæsthetic was given by the dresser, and a very excellent anæsthetic it was. None but sharp three-cornered needles were found in the surgical panniers, so some ordinary sewing-needles were boiled up in the event of the gut requiring to be sewn up. An incision was made in the right rectus and the peritoneal cavity was found full of fecal material. After a short search a loop of small intestine was found, with a jagged bullet-wound on either side from which small fountains of intestinal contents were issuing. Owing to the irregular nature of the holes and the fact of their being opposite to each other it was found impossible to close them with sutures, so the loop of gut was brought up to the wound and packed round and covered with gauze. The abdomen was drained with a number of small rubber tubes. This man made an uninterrupted recovery, at no time having a fecal fistula, and at the end of three weeks he was well enough to return to his home.

A week after we had arrived at Regdalin we received a message from Nesciat Bey, the commander-in-chief, ordering us back to Menchia as by the defeat of the troops in front of us we were left entirely without defence.

There is great difficulty in moving a hospital and all its patients some distance, especially when camel transport only is obtainable. The patients were divided into three classes: those who could ride a camel, others who had to be carried on stretchers, and those who were too ill to be moved at all. The latter were left behind in charge of the dresser. It could not have been a very pleasant task for him with his small surgical experience, for one of the patients died the same night, and the others tried to. He afterwards told me that what worried him was that perhaps if he had given the man a little more whisky or an extra hypodermic of strychnine the man might have lived. He might—but as he had cellulitis of the whole of one thigh and general septicaemia I do not think he would.

The loading of the camels was only finished by nightfall,

so we journeyed back to Menchia in the dark. The wounded men were mounted on fast camels and arrived before us. On reaching Menchia we tried hard to find them, but as it was too dark we had perforce to give up the search and were soon fast asleep on the ground. In the morning we were not long in discovering our patients, who were, I am glad to say, none the worse for their journey. But what gave us even more joy was that the baggage which had gone astray had been brought back in the night. Airing for the first time our full equipment we started right away to erect the hospital. We found the palms were so arranged that the marquees could be placed in the form of a square, all being in the shade. The end of each marquee opened inwards to the square. This plan worked excellently, as it not only enabled us to keep a good watch over our patients, but was most convenient for the serving of meals. The cook's tent was in one corner of the square and a well was dug by its side.

Two nights after our arrival the patients in the Turkish hospital moved over *en bloc* into ours. It can be imagined this was not the kind of thing to lessen professional friction.

The patients' food was of rice, bread and sugar, to which we added meat and tea. Each day it was necessary to buy a sheep, and our breakfast was usually interrupted by the advent of a small flock, which was driven up to us for a decision to be made as to which one would make the most mutton. Not only had we to feed our patients, but tribes of their relatives into the bargain, for when a man was wounded away from home, his mother, father or brother, or all three, started out to nurse him. One man, who had an evil-smelling abscess, had his mother to nurse him, and several times during the day would the old lady approach me holding her nose, signifying that she thought her son required redressing. She was a very large negress and a widow, and gave the camp much amusement by making violent love to the most corpulent of our English orderlies.

The man with the fractured femur had his brother to nurse him, and a great nuisance he was, for every other day he would remove the splint which we had so laboriously made, and bring it to me, usually in two parts. One old woman, who had three sons in hospital all wounded, spent her day in brewing tea for them outside their tent, boiling the tea over a little grate formed of three Italian shells. While at Menchia we had a large number of out-patients. Some of these came to have wounds dressed, but many for the ordinary ills of life, and in this way we saw a good deal of the people of the country.

Among these patients were many dental cases, and I well remember one woman who, though complaining of toothache, refused either to open her mouth or uncover her face. We treated many women, but were always confronted with the same difficulty in diagnosis, for the only part of the body we were allowed to examine was a small triangular portion of the left eye. As is usual in the East, most

of the children had some eye trouble, and a large number of the adults had the use of only one eye, the other being rendered useless with corneal opacities. We saw a few cases of phthisis and some tuberculous glands, and many old tuberculous joints. It was impossible to do any good to many of these people, and I think they knew it, but thought it right, when they heard that we were in the neighbourhood to come and introduce to us themselves and their abnormalities.

Most of the Arabs are pitted with smallpox, which comes as a yearly epidemic, the one for this year being over before we arrived. We saw no case of typhoid, and in fact had only one case of fever in camp, that being a pneumonia. I was told that the reason for the absence of typhoid in the country was improved sanitary regulations, but I certainly saw no evidence of their being carried out. More probably the reason was that either the typhoid had stopped for a time of its own sweet will, as it did during the Boer War, or that all the Turks had had it or died of it, and the Arabs seem to be immune.

While at Menchia we had several operations, most of them being for the extraction of bullets. These operations were usually done in the open, and before an admiring crowd. A deep cut was made over the bullet, a Volkman's spoon edged beneath it, and it was then levered out. It usually came out suddenly, and flew several yards through the air, pursued by a scrambling, laughing mob. We had one other abdominal operation. This was in the case of a man shot in the back, the bullet remaining in the body, and an abscess being formed. Abdul Salem, the Turkish doctor, gave the anaesthetic, the dresser being still at Regdalin. While getting the patient under he told me that it was quite useless operating on these cases as they always died. When the abdomen was opened and I searched for some moments without success, he suggested there might be nothing there. Suddenly I put my finger into the abscess, and such an amount of stinking pus appeared as to convince even Abdul Salem that the diagnosis was correct. I am glad to say that this man also recovered, though he gave considerable anxiety, as under no circumstances would he use a bedpan, and would wander outside the camp for the purpose while his abdomen was full of drainage-tubes. Though latrines were dug and screens erected, we were never successful in making the Arabs use them. I think they thought it a dirty European habit. Though the Arab always covers his excreta with sand, it is still unpleasant, for he never moves more than a dozen yards from the tent to defecate.

After being at Menchia for several weeks, Tuara, a fort five miles from us, was captured. The Italians had been bombarding it for nine months, dropping 30,000 shells into the town, and though they certainly damaged a few houses, they only killed one child. The capture of this town again forced us to move, so again the weary task of striking

camp, and taking ourselves and our patients into the desert.

At this juncture I unfortunately fell ill, and returned home, but the war was practically finished and I did not miss much. Owing to the scarcity of water, the continual moving of the hospital from place to place, and the unsanitary nature of the people, the hospital was never run exactly as a field hospital should be, but I think that sufficient excuse is that we were probably the first modern field hospital to serve with irregular and uncivilised troops, and will probably be the last. If I went out again under the same conditions, I should take a very much lighter equipment. I should also take several more dressers with me instead of orderlies, for they are able to do everything an orderly can and more besides, and are far more likely to be possessed of that professional ideal without which it is impossible properly to run a hospital.

Before I finish I should like to add to this: that whatever success this hospital attained, it was mostly due to the energy, ability and power of organisation of our director, Captain Dixon Johnson, a man for whom I have both respect and admiration, and but for whose assistance to me when ill I might not have returned at all.

### The Riddle Solved.

E. Haeckel says, and others too,  
"The soul's a function of the brain,"  
And what such men say must be true,  
For dogmatising is not vain.

What forms this brain and what's contained therein,  
Seat of our worries metaphysical,  
But sugar, protein, fat and lecithin,  
And other simple bodies chemical.

Thus Verworm helps us in our thought  
To understand with all precision  
That love, hate, life and death are naught  
But "protein metabolism."

So then be wise, cast off all care,  
Nor seek impertinent the reason why,  
Eat, drink, be merry and declare  
Our protein but lives to die.

F. G. C.

### The Christmas Entertainment.

"LIBERTY HALL,"

A Comedy in Four Acts.

By R. C. CARTON.

**T**HE Amateur Dramatic Club and the Musical Society gave their Christmas entertainment to crowded houses on January 7th and 8th, and everyone concerned is to be congratulated upon the result.



Back row.—J. Briginshaw, Mr. Pedrick, Miss Hickson, Mr. Hickson, Crafer, Luscombe, Robert Binks.  
Front row.—Mr. Owen, Blanche Chilworth, William Todman, Amy, Gerald.

First and foremost, Mr. Hume deserves the thanks of all in that he has revived the Musical Society after its temporary disappearance, and has once more collected a really good amateur orchestra at the Hospital. With the assistance of some members of the nursing staff and of a few friends—in particular Mr. J. F. Gow may be mentioned—a musical programme was provided which was quite up to the traditions of the past years, and which was appreciated the more in that it represented local talent.

In "Liberty Hall" the Dramatic Club chose an old-fashioned comedy, rather of the sentimental sort, but giving very good opportunities to an amateur company; for whilst simple in construction and straightforward in its action, it possesses abundant humour, and gives to every member

of the company a chance of studying and portraying a clearly marked character. The Club is at present particularly rich in talent, not only in acting, but also in management. The rehearsals this year were carried through practically without outside assistance, and on the complete success achieved the stage managers, Messrs. R. Sherman and A. W. Stott, must be heartily congratulated. The play went with a swing throughout, every situation seemed to attain its proper proportion, and, with few exceptions, every actor made the most of his opportunities.

Conspicuous in a very good cast was the "William Todman" of Mr. Barnsley. Never for a moment was the character lost—in humour, in pathos, in his portrayal of age Mr. Barnsley was always equally good; it would be difficult indeed for the best of professional actors to better his performance, and Mr. Barnsley fully deserved the round of applause that greeted him after the fall of the curtain; his acting was as good as any that has been seen at the Hospital. Mr. Sherman had a difficult part to play, but did it naturally; he managed to combine restraint with just sufficient display of feeling, and he certainly enhanced his acting reputation. In the character of the "Hon. Gerald Harringay" Mr. Robbins made his first appearance. Not only was this appearance itself of special merit, but the actor also deserves

commendation for his elocution, the best in the whole company.

Amongst the female characters the success of the evening was undoubtedly Crafer, a wonderful performance by Mr. Just, which created tremendous enthusiasm. Mr. Lukis had not the chance he had last year, and was further handicapped by ill-health. He gave, however, the accomplished interpretation of the character of an impetuous girl that we should expect from his previous performances. Mr. Stott was not so well suited; he looked admirable, but was unfortunate in having to play the part of the stilted heroine, bound in a hospital performance to become melodramatic.

The other members of the company fulfilled their parts well. Briginshaw and Pedrick were good, but both perhaps inclined to be a little restless and stagey. The Hicksons contributed largely to the success of the whist-table scene, their appearance and deportment being beyond reproach. In other minor parts, Mr. Sparrow, coming in at the last moment, was quite good as Binks, and should be useful next year if he is still with us, and Mr. Burn was a very stately footman.

An innovation this year was the omission of the refreshment interval. The result was, we understand, a considerable saving upon the financial side. Further, the interest in the play was kept up better, and the orchestra were given a better chance. In fact, the new arrangement appears desirable upon all accounts, and few, if any, were sorry to abandon the old attempt to secure a cup of coffee and a cake in the crush in the Library.

R. C. E.

#### Characters:

Blanche Chilworth	{ Daughters of the late Sir }	Mr. A. W. Stott.
Amy Chilworth		{ Norman Chilworth. } Mr. T. S. Lukis.
Mr. Owen	...	Mr. R. Sherman.
Hon. Gerald Harringay	...	Mr. F. H. Robbins.
William Todman	...	Mr. R. E. Bannley.
J. Briginshaw	...	Mr. H. D. McCall.
Mr. Pedrick (Solicitor)	...	Mr. R. St. L. Brockman.
Mr. Hickson	{ Brother and Sister }	Mr. W. F. Thompson.
Miss Hickson		Mr. R. S. Morshead.
Robert Binks (Todman's Shop Boy)	...	Mr. G. Sparrow.
Crafer (Todman's Servant)	...	Mr. T. H. Just.
Luscombe (Footman at Chilworth Hall)	...	Mr. R. E. R. Burn.

Stage Manager: Mr. R. Sherman  
 Assistant Stage Manager: Mr. A. W. Stott.  
 Hon. Sec. and Prompter: Mr. H. S. Crichton Starkey.

#### The St. Bartholomew's Hospital Musical Society played:

SELECTION	...	"Arcadians"	...	Monckton-Talbot.
CHAMBER DE NUIT	...	...	...	Elgar.
IMPERIAL MARCH	...	...	...	Elgar.
SILHOUETTE DANCE	...	...	...	Adam.
LISELOTTE	...	...	...	Adam.
FÉMINA	...	...	...	Wachs.

### Farewell Dinner to Mr. Bruce Clarke.



ON January 21st, at or about mid-day, the Editor approached me and said, "I want an account of the Bruiser dinner by to-morrow morning."

In a weak moment I agreed, not realising that on investigation a remarkable number of persons present would prove to have forgotten to a great extent what exactly happened, or who said which. Hence I am now hard at work at or about midnight wrestling with the evidence.

It turns out that on Friday, January 17th, at Oddenino's a farewell dinner was given to Mr. Bruce Clarke by the past and present members of the Dark Blue Firm, on his retirement; and that there were present some thirty-four persons, some of whom had come a considerable distance; many of his old house-surgeons were unavoidably absent.

The chair was taken by Dr. Jennings, Mr. Bruce Clarke's first House-Surgeon.

After the toast of "The King" had been duly drunk, the Chairman rose to propose the health of "The Guest." He referred in striking terms to Mr. Bruce Clarke's fame as a surgeon, and to the great loss his retirement had inflicted on the Hospital. He wished particularly to mention Mr. Bruce Clarke's great kindness and unselfishness, and his consideration for all those who worked under him. All those present were familiar with his wide-spread reputation for surgical daring and swiftness of operation. He recalled being asked by a student of another hospital whether it was a fact that there was a man at Bart.'s who removed kidneys under gas. He replied that it was. (Loud applause.) He also remembered providing on one occasion a large and varied assortment of instruments for an operation, on seeing which Mr. Bruce Clarke said, "What have you brought me all these for?" (Loud applause at sound of well-known formula.) Mr. Bruce Clarke discarded them all with the exception of a needle, a pair of forceps, and a knife. He mentioned that as one of Mr. Bruce Clarke's great characteristics, the use of few instruments, associated with much ingenuity and no small mechanical genius. In addition he wished to refer to the great interest which Mr. Bruce Clarke had always taken in the athletics of the Hospital and in the Hospital ground at Winchmore Hill. In conclusion he wished Mr. Bruce Clarke, in the name of all those present, every happiness in his country home.

The toast was enthusiastically drunk with musical honours *secundum artem*.

Mr. Bruce Clarke then rose to reply amid vociferous applause. He had not often to find fault with his house-surgeons, but to-night he had arrived and inquired for Mr. Bruce Clarke's dinner, to be told that there was no such name on the list; but on perusing the same he had found, "Dinner for Mr. Stocker," so he had come to that. With the exception of that small detail he was quite certain that

this occasion was, and always would be, one of the happiest evenings of his life. He had heard many things about him self from the last speaker which he did not realise, and some of which he could not believe. (Loud cries of "No!") He felt it to be a great wrench to leave a Hospital where he had been for forty years, but he thought it better to retire while he was in good health and capable of enjoying himself. He hoped to be able still to pay occasional visits to the Hospital and Winchmore Hill. He thanked all those present for their great kindness on an occasion to which, he assured them, he would always look back with great pleasure.

Mr. Eccles first remembered Mr. Bruce Clarke as Demonstrator of Anatomy; he had then been associated with him as House-Surgeon, and later it had been his great privilege to be his Assistant Surgeon. As a teacher and as a colleague he had found Mr. Bruce Clarke in every way kind, unselfish and considerate.

Mr. Boyle rose to familiar cries: he had been "Stuffist" to the Dark Blue Firm ever since he had been a stuffist. He endorsed Dr. Jennings' remarks, laying especial stress on Mr. Bruce Clarke's universal kindness and on the consideration which he always showed for the poor anaesthetist.

Mr. Rawling had only been associated with the Dark Blue Firm for a short time; it had been his lot to flit like a butterfly—(interruptions and emendations)—from firm to firm, and, having been successively light blue, pink and dark blue he was now green; during the time that he had been assistant to Mr. Bruce Clarke he had found him a charming man to work with, in spite of the fact that towards the latter part of the time he had had nearly all Mr. Bruce Clarke's work to do.

Mr. Gask said he was sad; he had been house-surgeon under Mr. Bruce Clarke, and it had always been his desire to be his assistant surgeon; this was now impossible; his enemy, Mr. Rawling, had forestalled him. Hence his sadness.

Mr. Etherington Smith had unfortunately been called away. Mr. Elmslie stated that as the generalities became exhausted each speaker must depend more upon his personal experiences. He became osteo-classically reminiscent.

Mr. Litter Jones had come down from the North of England to bid farewell to Mr. Bruce Clarke and to wish him every happiness in his new home in the country. He was understood to warn all those present against attempting to make any money out of a practice in the North.

Fleet-Surgeon Strickland rose to wish Mr. Bruce Clarke every happiness; he met many Dart's men in the Navy and at sea in all parts of the world, and wherever there were Dart's men the name of Bruce Clarke was honoured and famous.

Mr. Menzies was no after-dinner speaker, and begged to take refuge behind a story of Daniel and the Lions' Den. Mr. Stott described the occasion on which he had made

Mr. Bruce Clarke laugh in the wards; he went on to state that one of the things Mr. Bruce Clarke had *not* done was to make him a surgeon. He suggested that Mr. Gask, instead of mountaineering, should find employment on Mr. Bruce Clarke's farm, and so fulfil his ambition of working under him. He then referred to Mr. Bruce Clarke's keenness on pathology and his early use of vaccines.

Mr. M. Donaldson stated that the making of most of those early vaccines fell to him; he had invariably had boiled them, hence their lack of toxicity.

Mr. Trewby begged to point out to Mr. Rawling that he should not have spoken of the Dark Blue Firm, but of THE Firm; its latest distinction had been the appointment of Mr. Etherington Smith as Assistant Surgeon to the Hospital.

Mr. R. E. Dunn said that Mr. Bruce Clarke had taught him more common-sense than anyone else he could remember.

Mr. B. T. Lang said a few words.

Mr. J. S. Burn recalled the loss of Mr. Lang on one afternoon in the theatre, and Mr. Lang rose to explain the loss.

Mr. D. M. Stone at this point was called for loudly and variously. He remained fixed.

Mr. F. H. Robbins considered that he had had the worst luck of anyone present; he had been appointed by Mr. Bruce Clarke as house-surgeon for the following April, but now he could not come on for him.

Mr. Stocker begged to excuse himself for being late; a case at the Hospital had had difficulties with his (the case's) appendix; moreover, there was a taxi strike.

Mr. Pavey Smith remembered being told by his house-surgeon that there were "two things the old man didn't like: one was excuses and the other a lot of instruments."

Mr. Bruce Clarke rose to reply. A great many of the reminiscences which had been recounted he could remember distinctly. He again thanked all those present, and hoped that any of them would come and see him if they happened to be anywhere in the neighbourhood of his new home, near Malmesbury, where they would always be welcome. In conclusion, he wished to propose a vote of thanks to Dr. Jennings for his kindness in taking the chair.

Dr. Jennings replied to an enthusiastic toast. He felt it to have been a great honour and privilege to take the chair on such a memorable occasion. Talking of dressers' notes reminded him of the tale of the small boy with the long memory, which he proceeded to relate.

\* \* \* \* \*  
 [Ten lines omitted—Ed.]  
 \* \* \* \* \*

All attempts to secure any coherent account of the events after this point have failed, and shortly after this the proceedings appear to have terminated.

D. B. F.

## Dispensary Jottings.

THE fact that the cost to the Hospital for drugs and dressings, etc., commonly spoken of as the *Drug Bill*, amounts to between £9000 and £10,000 per annum—approximately 10 per cent. of the total expenditure—will probably be a matter of surprise to many readers of the JOURNAL. It has been suggested that a few ideas on methods of economy in small matters would be of interest.

In large general hospitals it is always the smaller extravagances which need looking carefully into, the larger ones being so obvious as not to go long undetected.

As an instance to illustrate how a small detail may effect considerable saving, we may take the alteration, introduced twelve months ago, in the length of bandages from six to five yards, which resulted in a reduction in cost of £200.

Consideration of the following points in the treatment of casualty patients will show that they are of some importance from an economic point of view.

Those patients following their employment are only able, in the majority of cases, to take their morning and evening doses. By prescribing "*his die*" instead of the customary "*ter die*" some hundred thousand doses annually might be saved.

Malt extract and malt with cod-liver oil are items in which extravagance, by the patients' manner of taking, occurs to a very large degree. The usual procedure is to dip the domestic teaspoon (which is a good deal larger than the medicinal one) into the jar of malt, and by a certain amount of manipulative skill get out as *much* as possible. This has been found to weigh as much as 280 gr. Even the domestic teaspoonful of malt, properly measured, only weighs about 80 gr., so that it is obvious that the dose taken by the patient is greatly in excess of that ordered.

The Hospital variety of malt extract, with or without cod-liver oil, seems to be such a palatable article that, from the patient's point of view, one never gives sufficient. The prescription of a much smaller dose than is actually desired would be the best way of overcoming this difficulty.

A large number of patients have their medicines ordered and given for fourteen days. Many return to the hospital seven days later, are seen, and owing no doubt to the stress of work in the surgery, the prescriptions are repeated without the last date being observed.

Many patients attend the Casualty Department for some weeks or even months, the result being that the prescription papers are filled with a long list of various kinds of medicines that have been required at different times. The tired prescriber on a busier morning than usual is tempted to write "*Rep. omnia*," leaving it to the pharmacist and

patient to "fight out" the exact requirements. The patient usually demands that the words be taken literally. An extract from such a paper is here given, the period covered by it being several months. The preparations that had been ordered were as follows:

Hat. sceneg. ammon., quart. hor.  
Linct. scill. opiat., p.r.n.  
Hst. gent. ē rh., ter die.  
Hst. sennæ co. mane.  
I.in. sap.  
Pil. cal. ē jal.  
H.M.S. ē M.S., ter die.  
Lotio plumbi.

The patient demanded the *eight* preparations, and was technically within her rights. The prescriber, on being seen, reduced the number to *two*. It would tend to economy if the exact medicines required were indicated on each occasion.

If those cases which, for some reason or other, are to be seen again in a day or so were ordered their medicines for a specified time, there would be considerable saving, as a seven days' supply is always given in the absence of directions to the contrary.

Medicines ordered for in-patients are frequently altered after a few doses have been given. Here economy could be effected by specifying the *minimum* number of doses probably required.

The cost of dressings last year was nearly £2000, practically £6 a day, for one third of which the Out-patient and Casualty Departments were responsible. The consumption and cost of the principal items were as follows:

Absorbent wool	7 tons	£393
Lint	1½ "	187
Calico bandages	147 gross	115
Open wove bandages	825 "	460
Domette bandages	56 "	140
Gauzes	165,000 yards	600

The amounts of some of the drugs used during the year are also interesting:

Methylated spirit	2000 gallons.
Extract of malt	5 tons.
Cod-liver oil	350 gallons.
Potassium iodide	3½ cwt.
Acid aceto-salicylate (aspirin)	3 "
Sodium salicylate	4 "
Chloroform	6½ "
Ether	4½ "
Glycerine, principally for boroglyc.	4 tons.
Lard	2½ "
Hydrogen peroxide	600 gallons.

All these figures show that the patients who attend the Hospital are in no way stinted in the matter of treatment from the pharmaceutical point of view.

J. L. M.

## The Night Dresser.

The last sad victim of relentless fate,  
His fingers bandaged and his name inscribed,  
Had tickled out, and the bleak passage  
Yawned in aching emptiness. The cold light  
Gleamed on dreary benches, even drearier now  
Upon a seat, sent fragrant purple clouds  
Than bearing their full complement of misery.  
Yawned, too, the dresser, turned a weary gaze  
On this side and on that, and then a groping finger  
Closing instinctively about the well-loved brier,  
He passed where tinkled from the fountain's crest  
Some last belated drops, and there outstretched  
Upon a seat, sent fragrant purple clouds  
Up, up into the purple night.  
No other clouds obscured the winking stars.  
His wandering glance could probe the vasty space  
Save where the great Cathedral's gloomy majesty  
Broke through the house-tops.  
Within the square, great London's midnight rumble,  
Muffled into a murmur, passed unheeded,  
Throbbing a burden to the tinkling drops,  
Swelling, anon, as waggons lumbered by,  
As though the city started in her sleep.  
Just at such distance that the whispering voice  
Lost all save sibilants and the harsher tones,  
Sharing, perchance, heart's confidences, sat  
Blue-gowned, white-capped, white-aproned, two of those  
Whose skill and tenderness are still our boast.  
Somewhere a fretful infant jarred the night,  
And hushed by gentle movements that the ear  
Seemed to detect, in swift diminuendo  
Sank to rest.  
He, as he lay fanned by the gentle breeze  
Let his thought travel down the slope of time  
To where great Rahere, crowned with mercy, sat  
Not many scores of yards from that same spot  
Tending the sick with herb and soothing balm.  
What a great work from one man's life to grow!  
What countless lines of miserable folk  
If each year's tale be added year by year  
Have carried hither aching fevered bones,  
Secking, not vainly, some release from pain!  
What a vast step from elemental life,  
Upward, through Nature's cruel, endless war  
To this great fount of mercy, breaking up  
And thwarting Nature's plan and stern decree  
That weaker creatures shall be trampled down!  
How many weaklings saved from early doom  
Have dragged out crippled lives, and have, perchance,  
Left trails of weakness widening through the race!  
What horrid thought is this that pierces in,  
That "Nature's plan is after all the best,

That average life will surest sweeter grow  
By passing on the race from strength to strength;  
That such as we ought not to bolster up  
The tottering wayfarer, but should provide  
Some swift oblivion ending lives of pain,  
Some calm Nirvana whither battered souls  
Might flee for rest?"

A figure stands before him, and a voice  
In half-apologetic accents tells  
Of lines of sufferers waiting in the hall.  
And with a start, the dresser, knocking out  
The failing pipe and thrusting to the depths  
This last intruding notion, duly hies  
Swift to relieve what suffering nearest lies.—J. V. F.

## The Clubs.

## ASSOCIATION FOOTBALL CLUB.

DRAW FOR INTER-HOSPITAL ASSOCIATION FOOTBALL CUP.

## First round:

- A. University College v. St. Thomas's,
- B. St. Bartholomew's, byc.
- C. Middlesex v. St. Mary's.
- D. London v. Guy's.

To be played before February 8th.

## Second round:

- Winner of D v. winner of A.
- Winner of C v. St. Bartholomew's.

To be played before March 1st.  
Final to be played before March 15th.

ST. BARTHOLOMEW'S HOSPITAL v. ST. LAWRENCE COLLEGE,  
RAMSGATE.

This match was played at Whitehorse Hill on Friday, December 20th, and resulted in a win for the Hospital by 6 goals to 2.

The home team was by no means at full strength and was further handicapped by the absence of the goal-keeper. An old College boy, however, very kindly consented to fill the gap.

During the first fifteen minutes the Hospital defence was taxed to its utmost and the College scored one goal. After that, however, the play was more even, and Jameson and McFarland scored with three hard shots.

During the second half the home forwards were attacking continually, and after some excellent combination between Jameson and McFarland the latter scored twice more. Towards the end the College centre forward scored with an excellent shot, but shortly after Dale ran in from the left wing and added another goal for the Hospital.

The following represented the Hospital:  
A. N. Other (goal); E. M. Grace, J. W. Stretton (backs); D. R. Thomas, W. S. Soden, W. C. Spackman (halves); W. B. Jepson, G. Bourne, J. D. McFarland, G. D. Jameson, W. C. Dale (forwards).

## The Bookshelf.

Our enterprising contemporary, *The Practitioner*, is to be congratulated upon its Special Tuberculosis Number, which contains a series of articles by men well conversant with the aspects of the subject of which they treat.

In all, thirty-six writers contribute papers, and their views are summarised in an introduction by Sir T. Clifford Allbutt.

Almost every field of this vast problem is reviewed in these articles; there is but little overlapping, and where this occurs it generally indicates divergent opinions.

Amongst Bart's men contributing to this symposium we notice the names of Dr. T. J. Horder, Mr. C. Gordon Watson, and Mr. H. J. Gauvain.

We referred last month to Dr. Arnold Chaplin's little book on *The Illness and Death of Napoleon Bonaparte*. By a curious coincidence on January 8th the Hunterian Society held a meeting at St. Bartholomew's Hospital, when the second Hunterian Lecture was delivered by Professor Arthur Keith on the post-mortem specimens in the possession of the Royal College of Surgeons, alleged to have been obtained from the autopsy of Napoleon the Great. The specimens consist of a portion of intestine with enlarged lymphatic patches, and the latter have commonly been regarded as carcinomatous nodules secondary to the primary focus found in the stomach-wall.

The authenticity of these relics has always been strongly disputed. Professor Keith, however, is satisfied with the evidence of their origin from the body of the Exile of St. Helena, but his investigation of the glands shows them to be enlarged by chronic inflammatory change and not by metastatic growth. This, he suggests, was due to long-standing infection by the *Micrococcus melitensis*, and such infection may well have caused a chronic hepatitis also, so that the diagnosis of chronic hepatitis insisted upon *ante mortem* by Drs. Barry O'Meara, Stockoe and Antommarchi may have had sounder clinical evidence than is generally believed.

## REVIEWS.

MANUAL OF OPERATIVE SURGERY. By H. J. WARING, M.S. (Lond.). Fourth Edition. Pp. 1 + 778 and 541 figures. (Henry Frowde and Hodder & Stoughton. Oxford Medical Publications.) 12s. 6d.

Waring's *Operative Surgery* needs no recommendation to surgeons, for its fame is widespread, and it is one of those books which nearly everybody must have read, and most possess.

We welcome, therefore, the issue of a fourth edition, which has been thoroughly revised so as to keep the book well in line with modern developments. In order to keep the book from growing unduly in size the author has wisely withdrawn from it descriptions of certain operations which are now little used, his object being to retain those which have stood the test of time, and to add new methods which are likely also to stand. Thus, in describing the operative treatment of inguinal hernia, the classical Kocher's operation is now omitted, and only the modified Bassini operation in general use is given.

Despite the sacrifice of the original chapters on ophthalmic surgery and on perineal operations on the female, the size of the book is slightly increased. Part of this enlargement is due to the inclusion of a glossary of the international anatomical terminology now coming into general use; *inter alia* we notice that the spelling of "thyroid" is now altered to "thyroid."

After a few years the general adoption of the B.N.A. terminology will no doubt make it unnecessary to include such a glossary. At present, however, it is a valuable addition to the book.

There are many new features which receive attention in this edition. The surgery of the pancreas has now a chapter. Vascular surgery—arterial suture as practised by Dorrance, and endoarteriomyorrhaphy, originated by Matas, are all clearly described, and we notice also a fuller account of the surgery of the tonsils, and a description of decompression in cases of cerebral tumour, while Arbuthnot Lane's method of plating fractures naturally receives attention. The treatment of chronic, hard, or cartilaginous urethral strictures by complete excision is now advocated.

The get-up of the book, and the character of the illustrations are

of a high order of excellence, all the more notable in view of the reasonable price at which the book is sold.

THE COURSE OF OPERATIVE SURGERY. A HANDBOOK FOR STUDENTS AND PRACTITIONERS. By Professor Dr. VICTOR SCHMIEDEN. Translated and edited by ARTHUR TURNBULL, M.B. (Glasg.). Demonstrator of Anatomy in the University of Glasgow. Pp. xx + 345. 435 illustrations. (London: Baillière, Tindall & Cox.) Price 12s. 6d. net.

The present volume is a translation from the second (revised and enlarged) German edition of Professor Schmieden's work. It is a manual for the use of students attending a course of operative surgery upon the dead subject, and we can confidently recommend it for this purpose. The operations described are those practised in Professor Bier's clinic in Berlin.

All the recognised operations that can be performed upon the cadaver are described and illustrated accurately and concisely, and except for matters of small detail we have no criticisms to offer. The translator is to be congratulated on the way he has done his work.

The book is well printed and strongly bound. The illustrations are numerous, artistic, and of great value; many are in colour, and the book is printed on paper well suited for their reproduction.

PYE'S SURGICAL HANDICRAFT. Edited by W. H. CLAYTON-GREENE, F.R.C.S. Sixth edition. (John Wright & Sons.) Price 12s. 6d.

We have received a copy of the sixth edition of *Pye's Surgical Handicraft*, which appears three years after the previous edition, and is a book of practically the same size as its predecessor.

This very useful volume contains several fresh additions; of these we note especially a section on the modern methods of diagnosis and treatment of syphilis. The microscopic demonstration of the *Spirochaeta pallida* is described, and an account of salvarsan and its technique is given. It is unfortunate that the book should have been published just too early to include an account of neo-salvarsan. The Wassermann reaction is described in some detail, and it is, perhaps, questionable if the account of the technique of this reaction is of great practical value to those for whom the book is written, as it rarely falls to the lot of a house-surgeon to carry out such an investigation. The explanation of the phenomenon is, however, useful, and it is again unfortunate that recent work, namely, the effect of salvarsan on the reaction, could not be discussed.

In the section on the throat the methods of enucleation of the tonsils with the guillotine, as well as with the snare, are described. Fewer illustrations of the use of the bronchoscope are given than in the fifth edition, but the same form of instrument is shown, which, we believe, is not considered the most satisfactory by all authorities.

In the chapter on skiagrams several useful plates illustrate the more common causes of faults in interpretation, and indicate the precautions which should be taken to avoid them.

The rest of the work is almost unchanged as compared with the previous edition, and the present volume continues to hold its position as a book of great practical value, giving useful and detailed information on its subject, "Surgical Handicraft," and should continue its career as the house-surgeon's first book of reference.

CLINICAL DISORDERS OF THE HEART-BEAT. A hand-book for Practitioners and Students. By THOMAS LEWIS, M.D., D.Sc., M.R.C.P. (London: Shaw & Sons.) Price 5s.

During recent years much attention has been paid to the study of the various forms of cardiac irregularity. For the application of accurate graphic methods to clinical procedure we owe a deep debt to Dr. Macleod and the author. The author has also studied the subject closely from the experimental side, and his researches have borne good fruit in the interpretation of many phenomena previously obscure.

As the result of careful correlation of graphic records and clinical phenomena the author shows how we are now in a position to diagnose the larger proportion of functional cardiac disorders by means of the ordinary physical signs. How this may be done is clearly shown in the present volume, in which the chief forms of irregularity are defined and described. Their aetiology, symptomatology, treatment and prognosis are all discussed in turn, and the significance of each disorder carefully weighed.

The subject is of very great importance, for cases are constantly met where a patient has not been permitted to play games or take violent exercise because of the chance discovery and faulty appreciation of some form of irregularity which may almost be considered indicative of health rather than of disease.

The book is full of interest, and in no way abstruse. It exactly supplies the want of those who desire a working knowledge and clear understanding of recent researches in the disturbances of cardiac rhythm.

LEAD POISONING AND LEAD ABSORPTION. By T. M. LEGGE, M.D., D.P.H., and K. W. GOADBY, M.R.C.S., D.P.H. International Medical Monographs. (London: Edwin Arnold.) Price 12s. 6d.

The study of industrial diseases is one of great fascination as well as of enormous importance to the community. The authors are particularly well qualified to produce such a work as this, for one is in constant touch with all the available statistics in virtue of his office as H.M. Medical Inspector of Factories, and the other, in addition to being surgeon to certain factories in which lead is largely used, has done a considerable amount of experimental research into the paths of absorption of lead. The current view is that the intestine is the chief route by which lead enters the system, but the authors bring forward much evidence to show that the lungs are of much greater importance in this respect. To what extent their views will supplant those generally held, time will show; but in the meantime they point the way to preventive measures in factories by the provision of adequate exhaust fans and hoods, and other means designed to diminish the amount of lead dust in the air. Incidentally the importance of vapours of turpentine as a cause of disease in painters is discussed. Chapters are also devoted to the clinical side of the question, to the early manifestations, diagnosis and treatment of lead poisoning, and the whole work forms a most interesting contribution, which well deserves study by all who may be, at any time, brought into contact with lead workers, or who are interested in the problems of industrial disease.

THE ESSENTIALS OF MORBID HISTOLOGY. By A. S. GRÜNBAUM, M.D., F.R.C.P., Professor of Pathology in the University of Leeds. (Longmans, Green & Co.) Price 7s. 6d. net.

The *Essentials of Histology* of Professor Schäfer has long been a favourite with students and teachers; many have wished for a work on similar lines dealing with pathological processes. Professor Grünbaum has endeavoured to supply this want with a book in which the fundamental pathological changes are described in order that the student may learn them, and then apply them to the various types of tissue met with in different organs.

On this principle no very great space is given to systematic descriptions of lesions of individual organs. There is a liberal supply of illustrations, including 22 coloured plates, many of great excellence. The work supplies a want, and will, doubtless, become increasingly popular in subsequent editions when somewhat expanded.

OPHTHALMIC NURSING. By SYDNEY STEPHENSON, M.B., C.M., F.R.C.S. (Edin.). Third edition, with 80 illustrations. (London: The Scientific Press, Ltd., 1012.) Price 7s. 6d. net.

We have pleasure in recommending Mr. Sydney Stephenson's little book on ophthalmic nursing, now in its third edition. It should be of service both to nurses engaged in ophthalmic work and to students beginning the study of ophthalmology.

Short introductory chapters on the elementary anatomy of the eye and on the microbial theory of disease are first given, and then follow detailed descriptions on the nature and method of application of the various therapeutic measures which a nurse may be called upon to perform. Some excellent rules are laid down for the nursing of patients suffering from ocular disease and for the after-treatment of ophthalmic operation cases. Full lists of all the instruments used in operations on the eye are given in an appendix, as well as a glossary of terms used in ophthalmic science. The new edition has been carefully revised and brought up to date.

ON ALCOHOLISM: ITS CLINICAL ASPECTS AND TREATMENT. By FRANCIS HARE, M.D. Pp. xi + 269. (J. & A. Churchill, London.) Price 5s.

The publication of this book at the present time strikes us as particularly well timed, for we think that both medical and public

opinion of to-day is inclined to view the subject of alcoholism in a saner and more level-headed manner than has been the case in previous decades. The possibility of intemperance in advocacy as well as in alcohol drinking has been realised, and the fanatical teetotaler or prohibitionist is somewhat at a discount at the present time. This book, which embodies the experience of Dr. Hare during his tenure of the office of Medical Superintendent of the Norwood Sanatorium for the last seven years, forms a valuable clinical record.

The author's classifications of alcoholic types is very helpful to the average reader. He does not attempt to give statistics of "cured" cases, for since no case can be regarded as an absolute "cure," there always remains the possibility of relapse.

In this connection Dr. Hare is very emphatic on the importance to the "cured" patient of avoiding any alcohol whatever. He finds that even one such drink will again arouse the craving and undo the work of weeks or months.

With true dipomanics even this precaution is useless, and they form a most difficult class to treat successfully.

It is interesting to note that the author does not regard the giving of alcohol in pyrexial cases during the acute stage as a source of future alcoholism, but he lays stress on the dangers of continuing alcohol during convalescence in certain cases.

We can cordially recommend to our readers this well-reasoned, thoughtful and practical work.

## Some Exhibitions.

The work of the Research Defence Society is being steadily advanced by the promoters of the society, whose activity has lately been signalled by the opening of a Bureau at 171, Piccadilly (opposite Burlington House), for the exhibition of pictures and specimens and the distribution of literature. This exhibition is well worth a visit and attracts quite a lot of attention; in the words of its organisers: "Every day and all day long it displays to the 'man in the street' the facts of the case."

For the meeting of the International Medical Congress in London this summer an exhibition of rare and curious objects relating to medicine, chemistry, pharmacy and the allied sciences is being organised by Mr. Henry S. Wellcome. The response to the appeal for loans has been most successful, with the result that probably one of the most interesting collections of historical medical objects ever gathered together will be on exhibition during the meeting of the Congress.

Among the sections is one including the medical deities of savage, barbaric and other primitive peoples. Through the kindness of friends specimens of these have been forwarded from all parts of the globe, but there are still many gaps to be filled, and those who possess such objects and would be willing to lend them should communicate with the Secretary of the Exhibition, whose address is given below.

Amulets, talismans and charms connected with the art of healing will also form another prominent feature, and any loans of this description would be welcomed.

In the section of surgery an endeavour will be made to trace the evolution and development of the chief instruments in use at the present day, and it is desired to accumulate specimens of instruments used in every part of the world by both savage and civilised peoples.

In pharmacy and in botany special exhibits are projected, which will include models of ancient pharmacies, laboratories and various relics of the practice of alchemy in early times. Specimens of ancient and unusual materia medica from all parts of the world will also be exhibited.

A complete illustrated syllabus will be forwarded to anyone interested on application to the Secretary, 54A, Wigmore Street, London, W.

## New Addresses.

ADAMS, F. E., 15, Ealing Common, W.  
 BATES, M., 44, Foregate Street, Worcester.  
 DOWDEN, R. T., Rochford House, Wilfred Road, Boscombe.  
 BREWITT-TAYLOR, R., Dorset County Hospital, Dorchester.  
 BROWN, W. G. S., The Workhouse, Prescott, Lancs.  
 BUTT, H. T. H., 17, Okese Street, Krugersdorp, Transvaal.  
 COURT, E. P., Essex County Asylum, Brentwood.  
 COX, F. E., Walsh Street, South Yarr, Melbourne, Australia.  
 CULLEN, A. E., Harbour View, Bundoora, Western Australia.  
 DAVIES, I. J., 21, Windsor Place, Cardiff.  
 FENTON, T. G., Rialto, Higher Erith Road, Torquay.  
 GASKELL, J. F., 23, Ladbroke Grove, W.  
 GIBSON, T. S., 1, Wyndham Court, Hallam Street, W.  
 LINDSEY, M., Reaumont, 26, Irving Road, West Southbourne, Bournemouth.  
 MILES, W. E., 16, Upper Wimpole Street, W.  
 NEILL, B., 71, Whitehall Park N.  
 PEARSE, R., St. Peter's Hospital, Henrietta Street, Covent Garden, W.C.  
 PHILLIPS, L. L., Clarendon Villa, Clinton Road, Redruth.  
 ROBERTS, W. R., Royal Naval Barracks, Portsmouth.  
 ROPER, F. A., 5, Dix's Field, Exeter.  
 SQUARE, W. RUSSELL, c/o F. Lopez & Co., Payta, Peru, S. America.  
 SUNDERLAND, R. A. S., Hull Union Infirmary, and Aulaby Road, Hull.  
 TOSSELL, L. R., Blackslade, Fortismere Avenue, Muswell Hill, N.  
 WILCOX, E., Hambrook Court, Hambrook, near Bristol.  
 WOLFESTAN, K., Craven Arms, Shropshire.

## Examinations.

UNIVERSITY OF CAMBRIDGE.

Second Examination, December, 1912.

Part I: Human Anatomy and Physiology.—D. Crellin, E. T. D. Fletcher, and E. G. D. Murray.

Third Examination, December, 1912 (Old Regulations).

Part I: Pharmacology and General Pathology.—J. W. Adams, J. H. Cumming, R. W. B. Gibson, and R. W. Willocks.

Part II: Surgery, Midwifery, and Medicine.—The following have now satisfied the Examiners in all three sections: J. Wilnot Adams, H. W. Barnes, E. Calvert, H. J. Couchman, J. V. Fiddian, I. W. Joynt, C. G. H. Morse, T. E. Osmond, and G. M. Parker.

Third Examination, December, 1912 (New Regulations).

Part I: Surgery and Midwifery.—A. M. Humphry and H. Y. Mansfield.

## CONJOINT BOARD EXAMINATION

The following have completed the examinations for the diplomas of M.R.C.S. I.R.C.P.

A. C. L. O.S. Bilderbeck, W. J. Cran, E. W. Whiting, E. J. N. Brash, R. Stansfeld, W. Simpson, F. G. Lescher, C. C. Messiter, E. M. Grace, S. A. Burn, and C. A. Weller.

## Appointments.

✓ BATES, M., M.B., B.Ch.(Oxon.), appointed Honorary Anaesthetist and Pathologist to the Worcester General Infirmary.  
 ✓ BREWITT-TAYLOR, R., M.B., B.S.(Lond.), appointed House-Surgeon at the Dorset County Hospital, Dorchester.  
 ✓ BUTT, H. T. H., M.R.C.S., L.R.C.P., appointed examiner under Section XXV of Miners' Phthisis Act, 1912, Union of South Africa.  
 ✓ ROBERTS, C. H., M.D.(Lond.), F.R.C.P., F.R.C.S., appointed Extern Examiner in Obstetrics to the University of Sheffield.  
 ✓ SQUARE, W. RUSSELL, M.R.C.S., L.R.C.P., appointed Medical Officer to the Lobitos Oilfields, Ltd., Peru.  
 ✓ WOODMAN, E. M., M.S.(Lond.), F.R.C.S.(Eng.), appointed Medical Referee and Assessor to the Birmingham County Council.

## Births.

BIRKETT.—On December 13th, at Ortaquey, The Circle, Southsea the wife of H. J. D. Birkett, M.D.(Cantab.), of a son.  
 HUTCHENS.—On December 30th, at Corbridge, Northumberland, the wife of H. J. Hutchens, D.S.O., of a son.  
 ONSLOW-FORD.—On December 26th, at Dobbins, Wendover, Bucks, the wife of Max Onslow-Ford, M.R.C.S., L.R.C.P., of a son.  
 PLOWRIGHT.—On January 16th, at King's Lynn, the wife of Charles T. McL. Plowright, M.B., B.C., of a daughter.  
 TRAPNELL.—On January 12th, at 'Carlton', Beckenham, the wife of F. C. Trapnell, M.B., etc., of a son.

## Marriage.

ROPER.—PUTTICK.—On Wednesday, January 1st, at St. Mark's Church, Regent's Park, N.W., by the Rev. Rhys Bishop, Rector of Letton, Hereford, uncle of the bride, assisted by the Rev. H. D. Barrett and the Rev. Lewis Bishop, cousin of the bride, Frank Arthur Roper, M.A., M.B., eldest son of Mr. and Mrs. A. C. Roper, of The Shrubbery, Exeter, to Dorothy Alice Puttick, daughter of the late Mr. J. F. Puttick and of Mrs. R. M. Neate, 44, Regent's Park Road, N.W.

## Deaths.

GASKELL.—On January 4th, at his residence, "Glendevon," Huyton, Liverpool, Richard Allanson Gaskell, surgeon, formerly of St. Helens, Lancashire, aged 84 years.  
 MONTGOMERY.—On Christmas Day at 5, Clarence Place, Penzance, James Barclay Montgomery, F.R.C.P., M.D., J.P., aged 83.

## Acknowledgments.

University College Union Magazine, Guy's Hospital Gannots (3), L'Echo Médicale du Nord (2), The Nursing Times (4), The British Journal of Nursing (4), The Student (3), The Medical Review, The Practitioner, The Stethoscope, Long Island Medical Journal, New York State Journal of Medicine, St. Mary's Hospital Gazette, The Hospital (2), The London Hospital Gazette, Giornale della Reale Società Italiana d'Igiene, The St. Thomas's Hospital Gazette.

## NOTICE.

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

## St. Bartholomew's Hospital



## JOURNAL.

VOL. XX.—No. 6 ]

MARCH, 1913

[PRICE SIXPENCE.

## St. Bartholomew's Hospital Journal,

MARCH 1st, 1913.

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

## Calendar.

Sat.	Mar.	1.—	Hichen's Prize Examination. Applications for Luther Holden Scholarship to be sent in.
Tues.	"	4.—	Dr. Garrod and Mr. Bailey on duty.
Fri.	"	7.—	Dr. West and Sir Anthony Bowlby on duty.
Mon.	"	10.—	Kirkes Scholarship and Gold Medal.
Tues.	"	11.—	Dr. Ormerod and Mr. D'Arcy Power on duty. Harvey Prize. Junior Practical Anatomy.
Wed.	"	12.—	Senior Practical Anatomy.
Thurs.	"	13.—	Senior Scholarship. Junior Scholarships.
Fri.	"	14.—	Dr. Herringham and Mr. Waring on duty.
Mon.	"	17.—	2nd Examination for Med. Degrees (Lond.) Pt. II begins.
Tues.	"	18.—	Dr. Tooth and Mr. Eccles on duty.
Wed.	"	19.—	2nd Examination for Med. Degrees (Lond.) Pt. I begins.
Fri.	"	21.—	Good Friday. Dr. Garrod and Mr. Bailey on duty.
Tues.	"	25.—	Dr. West and Sir Anthony Bowlby on duty.
Thurs.	"	27.—	2nd Examination Conjoint Board begins.
Fri.	"	28.—	Dr. Ormerod and Mr. Power on duty.
Sat.	"	29.—	Winter Session Ends. Essays for Wix and Bentley Prizes to be sent in.
Tues.	April	1.—	Dr. Herringham and Mr. Waring on duty. First Examination Conjoint Board begins. Final Examination Conjoint Board (Medicine) begins.
Wed.	"	2.—	Examination for D.P.H. (Camb.) begins.
Thurs.	"	3.—	Final Examination Conjoint Board (Midwifery) begins.
Fri.	"	4.—	Final Examination Conjoint Board (Surgery) begins. Dr. Tooth and Mr. Eccles on duty.

## Editorial Notes.

HERE are some deeds which compel admiration by their very simplicity, and for directness of purpose and clearness of vision, vivid in their quiet determined character, surely no finer series of actions have ever been carried out than those enacted nearly twelve months ago on the Antarctic continent by Captain Scott and his four companions.

It is gratifying to realise that one of this band of men whose high spirit has so stirred the whole world was a member of our profession, and Cambridge and St. George's may well be proud to claim him as a son.

St. Bartholomew's, amongst the returning members of the expedition, has a representative, Surgeon G. M. Levick, R.N., who was stationed with the Eastern party.

We feel sure that our readers will be glad of the opportunity of reading Dr. Ormerod's mid-session address upon "The Lancashire Witches."

Dr. Ormerod's development of the thesis that hysterical manifestations may underlie the true explanation of the phenomena of the witches of earlier centuries was carried out in masterly fashion, and touched with frequent flashes of a subtle humour which was fully appreciated by his audience.

Those who have attended the Abernethian Society meetings this year—we could wish they were a larger number—have been rewarded by hearing a series of papers of a high order of excellence. Dr. Gow, on "Anaphylaxis and Serum Disease," helped to clear up for his hearers a difficult corner of pathology, Mr. Feilding's paper on "Some Manifestations of Hysteria" proved a fruitful source for animated discussion, and Mr. Vick, dealing with "Appendicitis," laid the way for fierce debate between the partisans of the "waiting" school and those who advocate immediate operation. The former proved to be much in the minority, despite the examples they could adduce of the success of a waiting policy in our senior surgeon's firm.

On February 13th Dr. Lukis contributed a paper on "Some Recent Advances in Hæmatology," utilising the epidiascope to show some results in his work in this field, and his treatment of the subject, embodying as it did valuable original work, merited a larger audience. Mr. Stanley's very practical paper on "The Uses of Local Anæsthetics in Surgery" should prove of much value to many men in practice, and we intend to publish it in the JOURNAL very shortly.

During February Mr. Harold Wilson was elected Assistant Surgeon to the Hospital. We congratulate him most heartily on this advancement. Other appointments include that of Dr. P. Hamill as Lecturer in Pharmacology to the Medical School, and Mr. K. J. A. Davis to a Junior Demonstratorship of Pathology.

Old Bart's men appear to be increasingly prominent in university education in all parts of the country. Dr. Alexander Hill, who was Master of Downing from 1888 to 1907, has now been elected Principal of Hartley University College, Southampton, whilst Mr. Gilbert Barling has become Vice-Chancellor of Birmingham University.

Every subject has its pros and cons, and so the question of State Registration of Nurses can no doubt be designated as controversial.

But controversy on this subject is not subversive of nursing discipline, and the recent action at this Hospital resulting in the placing of this subject on the black list, as far as concerns its free discussion within the Hospital by members of the nursing staff, appears to us to be unwise, injudicious and harsh. Like all unwise, repressive measures it will, however, probably lead to a far wider and more detailed investigation of the question, provided that the protagonists of State Registration outside the Hospital will adhere to the real points at issue, and avoid irrelevant comments upon the sartorial tastes of their opponents.

With the advent of another summer session, amongst the many changes which, as a matter of routine, take place within the Hospital, is the election of a new Editor of the JOURNAL. We relinquish the post regretfully, for in spite of occasional anxiety when "copy" promised fails at the last minute to mature, the experience of editing so well-known and well-established a publication as the ST. BARTHOLOMEW'S HOSPITAL JOURNAL is a privilege worth having.

We take this opportunity of acknowledging the willing aid of the Assistant Editor, Mr. W. A. Pocock, on all occasions, and the helpful interest manifested by members of the Publication Committee and others. With such assistance the welfare of the JOURNAL is assured, and we cannot do better than wish for our successor in the Editorial chair a like measure of support.

### A Surgical Innovation.

**E**ARLY this month there was inaugurated at Bart's the first of a series of operation "At Homes." The idea originated in the following way:

For a long time it has been felt by several prominent surgeons in London that, for all practical purposes, they never see the work of their colleagues in other hospitals. It also seemed to them somewhat invidious to venture unasked into each others' theatres, and yet, as a result of this accepted isolation, there is no doubt that any benefit which may accrue from the study of the technique of other surgeons is unfortunately lost.

It was, therefore, decided to approach a prominent member of the surgical staff of each of the hospitals in London with a medical school attached, who, in his turn, should consult his colleagues with a view to the removal of this unnecessary obstruction to the advance of the study and practice of surgery.

Needless to say, the suggestion was received with favour, a committee was appointed, and it was decided that each hospital should throw its theatres open once each year and issue invitations to all the members of the surgical staff of the London medical schools. This is to be done by the hospitals in order of seniority, and Bart's, as the oldest hospital in London, took the lead. As the result of careful organisation, a very successful reception took place on Tuesday, February 3rd.

Four Bart's surgeons operated at 2 p.m., and the remainder of the surgical staff at 2.45. Members of the teaching staff acted as stewards, and tea was provided at the conclusion of the operations in the Staff Common Room. All the visitors were provided with accommodation on the floor of the theatres, and many were later conducted over the Hospital. Keen interest was expressed in the operative procedures, in the excellence of the theatre nursing arrangements, and the working of the Hospital as a whole.

Thirty surgeons out of a possible eighty were present at the reception, and practically every hospital with a teaching school was represented.

The following is a list of the visitors and the hospitals which they represent:

Sir J. Rickman Godlee, Bart., President of the Royal College of Surgeons of England (University College); Sir Alfred Pearce Gould (Middlesex), Sir Watson Cheyne (King's), Mr. Ivor Back (St. George's), Mr. Corner (St. Thomas's), Mr. Clayton-Greene (St. Mary's), Mr. Arthur Edmunds (King's), Mr. Fagge (Guy's), Mr. Hughes (Guy's), Mr. Kellock (Middlesex), Mr. Arbutnot Lane (Guy's), Mr. Vincent Low (St. Mary's), Mr. Makins (St. Thomas's), Mr. Pannett (St. Mary's), Mr. Rigby (London), Mr. Rowlands (Guy's), Mr. Sargent (St. Thomas's), Mr. Steward

(Guy's), Mr. Swainson (Westminster), Mr. Gordon Taylor (Middlesex), Mr. Tubby (Westminster).

The order in which the hospitals are expected to "receive" is as follows; the date following is that of foundation:

February, St. Bartholomew's, 1123; March, St. Thomas's, 1223; April, Westminster, 1719; May, Guy's, 1721; June, St. George's, 1734; July, The London, 1740; October, Middlesex, 1745; November, Charing Cross, 1822; December, University, 1826; January, King's, 1829; February, St. Mary's, 1850.

It is earnestly hoped by the promoters of the movement that the meeting at Bart's may be the precursor of many equally successful ones, and will lead to a free interchange of ideas between the members of the surgical staff of all the teaching hospitals of London.

### The Lancashire Witches.

Being the Mid-Sessional Address to the Abernethian Society,  
January 9th, 1913.

By J. A. ORMEROD, M.D.

**W**ADIES AND GENTLEMEN,—The subject of witchcraft in general, or, indeed, of witchcraft in this kingdom generally, is too large for one evening, so I have taken from it a small portion, viz. the group of people known as the Lancashire witches. These people obtained quite a reputation both in their own time (that of James I) and in literature. Two plays at least have borne their name. A book has been written about their habitat (Pendle Hill). But the best known book about them is a novel by the late Harrison Ainsworth, author of *Old St. Paul's*, the *Tower of London*, and other historical novels of a melodramatic type. The story is frankly impossible, but the author has taken great pains to weave real characters and real localities into his plot. I am justified in calling them real, because I happen to possess a very rare tract, formerly the property of my grandfather, who was well known as an antiquarian and as the author of the *History of Cheshire*, which gives the original account of the trial of these witches, as compiled by one Thomas Potts, clerk of assize at Lancaster at the time (1612), written at the suggestion of one of the judges, Sir Edward Bromley, and approved by him.

I show you on the screen an ordnance map of the Pendle district. It lies between Burnley on the south-east and the old town of Clitheroe on the north-west. Pendle Hill, towering above the whole country to the height of 1816 feet, forms the water-shed between the Ribble, flowing towards Preston, and the Calder, which joins the Ribble just beyond Whalley Abbey. The history of this alms, and, indeed, of the whole district, is enshrined

in that admirable book, *Whitaker's Whalley*. Whalley was known in the annals of the church from very early times; indeed three crosses, which stand in the churchyard, are said to commemorate the preaching of Paulinus in the seventh century; but it was in 1296 that the abbey was founded by a body of Cistercian monks, who migrated thither from Cheshire. The abbey flourished for two and a half centuries, till in an evil day the abbot, John Paslew, joined in a rebellion against Henry VIII, which was known by the curious name of the "Pilgrimage of Grace." The abbot was taken prisoner, tried for treason, and hung in view of the home of his childhood, Wiswall Hall, not far from Whalley Abbey. The monks were dispersed, and the property passed into the hands of two families—the Braddys and the Asshetons, the abbey itself, which gradually fell into ruins, becoming eventually the property of the Asshetons.

[Engravings of Whalley Abbey from *Whitaker's Whalley* were here shown on the screen, and an old print of Wiswall Hall.]

All this is historical fact, but with the circumstances of Paslew's tragic death the prologue of the "Lancashire Witches" begins, which is really worth repeating.

>About the time that Paslew was conspiring against Henry VIII, a strange being made his appearance in the neighbourhood, from whence nobody knew. He was known as Nicholas Demdike, and believed to be a wizard. He had married a wild but beautiful girl of the neighbourhood, by name Bess Blackburn. She was a suspect, too, on account of her ancestry, which was as follows: Hard by Whalley Abbey there used to stand a small chapel, to which people who were tired of this world could retire and lead a religious life. In the time of Henry VI a beautiful widow named Isola de Heton retired thither to console herself for the death of her husband, of course under strict vows. But she soon forgot her husband and her vows, and her life became such a scandal that the chapel was dismantled. So much is actual history; but the story goes on, that wandering, an outcast, on the hills near Whalley, she was in danger of losing her beauty and her life too, but for a timely compact with Satan, from whom she obtained a further lease of them—of course at a certain price. Now, on the slope of Pendle Hill there stood an old fortress, always the abode of evil doers, and at this time held by a notorious robber named Blackburn. He took the beautiful ex-votress, Isola de Heton, to live with him there; till one night, in the midst of a riotous banquet, a dark, sinister man appeared and claimed her as his own. Satan made a double capture that night, for the robber Blackburn also died of terror. From this worthy pair (it was said) was descended Bess Blackburn, wife of Demdike the wizard. These Demdikers had one child, a daughter, who, by all the laws of eugenics, ought not to have been allowed to live. As it was she lived, but got no chance of a good life, for the Abbot Paslew refused

the rite of baptism to the children of witches. For this he earned the hatred of Demdike, which, indeed, he had already earned for another reason. For the Abbot had a past. While still a monk, and aspiring to become abbot, he had had a rival for that honour. He had got rid of this rival by a wicked scheme. He accused him of witchcraft, and in consequence the unfortunate man was built up in a dungeon, there to die by inches. But he was miraculously set free—you may guess by whom—and full powers of vengeance upon the Abbot were granted to him—you may guess at what price. And as Paslew's end drew near, the monk, his former rival, reappears as his persecutor—Nicholas Demdike. Perhaps he would have relented if Paslew would have baptised his child, but so far from doing that, the unfortunate abbot, driven to desperation, pronounced on mother and child this terrible curse:

"By the holy patriarchs and prophets, by the doctors of the Church, by the holy abbots, monks and eremites, by the holy saints and martyrs, I curse thee, witch. May the malediction of Heaven light on the head of thy infant. Children she shall have, and children's children, but they shall be a brood of vipers, whom the world shall loathe and crush. Accursed and slunned shall she be—evil-reputed and evil-doing. No hand to help her, no lip to bless her; life a burden, and death, long deferred, finding her at last in a dismal dungeon."

No wonder the poor child grew up to be the worst witch in Pendle Forest, namely, old Mother Demdike!

But, not to pursue the novel further, let us turn to the real people as depicted in the account of their trial. There were in 1612 two families of witches in Pendle, forming two firms, as it were—the Demdikers and the Chattoxes. The rivalry between them was all the more acute, because Mother Chattox had originally been initiated into witchcraft by Mother Demdike. The neighbourhood was terribly afraid of both of them, and, indeed, the situation was awkward, for if you gratified the one firm you offended the other, and *vice versa*. Well might the unfortunate villagers say, "A plague on both your houses."

The Demdike family consisted (in accordance with the Abbot's curse) of three generations, viz. old Mother Demdike (whose real name was Elizabeth Sowtherns), her daughter, Elizabeth Devise, and her grandchildren, James, Alison, and Jennet Devise. The Chattox family consisted of two only, viz. old Mother Chattox (real name Anne Whittle), and her daughter, Anne Redferne. I refrain from quoting to you the novelist's description of that terrible old woman, Mother Demdike, in her stronghold at Malkin Tower, or the horrible death that overtook her and her rival, Mother Chattox, when they were thrown, cursing and screaming, into a bonfire on the top of Pendle Hill. The truth is much tamer than that. There was no difficulty about their arrest. The magistrate, Roger Nowell, did not have to send for a posse of police, sharpshooters from the

Rifles, half a battery of Horse Artillery, and the Home Secretary to direct operations; for Mother Demdike, whom the prosecutor, Thomas Potts, describes as "general agent for the Devil in these parts, whose furies no man escaped that had offended her or denied her anything," was in reality a poor old woman of eighty. She died in prison before she was brought to trial, and small wonder at that, for Lancaster Gaol was not a luxurious place. One person, threatening to get witches imprisoned there, said, "I will procure them to be laid in a place where they shall be glad to bite lice in two with their teeth." And James Devise, when brought up from prison for trial, is described as being "so insensible, weak, and unable in all things, as he could neither speake, heare, or stand, but was holden up when he was brought to the place of his arraignment to receive his triall." The poor prisoners might have welcomed even forcible feeding.

Mother Demdike, like most of these witches, made a confession, which I quote:

"*The voluntarie confession and examination of Elizabeth Sowtherns, alias Demdike, taken at the Fence in the Forrest of Pendle, etc.*

"The said Elizabeth Sowtherns confesseth and sayth: That about twentie yeeres past as she was coming homeward from begging, there met this Examinee neere unto a stone pit in Gouldshey, in the said Forrest of Pendle, a spirit or Devill in the shape of a boy, the one half of his coate blacke, and the other browne, who bade this Examinee stay, saying to her, that if she would give him her Soule, she should have anything that she would request. Whereupon this Examinee demanded his name; and the spirit answered his name was Tibb. And so this Examinee in the hope of such gaine as was promised by the said Devill or Tibb was contented to give her Soule to the said Spirit. And for the space of five or six yeeres next after, the said Spirit or Devill appeared at sundry times unto her this Examinee about Daylight Gate, always bidding her stay, and asking her this Examinee what she would have or doe. To whom this Examinee replied, 'Nay, nothing.' For she this Examinee said she wanted nothing yet. And so about the end of the said six yeeres, upon a Sabbath day in the morning, this Examinee having a little Child upon her knee, and she being in a slumber, the said Spirit appeared unto her in the likeness of a browne Dogg, forcing himself to her knee, to get blood under her left arme; and she being without any apparell saving her Smocke, the said Devill did get blood under her left arme. And this Examinee awaking sayd, 'Jesus, save my child,' but had no power nor could not say, 'Jesus, save her selfe,' whereupon the Brown Dogge vanished out of this Examinee's sight, after which this Examinee was almost starke madd for the space of eight weekes."

Another confession, that of James Devise, her grandson, illustrates the ridiculous inadequacy of the motives ascribed for the witches' crimes and the way in which their familiar spirits carried out their wishes.

"Hee further saith, That in Lent last one John D— of the Lawnde promised this Examinee an old shirt, and within a fortnight after, this Examinee went to the said John's house and demanded the said old shirt, but the said John denied him thereof; and going out of the said house the said spirit Dandy (this was also a brown dog) appeared unto this Examinee and said, 'Thou didst touch the said John.' Whereunto this Examinee answered he did not touch him: 'Yes,' said the Spirit againe, 'thou didst touch him, and therefore I have power over him.' Whereupon this Examinee joyned with the said Spirit, and then wished the said Spirit to kill the said John, and within one weeke, then next after, the said John died."

Another method of taking your enemy's life, at which Anne Redferne was supposed to excel, was to make a model of him in clay "picture" it was called. Into any part of this you might stick a pin, and he would be afflicted in a corresponding part of his body; or by burning part or the whole of the "picture" you could make his body in like manner to consume away. This of course was a very old and wide-spread notion.

What puerilities! you say. True, but this stuff made the evidence on which these people were hanged.

The other arch-witch and terror of the neighbourhood, old Mother Chattox, is described at her trial as being "a very old, withered, spent and decreped creature, her sight almost gone . . . her lippes ever chattering and talking but no man knew what. . . . Yet in her examination and confession, she dealt always very plainly and truly; for on a special occasion, being oftentimes examined in open Court, she was never found to vary but always to egre in one and the self same thing."

She confessed to being a witch, and then the poor old thing broke down, and with tears and upon her knees besought for mercy on her daughter, Anne Redferne—a boon which was not granted.

Another tragic scene took place when Elizabeth Devise found herself convicted on the evidence of her own little girl Jennet, and broke forth into reproaches against her and "cried out against the child in such fearful manner as all the Court did not a little wonder." But what consideration could she expect, a daughter of old Mother Demdike, especially when she bore the family mark. For we are told, "this odious witch was blaunded with a preposterous marke in nature even from her birthe, which was her left eye standing lower than the other, the one looking downe, the other looking up, so strangely deformed as the best that were present in that Honourable Assembly and great audience did affirme they had not often scene the like."

The little girl, Jennet Devise, seems to have been really the most dangerous of the Demdike family, for her evidence, whether designedly false or due to an exuberant imagination, contributed largely to the condemnation of her own family and incriminated others as well. Among these latter immo-

cents was a Mistress Alice Nutter, remarkable as being a woman of property, position, and good character, who had no possible motive for complicity in witchcraft. What was said against her? That she had joined with the Demdikers in bewitching to death an old man who had refused to give old Mother Demdike a penny—a story absurd on the face of it—and that she had been present at a meeting of witches who conspired to blow up Lancaster Gaol. The child Jennet Devise professed to identify her. She was condemned and hanged, but refused to confess, even on the scaffold, which, says the writer of the pamphlet, "was a very fearful thing to all that were present who *knew she was guiltie*."

No less than ten prisoners were executed after this assize (1612) for witchcraft—for there were others whom I have not mentioned—and the only relief to the miserable tragedy is that they were hanged, not burnt (as stated in the novel). In England, it would seem, witches were usually hanged; in Scotland they were burnt, sometimes being mercifully strangled first, sometimes being burnt "quick" as the phrase went. And this seems curious, for burning a witch must have been costly for the Scotch purse. Some accounts of this kind are extant, and what with manacles, a proper stake, faggots, oil, and the honorarium to the executioner, it was possible to produce quite a respectable bill.

Such, then, was the fate of the first Lancashire witches. There were others who were less unfortunate. At the same assize were tried several women from Samlesbury, near Preston, arrested on the strength of an absurd story told by a girl. Probably they would have been hanged too, but it was adroitly suggested to the court that the girl had been instructed by a Jesuit priest, and so the disfavour of the judge and jury was turned into another channel. Some twenty-five years later another set of women in Pendle were condemned on the evidence of a boy, who was afterwards proved to have lied. Among them was the very Jennet Devise whose evidence had proved so disastrous at the first trial. These later witches of Pendle obtained in their day even more notoriety than the first; for doubt having arisen about their guilt, they were handed over to the Bishop of Chester for examination, and when he could not make up his mind, they were sent to London, where they were examined by the King's doctors (presumably for witch marks) and then by the Privy Council and the king himself, who, luckily for them, was Charles I, and not James I. They were not hanged, though one of them had already made a long confession, in which she detailed all the habits and customs of witches.

I will just mention some other characters connected with the story of the first Lancashire witches. There was Thomas Potts, the officious lawyer who appears to have played the part of witch-finder; Roger Nowell, of Read Park, the magistrate before whom much of the evidence, including several confessions of witchcraft, was taken; and



the family of the Asshetons, of whom Nicholas Assheton, of Downham, is the most interesting, because his diary has come down to this day. He was a Puritan, at least on Sundays—the text and the name of the preacher are generally entered in his diary—but on weekdays he was a jolly country squire, who hunted and fished, and occasionally, to use his own expression, “plaid the bacchanalian.” He is said to have had a keen eye for a pretty woman, although he had a wife at home, and there is a story that he danced one night with the ghost of the wicked and beautiful votaress, Isola de Heton. But I must not tell you that, for his friends said he was drunk, and he does not put it in his diary. Two more personages I will add; the one, most real and important in the eyes of Lancashire folk then, was Satan, in various disguises. For it was *de règle* for each witch to have a familiar, who took the shape of a cat, dog, or other animal, or perhaps a human shape. Each familiar had his name, in which he was christened at a witches’ meeting—commonplace names, most of them, such as Tibb, Ball, Fancy, Dandy, etc. But one of the later witches had a familiar called by the aristocratic name “Mamillon.” The other personage I hardly like to mention in such company, for he was a certain Dr. Ormerod, not a witch I assure you, not even a physician, but a clergyman. I always thought he was an invention of the novelist, but as I find in Whitaker’s book that the rector of Whalley at this time really was a Peter Ormerod, an excellent person who kept his parish registers very well, and as he probably came from the neighbouring district of Cliviger, I shall claim him as a relation.

Now, to make these witches more personally interesting to you, I will suggest that there are witches nowadays, and that you may meet them in the course of your medical studies. I do not allude, of course, to any enchantresses of the present company; but my thesis is that some of the old-time witches may have been hysterical patients, or, at least, that if some of our hysterical patients had lived then they would have been taken for witches. Lest you should think that I drag in the subject of hysteria on every occasion, I tell you that this idea was originated by the great French neurologist, Professor Charcot. Let us see how it will work out. I will not try to make the point that there were more women witches than men, just as women are supposed to be more hysterical than men, for other explanations might be given of that. How would the ladies like the explanation given by King James in his book on demonology and witchcraft? He says: “The reason is easie, for as that sex is frailer than man is, so is it easier to be intrapped in the grosse snares of the Divell, as was over-well proved to be true, by the Serpent’s deceiving of Eva at the beginning, which makes him the homelier with that sex sensine [sic].”

But surely the witches’ state of mind must have been peculiar. Why did they confess, when confession meant

certain death? Sometimes, perhaps, because they were tortured until they did. But not always, for several of the Lancashire witches confessed to the magistrate before they were sent to prison. Probably they really believed what they confessed. For no one doubted the agency of the Devil then; he was as real to them as a policeman or a burglar to us. And the gradual growth of the witches’ intimacy with him reminds us strongly of the gradual development of certain insane delusions. You know how some cases of insanity may begin: the patient takes umbrage, perhaps, at some innocent remark; then he thinks tales are spread about him; he sees people talking in the street—about him, of course; they are watching him, conspiring to kill him, and so forth, till he has evolved a complete system of delusions which lands him in an asylum. Compare with this the gradual approach of the Devil to the future witch, as quaintly described by King James, and doubtless epitomised by him from a good many “confessions”: “Finding them in an utter despair, he prepares the way by feeding them in their craftily in their humour, and filling them further and further with despair while hee finds the time proper to discover himself unto them; at which time either upon their walking solitarie in the fields or else lying panning in their bed, but always without the companie of any other, hee either by a voyce, or in likeness of a man, inquires of them what troubles them, and promiseth them a sudden and certaine way of remedie upon condition that they follow his advice and doe such things as he will require of them. Their mindes being prepared beforehand, as I have already spoken, they easily agree unto that demand of his, and syne sets another tryest where they may meet again. At which tyme, before he proceede any further with them, he first persuades them to addict themselves to his service; which being easily obtained, he then discovers what he is unto them, makes them to renounce their God and Baptisme directly, and gives them his mark upon some secret place of their bodie.”

And so still, trouble, disappointment, brooding and day-dreaming are the antecedents of mental perversions, and not least of hysteria, in which complaint they may be followed up by symptoms suggestive of physical disease.

And this brings me to the subject of the witches’ marks. For Satan, unlike our modern money-lenders, would not make advances on note of hand alone, but insisted on sealing the bargain with his mark. Now there were regular rules for the physical diagnosis of a witch, and some of them were comparable to our diagnosis of hysteria. I pass over such tests as making the witch say the Lord’s Prayer, or weighing her against the Bible, or swimming her on water, and her inability to shed tears, “threaten and torture them as ye please,” and I come to the actual marks. Doubtless a mole, a mother’s mark, a supernumerary nipple, etc., may have done duty for a witch’s mark in the eyes of those anxious to find evidence. But, properly speaking, it

seems to have been something acquired; and the idea among the Lancashire witches was that it was produced by the Devil sucking blood. Perhaps it was an ecchymosis. Thus Alison Device says that after the devil sucked her blood she had a mark which remained blue for six months.

Can anything similar occur in hysteria? Probably you will say “No.” But let me try to lead you up to it. Some people bruise very easily; others may develop bruises without any external cause. I once described some cases of spontaneous black eyes. Again, in organic nervous disease, such as tabes, ecchymoses may follow the attacks of lightning pains. Coming to states more purely mental, we may remember that the “stigmata” of some mediæval saints—St. Francis, St. Theresa, St. Catherine of Siena—arose while they were in ecstasy or trance. From trance to hysterical attacks is no abrupt transition, and I remember that once, when examining a lady who had had a hysterical fit the night before, I found a dark blue ecchymotic patch on her thigh, and she told me such patches often arose during the fits, quite apart from injury. She would not have been flattered if I had called it a Devil’s mark. I remember, too, an hysterical girl in John Ward who had several such patches on her arms; and it was suggested to me at the time that they were produced by sucking—sucking, however, not by the Devil, but by the patient herself.

But after all, this sort of thing is rare; and there is a much commoner point of resemblance. A patch of anaesthesia was also held to be a Devil’s mark. Thus King James speaks of “the finding of the witches’ mark, and the trying of the insensibleness thereof.” For the mark is “ever insensible, howsoever it be pricked or nipped by any.” And so an expert witch-finder (for this became almost a profession) would examine the body of the witch with a pointed instrument till he found a place where she did not feel the prick. Now, do we not examine hysterical patients in a very similar way? Moreover, the witch’s mark, when so pricked, did not bleed. This also has been observed in hysterical anaesthesia. Lastly, the seal set by the devil caused persistent pain, “an intolerable doleur.” Similarly local pain without appreciable physical cause is often an early symptom of hysteria. So there are really some resemblances between the two conditions.

But if you doubt these resemblances, turn to another class of people, not far removed from witches—I mean demoniacs. Demoniacal possession was common enough in the middle ages, and it was the business of the saints and the clergy to evict Satan from his human tenements. I will show you on the screen a few illustrations, from Charcot and Paul Richer’s book on *Demoniacs in Art*. Here is a wild struggling figure held by two men, while S. Benedict, with a long flowing beard, is praying over him. Here a patient has been cured and is sitting up in bed: the devil has “materialised” into a quaint little animal

which is flying out of window, while a saint hastens his departure with blows from the cross. Here St. Catharine, of Siena (you may know her by her lilies) is curing a woman who is terribly convulsed. Two little devils have flown out of her mouth. Plenty of such instances can be found, and not merely isolated cases, but also epidemics, and that not uncommonly in religious institutions, where you might imagine the Devil had not the *entree*.

But I must go back to Lancashire, and I will mention very briefly two other tracts in the curious collection made by my grandfather. One relates to a small epidemic of demoniacal possession at Cleworth Hall in the parish of Leigh. Two children of the owner began behaving so oddly that a conjuror was called in to help. He dealt with them more or less successfully for a time, but being an unscrupulous practitioner he contrived to get himself permanently installed in the house. Then the mania spread to women of the establishment, and the conjuror, now in thorough bad odour, was credited with producing it. It was said he kissed the women and so breathed an evil spirit into them. There were seven demoniacs in all, and for two years the house was a perfect pandemonium. Finally the devils were expelled by two clergymen, and the unfortunate conjuror was hanged at Lancaster for witchcraft.

The second tract takes us back again to Whalley parish. There, at a place called Snrey Barn, lived in 1689 a young man called Richard Dugdale. One night at a village feast, called a “rush-bearing,” he got very drunk, and according to his own account, bargained with the Evil One to make him a superfluous dancer. Upon this followed, first burning and stinging pains in his side, then various apparitions, and then fits of the most violent description. Getting no relief from doctors, he appealed to some nonconformist ministers to help him. So fast days were observed on his behalf, and at frequent intervals the clergy met him, and argued with Satan in the presence of crowds of people—to whom also the demoniac gave a taste of his quality. This went on regularly for many months, till at last Satan gave out, being thoroughly talked down and overwhelmed with texts. Many things are related of this Richard Dugdale that one cannot possibly believe, but that he had severe hystero-epileptic fits the following quotation may show:

“His body was hurled about very desperately and he oft stretched out his neck to a prodigious length towards the Ministers that prayed as if he would have rushed upon them, and he screamed out upon them, ‘Have done, have done;’ whilst the holders of him observed his lips unmoved, his tongue rolled inwardly all of a lump, and his sight or eyeballs turned backwards—nothing but the whites of his eyes to be seen—excepting that throughout many fits his eyes would be shut. Then seeing he could not get at the praying Minister, he flung all about him down and lay as dead upon the floor, till in a moment his whole body was raised as from death, and as all at once without the natural

help of arms or legs bearing up with it those that leaned upon him to hold him, and then broke into such wild curvets or bounces as cannot be described."

"What amazing hideous sounds were heard in or from him all along! sometimes as of Swine or water-mills, or as if a Bear and other beasts had joyned their several notes to mix up a dreadful peal of noises."

One of the painstaking clergy who exorcised him published a full account of the case. This drew a severe criticism from a clergyman of the Established Church, who declared that both the demoniac and his exorcisors, who were non-conformists, were humbugs and in league with the Papists. This was the worst thing you could say of a man in those days. Rejoinders to this attack were published, and thus Richard Dugdale achieved notoriety beyond his native village of Whalley, and his record remains to this day.

So does his portrait, which I now show you on the screen. He looks a harmless and feeble-minded individual.

Nowadays, and in this country, we do not often see epidemic hysteria, nor such violent hysterical fits as would deserve the title of "possession." For these latter we must go back a few years to the time of Charcot at the Salpêtrière. Charcot, under the titles of hystero-epilepsy and "*In grande hysteria*," gave an elaborate description of the fits to which some of his old and trusty patients were subject.

[A series of illustrations was here shown by the epidiascope from Paul Richer's book on hystero-epilepsy, illustrating the various stages of such fits, particularly the stage of contortions and violent movements (among which the "*arc de cercle*" was a prominent feature), and the pantomime stage in which the patient acts out scenes from her past life, concluding with a picture of truly demoniacal appearance.]

But Charcot's patients differed from the older demoniacs in this—that they never asserted, or believed, that they were possessed by the Devil—I suppose because he was not sufficiently real to their minds ever to become an "*idée fixe*." But that this may still happen to persons of simple beliefs is shown by a case recorded by Professor Pierre Janet. A French peasant, always a quiet and well-behaved man, had occasion to go to Paris. After his return home he became a different character, first silent and moody, then evil tempered and foul-mouthed, finally furious and maniacal. Professor Janet, by means of hypnosis, penetrated behind the scenes, and discovered the cause of his condition. He had succumbed to the temptations of Paris, and his remorse took the form of a belief that, having once yielded, he was now completely in the power of Satan. All his subsequent conduct had been simply an impersonation of this idea. The treatment, applied with success, consisted in skilfully disabusing him of his belief. But in the middle ages would not this patient have been taken at his own valuation?

The psychology, not only of the witches but of the people who believed in them, deserves consideration. To us it

seems incredible that they should have held such beliefs and carried them to the extent of judicial murders; but to them it was the most natural thing in the world. They had the authority of Scripture: for was there not the witch of Endor and the text in Leviticus, "Thou shalt not suffer a witch to live." It was dangerous, too, to express disbelief, lest you should be suspected of covering up nefarious practices of your own. Then the king's book had not only summarised popular beliefs on the subject, but had given them a royal sanction. Add to all this the fact that the human mind demands an explanation of every strange occurrence. So when the pedlar John Laws falls down, upon his rounds, in a sudden attack of hemiplegia, he thinks at once of the young witch, Alison Device, and of her familiar devil, the great black dog, that she sent after him. And why not the Devil? Was he not a good working hypothesis? as good as an ultra-microscopic microbe, or a subliminal consciousness. The stricken man was exhibited in court, and the girl confessed to the crime. What further evidence was needed? And thus upon the popular beliefs followed popular terror and popular fury, for a people thoroughly frightened is capable of anything; so that the average number of executions for witchcraft is said to have been actually two hundred per annum, and in one year as many as five hundred were executed.

No doubt you think that we ourselves—our noble, educated, scientific selves—have advanced far beyond such silly superstitions. Do not be too sure. For, in the first place, man loves the mysterious far too well to give it up entirely. Secondly, physical science, having consolidated its sway over the material universe, threatens to extend it over moral and mental phenomena. But the idea of determinism in that sphere is so abhorrent to most minds that the pendulum of belief begins to swing the other way. A pendulum always swings too far; and so we see beliefs abroad now as absurd as those about which I have been talking. Did witches in old days fly about on broomsticks by the aid of their master, who was "the Prince of the power of the air"? Well, the modern medium, gifted with the power of "levitation," rises into the air, and sails round the table before an admiring *science*. Did Satan speak through the oracles, or enter into the body of a demoniac to use it as he pleased? Well, the soul of Mrs. Piper, or of Eusapia Palladino, or other first-class medium, will leave her body, and somebody else's soul will enter into it, ready to speak to you with Mrs. Piper's tongue. "Possession" is, therefore, regarded by some people as an actual fact; and, indeed, in the late Mr. Stead's hands it became quite a business proposition. There was a bureau for conversation with the departed, where Julia, the ex-typist and accomplished medium, switched on the connection for you, through the medium of her own organism, so that you had all the facilities of a telephonic exchange with the other world.

Neither are such beliefs limited to the ignorant and

foolish; there are some eminent scientific men who are pretty well dipped in them. There are clergymen who would like to cure diseases and cast out devils in virtue of their office. I could mention a medical man who wrote a book to show that a girl was cured of phthisis by a vision of angels. This was called in the daily papers the "Herne Hill miracle." Oddly enough, she had been under me in John Ward two or three years before; but she saw no visions there, only the real ministering angels who may be seen in every ward. Perhaps I ought to have prescribed a vision, say as follows:

R. Angelorum cœlestium . . . . . g.s.

Misce fideliter, ut fiat phantasma.

S. Horâ somni emundum, cum grano salis.

"Occultism," I believe, is the correct name for pursuits of this kind, and it really seems to be quite a common complaint. In Piccadilly Circus you may see sandwich-men with placards, "Buy your occult books" at such and such a shop. There are occult lending libraries, and an *Occult Review* on sale at the Tube stations. The advertisements in this are quite interesting. From them it appears that there is a special lodging-house for occultists; an almanac which "*reduces astrology to an exact science, price 4d.*"; degrees in ancient Egyptian Masonry and Austrian Rosicrucianism, which are advertised as "real and not formal degrees, very useful to possess—fees charged, moderate"; and there is a school of mental and spiritual science and healing, of which science and art it is said that "it is a home study, and entails but little time daily—the cost is small." How different, gentlemen, from your studies! And it is surprising from how wide an area these advertisements come—from America, London, Birmingham, Harrogate, and even from an enlightened north-country town which still supports free trade and a Liberal Government. Surely the Lancashire witches are not yet extinct!

### Some Notes on the Surgery of the Appendix Vermiformis.

By GEORGE F. ALDOUS, F.R.C.S. Edin.,  
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UCH has been written lately on the subject of the diseased appendix vermiformis, but the opinions of experienced surgeons are divergent, the result being doubts and difficulties of procedure for the general practitioner. The treatment of each case of appendicitis must be judged solely on its individual symptoms, some cases requiring immediate surgical interference, whilst others may be allowed to quiet down, for the appendix to be removed at the "interval" operation.

There is not the slightest doubt in the minds of all surgeons that cases presenting the following symptoms—(1) increasing-pulse rate, (2) rigidity of the right rectus abdominis, (3) a marked leucocytosis, should be operated on without delay. If a case be seen with the symptoms referred to, at 4 p.m., it is unjustifiable to arrange for the operation the next morning; it should be dealt with at 5 p.m. or as soon as arrangements can be made. The cases which do not require immediate operation are those mild recurring attacks of pain in the right iliac region where the pulse-rate does not exceed 90, and the temperature is not above 100° F., these cases require careful watching, and an operation undertaken when all symptoms have subsided—the so-called "interval" operation. I have removed the appendix in four cases, where the previous attacks had been numerous but slight, and causing very little constitutional disturbance; in these four cases, I found the appendix almost normal in appearance, the tip slightly bulbous, but about the centre there was noticed a constriction of the lumen due to a distorted meso-appendix, which, I think, accounted for the appendicular colic. Pain is an uncertain symptom. I have seen an acutely inflamed appendix where pain has not been a prominent symptom, and it is always well to bear in mind that pain may be masked by narcotics, but narcotics will not mask rigidity, pulse-rate and a leucocytosis.

The situation of the incision is important, viz. the choice of the split muscle (McBurney's) or the incision through the rectus sheath (Battley's). If difficult adhesions are suspected or the patient has a thick abdominal wall I always use the latter, and reserve the split muscle incision for the slight cases and usually at the interval operation.

Should search be always made for the appendix, having evacuated the abscess?

Here, again, opinions differ, and a prolonged search may be made and no appendix found, because it is not there: it has sloughed away. If possible, the appendix should be removed, but in certain cases I make no attempt to find it, the following case being an example:—

C. C., et. 54, had been ill for seven days, and on examination presented a prominent swelling in the right iliac region extending to the middle line. An incision was made through the right rectus sheath. A quantity of foul pus and several large sloughs escaped. Omentum formed part of the walls of the abscess, and some of it appeared gangrenous and was ligatured off. The cavity was well swabbed out and drained at the lower angle. The adhesions were extremely dense, shutting off the general peritoneal cavity, and search was not made for the appendix. Seen six months later was doing labourer's work.

The next point of importance to my mind is the question of draining an appendix abscess. Having removed the appendix, should it be drained in all cases? I think not. If the abscess be limited and contains less than half an

ounce of pus, this can be swabbed out clean and the surrounding structures forming the abscess cavity mopped with swabs saturated with saline lotion. If it be considered safe not to drain, so much the better for the patient: convalescence is more rapid and a firmer abdominal scar is secured.

*Two cases of appendix abscess with appendicectomy and no drainage*—J. K.—, æt. 35, hospital nurse sent by Dr. Price, seen at 11 p.m. Pain in right iliac region; rapid pulse, 130; rigid right rectus; marked leucocytosis. Two days' history of illness.

An incision of four inches was made through the rectus sheath displacing the muscle inwards. On opening the peritoneum, the general peritoneal cavity was packed off with gauze cloths, and search was made for the appendix, which was found lying deep down towards the pelvis, surrounded with about three drachms of pus. This was well swabbed out, the cavity cleansed, the appendix removed, the base being buried in the cæcal wall by a purse-string suture and the parietes closed in layers without drainage.

J. B., æt. 26, labourer, sent by Dr. McNair. Three days' illness; rigidity and pain in right iliac region. Battle's incision. On opening the peritoneum some non-offensive turbid fluid escaped, coming up from the right iliac fossa. This was well mopped out, and search made for the appendix, which was found plastered on the cæcal wall. The serous coat was incised near the base, and the musculo-mucous coat (6 inches) peeled out (Kelly's method). The abdomen was closed without drainage. Recovery in both these cases was rapid, and had firm abdominal support at the seat of incision.

If drainage is decided on, a stab wound far back in the right kidney fossa, through which a tube is guided to the abscess cavity, is a useful procedure, and the parietes can then be securely sutured. The common positions of the appendix are described in most text-books on surgery: without doubt the retrocæcal ascending is the most troublesome, especially if the split muscle incision has been made; more room can be made by encroaching on the sheath of the rectus. Transverse division of fibres of the internal oblique and transversalis muscles should be avoided if possible. If, fortunately, the route through the rectus sheath has been chosen, the appendix, by patient dissection, can be isolated in the most difficult cases.

In these brief notes I do not lay claim to any novel procedure or originality. I simply state my practice in the surgery of the appendix cases which I have the opportunity of seeing.

### Dinner to Professor J. W. Andrewes.

**T**HE recent appointment of Dr. Andrewes to the Professorship of Pathology in the University of London was made the excuse for a dinner in his honour at the Great Central Hotel on February 11th.

The company consisted of past and present members of the Pathological department, some twenty-eight in number, with Dr. Drysdale in the chair. No one who knows the guest of the evening will be surprised to learn that the proceedings were marked by ample evidences of affectionate respect for him; nor that of those who were eligible to join in honouring him hardly any were absent unless through illness. After dinner there were a number of speeches and observations, prophetic or reminiscient, serious or jocular, according (no doubt) to the beverage at work. What stimulus is to be credited with the impromptu oration of the chairman this deponent knoweth not; but it mingled reminiscence and prophecy, gravity and dry fun, in a way which to one unacquainted with the asceticism of the speaker might have argued a mixture of stimuli. Certain it is that the result was effective and appropriate and entertaining. Dr. Garrod followed in a graver vein, and indulged an interesting anticipation of the future relations of pathology with clinical medicine and surgery. The Professor responded in his own whimsical fashion. He admitted the charge brought against him by the chairman, that his incapacity to be offensive was a serious defect in his character. It was, he said, a congenital deformity, and he must be taken as he was, or left. The house decided, without a division, to take him as he was, and toasted him with musical honours (as they thought) and in a great variety of keys. Nevertheless the general atmosphere of the gathering seemed to indicate that the songsters were, in reality, genuinely attached to their victim. They agreed, moreover, that the moving spirits in the commemoration, Dr. Gow and Mr. Roberts, had given them a good spread and had acquired merit.

### Bart's Men in the Andaman Isles.

**I**T is a far cry from Smithfield to the Andaman Islands, but distance has no effect on the strength of the family tie which binds together Old Bart's men. Recently, in the course of an official tour, the Director General of the I.M.S., Sir C. P. Lukis, K.C.S.I., visited the islands. Of the four I.M.S. officers on duty there, three of them, the Director-General himself, Major J. M. Woolley and Captain A. J. Symes, were old Bart's men, and the fourth a member also of the London University. Naturally, due notice had to be taken of such an

opportunity and a festive evening resulted, during which many interesting reminiscences were given, and the old familiar toast of our Alma Mater was duly honoured.

We were not contemporaries, but that made no difference; the old place and its associations were the same for each of us, as were also our feelings of pride in being connected with so famous an institution.

### Obituary.

LEONARD NOON, B.C., F.R.C.S.

**I**N the summer of 1904 a small party of "House" men used to meet in the old College every morning at the breakfast table. None of those present would have thought then that Noon would have been taken from us so soon. Strong, vigorous, energetic and keen, he seemed to be the one amongst us destined for a long life, a life which would certainly add to the knowledge of mankind and alleviate its sufferings. We all thought of Noon with great affection and respect. He added much to the happiness of our party, and we saw in him an unusual combination of qualities—deep religious feeling, a sustained enthusiasm for his work, a highly trained critical faculty, and a hatred of all pretence. Was there any wonder that he seemed to be marked out for a distinguished and useful career? When he decided to devote his original mind to research we all felt that he was wise. The fact was that his work suited him too well, and even his robust constitution could not stand the strain he put upon it. After a few years' work of toil—day and night spent in work exacting in the highest degree—he fell ill. It was not in his nature calmly to give up altogether, so, after a few months' respite, he went back to his work, until the last illness came.

It is unnecessary here to dwell upon our friend's distinguished career at Cambridge, at the Hospital and subsequently, except to say that he could hardly have achieved more than he did. He had already done excellent original work in Sir Alroth Wright's Laboratory at St. Mary's, and at Cambridge, and when he died at the early age of thirty-five, the path to scientific eminence seemed to be opening out easily before him.

What, then, has Leonard Noon left behind to his many admirers? The memory of a strong, clear intellect; the inspiration of a strenuous life, devoted solely to the advancement of medicine. Yes, he has left these certainly, but more than all to us is the thought of the loyal and true friend.

### The Clubs.

RUGBY FOOTBALL CLUB.

ST. BART'S v. THE OLD LEYSIANS.

This match was played on the Leysian ground at Wandsworth Common, and resulted in a fairly easy win for the Old Boys, the final score being 21—0. It was an excellent game, the Hospital forwards doing some very good work in the loose, but being hopelessly beaten in the tight. Thus the Old Leysian three-quarters, being well fed by Waddy and B. H. Holloway at half, sorely tried the Hospital defence. In the first half they scored four times, Bell scoring twice and Walker once, and at half-time the score was 17—0. After the interval the Hospital improved, and the Old Leysian three-quarters began to drop their passes with great regularity, so only one more try was scored against us. We were only dangerous on two occasions, once when Mudge broke clear away from a line-out, and if he had only been backed up a try must have been scored; on the second occasion Pocock kicked the ball away from Waddy's hands and dribbled the whole length of the field, just failing to touch down. For the Hospital, among the forwards, Kitching, Mudge, and Kindersley played well, and among the backs Little and Pocock got through a lot of defensive work, but combination was conspicuous by its absence, this not being altogether their own fault, as the forwards were quite unable to heel the ball, and if they did it hung so long in the back rank that the opposing three-quarters smothered the halves as the ball came out.

ST. BART'S v. THE OLD MILLHILLIANS.

The game was played on the Old Millhillians' new ground at Northfields. Rain fell incessantly, and the ground couldn't have been in worse condition. Evans took Pocock's place as scrum-half, and Mudge played in the three-quarter line. It was most difficult to hold the ball, and the game developed into a forward scramble, each side attacking in turn. The Bart's forwards heeled well, and Evans got the ball away quickly, but passing amongst the three-quarters was practically impossible, so Williams selected to gain ground by kicking into touch. Kitching again played an excellent game, but any advantage the Hospital may have had territorially they were unable to materialise, owing to the lack of scoring ability amongst the backs. Williams, however, ought to have scored once, getting over the line, but failing to touch the ball down.

The defence was good, and altogether the team played well, showing plenty of dash.

The Old Boys were never really dangerous, they also finding passing an impossibility. Gundry nearly scored on the left wing, but was thrown into touch at the last moment by Little.

So a well-fought and evenly contested game ended in a pointless draw, this being the third match the Hospital have drawn.

ASSOCIATION FOOTBALL CLUB.

LONDON UNIVERSITY CUP.

Second Round.

ST. BARTHOLOMEW'S HOSPITAL v. ST. THOMAS'S HOSPITAL.

This match was played on Wednesday, January 12th, at Chiswick, and resulted in a win for St. Bartholomew's by 3 goals to 2.

St. Bart's kicked off with the wind in their favour, and at once began to press, and after about a quarter of an hour's play Waugh scored the first goal. Soon after this Atteridge added another goal with a fine shot. The Hospital continued to press, and had much the better of the game for the remainder of the first half, but were unable to add to their lead, though several shots were rather unlucky not to score. On changing ends the forwards failed to combine so well as in the first half, and St. Thomas's began to press, and soon scored their first goal. This was shortly followed by another, making the score two all. St. Thomas's continued to have the best of the game after this, though the St. Bart's backs put up an excellent defence. About fifteen minutes from time a penalty was given against St. Bart's, of which St. Thomas's refused to take advantage, and the score remained level until Waugh headed the ball through off a good centre by Wippell. For the Hospital all the

backs played well, and Atteridge was excellent at outside left. Team:

R. G. Mack (goal); J. W. Stretton, J. Rimington (backs); G. M. Cowper, W. S. Soden, R. H. Maingot (halves); K. D. Atteridge, G. Bourne, A. J. Waugh, G. D. Jameson, W. P. Wippell (forwards).

#### Semi-final Round.

#### ST. BART'S HOSPITAL v. KING'S COLLEGE.

This match was played at Winchmore Hill on Wednesday, January 16th, and resulted in a win for the Hospital by 5 goals to 1.

Soon after the start the Hospital began to press, and after about ten minutes' play forced a corner from which Jameson scored the first goal. The Hospital then continued to attack, and soon Jameson scored a second goal for the Hospital. After this the Hospital forwards pressed vigorously, and only some good play on the part of the King's goal-keeper prevented an increase in the score. King's made several spasmodic efforts, but failed to score, and shortly before half-time McFarland scored a third goal. After changing ends play was rather more even until Waugh added a fourth point for the Hospital. King's then broke away, and scored their only goal after a fine individual effort by their centre-forward. Play then became rather less fast, but the Hospital forwards made several vigorous attacks. Wippell, on the right wing, made some excellent runs, and eventually put in a good centre which Waugh headed through. Team:

R. G. Mack (goal); J. W. Stretton, H. Rimington (backs); W. S. Soden, G. D. Jameson, G. M. Cowper (halves); W. P. Wippell, J. D. McFarland, A. J. Waugh, T. B. Bailey, R. D. Atteridge (forwards).

#### HOCKEY CLUB.

#### HOCKEY CUP-TIE.

#### FIRST ROUND INTER-HOSPITAL TOURNAMENT.

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

This match was played on the Mid-Surrey and Faling ground at Richmond on Wednesday, January 22nd, in dull but fine weather.

Immediately from the bully off Bart's began pressing, and before many minutes Weller scored. After about ten minutes' play Thomas's had very bad luck in losing their centre-half, who received a severe blow in the face from a rising ball, this, of course, seriously handicapping them, as they had to play with only four forwards. Bart's continued to press, and at half-time lead by 5—love. The second half was a repetition of the first, and five more goals were scored.

The Bart's forwards combined and shot well, whilst the defence was very sound. The scorers were Brash 5, Weller 2, Sylvester 2, and Ackland. Team:

B. Whitehead (goal); M. T. W. Steedman, H. E. Glenny (backs); R. R. Powell, J. G. Ackland, D. R. Thomas (halves); W. V. Hughes, C. A. Weller, E. J. Y. Brash, C. K. Sylvester, and H. D. McCall (forwards).

#### Semi-final Round.

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

This game was played on the Hampstead ground on February 10th in fine weather, and resulted in a win for St. Bart's by 3 goals to 2. For the third year in succession our team has reached the final of this competition, and it is clear to all who have seen the team play regularly that they should be sufficiently good to vindicate themselves against Guy's at last.

Prior to half-time the game was keenly contested; the Bart's forwards were a long time in finding that cross-passes are easily stopped by the four-half formation (which was played by Middlesex), but when they tried dashing tactics and well-forward passes they soon obtained two goals. Our halves were reliable in defence, but their passes too frequently went to our opponents, and passing to an obviously marked man was a failing on both sides. Our backs worked well together and outside the circle were brilliant. Whitehead, in goal, did not have much to do, but made some fine saves.

After half-time when we led 2—0, Middlesex played with great determination and scored twice, while our team were making many mistakes and seemed unable to get any dash into their play. For a

time we appeared certain to lose, but a great effort was then made by our men, and a very good movement soon gave us the winning goal. Weller received a fast and well-placed pass and dashed off before the opposing halves could close in; when challenged, he put a fine pass through the halves to Sylvester, who reached the circle in a few strides and shot a very good goal. Team:

B. Whitehead (goal); M. T. W. Steedman, C. S. Atkin (backs); R. R. Powell, J. G. Ackland, D. R. Thomas (halves); H. J. Bower, C. A. Weller, E. J. Y. Brash, C. K. Sylvester, and H. D. McCall (forwards).

### Correspondence.

#### WESTMINSTER ABBEY SERVICE COMMITTEE.

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

DEAR SIR,—May I use your columns to call the attention of your readers to the annual University of London service on Presentation Day, May 7th, at 6 p.m., which will be held this year, as in previous years, in Westminster Abbey? It is hoped that the Rt. Rev. Bishop Boyd-Carpenter will preach the sermon.

It is desired to make the congregation at the service as representative as possible of every section of the University. The procession usually includes the Chancellor and Vice-Chancellor, the Chairman of Convocation, the Member of Parliament for the University, the Principal of the University and the heads of many of the Colleges, and a representative body of doctors; and it is hoped that this year, as in past years, there will be a large attendance of graduates and undergraduates, both men and women. Last year the total number present was over a thousand.

Applications for tickets for the service should be addressed to me at 88, Gower Street, W.C., and a stamped addressed envelope should accompany the application. Applicants should state what degree, if any, they possess.

Yours truly,

J. DUDLEY WHYTE.

Organising Secretary, Westminster Abbey Service.

88, GOWER STREET, W.C.

February 12th, 1913.

### The Bookshelf.

It is pleasing to know that the popularity of Dr. Langdon Brown's well-known book, *Physiological Principles in Treatment*, extends beyond English-speaking medical circles, for we learn that an Italian edition of the book, translated by Dr. Francesco Corletto, of Verona, will shortly be published.

#### BOOKS RECEIVED FOR REVIEW.

- Glycosuria and Allied Conditions.* By P. J. Cammidge, M.D. (Edward Arnold.) 16s. net.
- Human Embryology and Morphology.* By Arthur Keith, M.D., LL.D., F.R.C.S. Third Edition. (Edward Arnold.) 15s. net.
- Diseases of Women.* By G. E. Herman, F.R.C.P., F.R.C.S., and R. Drummond Maxwell, M.D., F.R.C.S. Fourth Edition. (Cassell & Co., Ltd.) 25s.
- The Surgery of the Stomach.* By Herbert J. Paterson, M.B., M.C., F.R.C.S. (James Nisbet & Co.) 12s. 6d. net.
- British Red Cross Society Nursing Manual, No. 2.* By James Cantlie, M.R., F.R.C.S., V.D. (Cassell & Co., Ltd.) 4s.
- Aids to the Treatment of Diseases of Children.* By J. McCaw, M.D. Fourth Edition. (Baillière, Tindall & Cox.) 7s. 6d.
- Vicious Circles in Disease.* By Jamieson B. Hurry, M.A., M.D. Second and enlarged edition. (J & A. Churchill.) 7s. 6d.
- Eye-strain in Every-day Practice.* By Sydney Stephenson, M.B., C.M. (Edin.), D.O. (Oxon.), F.R.C.S. (Ed.). (London: The Ophthalmoscopic Press.) 3s. 6d.
- Sclero-corneal Trephining in the Operating Treatment of Glaucoma.* By R. H. Elliot, M.D., F.R.C.S. (The Ophthalmoscopic Press.) 7s. 6d.

### REVIEWS.

**THE CARRIER PROBLEM IN INFECTIOUS DISEASES.** (INTERNATIONAL MEDICAL MONOGRAPHS.) By J. C. G. LEDINGHAM, M.B., D.Sc., and J. A. ARKWRIGHT, M.D. (London: Edward Arnold, 1912.) Price 12s. 6d. net.

Drs. Ledingham and Arkwright have presented to us a work, which, as an "International Medical Monograph" should be, is thoroughly up to the present date and complete in the subjects with which it deals.

There are about 300 pages, and the style is such that the book may be read from cover to cover, and not merely used as a book of reference.

It concerns itself with the human being only as a carrier, and with a limited number of diseases, namely, enteric and paratyphoid fevers, diphtheria, cerebro spinal meningitis, dysentery and cholera being those in which the carrier problem has been most fully worked out.

The chapter on enteric fever (Ledingham) is the most complete, and occupies nearly half the book; much of it has already appeared in a report to the Local Government Board, but since the date of the latter's appearance new matter of importance has been added.

In dealing with the records of other observers in this book the difficulties of compilation must have been very great. To sift the good and reliable from the bad and untrustworthy could only be done by men who are thoroughly acquainted with the pit falls of inexperience and over-enthusiasm. This the authors have achieved, and have set down as truly as possible the modern-day conclusions, with the facts which led up to them, both of their own observation and that of others, not hesitating to criticise those points which seemed to them of doubtful integrity.

Those interested both in the practice of medicine and in the purer sciences of pathology and epidemiology will do well to peruse the pages carefully, both on account of the many important facts, which will often be new to them, as well as for the underlying principles, which will offer new lines of thought, and it is to be hoped will produce again more useful work.

**MIND AND ITS DISORDERS (A TEXT-BOOK FOR STUDENTS AND PRACTITIONERS).** By W. H. B. STODDART, M.D., F.R.C.P., Resident Physician and Medical Superintendent, Bethlem Royal Hospital, etc. Second edition. Pp. xvi + 518; demy 8vo. (H. K. Lewis, London.) 12s. 6d. net.

We have read through this book with very great pleasure in our appreciation of the manner in which the author has dealt with his subject. He devotes about a fifth of the book to a very clear and helpful description of normal psychology approached from a purely physical standpoint. As Dr. Stoddart says in his preface, "The transcendental psychology of modern schoolmen . . . is useless to the practical physician of to-day," and with this dictum we heartily agree.

Having thus given the neurological foundations of a subject with which too often the student is quite unfamiliar, the author deals systematically with the phenomena of insanity and the classification and description of mental diseases in a manner for which we have nothing but praise.

In this second edition recent advances in the subject are incorporated, notably an account of Freud's method of psycho-analysis based upon the phenomena of sub-consciousness.

The illustrations are good and the get-up of the book adequate. We do not care for the use of such words as "sensed" (p. 16) or "reccency" (p. 50), though their use does not diminish clarity of expression.

**DISEASES OF THE THROAT, NOSE AND EAR FOR PRACTITIONERS AND STUDENTS.** By W. G. PORTER, M.B., B.Sc., F.R.C.S. (Edin.). Pp. 275. (Bristol: John Wright & Sons, Ltd.) 7s. 6d. net.

Within the space of less than 300 pages the large field of these special subjects cannot be completely covered. But the average student and practitioner does not have, and cannot expect, a profound knowledge of them unless he devotes himself to work in the hospitals dealing especially with these regions.

The author's aim is to aid in diagnosis and the simpler forms of treatment only, realising that the non-specialist cannot, and ought not, to attempt major operations in these regions.

There are numerous coloured pictures, which are admirably pro-

duced, and should help considerably those who are not especially familiar with the clinical examination of throat, nose and ear, while the advice as to treatment of minor disorders met with is judicious and concise.

The publishers are to be congratulated on the production of a neat and serviceable volume.

#### BOOKS ADDED TO THE LIBRARY DURING JANUARY.

The following were presented by Mr. Alfred Willett, F.R.C.S.:

Adams, William, F.R.C.S. Club-Foot: Its Causes, Pathology, and Treatment. Being the Essay which the Jacksonian Prize for 1864, given by the Royal College of Surgeons, was awarded. Illus. Lond. 1866.

Adams, William, F.R.C.S. Observations on Congenital Displacement (the so called Congenital Dislocation) at the Hip-Joint; and the Success of Doctor Buckminster Brown's Treatment by Recumbency with Extension for two Years. Read at a meeting of the American Orthopaedic Congress, held in Chicago in September, 1895.

Astruc, John. A Treatise of Venereal Diseases, in nine Books, containing an account of the Origin, Propagation, and Contagion of the Distemper. As also of the Nature, Cause and Cure of all Venereal Disorders, whether Local or Universal. Together with a short Abstract of the Lives of the Authors who have wrote on those Diseases, and a list of their works. Translated from the last Latin Edition printed at Paris. Lond. 1754. (From the Library of John Abernethy, F.R.S., given to his son-in-law George Burrows, M.D., Jan. 1841, by Mrs. Abernethy.)

Barling, Gilbert, M.B., B.S., F.R.C.S. The Ingleby Lectures 1895. On Appendicitis, and on Perforation of Gastric and Duodenal Ulcer. Birmingham 1895.

Billroth, Dr. Theodor. General Surgical Pathology and Therapeutics, in Fifty-one Lectures. A Text-book for Students and Physicians. With additions by Dr. Alexander von Winwarter. Translated from the fourth German Edition, with the special permission of the author, and revised from the tenth Edition, by Charles E. Hackley, A.M., M.D. Lond. 1884.

Blane, Sir Gilbert, Bart., F.R.S. Elements of Medical Logic, illustrated by Practical Proofs and Examples. The Second Edition, with large additions, particularly in the Practical Part. Lond. 1821.

Brunton, Sir Lauder, Bart., M.D., D.Sc., LL.D. (Edin. & Aber.), F.R.S., F.R.C.P. On Disorders of Assimilation, Digestion, etc. Lond. 1901.

Burrows, George Man, M.D., F.L.S. An Inquiry into Certain Errors Relative to Insanity; and their Consequences: Physical, Moral, and Civil. Lond. 1820.

Burrows, George Man, M.D., F.L.S. An Account of Two Cases of Death from Eating Mussels; with some General Observations on Fish-Poison. Lond. 1815.

Callender, George W. The Formation and Early Growth of the Bones of the Human Face. Communicated by J. Paget, F.R.S.

Cloquet, Jules. Manuel d'Anatomie Descriptive du Corps Humain, représentée en Planches Lithographiques. Texte. Paris 1825.

Cloquet, Jules. Atlas du Manuel d'Anatomie Descriptive.

Cloquet, Jules. Recherches Anatomiques sur les Hornes de l'Abdomen. Paris 1817.

Fayer, J., C.S.I., M.D., F.R.S.E. Clinical and Pathological Observations in India. Lond. 1873.

Gamgee, J. Sampson. History of a Successful Case of Amputation at the Hip Joint (the limb 48 in. in circumference, 99 lb. weight). Illus. Lond. 1865.

Garratt, G. C., M.D. Observations on Metabolism in the Febrile State in Man. (3rd Proof.) 1903.

Harrison, Reginald, F.R.C.S. Retrospects and Prospects Relating to University Life, being the first Mitchell Banks Memorial Lecture delivered before the University of Liverpool. Lond. 1905.

Humphrey, Professor. Observations on the Angle of the Neck of the Thigh-Bone. Reprinted. Edinburgh 1880.

Hunter, John. A Treatise on the Venereal Disease. 2nd Edition. Lond. 1788.

Lawrence, Sir William, Bart., F.R.S. Lectures on Physiology, Zoology, and the Natural History of Man, delivered at the Royal College of Surgeons, with twelve engravings. Lond. 1819. (From the Library of John Abernethy, F.R.S., given to his son-in-law, George Burrows, M.D., by Mrs. Abernethy, Jan. 1841.)

Jenner, Edward, M.D., F.R.S. An Inquiry into the Causes and Effects of the Variolæ Vaccinæ, a Disease discovered in some of the Western Counties of England, particularly Gloucestershire, and known by the name of the Cow Pox. Lond. 1798. (From the

Library of John Abernethy, F.R.S., given to his son-in-law, George Burrows, M.D., by Mrs. Abernethy (January 1841.)

Larrey, Baron Dominique Jean, M.D. & Ch. Memoirs of Military Surgery. Containing the Practice of the French Military Surgeons during the Principal Campaigns of the late War. Abridged and Translated from the French by John Waller. Part I. Lond. 1815.

Latham, P. W., M.A., M.D., F.R.C.P. The Croonian Lectures: On Some Points in the Pathology of Rheumatism, Gout and Diabetes. Cambridge 1867.

Lizars, John, F.R.S. A System of Anatomical Plates, accompanied with Descriptions, and Physiological, Pathological and Surgical Observations. Letterpress. 2 vols. Edinburgh 1822-1825.

MacCormac, Sir William, Bart., K.C.V.O. An Address of Welcome delivered on the occasion of the Centenary Festival of the Royal College of Surgeons of England, on Thursday, July 26th, 1900, to which is appended a short biographical account of each of the sixty-one Surgeons who have been Masters or Presidents of the College during the one hundred years of its existence. Lond. 1900.

Manec, P. J., M.D. A Theoretical and Practical Treatise upon the Ligature of Arteries. Translated from the French by J. W. Garlick, M.R.C.S., and W. C. Copperthwaite, M.R.C.S. Halifax 1832.

Owen, Richard, F.R.S. On the Nature of Limbs. A Discourse delivered on Friday, February 9, at an evening meeting of the Royal Institution of Great Britain. Lond. 1840.

Paterson, Herbert J., M.A., M.B., B.C.(Cantab.), F.R.C.S. Gastric Surgery. Being the Hunterian Lectures delivered before the Royal College of Surgeons of England on February 19th, 21st and 23rd, 1906. Lond. 1906.

Schimmelbusch, C. The Aseptic Treatment of Wounds. With a Preface by Prof. Bergmann. Translated from the second German Edition by Alfred Theodore Rake, M.B., F.R.C.S. Lond. 1894.

Stanley, Edward, F.R.S. Illustrations of the Effects of Disease and Injury of the Bones with Descriptive and Explanatory Statements. Lond. 1849.

Suckling, C. W., M.D., M.K.C.P. Movable Kidney a Cause of Insanity, Headache, Nervousness, Insomnia, Mental Failing, and other Disorders of the Nervous System. A Cause also of Dilatation of the Stomach. Birmingham 1909.

Thompson, Sir Henry, F.R.C.S., M.B.(Lond.). Introduction to the Catalogue of the Collection of Calculi of the Bladder, upwards of one thousand in number (besides foreign bodies), removed by operation. The Collection was presented in 1892 to the Hunterian Museum of the Royal College of Surgeons in London, where it is now deposited together with copies of the Catalogue and Introduction.

West, Charles, M.D. The Profession of Medicine; its Study and Practice; its Duties and Rewards. Lond. 1896.

The Climates and Daths of Great Britain, being the Report of a Committee of the Royal Medical and Chirurgical Society of London.

Vol. I. The Climates of the South of England, and the Chief Medicinal Springs of Great Britain. Lond. 1895.

Vol. II. The Climates of London and of the Central and Northern Portions of England, together with those of Wales and of Ireland. Lond. 1902.

*Bradshaw Lectures*

Harrison Reginald, F.R.C.S. On Vesical Stone and Prostatic Disorders. Lond. 1896.

Hulke, J. W., F.R.S. On Fractures and Dislocations of the Vertebral Column. Lond. 1892.

Jessop, T. R., F.R.C.S. On Nephrectomy, Nephrolithotomy and Lithotomy. Lond. 1902.

Marsh, Howard, F.R.C.S. Septic Arthritis. Lond. 1903.

Willett, Alfred, F.R.C.S. On the Correction of Certain Deformities by Operative Measures upon Bones. Lond. 1897.

*Harveian Orations*

Farre, Arthur, M.D., F.R.S. The Harveian Oration delivered at the Royal College of Physicians, June 26th, 1872, being an Analysis of Harvey's Exercises on Generation. Lond. 1872.

Latham, P. W., M.A., M.D. The Harveian Oration delivered before the Royal College of Physicians, London, October 18th, 1888. Lond. 1888.

Roberts, Sir William, M.D., F.R.S. The Harveian Oration delivered before the Royal College of Physicians, October 18th, 1897. Lond. 1897.

*Hunterian Orations*

Heath, Christopher, F.R.C.S. The Hunterian Oration delivered at the Royal College of Surgeons, February 15th, 1807. Lond. 1807.

Hulke, J. W., F.R.S. The Hunterian Oration: Royal College of Surgeons of England, February 14th, 1895. Lond. 1895.

Power, Henry, F.R.C.S. The Hunterian Oration delivered at the

Royal College of Surgeons of England, February 14th, 1889. Lond. 1889.

Tweedy, Sir John, F.R.C.S. The Hunterian Oration delivered at the Royal College of Surgeons of England on February 14th, 1905. Lond. 1905.

A description of the Preparations contained in the Museum of St. Bartholomew's Hospital. Published by order of the Governors.

Part I. Preparations illustrating the Natural Structure of Organs in the Human Body.

Part II. Preparations illustrating the Changes produced by Disease in the Organs of the Human Body.

Part III. Preparations illustrating the Form, Structure, and Diseases of Organs in the Bodies of Animals.

Part IV. Miscellaneous Articles. Lond. 1891.

A Descriptive Catalogue of the Anatomical and Pathological Museum of St. Bartholomew's Hospital. Published by order of the Governors. Vol. I. Pathology. Lond. 1882.

Descriptive and Illustrated Catalogue of the Physiological Series of Comparative Anatomy contained in the Museum of the Royal College of Surgeons of England. Second edition. Vol. I. Lond. 1900. Vol. II. *Ibid* 1902.

Catalogue of the Specimens illustrating the Osteology of Vertebrated Animals, recent and extinct, contained in the Museum of the Royal College of Surgeons of England. Part III. Class Aves. By R. Bowdler Sharpe, LL.D. Lond. 1891.

Descriptive Catalogue of the Dermatological Collection (Models and Casts), contained in the Museum of the Royal College of Surgeons of England. Third Edition. By H. Radcliffe Crocker, M.D., with the assistance of J. H. Targett, M.S. Lond. 1895.

Descriptive Catalogue of the Teratological Series in the Museum of the Royal College of Surgeons of England. Animal Malformations by B. Thompson Lowne, F.R.C.S. Vegetable Malformations by Dr. Maxwell T. Masters, F.R.S. Lond. 1893.

Appendix to the Second Edition of the descriptive catalogue of the Pathological Specimens contained in the Museum of the Royal College of Surgeons of England. Appendices I-IV, by Frederic S. Eve, F.R.C.S., Lond. 1887-1890; V, VI, VII, IX, X, XI, by James H. Targett, F.R.C.S., *ibid*. 1891-1898; XII, XIII, XIV, XIX, by Samuel G. Shattock, F.R.C.S., *ibid*. 1898.

Transactions of the Life Assurance Medical Officers' Association, London, comprising the report of the Proceedings for 1898 and 1899, 1900, 1901 and 1902, 1902 and 1903, *ibid*. 1904; 1904 and 1905, *ibid*. 1906.

*The following were presented by Mr. W. Bruce Clarke, F.R.C.S.:*

Albaran, J. Les Tumeurs et q Planches. Preface par le Professeur F. Guyon. 75 Figures et q Planches. Paris 1892.

Annales des Organes Génito-Urinaires. Rédacteur en Chef: Dr. E. Delefosse. Publiées sous la direction de MM. F. Guyon, Lancelreux et C. Méhu, 1883-87; F. Guyon et Lancelreux, 1888-1907; F. Guyon, Lancelreux, et Albaran, 1908-11.

Doody, Sir Benjamin C., Bart., F.R.S. Lectures on the Diseases of the Urinary Organs. Third Edition, with alterations and additions. Lond. 1842.

Burckhardt, Dr. Emil. Atlas der Cystoskopie. Mit 24 Tafeln in Farbendruck. Basel 1891.

Civiale, Le Docteur. Traité Pratique sur les Maladies des Organes Génito-Urinaires. Première Partie: Maladies de l'Utérus. Clarke, W. Bruce, M.A., M.B.(Oxon), F.R.C.S. The Diagnosis and Treatment of Diseases of the Kidney amenable to direct Surgical Interference. Illus. Lond. 1886.

Dickinson, W. Howship, M.D., F.R.C.P. On Renal and Urinary Affections. In three parts. Part III: Miscellaneous Affections of the Kidneys and Urine. Lond. 1885.

Douglas, James, M.D. The History of the Lateral Operation: or an Account of the Method of Extracting a Stone by making a Wound near the great Protuberance of the Os Ischium, through the Common Integuments and Levator Ani, into the Side of the Bladder, without touching the Urethra, Prostate Gland, Vesiculae Seminales or any other of the Urinary or Seminal Vessels; first attempted by Frère Jacques in France, and afterwards successfully performed by Prof. Kau in Holland. With a Postscript concerning the Introduction and Improvement of this Method here in London. Lond. 1726.

Ebstein, Dr. Wilhelm. Die Natur und Behandlung der Harnsteine. Mit Eingeheteten atlas enthaltend Fünf Tafeln in Farbendruck. Wiesbaden 1884.

Edwards, F. Swinford, F.R.C.S. Urinary Surgery of the Present Day contrasted with that of twelve years ago. Being the Opening Address of the Eleventh Session of the West London Medicico-Chirurgical Society, delivered October 7th, 1892. Lond. 1892.

Fenwick, E. Hurry, F.R.C.S. The Electric Illumination of the Bladder and Urethra as a means of Diagnosis of Obscure Vesico-Urethral Diseases. Illus. Lond. 1888.

Fenwick, E. Hurry, F.R.C.S. The Indications for widely Resecting the Bladder Walls in Vesical Growth. Lond. 1911.

Foot, Jesse. A Critical Enquiry into the Ancient and Modern Method of Curing Diseases in the Urethra and Bladder. Illustrated by a great variety of additional cases. Sixth Edition. Lond. 1811.

Freyer, P. J., M.A., M.D., M.Ch. The Modern Treatment of Stone in the Bladder by Litholapaxy. A Description of the Operation and Instruments with Cases illustrative of the Difficulties and Complications met with. Lond. 1880.

Gouley, John W. S., M.D. Diseases of the Urinary Apparatus. Plegmasic Affections. New York 1892.

Gross, Samuel W., M.A., M.D., LL.D. A Practical Treatise on Impotence, Sterility, and Allied Disorders of the Male Sexual Organs. Fourth Edition, revised by F. R. Sturgis, M.D. Edinburgh and Lond. 1890.

Guthrie, G. J., F.R.S. On the Anatomy and Diseases of the Neck of the Bladder and of the Urethra, being the substance of the Lectures delivered in the Theatre of the Royal College of Surgeons in the year 1830, and in the Westminster Hospital in 1833 and 1834. Lond. 1834.

Harrison, Reginald, F.R.C.S. Observations on Lithotomy, Lithotomy, and the Early Detection of Stone in the Bladder, with a Description of a New Method of Tapping the Bladder. Lond. 1883.

Harrison, Reginald, F.R.C.S. Selected Papers on Stone, Prostate, and other Urinary Disorders. Lond. 1899.

Harrison, Reginald, F.R.C.S. Lectures on the Surgical Disorders of the Urinary Organs. Third Edition, re-written and enlarged. Lond. 1887.

Hogge, Dr. Alb. Rapport. Oxalurie et Phosphaturie.

Home, Sir Everard, Bart., V.P.R.S. Practical Observations on the Treatment of Strictures in the Urethra and in the Oesophagus. Vol. II. Second Edition. Lond. 1821.

Home, Sir Everard, Bart., V.P.R.S. Practical Observations on the Treatment of Strictures in the Urethra. Illustrated by copper plates from the drawings of Mr. Bauer, F.R.S., to which are added Gouty Attacks on the Urethra and other Parts, cured by Vinum Colchici, and a new mode of performing the high operation for the Stone. Vol. III. Lond. 1821.

Keegan, Surgeon-Major D. F., M.D.(Dub.). Litholapaxy in Male Children and Male Adults. Lond. 1887.

Lund, Edward, F.R.C.S. Internal Urethrotomy, with its Modern Improvements. Lond. 1877.

Luyt, Dr. Georges. Endoscopie de l'Uretré et de la Vessie. Préface par le Dr. Henri Hartmann. Avec 80 figures dans le texte et 3 Planches en couleurs. Paris 1905.

Milton, Herbert, M.R.C.S. Lithotomy in Cases of Stone: Simple and Complicated. Reprint. Lond. 1860.

Morgan, John H., M.A.(Oxon), F.R.C.S. The Lettsomian Lectures on the Affections of the Urinary Apparatus in Children. Delivered before the Medical Society of London. Reprint. Lond. 1898.

Morris, Henry, M.A., M.B.(Lond.), F.R.C.S. Surgical Diseases of the Kidney and Ureter, including Malformations and Misplacements. Two vols. Lond. 1902.

Morris, Henry, M.A., M.B.(Lond.), F.R.C.S. On the Origin and Progress of Renal Surgery, with Special Reference to Stone in the Kidney and Ureter, and to the Surgical Treatment of Calculous Anuria. Being the Hunterian Lectures for 1898. Together with a Critical Examination of Sub-para-rietal Injuries of the Ureter. Lond. 1898.

Moullin, C. Mansell, M.D., F.R.C.S. Inflammation of the Bladder and Urinary Fever. Lond. 1898.

Moullin, C. Mansell, M.A., M.D., F.R.C.S. The Operative Treatment of Enlargement of the Prostate. Based upon the Records of upwards of one hundred and forty cases. Three lectures delivered at the Royal College of Surgeons. Lond. 1892.

Newman, David, M.D., F.F.P.S.G. The Diagnosis of Diseases of the Kidney amenable to Surgical Treatment. Issued for private circulation. Glasgow, 1902.

Newman, David, M.D. Renal Cases. A series of selected clinical reports and surgical studies. Glasgow 1899.

Nitze, Dr. Max. Lehrbuch der Kystoskopie. Ihre Technik und Klinische Bedeutung. Mit 6 Tafeln und 26 Abbildungen in Text. Wiesbaden 1889.

Ord, William Miller, M.D. On the Influence of Colloids upon the Crystalline Form and Cohesion, with Observations on the Structure and Mode of Formation of Urinary and other Calculi. Lond. 1879.

Picard, Dr. Henri. Traité des Maladies de la Prostate. Avec 83 figures dans le texte. Paris 1877.

Posner, Dr. C. Diagnostik der Harnkrankheiten. Zehn Vorlesungen zur einfuehrung in Die Pathologie de Harnwege. Berlin 1902.

Richter, Prof. Paul Friedrich. Die Entstehung und Behandlung der Phosphaturie.

Roberts, Wm., M.D., F.R.S. A Practical Treatise on Urinary and Renal Diseases, including Urinary Deposits. Illustrated by numerous cases and engravings. Fourth Edition, assisted by Robert Maguire, M.D. Lond. 1885.

Roberts, Sir William, M.D., F.R.S. On the Chemistry and Therapeutics of Uric Acid Gravel and Gout, being the Croonian Lectures for 1850 delivered before the Royal College of Physicians of London. With Additions. Lond. 1892.

Teissier, Prof. J. De la Phosphaturie et de l'Oxalurie.

Thompson, Sir Henry, F.R.C.S. Lectures delivered at the Royal College of Surgeons of England on some important points connected with the Surgery of the Urinary Organs. Lond. 1884.

Thompson, Sir Henry, F.R.C.S. Clinical Lectures on Diseases of the Urinary Organs. Delivered at University College Hospital. Eighth Edition. Lond. 1888.

Thompson, Sir Henry, F.R.C.S. On Tumours of the Bladder, their Nature, Symptoms and Surgical Treatment, preceded by a consideration of the best methods of diagnosing all forms of Vesical Disease, including digital exploration and its results. With numerous illustrations. Lond. 1884.

Thompson, Sir Henry, F.R.C.S. On Diseases of the Prostate, their Pathology and Treatment; comprising the second edition of The Enlarged Prostate, and a dissertation On the Healthy and Morbid Anatomy of the Prostate Gland, to which the Jacksonian Prize for the year 1860 was awarded by the Royal College of Surgeons of England. Lond. 1861.

Thompson, Sir Henry, F.R.C.S. The Pathology and Treatment of Stricture of the Urethra and Urinary Fistulae. Fourth Edition. Lond. 1885.

Thompson, Sir Henry, F.R.C.S. On the Suprapubic Operation of Opening the Bladder for the Stone and for Tumours. Lond. 1886.

[A further list of books presented by Mr. Bruce Clarke and others is unavailably held over this month owing to pressure on our space.]

### The Junior Staff.

The following is a list of the Resident Staff from April 1st to October, 1913:

Dr. S. WEST	Mr. E. E. Chipp.
	Mr. L. G. Crossman.
Dr. J. A. ORMEROD	Mr. G. Stanger.
	Mr. W. Farrer Thompson.
Dr. W. P. ILLERINGHAM	Mr. T. H. G. Shore.
	Mr. G. Hadfield.
Dr. H. H. TOOTH	Mr. H. J. Couchman.
	Mr. R. M. Meller.
Dr. A. E. GARROD	Mr. R. G. Hill.
	Mr. A. G. Evans.
Sir ANTHONY BOWLEY	Mr. G. N. Stathers.
	Mr. G. W. Carte.
Mr. D'ARCY POWER	Mr. H. K. V. Soltan.
	Mr. J. V. Fiddian.
Mr. WARING	Mr. G. Sparrow.
	Mr. R. St. L. Brockman.
Mr. McADAM FOOTES	Mr. J. Wroth Adams.
	Mr. G. Dyas.
Mr. R. C. BAILEY	Mr. A. B. Pavey Smith.
	Mr. F. H. Robbins.
INTERN MIDWIFERY ASSISTANT	Mr. F. W. Scott.
EXTERNAL MIDWIFERY ASSISTANT	Mr. C. A. Wollor (April).
	Mr. R. E. Bamsley (July).
OPHTHALMIC HOUSE SURGEON	Mr. J. Fison.
HOUSE SURGEON TO THE THROAT, NOSE AND EAR DEPARTMENT	Mr. H. B. G. Russell.

## New Addresses.

BISHOP, S. O., 4, Stratford Mansions, South Molton Street, W.  
 BURRA, L. T., County Health Office, Aylesbury.  
 FARMER, W. H., 50, Broad Street, Ludlow.  
 FISHER, A. G. T., 39, Caledonia Place, Clifton, Bristol.  
 MAPLES, E. E., 10, Hillside Mansions, Highgate, N. (permanent address).  
 PRESTON, F. H., 87, Victoria Street, S.W.  
 SHAW, T. CLAYE, 33, Weymouth Street, W. (Tel. 1858 Mayfair.)  
 WILLCOCKS, R. W., Royal Waterloo Hospital for Women and Children, Waterloo Road, S.E.  
 YETTS, Staff-Surg. W. P., R.N. (retired), British Legation, Peking.

## Appointments.

✓ COMPTON, A., F.R.C.S., appointed Hon. Assistant Surgeon to the German Hospital, Dabton.  
 ✓ FISHER, A. G. T., M.B., Ch.B., M.R.C.S., L.R.C.P., appointed Demonstrator of Surgical and Applied Anatomy in the University of Bristol.  
 ✓ MILLER, T. M., M.R.C.S., L.R.C.P., appointed Surgeon to the s.s. "Imzumbi."  
 ✓ WILLCOCKS, R. W., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the Royal Waterloo Hospital for Women and Children, Waterloo Road, S.E.

## Royal Naval Medical Service.

The following appointments have been notified since December 20th, 1912:  
 Staff-Surgeon H. B. Hill lent to the "Victory," additional for Physical Training School, for requalifying course, to date January 13th, 1913.  
 Surgeon L. Murphy to the "President," additional, for five months' course of instruction at Naval Medical School, to date February 1st, 1913.  
 The following appointments have been notified since January 20th, 1913:  
 Fleet-Surgeon C. Strickland to the Royal Marine Division, Portsmouth, to date April 1st, 1913.  
 Fleet-Surgeon H. Spicer to the "Cornwallis," to date February 4th, 1913.  
 Staff-Surgeon N. H. Harris to the "Egmont," for "Proserpine," February 1st, 1913, and to "Proserpine," on commissioning, undated.  
 Staff-Surgeon S. Roach to the "Devonshire," to date February 12th, 1913.  
 Staff-Surgeon W. C. B. Smith to the "Royal Arthur," for medical charge on voyage home from China.  
 Surgeon E. Moxon Brown to the "Good Hope," and for group of ships of the Third Fleet, to date February 1st, 1913.

## Royal Army Medical Corps.

Lieut. E. B. Allnut won the Dechaumont Prize in Hygiene at the R.A.M.C. College, Millbank.

## Births.

ADAMS.—On February 22nd, at Auckland House, Newbury, Berks., the wife of E. G. Beadon Adams, M.B., F.R.C.S., of a son.  
 CORFIELD.—On January 26th, at Beechwood, Upper Tooting, S.W., Beatrice, the wife of Carruthers Corfield, M.R.C.S.(Eng.), L.R.C.P. and L.S.A.(Lond.), of a daughter.  
 DIX.—On January 16th, at Hamilton House, Bruton, Somerset, to Charles and Ellen Dix, a daughter.

DYSON.—On February 12th, at 82, Lower Road, Rotherhithe, S.E., the wife of Malcolm Goodworth Dyson, F.R.C.S., of a daughter (Ruth).

HORNER.—On January 31st, the wife of Norman Gerald Horner, M.B. (née Grace Fearon), a son.

JORDAN.—On February 19th, at 11, Bentinck Street, W., to Dr. and Mrs. Alfred C. Jordan, a son.

## Marriages.

ADAMS—APPLEYARD.—On February 15th, at St. Marylebone Parish Church, by the Rev. F. R. Holmes, James Wilmot Adams, M.B., B.C.(Cantab.), son of Dr. James Adams, of Chiswick Place, Eastbourne, to Irene, youngest daughter of the late Dr. James Appleyard, of Longford, Tasmania.

HARRISON—ROGERS.—On Thursday, February 20th, at All Saints' Church, Blackheath, Everard Harrison, M.B., B.C.(Cantab.), youngest son of Stockdale Harrison, F.R.I.B.A., Leicester, and Grace Muriel, younger daughter of Colonel Rogers, late Staff Officer of Pensioners.

## Deaths.

DYSON.—On February 12th, at 82, Lower Road, Rotherhithe, S.E., Malcolm Goodworth Dyson, F.R.C.S., of pneumonia, aged 45.  
 NOON.—On Monday, January 20th, at 30, Devonshire Place, W., Leonard Noon, B.C.(Cantab.), F.R.C.S.(Eng.).  
 PRATT.—On February 8th, at Oughthorpe, nr. Sheffield, John Edward Pratt, M.R.C.S., L.R.C.P., aged 32.  
 TALBOT.—On February 7th, at Quinton, Saskatchewan, Canada, Thomas Harrison Talbot, younger son of the late John Talbot, of Tillington, Stafford, aged 39.

## Acknowledgments.

*The Hospital* (2), *The Practitioner* (2), *The Medical Review* (2), *The British Journal of Nursing* (8), *The Nursing Times* (8), *The Student* (5), *Guy's Hospital Gazette* (4), *The Middlesex Hospital Journal* (2), *League News*, *New York State Journal of Medicine* (2), *St. Mary's Hospital Gazette*, *Long Island Medical Journal*, *Clinical Excerptis*, *The Stethoscope*, *Charing Cross Hospital Gazette*, *University College Hospital Gazette*, *The Eagle*, *Evans' Journal*, *The St. Thomas's Hospital Gazette*, *L'Echo Médicale du Nord*, *Giornale della Reale Società Italiana d'Igiene*.

## NOTICE.

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

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

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## St. Bartholomew's Hospital



## JOURNAL.

VOL. XX.—No. 7.]

APRIL, 1913.

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## St. Bartholomew's Hospital Journal,

APRIL 1st, 1913.

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

## Calendar.

Tues.,	April 1.—	Mr. Waring on duty.
Wed.,	" 2.—	Examination for D.P.H.(Camb.) begins.
Fri.,	" 4.—	Mr. Eccles on duty.
Mon.,	" 7.—	Final Examination of Society of Apothecaries begins.
Tues.,	" 8.—	Mr. Bailey on duty. Final Examination Conjoint Board (Medicine) begins.
Wed.,	" 9.—	Second Examination of Society of Apothecaries begins.
Thurs.,	" 10.—	Final Examination Conjoint Board (Midwifery) begins.
Fri.,	" 11.—	Sir Anthony Bowlby on duty. Camb. Easter term begins. Final Examination Conjoint Board (Surgery) begins.
Tues.,	" 15.—	Mr. Power on duty. Harvey. First Lecture 1616
Fri.,	" 18.—	Mr. Waring on duty.
Mon.,	" 21.—	Summer Session begins.
Tues.,	" 22.—	Examination for Part II of Second M.B.(Camb.) begins. Mr. Eccles on duty.
Fri.,	" 25.—	Mr. Bailey on duty.
Tues.,	" 29.—	Sir Anthony Bowlby on duty.
Thurs.,	May 1.—	Primary F.R.C.S. begins. Ascension Day.
Fri.,	" 2.—	Mr. D'Arcy Power on duty.

[Owing to retirements from the staff the medical duties are altered. The alterations are not definitely arranged at the time of going to press.]

## Editorial Notes.

IT is with some fear and trepidation that we take up the Editorial Pen and seek the Editorial Chair, which have been respectively so ably wielded and filled by the past Editor. Our aim must be to preserve the traditions of the JOURNAL, and we take this opportunity of assuring our readers that all our energy will be devoted to this object, and the furtherance of their several interests.

Mr. Sladden has successfully combined the functions of Editor of the JOURNAL, President of the Abernethian Society, and House Physician. The pages of the JOURNAL for the last six months testify to the efficiency with which he occupied the first of these posts, and we feel sure that our readers will join in thanking Mr. Sladden for his past services to the JOURNAL, and in wishing him every success in the future; we shall always be glad to receive any contributions from his pen.

At the same time we take this opportunity of reminding our readers that contributions are quite as essential to the existence of a journal as is straw to the proverbial brick-maker, and we therefore invite all those who have anything of interest to the Hospital world in process of celebration to commit the same to paper, and to us.

It is with great regret that we have to record this month the resignation of no fewer than three members of the Visiting Staff, to take effect early in April. These are Sir Francis Champneys, Bart., Dr. West, and Dr. Ormerod. In the oft-recurring words of the President of the Abernethian Society, these gentlemen need no introduction, and we feel sure that our readers will agree that their retirement will inflict a considerable loss on the Hospital. We sincerely hope that their resignation will not mean retirement in any complete sense of the word, for we hope to see them all amongst us from time to time; and we feel certain that they never will, or can, sever their connection with a Hospital and School where they have worked and taught for so long.

It should be needless to describe their distinguished