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St. Bartholomew's Hospital



JOURNAL.

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

VOL. XXVIII.—No. 1.]

OCTOBER 1ST, 1920.

[PRICE NINEPENCE.]

CALENDAR.

Fri., Oct. 1.—	Dr. Morley Fletcher and Mr. McAdam Eccles on duty.
Tues., " 5.—	Dr. Drysdale and Sir Gordon Watson on duty.
Fri., " 8.—	Sir A. Garrod (Dr. Fraser) and Mr. Gask on duty.
Tues., " 12.—	Dr. Tooth and Mr. Waring on duty.
Wed., " 13.—	Clinical Lecture (Surgery), Mr. Waring.
Fri., " 15.—	Dr. Calvert and Mr. McAdam Eccles on duty. Clinical Lecture (Medicine), Dr. Tooth.
Tues., " 19.—	Dr. Morley Fletcher and Mr. Rawling on duty.
Wed., " 20.—	Clinical Lecture (Surgery), Mr. Waring.
Fri., " 22.—	Dr. Drysdale and Sir Gordon Watson on duty. Clinical Lecture (Medicine), Dr. Morley Fletcher.
Tues., " 26.—	Sir A. Garrod (Dr. Fraser) and Mr. Gask on duty.
Wed., " 27.—	Clinical Lecture (Surgery), Mr. McAdam Eccles.
Fri., " 29.—	Dr. Tooth and Mr. Waring on duty. Clinical Lecture (Medicine), Dr. Tooth.
Tues., Nov. 2.—	Dr. Calvert and Mr. McAdam Eccles on duty.

[Mr. Rawling's duty from October 5th to October 8th will be taken by Sir Gordon Watson.]

EDITORIAL NOTES.

ONCE again we are glad to welcome a large number of Freshmen to the Hospital. In coming to St. Bartholomew's they join the most ancient of the London Medical Schools, and yet we believe that the Hospital has never given such opportunities to its students as it does to-day, nor has it ever been so progressive. We are proud of the great traditions of hard work and hard play which lie behind us. The names of those who have been students here fill no unimportant place in medical history; but traditions must be maintained and new records made, or the tradition loses its inspiration and becomes mere history.

We hope that our Freshmen will bring the *esprit de corps* which they learnt at school and college into their life at Bart's. It is safe to say that there is not one who will not find some club through which he can help materially to extend the social life of the Hospital.

It has been said by Mr. Stephen Paget, a son of Sir James Paget whose bust in our Pathological Museum is a perpetual reminder of the interest which he took in that

institution: "The pleasant old-fashioned quadrangle, blessed with sunshine and silence and an excellent view of the sky, is the centre of the Hospital life; and a visitor, loitering here, will see that we are a brotherhood and that the patients are our guests. Every hospital is a charity; but there is a difference between charity and hospitality. They who give money to hospitals are charitable; we, who have the spending of it, are hospitable; and of course it is we who get the fun out of the money. And we spend it well, entertaining in good style our innumerable guests."

It is to this pleasant life, in which the study of the diseases of mankind is so closely and happily related to the study of men themselves, that we welcome our Freshmen.

It is with very considerable regret that we have to announce the retirement of Dr. A. Macphail from the post of Lecturer on Anatomy. As announced elsewhere in this issue, he is leaving the Hospital to take up an important position under the Ministry of Health, where his unique knowledge and recognised tact will be of inestimable value in carrying out responsible work of supreme importance both to the medical profession and the community at large.

During the eight years which Dr. Macphail has been associated with the Anatomy Department, he has always been ready to supplement his official duties and help the Hospital whenever possible. Among his numerous activities we may mention the following:

Lecturer on Elementary Anatomy and Physiology to the Probationer Nurses, Acting-Warden during Mr. Ball's absence in France, Chairman of the Discipline Committee, Member of the Reconstruction Committee and of the JOURNAL Committee, Treasurer of the Students' Union, Director of the Catering Company, President of the Rifle Club, Vice-President of the Rugby Club, O.C. of the O.T.C.

Dr. Macphail will be greatly missed, but he retires with the best wishes of a host of grateful Bart's men.

Capt. L. B. Cane (attd. Inns of Court O.T.C.) has had the Territorial decoration conferred upon him.

The Belgian Order of Leopold II has been conferred upon Sir W. R. Smith, M.D., for valuable services during the war.

The Order of St. Sava, 4th class (Serbian decoration) has been conferred upon T/Capt. P. Black, R.A.M.C.

The Médaille de la Reconnaissance Française (argent) has been conferred by the President of the French Republic on Mrs. Bedford Fenwick, Hon. Superintendent of the French Flag Nursing Corps, whose professional competence and personal visits to French military hospitals did so much to advance the efficiency of the work.

For some time Mrs. Bedford Fenwick held the position of Matron at this Hospital.

We note with much interest that the D.Sc. of Wales—*honoris causa*—has been conferred upon Sir Robert Armstrong-Jones at the graduation ceremony of the University of Wales in Bangor at the end of the summer term in recognition of his work in mental diseases.

Dr. Langdon Brown has been appointed Chief Medical Officer to the Provident Mutual Life Assurance Association, in succession to the late Dr. Samuel West.

Sir Archibald Garrod has taken up his duties as Regius Professor of Medicine in the University of Oxford, and has gone into residence at Oxford (133, Banbury Road).

The results, recently published, of the Examination for the Diploma of Radiology and Electrology speak for themselves. All the six men who attended at the X-ray Department at Bart.'s were awarded the Diploma. Of the sixteen men who sat for the examination from other hospitals only eight were successful, and, moreover, of these eight two attended fairly regularly at the Bart.'s X-ray Department.

It is with much regret that we announce the resignation of Mr. J. L. Shellshear, M.B.(Syd.), D.S.O., from the post of Senior Demonstrator of Anatomy, which he has held with much acceptance during the past year, for he had quickly established himself as an effective and popular teacher. We congratulate him heartily, however, on the post which has been offered to him under the Rockefeller benefaction to University College.

We feel sure that St. Bartholomew's men will wish to join with us in congratulating the authors of the new text-

book on Surgery, the publication of which has just been announced by Messrs. J. and A. Churchill.

The work is essentially a Bart.'s production. Edited by Mr. G. E. Gask and Mr. Harold Wilson, it represents the views of no less than seventeen authors, all of whom, with one exception, are actually engaged in teaching at the Hospital.

The book is reviewed in this issue, and next month we hope to publish a review by a surgeon outside the Hospital. By adopting this scheme we hope our readers will be able to form a good idea of the scope of this monumental work.

We wish to call the attention of all students of the Hospital, and especially Freshmen, to the advantages attached to membership of the Abernethian Society. This Society is open to all members of the Students' Union. It is the oldest of its kind in London, and membership therefore is a historic privilege.

The clinical evenings, in which cases are presented and discussed by students, are of the greatest value in offering opportunities for an expression of opinion freer than is possible, or would indeed be seemly, in the wards in the presence of the Senior Staff. We hope that Freshmen will join the Society and show and discuss cases freely. The two lectures announced elsewhere in this issue should be of the greatest interest.

Several small though important changes in the Hospital have recently been noticed, and are, we think, worthy of mention:

(1) The presence of paper packages of dressings in the surgery seems to us an excellent idea. A sterile dressing, small or large, is enclosed in a fastened envelope, the interior of which is sterile. Instead of a heap of dressings, greatly disorganised and perhaps in some small degree septic, are found these orderly and sterile packages.

(2) The District Clerks no longer take with them dressings contained in a cloth fastened with pins. They go now to their work on the District armed with a drum containing four sterile towels, dressings, and a gown. The mothers of Smithfield must indeed be impressed, and we know the Clerks are grateful.

Both these minor changes show the constant efforts of the Staff towards complete surgical cleanliness in every piece of surgical technique conducted under the aegis of the Hospital. We hope and believe that the Dressers and Clerks will now do their share in availing themselves fully of the facilities offered to them.

(3) The Medical Professorial Unit has had the good sense and courage to permit students to sit down during the afternoon Clinic on stools taken from beneath the beds. We believe this is in every way wise. No man can assimilate the maximum amount of knowledge if

his legs are aching. This is a truism which has perhaps been forgotten, and we congratulate the Directors of the Unit on their wisdom in remembering it.

We notice that the *Guy's Hospital Gazette* has been repudiating the "rag" apparently organised to break up a meeting of the Miners' Delegates. We associate ourselves completely with our contemporary's strictures on these organised attempts to interfere in political affairs by unconstitutional methods. A "rag," to be a "rag," must be spontaneous. We, too, have no objection to ragging *quod ragging*—the ground of Queen's Club has proved that often enough. But to attempt to interfere in matters of grave political moment by means amounting to direct action shows, not a sense of fun, but a lack of sense. Such methods, if persisted in, would bring discredit on the Hospital concerned, and would swiftly change the opinion which the ordinary sensible man now holds of students' "rags."

It is with deep regret that we record the death of Herbert John Benoly, M.A.(Cantab.), which took place in the Hospital on September 17th from infective endocarditis.

When up at Cambridge, Christ's College, he studied Modern Languages, and secured a First Class and also a Travelling Scholarship, with which he did some interesting research work on folk-lore in various parts of Germany. He took a prominent part in the musical life of the University. He served in France during the war, and a little more than a year ago he began the study of medicine.

He was a brilliant pianist, as those of our readers will remember who heard him play at the Cambridge Dinner last autumn. He was ever earnest and gentle, and was liked by all who knew him.

By his friends he will be always remembered.

ROLL OF HONOUR.

We have to announce, with deep regret, the death of Capt. John Walter Pigeon, who was killed in action in Mesopotamia on September 3rd. Capt. Pigeon, who was 33 years of age, was the only son of Dr. Henry Walter Pigeon, of Hull. He was educated at Sherborne School, Christ's College, Cambridge, and at this Hospital. He graduated as B.Ch.(Cantab.) in 1914, after taking the M.R.C.S. and L.R.C.P.(Lond.) in the previous year. On August 1st, 1914, he entered the I.M.S. as Lieutenant and became Captain on March 30th, 1915. For the past five years he had been serving in Mesopotamia. He married in 1912, and leaves a widow, to whom we offer our deepest sympathy.

AN ESSENTIAL IN THE TEACHING OF ANATOMY AND OPERATIVE SURGERY: A NEW MOVE.

NO one can become possessed of an intimate knowledge of the construction of the human frame without dissection, and no one can dissect without the "subjects" necessary for such investigation.

No one can become possessed of an intimate knowledge of the manipulations required for operations on the human body without practice upon the cadaver, and no one can obtain such practice without an abundant supply of "subjects."

For many years past both research and advanced teaching in the Medical Schools of the British Isles have been restricted for want of an adequate supply of bodies.

The administration of the "Anatomy Acts"—now somewhat antiquated—by the Home Office through H.M. Inspectors of Anatomy has been difficult and in a degree unsatisfactory.

The advent of the Ministry of Health afforded an opportunity for the transference of this administration from the Home Office to the new Ministry, and this transference has now taken place.

The first and present Minister of Health, Dr. Christopher Addison, is an old St. Bartholomew's man, and a past Professor of Anatomy. Hence the whole question of the supply of "subjects"—so important for the maintenance of the health of the nation—is thereby placed in most sympathetic and capable hands.

The Minister has been far-seeing already in the matter, and he deserves the cordial thanks of all teachers of anatomy and operative surgery. Dr. Addison has evidenced his wisdom by appointing our Lecturer on Anatomy, Dr. Alexander Macphail, as a Medical Officer of the Ministry of Health charged with the administration of the Anatomy Acts.

Nothing could have shown more that Dr. Addison and his advisors—among whom we must name Sir George Newman, another Bart.'s link—are fully alive to the necessity for thorough education of those who are to safeguard the health of the nation through both preventive and curative medicine.

Prejudice in the matter of the absolute need of an adequate supply of "subjects" still exists, and no one more fitted to deal with this intricate and delicate matter could have been chosen than Dr. Macphail. He has the knowledge, he has the tact, and he has the perseverance to carry out his duties so that those who have the disposal of unclaimed bodies may be rightly instructed, pacified if need be, and urged to do their national duty towards the living.

We are deeply sorry to lose Dr. Macphail, who has won the affection of us all, students and teachers alike, but we

gladly give him over to his new responsibilities, confident that he will earn approval therein and much gratitude thereby.

W. MCA. E.

MEDICAL NOTES.

By Sir THOMAS HORDER, M.D.

LYMPHADENOMA.

Channels of entry of the virus.—If the gland lesion first discovered be taken as a guide in the matter, then the most common channel of entry into the tissues of the causative agent in Hodgkin's disease is undoubtedly the mouth; whether through the tonsils or through the teeth is not known. The second most common channel of entry is the intestine, and the third is the bronchial tract. Infection by way of the urethra is uncommon, and by the skin is rare.

Lymphadenoma is often a secondary infection. Clinical and clinico-pathological observations suggest strongly that lymphadenoma, like tuberculosis, is often of the nature of a secondary infection. A striking instance of this is the occurrence of the disease very shortly after infection by syphilis, the first glands to become enlarged being those in the inguinal regions; another is its occurrence after a "septic finger," the first group of enlarged glands being axillary.

The abdominal type of lymphadenoma.—Abdominal lymphadenoma is much more common in children than in adults—another resemblance to tuberculosis. And, like abdominal tuberculosis, the course of the disease is often less unfavourable than when it affects other regions. Even after the arrival of ascites the response to thorough treatment may be surprisingly good.

Lymphadenoma simulating pulmonary phthisis.—The stimulation of phthisis by thoracic lymphadenoma may be very close: the physical signs may be quite compatible with the notion of tuberculosis; there may be hectic fever, sweats and anæmia; there may even be hæmoptysis, from ulceration of a bronchus obstructed and dilated by the lymphadenomatous masses. *Error in diagnosis is avoided by following the rule of never omitting to examine the sputa for tubercle bacilli, however obvious the diagnosis of phthisis may seem to be.*

Undulating fever in lymphadenoma.—The undulating fever, which is so striking a feature and is so helpful a diagnostic point in some cases of lymphadenoma, may easily go overlooked if four-hourly charts are the only ones examined. It should be remembered also that treatment may obscure the undulations.

Exacerbations and relapses in lymphadenoma.—Exacerbations occurring in a patient suffering from lymphadenoma, or relapses taking place after quiescent periods, are usually related definitely to a particular group of glands or to a particular viscus. It is important to ascertain, so far as is

possible, which gland group or which viscus, because this will determine the part to be treated by radio-active measures.

Pruritus and pain in Hodgkin's disease.—Pruritus is rather common in lymphadenoma. It may be very tiresome and very intractable. Another symptom not often described is pain; this is more apt to be severe when the mediastinal or lumbar glands are involved. For both of these symptoms X-ray applications constitute the most successful treatment.

Excision of lymphadenomatous glands.—If one group of glands be enlarged in Hodgkin's disease out of proportion to the other groups, and especially if softening has occurred in this group, excision is well worth considering. And this even if the patient's general state be very bad; for it sometimes becomes clear after the operation has been done that it was this mass of glands that was chiefly responsible for the unsatisfactory condition.

A SURGICAL VISIT TO PARIS.

By R. OGIER WARD, D.S.O., M.C., M.Ch., F.R.C.S.,
1st Assistant, Surgical Unit.

THE visit was made with the special object of seeing the work of Dr. Victor Pauchet of Amiens and Paris. This surgeon and his assistant, Dr. Gaston Labat, have made a special study of methods of anaesthesia other than general anaesthesia, which indeed they only use in exceptional cases. Most of their operations are done under spinal combined with local anaesthesia, but they also employ more complicated methods known as regional and splanchnic anaesthesia. I shall first describe their methods of anaesthesia and then some points of special interest in Dr. Pauchet's operative technique.

ANÆSTHETICS.

Dr. Labat usually begins the administration of the anaesthetic about twenty minutes before Dr. Pauchet is ready to operate, an injection of scopolamine and morphia having been given one hour previously. Some operations which in this country we are accustomed to do under general anaesthesia are done by Dr. Pauchet with a local anaesthetic. I saw, for instance, an inguinal hernia operated upon with novocaine infiltration of the abdominal wall. This proved to be a difficult case, since a knuckle of the large bowel was found to be adherent to the upper part of the sac; to free this it was necessary to pull upon the intestine and so upon the attachment of the mesentery—a proceeding which caused the patient some pain.

The local anaesthetic always used is a sterile 5 per cent. solution of novocaine with 25 minims of 1:10,000 adrenalin solution added to each 100 c.c. For abdominal operations spinal anaesthesia is usually employed, but if the operation

is likely to last over half an hour a local anaesthetic is also given. If the abdomen is to be opened in or near the middle line a circular infiltration is made in the anterior abdominal wall at a radius of about 3 in. from the umbilicus, the centre of the circle varying somewhat according to the intended site of incision. The abdominal wall is punctured at about six different points on the circumference of this circle, and at each point the novocaine solution is first forced into the subcutaneous tissues, then into the muscles, and finally into the sub-peritoneal tissues. In this way the intercostal nerves are blocked at the circumference, and all tissues within the circle, including the parietal peritoneum, are anaesthetised; 100 c.c. to 150 c.c. of the solution are used, and the effect lasts for about one and a half hours.

This form of anaesthesia alone is enough for an uncomplicated operation such as a gastrostomy or a colostomy, in which it will not be necessary to pull upon the parietal peritoneum; the visceral peritoneum is, of course, naturally insensitive to painful stimuli. The spinal anaesthetic with which the local infiltration is usually combined may be given in the space between the last lumbar and first sacral vertebra. This by itself gives anaesthesia of the lower part of the body, and can be used for pelvic operations such as perineal excision of the rectum; or, if the space between the fourth and fifth lumbar vertebrae is used, good anaesthesia for prostatectomy results. These procedures, however, are in general use, and it was the unusually high anaesthesia produced by Dr. Labat with an intrathecal injection that interested me more particularly.

Dr. Labat injects the anaesthetic into the spinal theca between the twelfth dorsal and first lumbar vertebrae. The needle is inserted whilst the patient is sitting on the edge of the stretcher and is bending forwards. Care is taken that the point does not go too far and so injure the spinal cord. About 10 c.c. of cerebro-spinal fluid are allowed to escape, some of this being collected and used as the solvent for the dry anaesthetic. Dr. Labat always employs pure novocaine, and gives an amount varying from 8 to 12 grm. according to the body-weight of the patient and the probable duration of the operation; 8 grm. will give anaesthesia for three-quarters of an hour, 12 grm. for an hour and a half. Occasionally, if the patient be a large man, as much as 14 grm. may be used. The patient remains sitting for a few minutes and then lies down with his head slightly raised. It is now necessary to instruct him to breathe deeply; for if this is not done by a conscious effort on his part there is a risk of apnoea occurring during the period in which the effect of the novocaine is spreading to the nerves of supply to the intercostal muscles. After a few minutes this danger is over, but throughout the period of anaesthesia deep respirations should be encouraged.

Under the resulting anaesthesia Dr. Pauchet performs

major abdominal operations, such as partial gastrectomy, colectomy and the like. The patients do not feel pain, but complain sometimes of headache, "stomach-ache," and nausea, and if the cardia of the stomach is pulled upon vomiting sometimes follows. The anaesthesia often extends so high that it may be called "total." In one case, for example, the patient could not feel pin-pricks anywhere except on the forehead just above the nose, even the remainder of the scalp being insensitive, yet he was fully conscious and breathing satisfactorily.

From the point of view of the operator this high spinal anaesthesia is an immense advantage in performing a laparotomy. Complete muscular relaxation is obtained and the movements of the abdominal wall are reduced. The hollow viscera are contracted and fall back on to the posterior abdominal wall so that they need not be held back with gauze, hæmorrhage is lessened, and shock is very largely prevented because nerve-conduction, except through the sympathetic system, is blocked. Difficult operations upon the abdomen are certainly simplified by the use of this form of anaesthesia. Some fortitude is required of the patient, for the feeling of nausea and general depression seems to be very real. The method is not suitable for operations on nervous people. Dr. Labat has had no deaths resulting from the use of this method, but he told me that in one case artificial respiration was necessary for two hours. Perhaps gas analgesia might with advantage be combined with the high spinal anaesthesia, since it seems to encourage deep breathing, and would probably relieve the patient of the unpleasant sensations mentioned.

Unfortunately I did not see any operations in which regional anaesthesia by the paravertebral route was employed. When this method is used for a laparotomy the lower intercostal nerves with the communicating branches of the sympathetic system are blocked by novocaine and adrenalin solution, which is infiltrated round them at their exits from the intervertebral foramina, the needle being introduced below each rib in succession. The disadvantage of this procedure seems to be that it takes a considerable time to carry out, since several nerves on either side of the spine must be dealt with, and, moreover, if any one infiltration should fail the anaesthesia will be incomplete.

Another method of obtaining regional anaesthesia sometimes employed in Dr. Pauchet's clinic is sacral anaesthesia, which may be produced in three ways. The needle may be pushed upwards through the sacral hiatus, this being known as the "epidural" method of infiltration; secondly, the sacral nerves may be blocked by infiltration through the posterior sacral foramina; finally, the needle may be passed up through the perineum between the rectum and the hollow of the sacrum, and thus reach the foramina from within the pelvis. This anaesthesia is suitable for operations such as removal of hæmorrhoids, and, combined

with infiltration of the abdominal wall, for prostatectomy. It is probable that the successful use of these methods demands considerable practice, and that they are less likely to be employed than a low spinal anaesthesia.

At the present time Dr. Labat is experimenting with splanchnic anaesthesia, and has already used this successfully in a considerable number of cases. The splanchnic nerves have been blocked by infiltration through a needle passed directly through the abdominal wall, the left lobe of the liver and the lesser omentum. Dr. Pauchet has approached them, after laparotomy, on the right side of the aorta and above the pancreas. Dr. Labat prefers the route suggested by Naegeli. He introduces the needle through the erector spinae muscle at the level of the body of the first lumbar vertebra 7 cm. outside the middle line. He first aims for, and makes the point touch the body of the vertebra; he then withdraws it until the point is in the subcutaneous tissues and pushes it in again until it is in contact with the bone more anteriorly. It may be necessary to repeat this process several times, until finally the needle is made to pass close alongside the body of the vertebra at a tangent to it. It is now pushed on for a further distance of 1 cm. The obturator is removed from the needle, and if no blood flows from it about 30 c.c. of novocaine, and adrenalin solution are introduced. The process is repeated on the opposite side. By this means the greater and lesser splanchnic nerves are blocked. It should be noticed that all the nerve-blocking methods which I have mentioned are perineural infiltrations, and in no case is the solution injected into a nerve or ganglion.

A possible complication of this method of approach is that the injection might be made into the inferior vena cava or aorta, but this can be avoided by taking care that there is no flow of blood through the needle. In any case the needle used is of so fine a bore that a puncture of one of these vessels is not considered dangerous, and it should be entirely avoided if the technique recommended by Dr. Labat is followed. If combined with a circular infiltration of the abdominal wall, this is found to be a suitable anaesthetic for operations on the stomach and in the neighbourhood of the pancreas. The solution spreads for some distance beneath the peritoneum, covering the posterior abdominal wall, and anaesthetises this and often the last dorsal and upper lumbar nerves in addition. For experimental purposes the extent of the infiltration can be demonstrated on the dead body by the use of coloured solutions.

NOTES ON SOME OPERATIONS BY DR. PAUCHET.

Dr. Pauchet is an enthusiastic abdominal surgeon and a skilful operator; his technique is swift and determined. He is an ardent supporter of Lane's ideas regarding intestinal stasis. He holds strongly that partial gastrectomy is the operation of choice in all cases of gastric ulcer situated

near the pylorus, since by this operation the damaged area is removed together with that part of the stomach which secretes most acid. When performing a laparotomy in order to determine whether an ulcer or a carcinoma of the stomach is suitable for removal or not, he exposes the posterior surface of the stomach by a process which he calls the "*décollement colo-épiploïque*"; this is certainly far better than examining the stomach through an opening in the transverse mesocolon, or by means of a finger passed through the foramen of Winslow.

To effect the "*décollement*" the great omentum is turned up, and its posterior layer is completely detached by a few strokes with the scalpel or by a blunt dissection from the anterior aspect of the transverse colon. There is almost no bleeding, and the vascular supply of neither the colon nor the stomach is in any way damaged. By this means, when the stomach is turned up, the whole of its posterior aspect is easily examined. If further operative measures are deemed unnecessary there is no need to suture the line of separation; the stomach is simply dropped back into its place again and no ill-effects follow. If the case be one of cancer, then the stomach with the great omentum is already partly freed for resection. If the case is one in which only gastro-enterostomy is necessary, then the performance of this is made easier by the "*décollement*," since the jejunum can now be brought up through the transverse mesocolon into apposition with exactly that part of the stomach which is found to be most suitable after the whole of its posterior aspect has been inspected; also the union is made with both organs far more widely exposed than is possible when a small portion of the stomach is brought down through the transverse colon to meet the intestine.

When Dr. Pauchet performs gastro-enterostomy, with or without resection of part of the stomach, he usually makes a jejuno-jejunostomy a few inches below the main anastomosis. For this he uses a small Murphy's button, the halves of which are dropped into each limb of jejunum whilst the opening in this is being sutured to the stomach; when the anastomosis has been completed the ascending and descending limbs of the jejunum are brought into contact, and the wall of each is perforated with the cautery over the half buttons, which are then clipped together; no sutures are used. Dr. Pauchet always uses the cautery to divide intestine. He employs catgut sutures in all operations on the stomach, but often prefers thread for sewing the intestine.

The longest operation which I witnessed was in a case of peptic ulcer following a gastro-enterostomy performed in another hospital. Dr. Pauchet freed the old anastomosis from the adhesions which had formed round about it and the ulcer, resected three-quarters of the stomach, and restored union between the stump and the jejunum. In dividing the many adhesions around the ulcer, the middle colic artery was damaged and the blood-supply of the transverse colon thus endangered; on this account, and also

because the patient was considered to be suffering from chronic intestinal stasis, the ascending and transverse colons were resected and an ileo-sigmoidostomy performed. This operation lasted one and a half hours, and by the end of this time the anaesthetic effect of the spinal injection had worn off, but as the anterior abdominal wall had been widely infiltrated with novocaine the incision was closed without pain. The patient appeared to have suffered no shock, and left the operation table in a cheerful condition.

Another interesting case was that of a man, aet. 80, who had a large fungating carcinoma of the stomach. A partial gastrectomy was performed, followed by gastro-enterostomy and jejuno-jejunostomy. The operation took about three-quarters of an hour. The anaesthetic was a high spinal injection without infiltration of the abdominal wall. The patient was anaesthetic up to the top of his head; he endured the operation exceedingly well, with the exception that when any traction was made upon the cardia of the stomach he was uncomfortable and retched.

The visit was short and only a few examples of Dr. Pauchet's methods were seen, so that it was not possible to form a final opinion of their merits. Certainly the "*décollement colo-épiploïque*" gives very good access to the posterior surface of the stomach. Certainly, also, spinal anaesthesia will soon be more widely used in this country than it is at present. Over general anaesthesia it has the immense advantage that it blocks nerve-conduction at a distance from the higher centres. The consciousness of the patient may sometimes be of assistance to the operator; more often it is an embarrassment, and some new method of diminishing it should be devised, for narcosis must not be too deep when using high spinal anaesthesia—a method which, even in skilled hands, cannot be entirely without risk, and which must still be considered as under trial.

THE MUSEUM, 1919-1920.

IN spite of the greatly increased cost of everything, it has been possible during the past year to make considerable additions to the Museum, and the quality we hope is in no way inferior to that of previous years. No yearly exhibition of new specimens has been attempted since 1914, but it is intended this year that the time-honoured custom shall be revived, so that the month of October about 100 new pathological specimens will be on show in the Museum.

Specimens which find their way to the Museum fall, broadly speaking, into one of two classes, and though both are wanted, a certain amount of discrimination, not to say tact, is necessary in weighing the claims of each to inclusion in the collection. The first of these classes is that of rarities, and it is the one most difficult to handle, for

though the greatest interest often attaches to them, they are not necessarily what the student wants to see, and if they are allowed to preponderate over those more common they are apt to lead to misconceptions, with corresponding examination results. Nevertheless everyone would agree that our Museum ought to be as complete as possible, and the rarities have their uses for the higher examinations. The second class, that of commonplace specimens, has the greater teaching value for the larger number of students, and for that reason should rank as equally important with the first.

An attempt has been made to balance the claims of the two, and a fair proportion of everyday teaching material will be found in this year's addenda. The following are among the most important:

Tuberculosis of the Intestines, Lymphatic Glands, Spleen, Kidney, Meninges, Testis and Prostate.

Two specimens of Bronchiectasis illustrating death from hæmorrhage, and the origin of the condition from the expectoration of an empyema.

Two sarcomata of bone, prepared in two halves, to show in one the growth itself, and in the other the changes in the structure of the bone after maceration. The same method has been adopted to show Paget's quiet necrosis.

Several examples of Abscess of the Liver: the single Tropical Abscess, Portal Pyæmia, and Suppurative Cholangitis.

Two spinal cords from Cerebrospinal Fever have been mounted.

Extreme youth is represented by a pregnant uterus of 2-3 weeks, and old age by senile atrophy of the spleen and kidney.

A specimen of a common condition, though perhaps physiological rather than pathological, is a Corpus Luteum of early pregnancy.

Among the rarities may be mentioned a Dermoid cyst of the Rectum, a heart showing Sub-aortic Stenosis, and another in which Coronary Thrombosis has led to Myomalakia Cordis. A heart, lung and kidney showing deposits of Chorion-epithelioma deserve attention, as do an Ovarian Cyst containing thousands of epithelial balls, and a Perithelioma of the breast. A breast has been mounted which shows a Fibro-adenoma together with a Cancer. Other specimens of unusual interest are a ruptured Mycotic Aneurysm of the Posterior Tibial artery, a kidney in which the cortex is almost entirely replaced by deposits of rounded sarcoma, leaving the medulla alone, and ulceration of the intestine occurring respectively in Anthrax and Cancrum Oris. These will suffice to show that the curiosities of pathology have found their way to the Museum in fair proportion.

In conclusion, a few words may be said about the cost. Of course the price of everything required has risen enormously, and probably nothing to a greater extent than

the first essential in pathological museum work, namely Formalin. Before she war this could be bought for 4d. per pound, whereas now it is perhaps obtainable for 4s. 6d., and of poor quality at that. At one time formalin was used like water, now it must be guarded like wine. The natural result is that more thought for the future is needed in dealing with individual specimens, and none are wanted that are of only doubtful value. If a specimen is not so rare as to warrant inclusion in the collection on that account alone, and not sufficiently typical of a common condition to replace some old or damaged one, as the Scotsman observed "bang goes saxpence," and a good deal more if it has finally to be discarded. The days are past when all one had to do to preserve a specimen was to put it into a bottle of spirit or formalin; for some years now every specimen of value, and indeed every specimen if colour is to be preserved, has to be put into formalin, spirit, and finally glycerine, and the last item is a great expense. The cost of glass need hardly be mentioned; it is awful.

These remarks will have amply repaid the writing if they lead to three results—caution in the selection of specimens, care to reduce them to as small a bulk as possible, and finally care in handling them when finished, for no light part of the work in any museum is repair of wastage.

The other object in writing these few lines is to draw attention to the annual exhibition of specimens, and to try to convince waverers that a climb up the stairs to the Museum during October will repay their energy. T. H. C. S.

A CASE OF ENCEPHALITIS LETHARGICA TREATED BY FIXATION-ABSCESS.

By R. J. PERKINS, M.B., B.S. (Lond.), M.R.C.P.



AM indebted to Dr. Calvert for his kind permission to publish this case.

M. A., female, æt. 8, was admitted on July 13th, 1920, in a semi-comatose condition.

The history of the condition is as follows: Three weeks before admission the patient had "earache" on the right side, and since this there had been drowsiness, which had been increasing. There had been no vomiting. Ten days before admission she had difficulty in opening her mouth.

On admission the patient was incontinent of urine.

Past history.—Measles three years ago. Nothing else.

Family history.—Nothing of importance.

On admission.—The patient was very drowsy and could not answer questions. She did not appear to understand what was said to her, for she was unable to carry out such commands as "Raise your hand," although there appeared to be no local condition preventing her from so doing.

When disturbed she occasionally emitted a long-drawn-out cry very much resembling a steam syren.

There was slight ptosis of both upper eyelids. The pupils were dilated and reacted sluggishly to light. There was an internal squint of right eye. There was no optic neuritis. The mouth was held half open and the jaw was stiff. The tongue was furred and the mouth very dry; sordes were present on the lips and the breath was offensive.

The ears and nose were examined by Mr. Scott, who reported as follows:

Ears.—No perforation of tympanic membranes, no hyperæmia, no bulging, no loss of lustre.

Nose.—No pus visible *per* anterior nares; no muco-pus in posterior nasal space.

In the chest nothing abnormal was found save that the breath-sounds were somewhat weaker on the right side than on the left.

In the abdomen the abdominal reflexes were absent, but otherwise nothing abnormal was found.

Limbs.—There was considerable stiffness in all four limbs. The left knee-jerk was slightly exaggerated and ankle-clonus was present on this side. On the right side the knee-jerk was present and there was no ankle-clonus. Both plantar responses were flexor. Kernig's sign was absent on both sides.

In the arms the tendon reflexes could be obtained, but were sluggish. Both arms and legs showed well-marked *flexibilitas cerea*, this being better marked in the former.

The urine on admission had a specific gravity of 1018; it contained no albumen and no sugar. On admission the temperature was 100.4° F., pulse 100 and respirations 30.

In spite of considerable difficulty in swallowing the child took food well.

Lumbar puncture was performed and the following is the report on the fluid:

Colourless.

Appearance: Clear. No blood admixed.

Albumen: Present in traces only.

Globulin: Trace.

Fehling reduction: normal.

Cells.—12 per c.mm. All lymphocytes; no micro-organisms found in film or on culture.

White blood-count, 10,000 per c.mm.

On July 18th there was no change as regards the child's torpor. The temperature showed a tendency to fall towards the end of the first week, and subsequently rose somewhat and then fell again.

On August 6th turpentine mxx was injected intramuscularly into the patient's right thigh. The temperature rose next day to 103° F. and gradually fell to normal on August 19th; meanwhile a local abscess formed in the thigh. This was aspirated on August 19th and 50 c.c. of pus were removed, which on examination was found to be sterile.

Subsequent to the aspiration the patient's condition showed a tendency to improve and on August 24th she commenced to talk, but in a whining monotone; meanwhile the rigidity of the limbs grew less. The muscular power improved, though at the present time there is still considerable weakness. The temperature remained normal and the patient was allowed up on September 9th. There is still weakness of the jaw and difficulty in swallowing, but stiffness has disappeared and the patient is intelligent and can carry on conversation.

The voice is still whining in character. Incontinence has now disappeared.

The incontinence gradually disappeared when the patient commenced to talk.

The stiffness of the arms, and the *flexibilitas cerea* has passed off and the tendon reflexes are normal. Weakness of the ciliary muscle is still shown by the sluggish reaction of the pupil to light and accommodation. In this the case conforms to the observation made by Ioveri, who states that paralysis of the ciliary muscle occurs first and lasts longest.

Previous to treatment by the injection of turpentine this patient had been treated firstly by administration of urotropin by mouth (since there is evidence that this drug is secreted into the cerebro-spinal fluid), and secondly, by the administration of strychnine by mouth, mij of the liquor three times daily.

There is nothing new in treatment by fixation-abscess. Indeed, the method savours of the middle ages and the æton.

That it is efficacious in the collection of toxic substances into one part of the body is shown by the following experiments. Toxic doses of arsenic in the form of sodium cacodylate were given to animals, and at the same time an experimental abscess was produced. The animals recovered from the arsenical poisoning, and a large proportion of the arsenic administered was recovered in the pus.

This treatment has also been used in cases of cerebro-spinal meningitis by Boidin, and the method is recommended by the army medical authorities as worth a trial in situations where anti-meningococcal serum is not available. Boidin claims some cures in cases in which this method of treatment only has been used. It must be remembered, however, that some cases of cerebro-spinal fever recover without any treatment.

Another condition in which fixation-abscess has been used as a method of treatment is influenza pneumonia. L. Horhøe (*Tidsskrift for den Norske Lægeforening*, quoted in *British Medical Journal*) treated the 9 worst cases of 74 by fixation-abscess. In these the injection was made into the pectoralis major muscle, and all but one of the patients recovered. A disadvantage mentioned by this writer is the severe pain caused by the treatment. In our case the torpid condition of the patient was such that it was not easy to tell whether she experienced much pain.

Treatment of encephalitis lethargica by fixation-abscess has the support of Netter, who somewhat ambiguously suggests that good results from this treatment are due to stimulation of the organs in which the defences against the condition are prepared. Normal horse-serum has also been used in the treatment and also the serum of a patient who had recovered of the disease. Neither of these produced a marked effect.

Treatment by means of urotropin (which also has Netter's support) did not appear to produce much effect in this case. Possibly a better method of administering it than by the mouth would be intravenously in doses of 1 to 3 grm. in 20–30 c.c. of water as recommended by A. de Matta in the treatment of spirochaetosis ictero-hemorrhagica. Good results are, however, claimed for the administration by the mouth of urotropin in the treatment of "influenzal encephalitis" (probably different from encephalitis lethargica) by G. Neve. Urotropin was also used in the early treatment of the two cases of encephalitis lethargica published by the writer in this journal in October, 1919, with little or no result, and was abandoned in favour of strychnine and aperients. Strychnine in my experience (7 cases) of the disease does have a good effect.

We were fortunate in having another case of encephalitis lethargica in the ward with approximately the same time of onset. The cases were of about the same prognosis and somewhat resembled one another save that this latter had not *flexibilitas cerea*. This case was not treated by fixation-abscess, and recovery, though it is taking place, is not nearly so rapid.

It is difficult to judge the merits of a remedy in a disease such as encephalitis lethargica, in which the symptoms vary so much and in which spontaneous recovery is fairly common. The rather sensational way in which the patient began to improve rapidly after the aspiration of the abscess may after all have been only a coincidence. Further trial of this method must be made before its worth is proved. It has these advantages, however, viz. that it is easy of application, and can be applied anywhere, even in remote country districts, and that if it should do no good there is little chance of its doing harm.

FAREWELL TO THE DISTRICT!



AREWELL! St. John Street, farewell! Goswell Road,

And many an honest artisan's abode,
Where oft of late to mothers lying sick
I've duly minister'd Ext. Ergot. Liq.
Farewell! ye primps, farewell! L.O.A.'s,
And expert multiples' welcome B.B.A.'s;
No more shall I pursue the midwife's art,

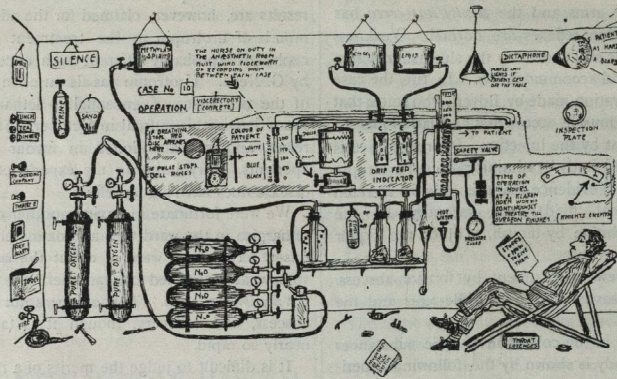
And try to auscultate the foetal heart.
Farewell! ye newly-born, so soft and pink;
Soon will ye grow to men, and little think
Of him who, ere you lisped your early vowels,
Look'd after baby's cord and baby's bowels.
Ye leaping things that made my life a Hell—
On other skins than mine now fare ye well;
From other hands evoke the reflex scratch
That does but move the flea it cannot catch.
Let others now be proudly styled Dr;
The month is finish'd, and my labour's done.

A. E. ROCHE.

During the last Winter Session the attendance was to a large extent that of members resident in the Hospital, the time, 8.30, having proved inconvenient for those living at a distance.

It must be pointed out that this suggestion, if carried out, will necessitate an alteration of the standing rules. The Secretaries would therefore like to know the general feeling of the Hospital on this subject before putting it on the agenda of the first ordinary meeting.

L. M. BILLINGHAM } Hon. Secs.
C. S. PRANCE }



THE COMPLEAT ANÆSTHETIST.

[A HITHERTO UNPUBLISHED VIEW OF THE ANÆSTHETISING ROOM OF THEATRE E.]

ABERNETHIAN SOCIETY.

ORDINARY MEETINGS.

October 28th, 1920, 8.30 p.m. Inaugural address, by Sir ST. CLAIR THOMSON, M.D. Subject: "Recollections of Joseph Lister by one of his House-Surgeons," illustrated by lantern-slides.

December 2nd, 8.30 p.m. Paper by Dr. B. H. SPILSBURY. Subject: "The Medical Investigation of Crimes of Violence."

CLINICAL EVENINGS.

Dates and time to be announced later.

A suggestion has been made to the Secretaries from several quarters that the time of the Clinical Evenings should be altered from 8.30 p.m. to 5.30 p.m. with a view to securing a greater attendance than hitherto.

OBITUARY.

PHILIP JOHN HENSLEY, M.D. (CANTAB. AND DURH.),
F.R.C.P.

PHILIP JOHN HENSLEY, who died at Shorth Heath, Farnham, on August 8th, was in his eighty-second year. He had a brilliant record at Christ's College, Cambridge, and after obtaining his M.D. in 1867 occupied the post of House-Physician at this Hospital. For some time he acted as Demonstrator in Physics in the Medical School. He was an extremely careful and minute observer. In the Out-Patient Department and in the wards his exact teaching earned for him quite a reputation, in spite of an unfortunate defect in elocution which to a certain extent limited his capabilities as a lecturer. Hensley was best known perhaps for his work on pulmonary diseases, and for some time was also Physician to the Royal Hospital for Diseases of the Chest. In 1871 he was elected a Fellow

of the Royal College of Physicians, and was Galstonian Lecturer in the following year. He became Councillor in 1895, and Censor for the two years 1898-99. At the time of his death there were only five Fellows senior to him. He married rather late in life, his wife predeceasing him. After a full service at the Hospital he retired from London, taking with him the esteem of his colleagues. He was a singularly modest man, and on his retirement was much missed by all who understood his worth and appreciated his powerful intellect and sweetness of character.

HERBERT RHODES, M.B. (LOND.), M.R.C.P. (LOND.).

HERBERT RHODES has removed from our midst another old Bart's man, and a familiar figure in the world of medicine in London. Despite his absence from active work for the past nine months, during which he made a gallant fight for health, to be disappointed at the last, Rhodes' influence was still very apparent amongst the large number of patients and friends who relied upon his fine judgment and ripe experience for guidance in their troubles. It was a rare testimony to his skill, and to the personal interest which he took in the claims of his individual patients, that he was found, even to the end, directing them with the most utmost care to the men and to the institutions where he considered they would receive the best that science and art could give.

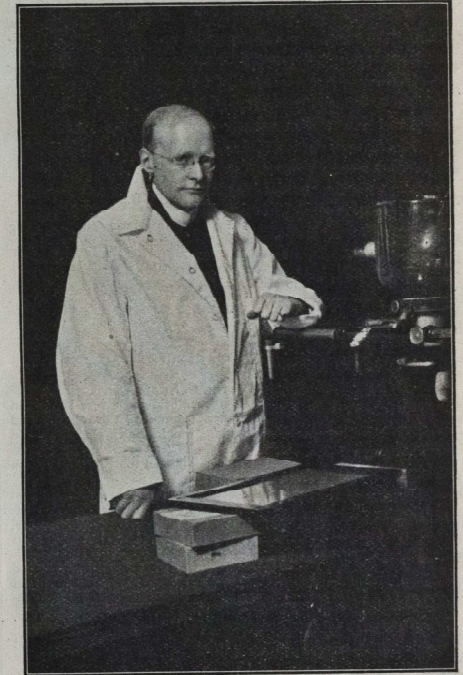
Herbert Rhodes was born in 1874, and qualified in 1899. At his old hospital he was House-Physician to Sir Lauder Brunton, who stimulated him to supplement his clinical work by research in biochemistry. On leaving St. Bartholomew's Rhodes took up a series of resident posts, culminating in a four years' appointment as Senior Resident Medical Officer at the London Temperance Hospital. It was whilst holding this post that he added to a very thorough training that wealth of clinical and pathological experience which showed abundantly in his practice in Kensington during the sixteen years that preceded his death. In this time Rhodes was able to number amongst his patients many of the most important men and women living in his own and in neighbouring districts.

An early love for radiology received a big stimulus when the war broke out, and Rhodes did very valuable work under the Red Cross in France, taking two complete X-ray installations out with him and organising several others at the Base. On his return home he continued his war work as Officer-in-Charge of the Electrical Department at Lewisham Military Hospital and as Medical Officer to the Queen's Gate Red Cross Hospital.

This work, together with an increasing private practice of a strenuous kind, led to a relapse of some old tuberculous mischief, which, ten years before, Rhodes had, by steadfast and persistent efforts, overcome. His alert and active personality made it difficult for his friends to insist upon a

quieter life out of London, and it was only when it became physically impossible for him to carry on that he grudgingly consented to relinquish his duties.

Those of his friends and colleagues who loved him and remember him need no reminder of his cheery precision, his depth of insight, the thoroughness with which he pursued the diagnostic quest and the encouragement his manner and attitude were to his patients. In his arduous labours he derived infinite help from a devoted wife, and the sym-



HERBERT RHODES, M.B. (LOND.), M.R.C.P. (LOND.).

pathy of all who know the value Rhodes placed upon her assistance, and the loving care she bestowed upon him in his long illness, will be hers in full measure. T. H.

UNIVERSITY OF LONDON CLUB.

[We gladly print the following notice at the request of the Secretary of the above Club.—Ed.]

The University of London Club, which was established in 1914, occupies premises at Nos. 19, 21, and 23, Gower Street, near Bedford Square and the British Museum. Mainly owing to circumstances

arising from the war, the loss of members from death, resignation, and other causes, has during the six years of the Club's existence exceeded the number of new members by an average of twenty per annum. With a view to restoring the original membership of the club, the Committee have decided to suspend payment of the entrance fee of two guineas, in the case of candidates whose applications are in their hands on or before the 31st December, 1920. The annual subscription for ordinary members elected after August 1st, 1919, is three guineas for town members and two guineas for country members. Graduates, teachers, and officers of the University, and persons, other than students, connected with its colleges, schools, institutions, and organizations are eligible for ordinary membership. Meetings of recognised University Societies, including the Students' Representative Council and the Musical Society, are held in the Conference Hall of the Club, which is also used for official purposes connected with the University. The neighbouring houses, Nos. 13, 15, 17, 23 and 25, Gower Street have been leased by an independent company entitled "Club Chambers, Limited," with a view to providing residential accommodation for club members and their friends.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

At the Annual General Meeting held in March the following Officers were elected for this Season.

President: Dr. J. H. DRYSDALE.
Vice-Presidents: Dr. A. MACPHEAL, Mr. W. GIRLING BALL, Mr. H. JUNT, Mr. BRIDGEMAN, M. VICK.
Captain: M. G. THOMAS.
Vice-Captain: S. ORCHARD.
Hon. Secretary: S. ORCHARD.
Captain and XV: A. E. PARKES.
Hon. Secretary and XV: L. C. NEVILLE.
Hon. Secretary and XV: R. R. FOOTE.
Selection Committee: C. G. MARTIN, C. SHAW.

The last season was brought to a conclusion by a very successful Dinner held at Oddenino's Restaurant, Regent St., towards the end of April. The President, Dr. Drysdale, was in the Chair, and a good number of members were present. It was very gratifying to see so many of the Senior Staff present, and it is hoped that the Dinner will be made an annual event.

The prospects for the present season appear very hopeful. All last year's XV are available with the exception of E. E. Llowellyn, R. H. Williams and E. A. Fiddian expected to be able to turn out regularly, and there are the usual rumours about new Freshmen which it is hoped will materialise.

Three XV's will again be run so that the Hospital can look forward to a full season's play, the opening fixture being against the Old Alleynians on October 2nd. The fixture lists remain very much the same as last season, and that of the First includes Oxford, Cambridge, Harlequins, United Services, Richmond and Rosslyn Park.

In the Hospital Cup Bart's are drawn against May's in the First Round.

ASSOCIATION FOOTBALL CLUB.

The following officers have been elected for the coming season:
President:—Sir C. Gordon Watson.

Vice-Presidents:—Mr. Holmes Spicer and Mr. Foster Moore.

Captain:—F. Coldrey

Vice-Captain:—G. R. Nicholls.

Hon. Secretary:—A. E. Lorenzen.

Captain (and XI):—J. Morton.

Secretary (and XI):—T. R. Davies.

Captain (3rd XI):—J. Whitby.

Secretary (3rd XI):—A. Gardiner.

Committee men:—L. Oldershaw, J. McFarland and Stuart Low.

An excellent fixture-card has been arranged by the Secretary, the first match being on October 2nd v. the Old Malvernians.

Although several members of last year's team will be able to play again this year, some new blood will be very welcome.

Any freshman interested in "soccer" is asked to put his name down on the board and to take part in the practice games.

REVIEWS.

SURGERY.

A TEXT BOOK BY VARIOUS AUTHORS.

Edited by GEORGE E. GASK, C.M.G., D.S.O., F.R.C.S.(Eng.), and HAROLD W. WILSON, M.S., M.B.(Lond.), F.R.C.S.(Eng.) (J. & A. Churchill.) Pp. 1232. Price 42s. net.

THIS volume, eagerly anticipated by many Bart's men, is now published. Edited by Mr. Gask and Mr. Harold Wilson, the text is written by seventeen authors, all of whom (except Mr. W. G. Spencer, now of Westminster Hospital) are actively engaged in work at the Hospital.

The book is thus an expression of the surgical teaching of St. Bartholomew's, and as such is an exceptionally important work, not only to Bart's men, but to the whole medical profession.

The aims of the editors can best be shown by quoting their preface:

"The divergence of views expressed by different writers often renders an otherwise excellent system of surgery unsuitable for the use of students. In this work an endeavour has been made to minimise the evil. The different articles have been allotted to members of a single large hospital, where a daily exchange of ideas and a friendly spirit of mutual help in all difficult cases has long prevailed. . . . It is hoped by these means that a certain uniformity of opinion has been secured."

We believe that they have succeeded notably in their endeavour.

Any system of surgery compiled by no less than seventeen contributors, each an authority on the subject assigned to him, would be valuable, but when these writers meet almost daily, with constant opportunities for co-operation and criticism, the importance of their combined work increases enormously. Its value to the student of this Hospital can hardly be exaggerated.

In the past there has been no greater discouragement to the student of surgery than to hear some subject discussed, necessarily briefly, by the surgeon in the afternoon, and in the evening to look up his "Surgery," and to find that its writer takes an entirely different view of the treatment of the condition and perhaps of its cause. Often the treatment given is found to be one which the surgeon has been at some pains to condemn as out-of-date or fallacious. Theoretically this might be expected in some cases to lead to a widening of the pupil's view-point. Practically, often enough it has led to muddle and confusion. It will be possible now for a student to see a case in the afternoon, and later to follow it up by reading a detailed account agreeing completely with the teaching already expressed and the treatment applied and seen.

The format of the book is fully worthy of its subject. The paper is good and the type excellent. Five hundred illustrations elucidate the text. Nearly 150 pathological specimens from the surgical side of the Museum have been carefully reproduced. Students, therefore, with even a superficial knowledge of the Museum will recognise many specimens, and will be able to relate them to their previous pathological work and to the text, whilst to men from other hospitals are presented the treasures of many years of surgical plunder. The coloured plates are very beautifully done. One illustration (p. 970) appears to be upside down.

The book is heavy, and no doubt the Editors carefully considered whether to produce it in one volume or two. Doubtless had it been in two volumes it would have been more expensive, and we believe that they have done right in considering the question of economy.

There are not many surprises in the assignment of sections. Mr. W. McAdam Eccles does not write on Hernia, though some illustrations from his well-known book are used. Amongst other sections his article on "The Imperfect Migration of the Testicle" will be much appreciated. Mr. H. E. Griffiths has written the section on the Spleen and has assisted Mr. H. J. Waring with his very useful section on "Surgery of the Liver, Bile-Passages and Pancreas." The three sections to which the Editors have allotted most space are: "General Surgery and Bacteriology," by Mr. Ball (144 pages); "Surgery of the Urinary and Male Genital Systems," by Mr. Wilson (113 pages); and "Deformities," by Mr. Elmslie (107 pages). All these are most excellently done.

Mr. Ball discusses the essentials of Surgical Pathology and Bacteriology with careful and lucid definitions of terms. We have never known the basic facts so necessary for an intelligent appreciation of surgery better set forth. Throughout the book the practical side is never forgotten. The object of each writer has been to present the most modern methods of conservative surgery rather than to load the student's mind with the lumber of the past. We are not convinced of the value of micro-photographs as opposed to good drawings. Examples of both are given.

"Deformities" will be very greatly appreciated by all who read it. There is no subject in surgery on which text-books differ so much, about which there is greater confusion in the student's mind, or in which treatment has altered more in recent years. This article, containing methods of treatment practised in the Orthopaedic Department, is in every way most valuable.

Classification has been rightly regarded by most of the writers as of much importance, and their efforts in this direction will be greatly appreciated. The classification of "Cysts of the Breasts," of "Ankylosis of Joints," and of "Neuromata" are three which may be cited from amongst many. We are surprised at the inclusion of the terms "simple" and "compound" in the section on "Fractures." These terms are not official and their use may easily involve

verbal contradictions. We had thought that they had long since disappeared from the surgical teaching of this Hospital. Apart from this the book is in every way modern. The treatment of fractures is that which was of proved value in the war. The many X-ray photographs are a distinct gain. Much recent knowledge, too, is included in "Surgery of the Nerves" and "Diverticulitis."

Mention must be made of the valuable index of forty-six pages, and of the care of Mr. A. L. Moreton in avoiding printers' errors.

We should like to have seen a section on "Anæsthetics," written by one of our anæsthetists. Perhaps this will come in a future edition.

One thing is certain: The old question, "Which do you think is the best Surgery?" is now finally answered for Bart's men. The book is dedicated "to the memory of the men from St. Bartholomew's who fell in the Great War." We are glad and proud of the dedication: we believe that work for the living is the best tribute to our gallant dead. The editors, collaborators and publishers are to be congratulated on the completion, in most difficult times, of a work which will be of lasting benefit to students and practitioners of surgery. To Bart's men it is essential.

THE PRINCIPLES OF ANTE-NATAL AND POST-NATAL CHILD PHYSIOLOGY, PURE AND APPLIED. By W. M. FELDMAN. (Messrs. Longmans, Green & Co.) Price 30s. Pp. xxvii + 694.

"The true university these days is one of books," and in no science more than in physiology should the student be advised not to give his attention to one author only. This book will be found stimulating, not only to the advanced student in physiology who wishes to know some of the applications of his studies, but also of practical value to the paediatrist, the children's physician and even the obstetrician—indeed, to all scientific persons who are concerned with the care of the mother and the child.

It attempts to cover a large field, from an account of Loeb's work on fertilisation and a discussion of heredity to the subjects of dietetics, which is treated at some length.

In the study of the bio-dynamics of growth there is introduced a moderate infusion of physico-mathematical ideas. Also should be mentioned the chapters on the special senses, the voice and the premature infant. A prominently useful feature is the comprehensive bibliography: this would be more accessible if it were printed at the end of the book. R. H.

ESSENTIALS OF HUMAN PHYSIOLOGY. By D. NOEL PATON, M.D., B.Sc., F.R.C.P.(Edin.). (William Green & Sons.) Price 18s.

This book is intended to present physiology to the medical student in a clear and practical manner. Amongst others is a useful chapter on the composition of various food-stuffs and the subject of dietetics, so often omitted in physiological text-books, but which is going to be of such importance to the general practitioner.

The author treats lucidly of the subjects of muscle and nerve—those two bugbears to the average beginner in physiology. Even more of the practical applications of physiological facts would not be out of place in a book of this kind. We do not consider the inclusion of some names of original workers to be a drawback; rather the reverse; for the student should learn to use them as mental pegs on which to hang his facts or theories. R. H.

THE SHIBBOLETHS OF TUBERCULOSIS. By MARCUS PATERSON. (London: John Murray.) Price 10s. 6d.

The knocking down of nineties will always afford a certain amount of amusement to a spectator. Metaphorically speaking, it is a sport practised by the logician, the politician and the preacher. Its value is that facts are emphasised and qualities pertaining to them made clear.

In medicine there is a very deep mud of theory upon which facts,

like piles of a pier, stand embedded. True facts there are that reach bed-rock, but their number is few; many statements affecting to be facts have been driven into this mud of theory. As years pass on fresh theories drop their deposit and the supposed fact becomes deeper and deeper rooted, till to the majority its identification with true facts is taken as a matter of course.

This is true, among other subjects, when tuberculosis is considered. The prevalence of the disease, the enormous literature connected with it, the importance given to it in the lay press, these have all added to the number of falsely-rooted but generally accepted facts which have relation to it.

Dr. Paterson, by his clear and lucid method of dealing with the subject, strips all these shibboleths of their surrounding obscurity. They have to stand the test of sound pathology and logical reasoning.

The style of the book is admittedly one of knocking down ninespins, and the reader may perhaps approach the book with a veiled smile of scorn; when a few pages have been read, however, this will fade, and the scoffer will remain in his chair and probably finish the book at a sitting.

Everyone interested in the problem of tuberculosis should read it. G. B.

PHYSIOLOGICAL PRINCIPLES IN TREATMENT. By W. LANGDON BROWN, M.D., F.R.C.P. (Baillière, Tindall & Cox.) Fourth Edition. Pp. vi + 427. Price 7s. 6d. net.

The author of this excellent little volume is too well known to Bart's men to need any introduction. Dr. Langdon Brown has the happy knack of imparting knowledge, whether it be verbally or in writing. The book has earned a reputation for its sound teaching, and more than one volume of a similar character has made its appearance since the first issue.

The present edition contains much new matter, especially in connection with diabetes, acidosis and intestinal intoxication. Some authorities will probably quarrel with the pages devoted to gastric analysis, certainly the method which necessitates the administration of a standard test-meal and the removal of the complete stomach contents at the end of one hour, may in some cases give misleading results.

We would suggest that the table relating to hormones might be revised or even deleted with advantage. Pituirrin is not the "active principle," it is merely an extract of the posterior lobe, and it probably contains at least two principles. Also it is very doubtful if iodothyronin is the only hormone associated with the thyroid gland.

But in spite of criticism the book is extremely sound and deservedly popular. It should be read by every student of medicine.

A SYNOPSIS OF MEDICINE. By H. L. TIDY, M.D., F.R.C.P. (John Wright & Sons, Ltd.) Pp. xv + 952. Price 26s. net.

We imagine that no student of surgery thinks his library complete without Hey Groves *Synopsis of Surgery*; in fact we are probably not far wrong in saying that it is the most popular book on the subject in the English language. The present work has been compiled as a companion volume to this well-known book, the arrangement of headings and types being on the same system.

We are not going to be so bold as to predict the same success for *A Synopsis of Medicine*, but we can say that it deserves it. An enormous amount of care and trouble must have been spent on its preparation. The book aims at something more than a mere classification of the most prominent details of each disease. Wherever possible the symptoms have been fully enumerated and briefly explained; furthermore the pathology of the disease and references to the most probable or best-known theories, have also been included. The general arrangement of the book follows that of Osler's *Principles and Practice of Medicine*, although there are exceptions, notably in the section dealing with diseases of the nervous system.

To the busy practitioner and to the student desirous of revising his knowledge of this big subject the book should prove invaluable.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

ABRAHAMS, ADOLPHE, O.B.E., M.D., M.R.C.P. "Lobar Pneumonia: A Clinical Analysis of 558 Consecutive Cases." *Lancet*, September 11th, 1920.

ARKWRIGHT, J. A., M.D. "Remarks on the Virus of Typhus Fever and the means by which it is conveyed." *Proceedings of the Royal Society of Medicine*, May, 1920.

BARLING, Sir II. GILBERT, Bart., C.B., C.B.E. "Division of Posterior Spinal Roots for the Relief of Pain." *British Journal of Surgery*, July, 1920.

BARRIS, J. D., F.R.C.S. "Cystic Embryoma of Ovary." *Proceedings of the Royal Society of Medicine*, June, 1920.

BERRY, JAMES, B.S., F.R.C.S. "Clinical Lecture." *Clinical Journal*, September 22nd, 1920.

BOWLEY, Sir ANTHONY A., K.C.B., K.C.M.G., K.C.V.O., F.R.C.S., and ANDREWES, Sir FREDERICK W., M.D., F.R.S. "Surgical Pathology and Morbid Anatomy." 7th Edition. London: J. & A. Churchill.

BROWN, W. LANGDON, M.A., M.D., F.R.C.P. "Diabetes in Relation to the Ductless Glands." *British Medical Journal*, August 7th, 1920.

CAMMIDGE, P. J., M.D.(Lond.) (with J. A. CAIRNS FORSYTH, F.R.C.S. and H. A. H. HOWARD, B.Sc.(Lond.)). "The Blood and Urine in Pancreatic Disease." *Lancet*, August 21st, 1920.

COLEMAN, FRANK, M.R.C.S. "Three Cases of Misplaced and Unerupted Teeth." *Proceedings of the Royal Society of Medicine*, May, 1920.

CUTHBERT, C. FIRMIN, F.R.C.S.(Ed.). "An Adeno-fibro-myoma of the Nares and Nasopharynx removed by Lateral Rhinotomy." *Ibid.*

"Exophthalmic Goitre: Thyroidectomy." *Ibid.*

ECCLES, H. A., M.D. "Case of Metallic Mercury in the Region of the Right Mandible." *Ibid.*

EDRIDGE-GREEN, F. W., C.B.E., M.D., F.R.C.S. "Card-test for Colour-blindness." *Ibid.*, June, 1920.

EDWARDS, F. SWINFORD, F.R.C.S. "The Treatment of Proclivita by Injections." *Clinical Journal*, September 8th, 1920.

FINZI, NEVILLE S., M.B. "Treatment of Tumours by Radium and X rays." *British Journal of Surgery*, July, 1920.

FLETCHER, H. MORLEY, M.D. "Case of Renal Infantalism." *Proceedings of the Royal Society of Medicine*, June, 1920.

FREMANTLE, F. E., Lt.-Col., M.A., M.B., F.R.C.P., F.R.C.S., M.P. "Public Health as a Career." *Medical Officer*, September 4th, 1920.

GASK, GEORGE E., C.M.G., D.S.O., F.R.C.S., and WILSON, HAROLD W., M.S., M.B., F.R.C.S. Editors of *SURGERY: a text-book by the following authors: Ball, W. Girling, F.R.C.S., Eccles, W. McAdam, M.S., M.B., F.R.C.S., Elmslie, Reginald C., O.B.E., M.S., M.B., F.R.C.S., Gask, George E., C.M.G., D.S.O., F.R.C.S., Gordon-Watson, Sir Charles, K.B.E., C.M.G., F.R.C.S., Griffiths, H. E., M.B., B.S., F.R.C.S., Harmer, W. Douglas, M.Ch., M.B., F.R.C.S., Moore, R. Foster, O.B.E., B.Ch., F.R.C.S., Power, Sir D'Arcy, K.B.E., M.B., F.R.C.S., Rawling, L. Bathe, M.B., B.Ch., F.R.C.S., Roberts, J. E. H., O.B.E., M.B., B.S., F.R.C.S., Spencer, Walter George, O.B.E., M.S., M.B., F.R.C.S., Walker, K. M., O.B.E., M.B., B.Ch., F.R.C.S., Waring, H. J., C.B.E., M.S., M.B., F.R.C.S., West, C. Ernest, F.R.C.S., Williamson, Herbert, M.B., B.Ch., F.R.C.P., Wilson, Harold W., M.S., M.B., F.R.C.S. London: J. & A. Churchill.*

GRANOE, C. D'OLY, O.B.E., M.B., F.R.C.S. "Three Cases of Arthroplasty." *Lancet*, September 11th, 1920.

GRANT, Sir JAMES DUNDAS, M.D. "Fibroma of the Left Vocal Cord in the Subject of Incipient Tuberculosis of the Larynx." *Proceedings of the Royal Society of Medicine*, June, 1920.

"Fibroma of Right Vocal Cord in an exceptionally Intolerant Subject." *Ibid.*

"Minute Sessile Fibroma destroyed by means of the Galvano-cautery." *Ibid.*

"Small Globular Fibroma causing extreme Hoarseness in a Voice User." *Ibid.*

"Acuminated Sessile Fibroma at the Middle of the Right Vocal Cord." *Ibid.*

"Spectmen of Papilloma removed from the Left Vocal Cord of an Elderly Clergyman." *Ibid.*

"Gumma in the Vault of the Nasopharynx causing Obstruction to Nasal Breathing and Catarrh of the Right Middle Ear." *Ibid.*

"Dense Growth in the Nasopharynx simulating Adenoids and producing extreme Nasal Obstruction and Dulness of Hearing in the Right Ear." *Ibid.*

"Case of Facial Paralysis." *Ibid.*

HARMER, W. DOUGLAS, M.Ch. "Child Suffering from Retained Tracheotomy Tube." *Ibid.*

and N. S. FINZI, M.B. "Treatment of Sarcoma and Endothelioma of the Nasopharynx by Radium." *Ibid.*

HORDER, Sir THOMAS, M.D. "Diagnostic Significance of Nerve Symptoms in Acute Infections." *Lancet*, July 24th, 1920.

HUME, D. W., M.B., B.S., F.R.C.S. "Ligature of the First Part of the Right Subclavian Artery for Traumatic Aneurysm of the Second and Third Parts." *British Medical Journal*, August 14th, 1920.

MCDONAGH, J. E. R., F.R.C.S. "Shock and its Allied Conditions." *Practitioner*, August, 1920.

"Venereal Diseases: Their Clinical Aspect and Treatment." London: William Heinemann.

POWER, Sir D'ARCY, K.B.E., F.R.C.S. "A Twenty Minutes' Talk on 'The Ills of our Predecessors.'" *Proceedings of the Royal Society of Medicine*, May, 1920.

RYLAND, ARCHER, F.R.C.S.(Ed.). "Fistula and Cicatrization in Connection with the Thyroglossal Tract." *Ibid.*, June, 1920.

SCOTT, SYDNEY, F.R.C.S. "Rodent Ulcer of External Auditory Canal." *Proceedings of the Royal Society of Medicine*, June, 1920.

"Epithelioma of External Auditory Canal which Invaded the Tympanum." *Ibid.*

"Notes on Epithelioma of the External Auditory Canal which Invaded the Mastoid Antrum without Affecting the Drum." *Ibid.*

"Case of Marked and Easily Elicited Labyrinth-Sinus Symptom: Pressure Nystagmus." *Ibid.*

SHORE, T. H. G., M.D., M.R.C.P. "Sudden Deaths on Active Service." *Lancet*, July 24th, 1920.

SLADDEN, A. F., M.D.(Oxon.). "Death after Tonsillectomy." *British Medical Journal*, September 18th, 1920.

STANDAGE, Lieut.-Col., I.M.S. "Tendon Transplantation and Fixation for Nerve Injuries." *Journal of the R.A.M.C.*, August, 1920.

VINCENT, RALPH, M.D.(Durh.), M.R.C.P. "Practical Points in Infant Feeding." *The Clinical Journal*, August 18th, 1920.

WALLIS, R. L. MACKENZIE, M.D. "Non-nephritic Albuminuria." *Proceedings of the Royal Society of Medicine*, May, 1920.

WEBER, F. PARKES, M.A., M.D., F.R.C.P. "Unilateral Dwarfism of Limbs connected with Congenital Multiple Chondromata." *British Journal of Children's Diseases*, April-June, 1920.

"The Diagnosis of Suprarenal Tumours, especially in regard to Blood-pressure." *Practitioner*, September, 1920.

"Suprarenal Sarcoma of the Robert Hutchison Type." *Proceedings of the Royal Society of Medicine*, June, 1920.

WHALE, H. LAWSON, F.R.C.S. "Perithelioma (Alveolar Sarcoma) of the Frontal Bone." *Ibid.*, May, 1920.

"Case of Rhinoplasty." *Ibid.*

WILLIAMSON, HERBERT. "A Note on the Value of Blood-transfusion before Operation in Severe Secondary Anæmias." *Ibid.*, June, 1920.

(with R. ST. L. BROCKMAN). "A Report upon Two Specimens showing (1) A Fibro-mylipoma of the Uterus, (2) Extensive Fatty Degeneration of a Uterine Fibromyoma." *Ibid.*

TIMES OF ATTENDANCES IN THE OUT-PATIENTS' AND SPECIAL DEPARTMENTS.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
Medical Out-patients	Dr. Hartley 9 a.m. to 10 a.m.	Sir A. Garrod (Dr. Fraser) 9 a.m. to 10 a.m.	Dr. Langdon Brown 9 a.m. to 10 a.m.	Sir Thomas Horder 9 a.m. to 10 a.m.	Sir A. Garrod (Dr. Fraser) 9 a.m. to 10 a.m.	Dr. Thursfield 9 a.m. to 10 a.m.
Surgical Out-patients	Mr. Gask 9 a.m. to 10 a.m.	Sir C. Gordon Watson 9 a.m. to 10 a.m.	Mr. Wilson 9 a.m. to 10 a.m.	Mr. Gask 9 a.m. to 10 a.m.	Mr. Roberts 9 a.m. to 10 a.m.	Mr. Girling Ball 9 a.m. to 10 a.m.
Diseases of Women	Dr. Barris 9 a.m. to 10 a.m.	—	Dr. Donaldson 1.30 p.m.	—	—	Dr. Donaldson 9 a.m. to 10 a.m.
Ante-natal Clinic	—	—	—	Dr. Barris 12.30 p.m. Mr. Elmslie	—	—
Orthopædic Department	Mr. Elmslie 1 p.m. to 1.30 p.m.	—	—	1 p.m. to 1.30 p.m.	—	—
Throat and Nose Department	Mr. Harmer 1 p.m. to 1.30 p.m.	Mr. Rose 9 a.m. to 9.30 a.m.	—	Mr. Harmer 9 a.m. to 9.30 a.m.	Mr. Rose 1 p.m. to 1.30 p.m.	—
Aural Department	Mr. West 1 p.m. to 1.30 p.m.	Mr. Scott 9 a.m. to 9.30 a.m.	—	Mr. West 9 a.m. to 9.30 a.m.	Mr. Scott 1 p.m. to 1.30 p.m.	—
Ophthalmic Department	Mr. Holmes Spicer 1 p.m. to 1.30 p.m.	Mr. Foster Moore 1 p.m. to 1.30 p.m.	—	Mr. Holmes Spicer 1 p.m. to 1.30 p.m.	Mr. Foster Moore 1 p.m. to 1.30 p.m.	—
Skin Department	—	Dr. Adamson 9 a.m. to 10 a.m.	Dr. Adamson 9 a.m. to 10 a.m.	—	Dr. Adamson 9 a.m. to 10 a.m.	—
Psychological Department	—	—	—	—	Sir R. Armstrong-Jones 2 p.m.	—
Electrical Department	Dr. Cumberbatch Males 1 p.m. to 1.30 p.m. Females 9.30 a.m. and 1.30 p.m.	Dr. Cumberbatch Males 1 p.m. to 1.30 p.m. Females 9.30 a.m. and 1.30 p.m.	—	Dr. Cumberbatch Males 1 p.m. to 1.30 p.m. Females 9.30 a.m. and 1.30 p.m.	Dr. Cumberbatch Females 1 p.m. to 1.30 p.m. 9.30 a.m. and 1.30 p.m.	—
*X-Ray Department	9 a.m. and 1.30 p.m.	9 a.m. and 1.30 p.m.	9.30 a.m.	9 a.m. and 1.30 p.m.	9 a.m. and 1.30 p.m.	9.30 a.m.
*Exercises and Massage	9 a.m. and 1.30 p.m.	9 a.m. and 1.30 p.m.	9 a.m. till 1 p.m.	9 a.m. and 1.30 p.m.	9 a.m. and 1.30 p.m.	9 a.m. till 1 p.m.
Diseases of Children	Dr. Thursfield 1.30 p.m.	—	Dr. Morley Fletcher 1.30 p.m.	—	—	—
Dental Department	Mr. Fairbank 9 a.m. to 10 a.m.	Mr. Fairbank 9 a.m. Mr. Ackland 10 a.m.	Mr. Coleman 9 a.m. to 10 a.m.	Mr. Fairbank 9 a.m. to 10 a.m.	Mr. Coleman 9 a.m. Dr. Austen 10 a.m.	Mr. Coleman 9 a.m. to 10 a.m.
Tuberculosis Dispensary	7.5 p.m.	12.30 p.m.	—	7.6 p.m.	12.30 p.m.	—
*Venereal Department, Golden Lane	Females and children 12 to 2 p.m.	—	Males 12 to 2 p.m.	Females and children 12 to 2 p.m.	Males 5 p.m. to 7 p.m.	—

* Patients are not seen in these Departments unless recommended by the Medical Staff.
† These times are intended for patients who are unable to attend at mid-day.

CORRESPONDENCE.

THE TREATMENT OF ACUTE RHEUMATISM.

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

SIR.—In the August number of the JOURNAL is a letter from Dr. Midelton belauding my article of May, 1920, as discrediting the treatment of acute rheumatism by sodium salicylate.

Will you allow me in your columns to decline the compliment?

I believe that rest in bed is the best treatment for the disease, and that sodium salicylate in adequate doses is the second best, and is of very great value.

I admit, however, that salicylate is not curative, and think that we should not, therefore, rest content with it.

Till a better treatment appears I should like to sign myself a believer in sodium salicylate for acute rheumatism.

Yours, etc.,
GEOFFREY BOURNE.

ST. BARTHOLOMEW'S HOSPITAL, E.C. 1;
August 12th, 1920.

SPINAL ANÆSTHESIA.

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

SIR.—I was pleased to see in your May issue the very interesting article by Mr. Glyn Morgan on "Spinal Anæsthesia in Gynecological Surgery."

Speaking from my own experiences as Surgical Specialist to No. 5, Indian General Hospital, E.E.F., from May, 1917, to October, 1918, I should like to fully corroborate, from the point of view of a general surgeon, all that Mr. Morgan says in favour of spinal anæsthesia.

In selected cases and in experienced hands there is, in my opinion, no doubt that this method of producing anæsthesia is, or should be, the method of choice, not only from the point of view of the operating surgeon, but also—what is equally important—from that of the patient.

I also used stovaine with all due precautions mentioned by Mr. Morgan, and writing now from memory, I cannot recall to my mind even a single case which either at the time or subsequently caused me anything like real anxiety.

Personally, in the right sort of cases I am all for it, and, generally speaking, should like to see spinal anæsthesia adopted on a much larger scale than at present.

I am, Sir,
Yours, etc.,

J. M. SHAW, Capt. I.M.S.

BRITISH MILITARY MISSION,
MESHED,
N.E. PERSIA;
July 6th, 1920.

CHANGES OF ADDRESS.

RIEN, S. A., 28, Victoria Road, Tientsin, N. China.
COVENTON, C. A., The Grey House, Hollington, St. Leonard's-on-Sea, Sussex.

DOUGLAS, R. I., No. 8, Wellington Terrace, South Shields, Co. Durham.

FEARNEY, A. B., 88, The Avenue, W. Ealing, W. 13 (Tel. Ealing 377).

GARROD, Sir Archibald, K.C.M.G., 133, Banbury Road, Oxford.

HENDLEY, Maj-Gen. H., I.M.S., Caxton, Cambridge.

JEPSON, W. B., Capt. (late) R.A.M.C., 22, Philbeach Gardens, Earl's Court, S.W. 5.

KENNEDY, R. P., Capt., R.A.M.C., 8, Wilton Terrace, Hornsey, Yorks.

FRIDHAM, J. A., Hillfield, Broadway, Dorset.

SAUNDERS, W. E. R., 19, Devonshire Place, Newcastle-on-Tyne.

APPOINTMENTS.

ALDOUS, G. F., F.R.C.S., appointed Consulting Surgeon to the Totnes Hospital, S. Devon.

HARRIS, J. D., M.D. (Durh.), appointed Hon. Consulting Medical Officer to the Royal Devon and Exeter Hospital.

MAWER, P. U., M.R.C.S., L.R.C.P., appointed Clinical Assistant, Venereal Clinic, St. George's Hospital.

BIRTHS.

ELLIOTT.—On August 28th, at 13, Mt. Ephraim Road, Tunbridge Wells, the wife of Christopher Elliott, M.K.C.S., of a daughter.

GILLIES.—On September 15th, at Twysden, Foots Cray, Kent, to Kathleen, wife of H. D. Gillies, C.B.E., F.R.C.S.—a son.

HEALD.—On September 2nd, at Kimpton, near Welwyn, the wife of Lieut.-Col. C. B. Heald, C.B.E., of a daughter.

PAYNE.—On September 4th, at 3, Waungton Road, Llandaff, Cardiff, the wife of Dr. J. Rowland Payne—a daughter.

WELLS-COLE.—On September 11th, at the Choristers' House, Minster Yard, Lincoln, the wife of Dr. Gervas C. Wells-Cole—a son.

WHITE-COOPER.—On September 7th, at "North Ford," Dartmouth, Devon, the wife of W. R. White-Cooper, M.B., B.S. (Lond.)—a son.

WHITEHEAD.—On August 20th, at Hamilton House, Downton, Salisbury, to Winifred, the wife of Brian Whitehead, M.C., M.R.C.S., L.R.C.P.—a son.

MARRIAGES.

BOLTON—ALLISON.—On August 31st, at St. Saviour's, Paddington, by Rev. J. Clark, Alfred O. Bolton, M.R.C.S., son of Mr. and Mrs. E. Bolton, Enstone, to Nina Mary, only daughter of Mr. and Mrs. R. R. Allison, Kirkstall, Yorks.

JEPSON—SCOTT.—On September 7th, at St. Mark's, Surbiton, by the Rev. W. F. Jepson, M.A., Vicar of St. John's, Deptford, father of the bridegroom, assisted by the vicar of the parish, Capt. W. Baly Jepson, M.C. (late R.A.M.C.), to Jean Margarita, only surviving child of Mr. and Mrs. R. A. Scott, Cathay, Surbiton.

MOSER BYGOTT.—On September 16th, at Wem, Salop, Capt. Richard Moser (late R.A.M.C.), youngest son of Herbert Moser, Kendal, to Ellen, elder daughter of Mrs. Bygott and the late Edward Bygott, of Wem.

PADDLE—STEWART.—On September 11th, at Holy Trinity Church, Bournemouth, Kenneth C. L. Paddle, Lieut., M.C., R.G.A. (S.R.), to Margaret Alice, second daughter of Mr. and Mrs. George Stewart, Dugiven, Londonderry.

DEATHS.

ALBAN.—On September 3rd, 1920, in London, Evan Alban, M.D. (St. And.), after an operation; of Aberarvon, Cardiganshire, and formerly of Lindfield, Sussex, aged 72.

BENOLY.—On September 18th, 1920, at St. Bartholomew's Hospital, after a long illness, Herbert John Benoly, medical student, M.A. (Camb.), only son of Dr. and Mrs. N. Benoly, aged 33.

HAIG.—On September 9th, 1920, in his own home at Monte Carlo, Percy De Haga Haig, Lt.-Col., I.M.S., retired, aged 70.

PIGEON.—On September 3rd, 1920, killed in action in Mesopotamia, John Walter Pigeon, M.B., B.C. (Camb.), Captain, Indian Medical Service, aged 33, only son of Henry Walter and Ellen Elizabeth Pigeon, 116, Westbourne Avenue, Hull.

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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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: City 510.

St. Bartholomew's Hospital



JOURNAL.

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

VOL. XXVIII.—No. 2.]

NOVEMBER 1ST, 1920.

[PRICE NINEPENCE.]

CALENDAR.

Fri.,	Oct. 29.—	Dr. Tooth and Mr. Waring on duty. Clinical Lecture (Medicine), Dr. Tooth.
Tues.,	Nov. 2.—	Dr. Calvert and Mr. McAdam Eccles on duty.
Wed.,	" 3.—	Clinical Lecture (Surgery), Mr. McAdam Eccles.
Fri.,	" 5.—	Dr. Fletcher and Mr. Rawling on duty. Clinical Lecture (Medicine), Dr. Drysdale.
Tues.,	" 9.—	Dr. Drysdale and Sir C. Gordon Watson on duty.
Wed.,	" 10.—	Clinical Lecture (Surgery), Mr. Rawling.
Fri.,	" 12.—	Dr. Fraser (acting) and Mr. Gask on duty. Clinical Lecture (Medicine), Dr. Drysdale.
Tues.,	" 16.—	Dr. Tooth and Mr. Waring on duty.
Wed.,	" 17.—	Clinical Lecture (Surgery), Mr. Rawling.
Fri.,	" 19.—	Dr. Calvert and Mr. McAdam Eccles on duty. Clinical Lecture (Medicine), Dr. Morley Fletcher.
Tues.,	" 23.—	Dr. Fletcher and Mr. Rawling on duty.
Wed.,	" 24.—	Clinical Lecture (Surgery), Sir C. Gordon Watson.
Fri.,	" 26.—	Dr. Drysdale and Sir C. Gordon Watson on duty. Clinical Lecture (Medicine), Dr. Calvert.
Tues.,	" 30.—	Dr. Fraser (acting) and Mr. Gask on duty.
Fri.,	Dec. 3.—	Dr. Tooth and Mr. Waring on duty.

EDITORIAL.

EVERY reader of this JOURNAL will join with us in respectfully congratulating the President of the Hospital, His Royal Highness the Prince of Wales, on his return to England after his recent tour. The complete and unprecedented success of that journey was due almost entirely to the personality of His Royal Highness and to his high sense of public service and of duty. Never can there have been a Prince more worthy of the great motto, "Ich dien." It is a proud boast of this Hospital that for nearly 800 years it has stood in the heart of the greatest city of the world, and, undismayed by war or revolution, has quietly and steadfastly engaged in public service. We are glad indeed that our President, the Prince of Wales, so well exemplifies this great tradition.

We have particular pleasure in recording that Sir Norman Moore was installed as President of the Johnson

Society at Lichfield on the 211th anniversary of the birth of Dr. Samuel Johnson. Sir Norman succeeds Sir Sidney Lee.

Perhaps because of the engrossing nature of scientific work, exhausting time and energy alike, it is comparatively rarely that a distinguished doctor becomes known as a great *littérateur*. Certainly a few instances leap to the mind; but if a doctor achieves success in literature it is usually at the expense of his medical work. We congratulate Sir Norman Moore, who is at the same time President of the Royal College of Physicians and of the Johnson Society.

* * *

It is with deep regret that we announce the retirement of our Senior Surgeon, Sir D'Arcy Power.

Any great and distinguished surgeon must inevitably leave his mark upon the Hospital at which he works and teaches. In the committees of the Hospital he will help to shape the policy of the Institution; by the bedside he will impress his personality upon the future generation of doctors, and when he retires his presence and help will be missed. But it is not thus alone that we regret Sir D'Arcy's retirement. There is no one in the Hospital who will not miss his cheery presence and his kindly smile. Many a man has retired from the staff of the Hospital respected for his intellectual abilities and thanked by many whom he has taught. Truly Sir D'Arcy leaves us with our admiration and thanks, but he has done much better than this: for he is loved.

* * *

We have recently seen an excellently produced leaflet stating the present position of the Appeal Fund on behalf of Queen Mary's Home for St. Bartholomew's Hospital Nurses. The purpose of the Fund is "the proper housing of nurses in training for all parts of the Empire"; the aim is "economy with comfort." Certainly in these times the authorities are wise in insisting on economy, and no less wise in stating emphatically that our Nursing Staff is at last to be properly and comfortably housed. A separate bedroom will be provided for each nurse. A lecture theatre, a library, recreation rooms, and numerous bath-rooms and shampoo-

rooms are included in the scheme. We know well how much the present Nursing Staff wishes these ameliorations were in existence now.

Financially £100,000 has already been given and another £100,000 is required. Those directing the appeal are evidently working upon the most up-to-date and business-like lines, for the cost of collection is less than 1 per cent. and this is wholly met out of interest. They are to be congratulated on their energy and enterprise, for building plans are already approved and building is to commence at once.

Although half the money is in hand the remaining £100,000 will be the harder to get. We ask all to consider how they can help this great effort. £350 will provide a room (which may be named by the donor) and all that goes with it. We can imagine no better nor more useful tribute to one fallen in the Great War than to name such a room in his honour and his memory.

Any contributions will be welcomed by Lieut. Col. W. McAdam Eccles, M.S., St. Bartholomew's Hospital, E.C. 1.

On October 7th, at 5 p.m., the Freshers' Social of the Students' Union was held in the Library. Mr. H. J. Waring, President of the Students' Union, said that when a man entered Bart's there often began an association which lasted till that student's death. He bade them remember that as a general rule students worked hard at St. Bartholomew's, and as a still more general rule they played hard. He commended to them the various clubs—the Rugby and Association Football Clubs, the Golfing Society, the Rifle Club, the Athletic Club, the Dramatic Club, the Boxing Club (he himself had three times assisted at resurrection of the Boxing Club—once he remembered that society had so far forgotten the tradition of the Hospital as to allow its secretary to disappear completely, and with him vanished all the gloves and other effects of the Club), and lastly the Debating Society. There was a tradition at the Hospital that whilst they were at St. Bartholomew's students should associate themselves with the Hospital Clubs and play for them rather than for outside teams. In conclusion he welcomed them on behalf of the Hospital, and hoped that their time at St. Bartholomew's would be happy and successful.

Probably in no other month in its history has the Museum seen so many visitors as this last October. This is no place to discuss the pathology of the many interesting new exhibits. They seem to have been selected with great care and discrimination. The Kaiserling method of fixing and preserving specimens so that they retain their actual colours has been brought to a high pitch of perfection. The use of the small flat section specimens will, if they are taken into the wards, greatly increase the value of bed-side teaching.

The colours of the specimens have been very beautifully preserved. Dr. T. H. G. Shore must have viewed his work not only with scientific, but with an artist's pride. We heartily congratulate him on the result.

The first debate of the Session will take place early in November. The President of the Debating Society, Sir Thomas Horder, will move—"That in the opinion of this House the privilege of striking should not, in any circumstances, be exercised by the medical profession." Mr. W. Girling Ball will oppose.

It is needless to emphasise the peculiar and timely interest of the debate.

It is with some satisfaction that we print the following communication:

MINSTER PRECINCTS,
PETERBOROUGH;
October 7th, 1920.

DEAR SIR,—Your notice in BART'S JOURNAL that I have had the Territorial Decoration conferred on me is the first news I have seen of it (though my application went in months ago).

Could you please give me date on which the announcement was made (date of *Gazette* or, better, of *Times* or other papers), or send me cutting?

Congratulations on being up to date with the news!

Yours truly,
LEONARD B. CANE.

We congratulate Mr. Arthur C. Roper, F.R.C.S., upon his election to the Mayoralty of Exeter. Mr. Roper, besides being Senior Surgeon to the Devon and Exeter Hospital and Consulting Surgeon to the Exeter Eye Infirmary and the Western Counties Infirmary, has been President of the South-Western Branch of the British Medical Association, and is still Vice-President of the Medical Defence League.

We greatly regret that an unfortunate error crept into our columns in October. In stating that the Abernethian Society was the oldest of its kind in London we had overlooked the fact that the Guy's Hospital Pupils Physical Society is twenty-four years older. Sir Norman Moore, in his *History of St. Bartholomew's Hospital*, gives the date of the founding of the Abernethian Society as 1795, whilst the Guy's Society, though it has since changed its constitution, began in 1771. We apologise to this historic Society for our mistake.

We urge all students of the Hospital who have not already joined the St. Bartholomew's Hospital Company of the City of London Special Constabulary to do so at once. It is an ancient duty of citizenship to be ready, in emergency, to defend life and property. We are citizens of no mean city; but the very immensity and wealth of London carry with them their own peculiar dangers. Mr. R. M. Vick or any officer of the Company will be glad to receive the names of recruits.

CONSCIOUSNESS: THE UNCONSCIOUS MIND AND PSYCHO-ANALYSIS.

By SIR ROBERT ARMSTRONG-JONES, C.B.E., M.D., D.Sc.,
D.L.

IMAGINE a threepenny-bit to be superimposed upon a sixpence and both upon a half-crown piece, and that these concentric discs are permeable to a certain extent, limited by an imagined censor. These three discs represent objectively and in their circumference the human mind, now often called the *psyche*. The smallest disc will be (a) the conscious mind, the largest (b) the unconscious mind—no capital "U" so as not to imply a mysterious entity—and the intermediate (c) the subconscious mind.

The first is sometimes likened to a stream, composed of two tributaries, one from the outside world, the other from the store of previous experience; but the whole stream may through a strong emotion or by a repression become dissociated and perhaps two separate personalities may then appear together—co-consciousness; or there may be no memory for the normal one—*amnesia*—and actions may result from the other— *fugues*. The largest disc, the unconscious mind, is also compounded of two factors—the memories of past experiences and our inherited instincts. This like, the others, is always dynamic, *i.e.*, it tends to act, and is the *elan vital* or the *libido*; but yet there is a repression of some of its elements (or ideas and their emotional contents) exercised by a censor. The subconscious mind or the fore-conscious is also made up of groups of ideas, accompanied by their emotions or feelings, and these are ready at any moment (owing to the permeability of the disc) to enter the conscious mind, being called up by attention, so that memories in this region can be revived at any time by effort of the ego or the personality, the censor permitting the transition; but ideas in the largest disc, the unconscious mind, cannot be revived or recalled, except by the expert in psychological exploration, because the ideas there with their emotions—complexes—have become repressed into a buried past. As the discs are permeable it is possible for the contents of one to pass into the other, as they normally do, invited or uninvited, from the subconscious into the conscious, appearing there either as focal or marginal objects of consciousness, like objects in the field of vision. But the contents of the outer disc only pass into the others when there is a conflict between complexes; then repression occurs and keeps one under; the other, like steam in a kettle, emerges and bursts out into the smallest circle of consciousness, where it either worries on and on, causing an anxiety neurosis, or it demands recognition and expression as a paralysis or contracture—conversion hysteria—although the organ affected may be quite intact—a condition of consciousness described as "not apperceiving reality," the perception being dissociated. Sometimes an emotion

So much has been written in the medical press on the new play, "The Right to Strike," that we need not take up space in setting out the "plot." Suffice it to say that that very big problem as to whether or not the medical profession has the right to strike has been put forward more vividly than ever before. Fortunately the author is not biased, and it is left to the individual to form his own conclusions.

We have no hesitation in our own minds that the younger members of the profession, almost to a man, would be prepared to take the view that to strike in the interests of the community (as opposed to any one big section of workers) was a legitimate procedure. In the case of the senior men the humanitarian side of the question would probably dominate.

It is not our intention to say which is the correct attitude to take up, but it is a striking fact that the recent coal strike in the South of France was definitely defeated by reprisals on the part of the local doctors.

The question is undoubtedly a grave one, and the debate to take place on the 9th of this month under the auspices of the Hospital Debating Society should be of a most interesting character. The fact that Sir Thomas Horder (the President) and Mr. Girling Ball are announced to speak will lend even greater interest to the occasion.

Incidentally, the play at the Lyric Theatre is extremely well acted and well worth seeing.

TO OUR SENIOR SURGEON ON HIS RETIREMENT FROM THE STAFF.

Dear son of Science, rich in learning's store,
Right nobly hast thou play'd the Doctor's part;
Not less a master of the surgeon's lore,
Than skill'd to understand the human heart.

Thine is the sparkling glance, the genial smile,
Not of the lips alone, but, all too rare,
Such as, devoid of mockery and guile,
Reveals the feelings of the soul laid bare.

Though now we part, the seeds which thou didst sow,
In grateful minds deep-rooted, long will flower;
Though years may pass, and others come and go,
We'll not forget the name of D'ARCY POWER.

ALEX. E. ROCHE.

through a failure of repression may force itself upon the conscious mind, and become attached there to a group of ideas representing objects with which it had never been associated before—transference of affect—and then give rise to phobias and obsessions; or it may become attached to perceptions, giving rise to hallucinations, or to thoughts, causing delusions.

In the exploration of the mind certain terms which sound arbitrary and pedantic have come into use; some of these are "resistance," "transference," "complex," "repression," "regression," and "symbolism." The exploration of the unconscious mind is not complete without an interpretation of the dreams, which also has its specific terminology—"dramatisation," "condensation," "symbolism," "secondary elaboration," "manifest," "latent" and "regression"—but these can be explained later.

A METHOD OF PALPATING THE STOMACH.

By GEORGE GRAHAM, M.D., F.R.C.P.

THE position of the stomach in the abdomen renders it very difficult to palpate. It is protected from above by the lower costal cartilages, and their rigidity prevents the hands from approaching it easily. The two recti which protect it in front also make it difficult, especially as they are often incompletely relaxed.

These difficulties can be overcome to a certain extent if bimanual palpation is practised. The method which is described here is doubtless used by many people but is certainly not in common use. The patient should lie flat in bed with no pillows under his head. If the tumour is suspected in the region of the pylorus the observer should stand on the left side of the patient looking towards his head. The left hand should be placed outside the right rectus slightly above the umbilicus with the fingers pointing upwards and outwards; the right hand should be placed on the epigastrium at the level of the transpyloric plane. The pylorus will then lie between the two hands, and if it is enlarged may be felt by bimanual palpation. Either hand may be kept steady and the other used to push the pylorus towards it. The chief difficulty is the rectus muscle, as the palpation has to be done by working underneath it. If the muscle is held at all rigid, palpation is very difficult to carry out. If the pylorus is healthy it cannot be felt, and it is impossible to say how large the tumour must be in order that it may be felt by this method.

If a tumour is suspected in the cardiac end of the stomach the observer should be on the right side of the patient and facing his head. The right hand should be placed outside the left rectus muscle and the left hand on the epigastrium, and bimanual palpation practised as before in the case of the pylorus.

Tumours near the middle line are still more difficult to feel as it is not possible to palpate them from the side. They may sometimes be felt by placing one hand at the level of the umbilicus and the other on the epigastrium. The stomach runs almost horizontally across the abdomen when the patient is lying down, and with bimanual palpation a tumour or a firmly contracted stomach may be felt.

The use of bimanual palpation will not enable the observer to feel a small ulcer of the duodenum or lesser curvature, for I have twice lately been unable to feel anything abnormal with certainty, although in each case the ulcer was at least 1 in. in diameter when it was seen at the laparotomy. But the method does enable one to feel tumours which cannot be felt by the ordinary method. This was the case when I first saw the method used by Sir Archibald Garrod, for the tumour, which was subsequently found to be a carcinoma of the duodenum, was never felt with one hand, but could always be felt when both were used, although it was covered by a slightly rigid right rectus muscle.

The use of two hands is also of considerable assistance in determining whether a patient is tender or not. It gives him two sensations, one of which may be normal, and he will be better able to give an opinion whether the other sensation is painful or not.

The most favourable time to examine a patient who is suspected of having some obstruction of the pylorus is, of course, after a meal. I have recently seen two patients in whom no peristaltic movements could be seen in the morning while they were quite obvious in the afternoon.

THE DIAGNOSIS OF INJURIES TO ABDOMINAL ORGANS.*

By GEOFFREY KEYNES, M.A., M.D., B.Ch.(Cantab.),
Second Assistant, Surgical Directorate, St. Bartholomew's Hospital.

THE title of this lecture may suggest that it is only about a subject that is somewhat out of date at the present time, namely, gunshot wounds of the abdomen. It is true that its substance is based almost entirely on experience gained during the war, but the principles of the diagnosis of gunshot wounds of the abdomen are applicable to many diverse forms of abdominal lesions met with in civilian practice. Indeed, suicides and crimes of violence have become so frequent of late that a hospital surgeon may at any time be confronted by a case with a penetrating wound of the abdomen inflicted by a knife, a dagger, or a revolver bullet; he may even meet with penetration by the spike of a railing on to which a child will sometimes fall. Rupture of the liver, spleen or kidney by violence, such as a fall from a height or a kick.

* The substance of a lecture delivered at the Surgical Directorate, St. Bartholomew's Hospital.

will present a clinical picture closely resembling that produced by a gunshot wound of these organs. A penetrating wound of the stomach may be almost indistinguishable, as far as signs and symptoms are concerned, from a perforated gastric ulcer. Rupture of a distended bladder may be very similar to perforation of the bladder by a bullet.

Not long before the war there was admitted to this hospital a youth, who in jumping off a table did not notice the handle of a broom which was leaning against the table. The handle entered his anus and passed up the rectum for at least 5 in.; it then perforated the peritoneum, entered the recto-vesical pouch and contused several coils of small intestine lying in the pelvis. His signs and symptoms were at that time, to me, exceedingly puzzling, but I have since seen his condition several times reproduced by gunshot wounds penetrating the rectum.

Until the war came few surgeons had seen abdominal injuries in such numbers and variety as have now been seen by many who worked in France, and since the principles of diagnosing these injuries are not gathered together in most text-books, an attempt will here be made to enumerate in succession the signs and symptoms on which we must depend, and to discuss the relative value of each in diagnosis.

LAPAROTOMY.

The first and most obvious method of diagnosis is by opening the abdomen and looking inside. Occasionally no certain diagnosis can be arrived at by any other means, but it must, of course, not be used until all other methods have been exhausted. It can be briefly dismissed, since it is in order to eliminate this method as far as possible that other methods are considered.

ENTRUSION OF ABDOMINAL CONTENTS.

Assuming that there is an external wound in the abdominal wall several gross signs of intra-abdominal injury may present themselves at once to the surgeon's eye. The diagnosis may be obvious, since coils of intestine may protrude through the hole and show lacerations or perforations, or it may be strangulated at the site of the hole in the abdominal wall, though otherwise uninjured. Sometimes the extruded gut may be normal except for superficial soiling, and merely need washing and replacing; a patient with such an injury will show few signs of shock and will make a good recovery. But sometimes the extrusion of uninjured gut is deceptive, the coils which still remain inside the abdomen being extensively injured; the accompanying symptoms will probably suggest that this is the case.

Another class of case in which there is more scope for diagnosis includes those which show an extrusion of a tag of omentum through a small hole in the abdominal parietes. In some cases there is no injury beyond that to the parietes, and the patient may then escape a laparotomy if the signs

and symptoms to be discussed be carefully watched. The omentum is remarkably quick in carrying out its function as abdominal policeman. I have seen it extruded in the chest-wall along a track which had reached the outside of the body through the pleural cavity and the diaphragm, and in several instances it had corked up a hole in the region of the groin.

Lastly, among the grosser signs must be mentioned the escape of faeces or intestinal contents through the wound. This is particularly apt to happen with wounds in the flank injuring the ascending or descending colon, but no hasty diagnosis of peritoneal injury can be made from the presence of such a discharge since a large part of these regions of the colon is extra-peritoneal.

NATURE OF MISSILE.

If I were treating only of gunshot injuries there would be much to say of the nature of the missile which produced the wound. As it is, I shall only remark that a smooth projectile with a high velocity, such as a rifle bullet, produces small perforations and little leakage, with correspondingly slight symptoms; that a rough shell fragment or a relatively blunt instrument, such as a broom handle or a railing spike, will produce larger lacerations and correspondingly severe symptoms; that a blunt projectile of fairly low velocity, such as a revolver bullet, will produce wounds of intermediate severity.

POSITION OF EXTERNAL WOUND.

Anatomical considerations suggested by the position of the external wound may be of great value in making a diagnosis. I shall not enlarge much on this matter since the conclusions are fairly obvious. The most vulnerable area is the anterior abdominal wall, but it must be remembered that a knife or missile entering just above the pubes may have wounded no organ besides the bladder, and that one which has entered close to the iliac crest may have taken an extra-peritoneal course into the iliac fossa. The flank is equally vulnerable, but the possibility that wounds of the colon may be extra-peritoneal, as already mentioned, must not be forgotten. In the lumbar region there is a great thickness of muscle to be traversed, and nearer the middle line the organs are protected by bone. The lower pole of either kidney may be lacerated by lumbar wounds, and other symptoms characteristic of renal injury should be looked for.

Penetration near the costal margin may injure the stomach, spleen, kidney or liver; it is particularly important to distinguish the cases in which these solid organs only have been injured, because if the signs of hæmorrhage be not urgent there is no immediate necessity for operation. Further, a wound above the costal margin may have injured

the diaphragm—a condition producing most misleading symptoms which will be referred to later on.

Lastly, missiles may easily reach the abdominal cavity through the buttock or perineum, since the lower pelvic outlet and the sacro-sciatic notches afford ready means of ingress. Injuries may, however, be extra-peritoneal, and involve the rectum and bladder or either of these organs separately.

DIRECTION OF TRACK.

It is often of great assistance to decide, if possible, the precise direction in which the knife or missile has travelled, and to collate this with the anatomical relations of the part. If there are both entrance and exit wounds this is comparatively easy; but if there is only one wound the track must be explored. Sometimes it may be justifiable to pass a probe along the track, but usually it must be done with all the proper surgical precautions.

PULSE

The pulse is, of course, a most valuable indication of the condition of a patient with an abdominal injury. It gives a good idea of the patient's general condition, though it does not at once help to distinguish between the two main factors which contribute to that condition, namely shock and hæmorrhage. Either of these alone or both together may produce a pulse that is rapid and feeble. After a short lapse of time, however, the pulse may be of help in distinguishing between these factors. In an abdominal injury shock does not increase after the initial shock has been received, but hæmorrhage may be progressive. If, therefore, the pulse be rapidly rising during the first hour or half-hour that the patient is under observation, hæmorrhage is probably taking place. This sign may be of the greatest importance in diagnosing an injury to a solid viscus. Most cases suffering from a serious abdominal injury have a pulse-rate of over 100; the worst cases have a pulse-rate of 120 or over, and if it be 130 or over the prognosis becomes extremely bad. Occasionally, however, a serious injury may be marked by a pulse-rate under 100, and it may be as low as 80. This is because an injury to the rectum or bladder, particularly if it be extra-peritoneal, produces a relatively low degree of shock and often but little hæmorrhage, so that the pulse is of more value as a positive than as a negative sign—that is to say, a rapid pulse indicates a severe injury, and a slow pulse does not exclude it.

APPEARANCE AND POSITION.

The appearance of a patient who is suffering from a serious abdominal injury is not diagnostic, since the grey complexion, pale lips and anxious or terrified expression may accompany severe shock due to any cause. An unquenchable thirst is, however, very characteristic of an abdominal injury, since there may be the combined factors of vomiting and hæmorrhage tending to produce it. On the other hand

the absence of all these symptoms does not by any means exclude an abdominal injury. Sometimes the initial shock lasts for a very short time, so that unless the patient be seen immediately after the injury his appearance may be quite normal. It is as well in considering the patient's appearance to look also at his conjunctiva and beneath the tongue. Pallor in these situations is a good indication of hæmorrhage and may help to decide for or against immediate operation. The patient's position is not as a rule characteristic, although, if there has been considerable leakage into the peritoneum so that severe peritoneal irritation, and therefore pain, is a prominent feature, he may prefer to lie on his side with his knees drawn up.

VOMITING.

This symptom is relatively of very great importance in diagnosis. It is a positive symptom, concerning which the patient can usually give a definite answer. It is present in the majority of cases of penetrating wounds of the abdomen, and more particularly in those in which the small intestine or stomach is injured. It is present in about half the cases of injuries of solid viscera only, and in considerably less than half those in which the large intestine or the bladder only has been injured.

The percentages of cases in which vomiting was present among a large number of injuries were approximately as follows:

All penetrating wounds	60 per cent.
Small intestine, stomach	75 "
Solid viscera	50 "
Bladder only	40 "
Large intestine only	30 "

Like some other factors in diagnosis vomiting is of more value as a positive than as a negative symptom, for, while few cases vomit that have not got some peritoneal injury, it is evident that a fairly large proportion of those that have got a penetrating wound do not vomit. Nevertheless, even as a positive sign it is sometimes misleading. In those cases, for instance, in which there is a retroperitoneal hæmorrhage without perforation of the peritoneum it may be present, and also in those cases in which the parietal peritoneum has been opened without any injury to viscera or protrusion.

The frequency of vomiting may be ascribed to two main causes:

(1) The physiological reflex produced by violent injury to the peritoneum or by interference with the abdominal nerve plexuses or the sympathetic nervous systems of the solid viscera. This will be the chief cause of vomiting shortly after injury.

(2) The mechanical obstruction produced by an intestinal injury and the consequent local paralysis of the gut. This will be a chief cause in the later stages, and particularly where the injury involves the upper parts of the small

intestine. Paralysis of the gut and vomiting will also result later still when general peritonitis has been established.

The general inferences, therefore, that may be drawn are as follows:

(a) If vomiting occurred immediately after the injury and not afterwards an injury to the large intestine, to a solid viscus or to the bladder is suggested.

(b) If vomiting has been persistent and is still going on, perhaps two or three hours afterwards, an injury to the stomach or small intestine is suggested. The most persistent vomiting of all is produced by an injury to the duodenum.

The nature of the vomit should be observed, if possible, after the food originally present in the stomach has been ejected:

(1) If there be a very large hole in the stomach-wall the contents will probably have been discharged into the peritoneal cavity; the patient may nevertheless attempt to vomit and experience great pain in doing so.

(2) If fresh or altered blood is brought up, an injury, less severe, to the stomach or to the first part of the duodenum is indicated.

(3) If regurgitated bile only is vomited the injury may be to the second or third part of the duodenum or to the upper part of the duodenum.

(4) If the bile is mixed with intestinal contents an injury to the small intestine lower down is probable.

RESPIRATION RATE AND ABDOMINAL MOVEMENT.

The respiration rate in an uncomplicated abdominal injury is not as a rule appreciably raised, but the movement of the abdominal wall is a valuable sign in diagnosis. With more extensive injuries abdominal respiration is involuntarily reduced to a minimum; with less serious injuries movement with ordinary quiet breathing is normal, but if the patient be told to take a deep breath the inspiration, when it reaches a certain point, is arrested with a jerk. But it must be remembered that injury to the abdominal wall alone may give rise to this sign, and it must be strongly emphasised that injury to the diaphragm or to the diaphragmatic surface of the liver produces an extreme degree of pain on respiration, and consequent immobility of the abdomen such as is seldom or never seen with an injury restricted to the stomach or intestines.

PAIN, RIGIDITY, TENDERNES.

These three signs cannot be satisfactorily dissociated from one another and they will therefore be considered as a group. Pain is a constant feature unless morphia has been given, and in almost all cases of severe injury the patient, when asked where his pain is, will move his hand vaguely over his whole abdomen. There is, in short, no localisation of pain. In less severe cases he will often point without

hesitation to some particular area, and this will indicate where the greatest tenderness may be expected.

Rigidity and tenderness are without exception the most important aids to diagnosis that the surgeon has at his command. Careful palpation of the abdomen gives more positive information than any other means of examination. In the severer cases of intestinal injury tenderness and rigidity are almost always present, and these are both generalised. But generalised pain and rigidity may be due to other causes, which it is important to distinguish if possible. The different degrees of tenderness cannot be expressed in words, but they are nevertheless of importance. They are affected to some extent by the personal factor in the patient, which only experience can help to discount. But with this reservation it may be insisted that cases of diaphragmatic injury, to which I have already made a reference, will show an extreme degree of pain and rigidity such as is hardly ever seen where the injury is purely visceral. Generalised rigidity and tenderness is also produced by the presence of blood in some quantity, or of urine, in the peritoneal cavity, or by retroperitoneal hæmorrhage; in such cases the degree in which these signs are present is usually less than when they are produced by severe intestinal injury, but a differential diagnosis may be difficult to make. Hæmorrhage is usually present when there are several intestinal lesions and provides an additional factor in the production of rigidity and tenderness. Hæmorrhage without an intestinal lesion may be due to an injury to the mesentery or it may come from a solid viscus, and it should be the surgeon's aim in these cases to avoid operating if possible.

A lesser degree of tenderness and rigidity is associated with localisation of the symptoms. They may be confined to one side of the abdomen, or may be slight on one side and well marked on the other. This is especially the case where the injury is limited to the large intestine. Localisation to the lower part of the abdomen or to a small area immediately suprapubic is always found in cases with an extra-peritoneal wound of the bladder. The symptoms will be still further localised when the abdominal wall alone is involved.

A completely flaccid abdomen has been described in patients who were suffering from the most severe injuries. This might result from the combined effects of shock and morphia, but it is very rarely found.

DISTENSION.

This must be mentioned, but it is not of great importance. It is a very late sign, being due to advanced general peritonitis. The abdomen may be abnormally protuberant owing to the floating up of the intestines by a large quantity of fluid—probably blood; but this is not what is usually meant by distension, which is due to the accumulation of gas in the intestines.

PERCUSSION.

This occupies a very low position in my estimation of the relative values of means of diagnosis. It may be possible to find an unmistakable dullness in the flanks due to the presence of considerable quantities of fluid (blood, urine or stomach contents), but in practice this is found to be a very fallacious sign. At operation it is usual to find that the blood has not clotted at the site of hæmorrhage, but that the main accumulation of fluid is in the pelvis and that the rest is distributed fairly evenly among the intestines. An objection to the use of percussion is the fact that it is exceedingly bad for a patient suffering from shock to be turned from side to side, since it produces a fall in blood-pressure, and without doing this fluid in the flanks cannot be detected. Disappearance of the liver dullness is a classic but fallacious sign in the diagnosis of perforated gastric ulcer, and is in other conditions of no value.

URINE.

The urine should be examined in abdominal injuries as a matter of routine. Very often a catheter must be passed, since patients with abdominal injuries are so commonly unable to pass their urine voluntarily. Urine slightly coloured with blood is evidence of—

- (1) Slight injury to the kidney—perhaps bruising only.
- (2) Injury to a ureter in rare cases.
- (3) A small perforation of the bladder-wall, intra- or extra-peritoneal; a perforated bladder will not always empty itself through the opening, which may not remain patent enough to allow this, or may in rare cases be blocked up by the missile itself.

If nearly pure blood is obtained in considerable quantity there must almost certainly be a severe injury to one or other kidney. A laceration of the bladder itself severe enough to produce copious hæmorrhage will also be large enough to permit the escape of its contents.

RECTAL EXAMINATION.

This may sometimes be a valuable aid to diagnosis, though it is often forgotten. A finger in the rectum may be able to feel an extra-peritoneal perforation of this part of the gut, possibly involving the prostate or base of the bladder. A discharge of blood or urine from the anus must also be noted.

X RAYS.

This is mentioned last of all. The value of X rays in an abdominal diagnosis is of less value than might be supposed, since mere localisation of a missile in the abdomen will not give much information concerning what organs it may have traversed. Also it may have shifted some distance from its original position in the abdominal cavity; it may have fallen, for instance, to the bottom of the recto-vesical pouch. Nevertheless, an X-ray examination should be carried out if the patient's condition admits of the necessary disturbance. Although not essential in diagnosis, localisation of the missile may save much time at the operation.

REPORT ON A VISIT TO THE EXAMINATIONS BY THE NATIONAL BOARD OF MEDICAL EXAMINERS HELD AT PHILADELPHIA, PA., U.S.A.

IN May last Sir Humphrey Rolleston and Mr. H. J. Waring, as representatives of the Royal College of Physicians and Royal College of Surgeons respectively, visited the examination of the National Board of Examiners at Philadelphia, and the report of their observations and impressions is now before us. It is impossible in the space at our disposal to publish the report *in extenso*. We accordingly lay before our readers a short abstract, and would advise all those interested in medical education and examination to study the full Report.

The report is divided into two parts, one dealing with the inspection of the examination by the authors, the other giving their impression of leading American medical schools which they visited. During the last thirty years revolutionary changes have taken place in medical education in America. Previously the various medical schools were licensing bodies and a M.D. degree could be obtained after only two years study; now there is a curriculum of six or seven years, and State Medical Boards have been established to determine whether holders of degrees granted by the colleges should be allowed to practise. Certain defects in the constitution of the State Examining Boards are obvious, for in each State the Board is appointed by the Governor of the State, and the members of the Board may not be connected with any teaching institution in the State, but are independent practitioners, who may be homœopaths, or even osteopaths or eclectic. Thanks to the American Medical Association, much improvement has recently occurred in the examinations, and the medical colleges now existing have been graded A, B and C, whilst many have ceased to exist. There are now 86 medical colleges, of which 70 are graded "A." These vary somewhat in the details of their requirements, but all include a curriculum of (a) two years of college training in physics, chemistry and biology before admission to the medical college, and (b) four years of medical training, of which the first two are devoted to anatomy, biochemistry, physiology, bacteriology, pathology and pharmacology, the third and fourth years being given to clinical work. In the case of eleven medical colleges, however, a further year of intern work is required before graduation.

The National Board of Medical Examiners was founded in 1915 "to establish a standard of examination and certification of graduates in medicine for the whole of the United States and its territories"; a further object is "to elevate the standard of qualification for the practice of the profession of medicine," and it is financed by the Carnegie Foundation for the advancement of learning. Already 20 of the 48

States have accepted the certificates of the National Board in place of their own State examination. The National Board consists of 18 members—6 representative of the Medical Corps of the Army, Navy and Public Services, 3 representing the Federation of State Medical Boards, and 9 others elected by the Board, and they hold office for definite periods. The standard demanded by the National Board of Examiners before admission to examination is on a high level. None but graduates of an "A" medical college, who after a four-year medical course, preceded by two years at a science college, have held one year's internship in a hospital, are admitted to the examination of the National Board. The examination includes anatomy in its various branches, physiology, physiological chemistry, pathology and bacteriology, materia medica and therapeutics, medicine, surgery, obstetrics, gynecology and hygiene. The examination is written, oral and practical, including clinical examination of patients and laboratory technique. The standard of examination is higher than that of any of the State Boards, the pass-mark being an aggregate of 75 per cent, but the candidate must not fall below 50 per cent in any one subject, nor below 65 per cent in two subjects, and if he does so fails although his aggregate is 75 per cent.

Sir Humphrey Rolleston and Mr. Waring make some criticisms and suggestions regarding the constitution of the National Board of Examiners, half of which is self-elective. The examination itself includes practically all the subjects of the curriculum, except chemistry, physics and biology, and occupies seven days, but the examination in anatomy and physiology is not so much academic as in application to medicine and surgery. The visitors criticise the examination freely, and suggest that it might well be confined to the more professional subjects, seeing that the candidates have already graduated at an "A" school. Criticism is made also of the oral and practical examination of the candidate being as a rule conducted by one examiner only without an assessor, and fault is found with the papers in medicine and surgery, which in medicine consisted of twelve questions, of which ten must be answered. With these and some other criticisms this part of the report concludes with the recommendation that holders of the licence of the National Board should be admissible direct to the Final Examination of the Conjoint Board in England.

In the second part of their report they give their impressions founded on an inspection of a number of the "A" Medical Colleges, among which were Washington University, the Medical School of St. Louis, the Universities of Harvard, Columbia, Pennsylvania, and the Johns Hopkins University. They refer to the main differences between the educational curriculum in America and in this country. Apart from the science subjects being in America preliminary to entrance into the Medical College, the American

schools bring the subjects of pathology and bacteriology into the course at an earlier stage than in Great Britain, for in America they are taught concurrently with anatomy and physiology. This, which, according to our ideas, is a mistake, is not without many disadvantages, and these are apparently being recognised in America. The laboratories in the best American schools are modern and well equipped, and the teaching in the two pre-clinical years is done by whole-time professors and assistants.

The work in the clinical period appears to be on similar lines to that found in Great Britain, with, perhaps, the difference that the student spends a good deal of time in the clinical laboratory, and much of the bedside teaching is given by junior teachers.

The report gives a short account of the whole-time clinical teachers, about which there has been much lively discussion in America, where in most hospitals the "paying departments" are a prominent feature. When a professor's private practice is for the most part conducted at the hospital, he is not so liable to be distracted from his professorial duties as are the part-time clinical teachers in Britain.

An interesting account of graduate education in America, which is now organised on a considerable scale, concludes the report.

"PUSSYFOOT."*

FROM AN OCCASIONAL CORRESPONDENT.

SO far the campaign for total prohibition in this country has not really made much impression; as the Americans say, it is not yet "a live issue." In Scotland the campaign is further advanced, and as it is quite clear that next year or soon afterwards it will be pushed in England, it is worth while considering what our attitude as members of a profession which is supposed to have special knowledge in the subject shall be. It is very difficult to disentangle one's ideas. The subject may be approached from a purely physiological standpoint; but insensibly the social factor, or the political, or the economical, intrudes and confuses the problem. Yet it is clear from a study of the campaign in the United States that the "Pussyfoots" will make a determined attempt to get the medical profession trailing in their wake. An American friend, who is incidentally neither an ardent "anti-" nor "Pussyfoot," writes: "You medical men must expect an early assault in the Pussyfoot campaign. A vote at some medical conference is one of the first steps, and all sorts of tricks and threats will be forthcoming." What is going to be our attitude as a profession?

* The Editor cannot accept responsibility for the opinions here expressed. Articles and correspondence on the subject are invited.

In the first place, I imagine that most of us will admit at once that alcohol is not a necessity, even in disease, though I can foresee that there may be some ardent debate on this point, which, after all, is really a "red herring," and should, in my judgment, be avoided. It is the use of alcohol by the healthy, not by the sick, which is being discussed. Well, then, alcohol is not a necessity for the healthy. Then comes the real issue. The "dyed-in-the-wool" prohibitionist claims that in the opinion of the expert physiologist alcohol is a virulent poison, and that even its moderate use inevitably lowers the physical health of the user. And this is the point of attack which, as a profession, we have got to meet. If we honestly believe, as some of us do, that this extreme position is justified by the results of the best physiological research, then in my opinion the medical profession is in honesty bound to side with the prohibitionists, and not only side with them, but become the advance-guard of the army of the crusade. But the expert adjusts his conditions—is bound to do so as a scientific researcher, and the conditions of the laboratory differ from those of the world outside often. Most of us do not accept the results of pure laboratory experiment in such matters as conclusive. There are many other poisons, known as such to the laboratory worker, which, properly used, exert a beneficent effect in the appropriate amounts and conditions, and we should contend that alcohol is rather to be classed with strychnine, opium, arsenic and coffee than with the poisons of tetanus or gas gangrene, or mustard gas. Poisons of the latter class are invariably noxious; those of the former have their proper and beneficent seasons of use. So far I have tried to keep strictly to physiological and pharmacological argument. But at this point the social factor in the question intrudes. The ardent advocate, when he perceives that on the physiological point you are going to give a verdict of "not proven," at once confuses the question with the dragging in of a moral issue: "Surely you, as a doctor, cannot approve of the continued use of a drug which is the cause of so much domestic misery." And yet in my view it is just those two aspects which we must keep entirely separate. The answer on the physiological question must be clear and distinct. Either we accept the extreme view, or if, as I do, we believe that there is a proper place for alcohol in the life of a healthy man, we must refuse to admit that there is any argument to be found in physiology for total prohibition.

The argument for restriction as opposed to total prohibition does not, in my opinion, rest in any degree on physiology, but on the social and political and economical results of the use, and still more of the abuse of alcohol. I know of doctors who are convinced prohibitionists on these grounds alone, and on these grounds alone I am myself inclined to agree partially with them—that is, for restriction only, not for total prohibition. Listen again to American experience: "In my part of the country prohibition is

rather treated as a law which is not to be taken too seriously. Everywhere people are making their wines and beer. The negro labourers on my farm have been making brandy from peaches they say. All this meets with amused sympathy. It is something like a touch of Nature that makes the whole world kin . . . It is demoralising as a flouting of the law. It is highly destructive of anything like a law-abiding habit in a community." That is a real peril. It seems certain that in the United States the extreme prohibitionists have succeeded in forcing their views on the community, of which a large proportion, if not an actual majority of individuals, are not passive but active resisters. Whether such a condition is likely to be permanent or not, I do not think that anyone can say without prolonged and careful study of the factors on the spot, but it should be a warning for us here to be slow to move to the extreme position until at least we have an overpowering force of opinion behind us. I believe that we have got that force for measures of restriction, and that by taking a firm stand on the purely physiological aspect and not allowing the other factors to confuse the issue, the medical profession can be of great service to the nation.

AN AFFAIR OF BEDS.

SCENE I.—Dinner, R.S.Q.

- 1st H.-S.: We've had the most appalling duty. I've only had three hours' sleep in four nights.
 2nd H.-S.: That reminds me. We come on to-morrow, which reminds me further, that there are no beds.
 1st H.-S.: Don't let that worry you. I never have any.
 2nd H.-S.: I know that. You snag all your duty cases on to someone else.
 1st H.-S.: Well, so do all the other firms.
 2nd H.-S.: We never do.
 1st H.-S.: You! Why you're the worst firm of all. Only last week—
 2nd H.-S.: I do wish you wouldn't talk shop at meals. It's such bad form. Pass the greens, please.

SCENE II.—The Surgery. Time, 11.45 a.m. four days later.

- Junior H.-S./D.: I say, old man, there are five cases you'll have to admit.
 Senior H.-S./D. [*peevishly*]: I suppose you think you are being funny. You know as well as I do that we've got no beds. What is your priceless selection?
 Jr. H.-S./D.: There's a man with stricture of the cesophagus who has had nothing to eat for three weeks. He ought to have a gastrostomy done at once.
 Sr. H.-S./D.: Send him to Throats. What else?

- Jr. H.-S./D.: A man has just come up with a strangulated femoral hernia.
 Sr. H.-S./D.: Just come up? Well, put him behind a screen and say nothing. Then the Brown Firm will think he came up after 12.
 Jr. H.-S./D.: Very well. Then there's a man with a perforated gastric who has been waiting three hours.
 Sr. H.-S./D. [*coldly*]: I beg your pardon.
 Jr. H.-S./D.: What's the matter? Oh, I see. The fact is that the dresser thought he had botulism, and I knew nothing about it till I caught sight of someone rolling on the floor. [*Sits down on the corner of a table, breaking a clinical thermometer. Seeing a nurse about to enter the Box he rapidly inverts a tin bowl over the remains.*]
 Sr. H.-S./D.: Where is the dresser?
 Jr. H.-S./D.: I don't know. I haven't seen him since.
 Sr. H.-S./D.: I should think not. I'll have a chat with him later. Well, I expect the man has colic, but we had better admit him. He can't possibly go to Gorston; I've got five people on couches there now, and Sister talked for half an hour without stopping last time I was in.
 Jr. H.-S./D.: Why not borrow a bed from Dyer? I expect he's got one.
 Sr. H.-S./D.: Good wheeze! Send it into Fear. I'll tell Dyer later. Got anything else?
 Jr. H.-S./D.: Yes. There's a woman with a fractured base, and cerebro-spinal fluid coming from her ear. [*Leaps to his feet as he discovers that the above-mentioned tin bowl had contained a mixture of carbolic acid and pus, and that he is now sitting in a pool.*]
 Sr. H.-S./D.: Send her to Ears on a stretcher as an aural discharge. I expect they'll take her into Abercrombie. [*Absently pockets a box of matches which a dresser has left on the table.*]
 Jr. H.-S./D.: Alright. Then there's a kiddie with osteomyelitis of the tibia. She's rather bad, and we've no beds in Septics.
 Sr. H.-S./D.: My dear fellow, you haven't got the ingenuity of a cow. Operate on it in the surgery, and then discover that she's too bad to go home. They'll have to take her in somewhere.
 Jr. H.-S./D.: Very well. There's one more case I should like you to see. It's a boy with a vague abdominal pain.
 Sr. H.-S./D. [*compassionately*]: My poor child, what is the matter with you to-day? What do you think the H.-P./D. is for? Send it along, and he'll be delighted to exercise his diagnostic abilities.
 Jr. H.-S./D.: I very much doubt it. He's already sent back—

[Enter Porter.]

Porter: Please sir, Sister Florence wants to speak to you at once.

- Sr. H.-S./D.: I'll come now. [*To Jr. H.-S./D.*] Well, so long. Get that perforated gastric in at once, and I'll ring up the boss. [*Exit Sr. H.-S./D.*]
 Jr. H.-S./D.: What a life! And I haven't told him about that appendix I promised a doctor to admit. Still [*more hopefully*], it may arrive after 12. [*Exit to telephone.*]

SCENE III.—The telephone.

- Jr. H.-S./D.: Is that Fear?
 Sister Fear: Yes. Sister speaking. Who is it?
 Jr. H.-S./D.: Mr. Dyer.
 S. F. [*suspiciously*]: It does not sound like Mr. Dyer.
 Jr. H.-S./D. [*hurriedly*]: Oh, I'm not Mr. Dyer. I'm speaking for him. He wants a bed for a perforated gastric ulcer at once.
 S. F.: He's not on duty, so it's no use pretending—
 Jr. H.-S./D. [*more hurriedly*]: Right! Thanks awfully, Sister. I'll send it in at once. [*Rings off.*]

SCENE IV.—The Square. Time, half an hour later.

- Sr. H.-S./D. [*emerging from Florence, soliloquising*]: Then I must tell the porters, and the stuffies, and the Theatre, and— Hullo, there's Dyer. [*Fortissimo*] Dyer!
 Dyer: Hullo? [*sotto voce*] He's sure to want a bed. However, I've done him this time.
 Sr. H.-S./D.: I say, old thing, can you lend me a male bed for to-day? I'm absolutely full up.
 Dyer: I like your cheek! Why, it was only a few days ago that you said you never—
 Sr. H.-S./D. [*snidily*]: Yes, I know, but I've got a perforated gastric which I must put somewhere. [*Observes a porter approaching, obviously looking for him. He gradually edges off in the opposite direction.*]
 Dyer: Well, I'm sorry, but I've only got one male bed, and that's reserved for a case that the Chief's sending in this afternoon. I'm just going to tell Sister about it.
 Sr. H.-S./D. [*retreating*]: I was trying to break it gently, but as a matter of fact the man is already in your bed. I meant to have asked you before, but forgot. The op. is in half an hour, and I haven't fixed up the Theatre yet, so I must buzz off. I'm really awfully sorry. [*Exit.*]
 Dyer: !!!

THE OLD STUDENTS' DINNER.



THE first Old Students' Dinner for seven years was held at the Guildhall of the City of London on October 1st. Never was there such a reunion of St. Bartholomew's men. The number present (350) far exceeded all previous records. No wonder the Great Hall was unable to accommodate so large a company. It was indeed an historic occasion, the surroundings contributing not a little to make the evening a memorable one. Sir ANTHONY BOWLBY, who was in the chair, received a great ovation. He had worthily upheld the great traditions of the Hospital during those intervening years, and furthermore, this was the

first occasion Bart's men had had of greeting him since his election to the Presidency of the Royal College of Surgeons. And, of course, Sir Anthony made an ideal chairman. After the loyal toasts had been honoured, he submitted the toast of the "Imperial Forces of the Crown," and surely no old student was ever more fitted to propose such a toast. He spoke of the debt owed by the Empire to each branch of the Services. Bart's men had upheld the old tradition in every theatre of war. Of the 20,000 officers who served in the R.A.M.C. given were St. Bartholomew's men, and more than a hundred had ziven their lives. Of these 2000 men, one-third had been mentioned in despatches, and nearly one-third received some form of recognition. In whatever theatre of war, from the consulting staff downwards, Bart's men were well known. When in the future it is asked, "What did the Hospital do in the Great War?" the answer would be, "We tried to maintain the reputation held for 800 years." It would be for others to say how we did it.

Sir Anthony referred to each of the Services in turn, not forgetting to mention the Royal Air Force. October 1st would always be a memorable date, he said. It was on that day in 1914 that the R.A.M.C. really got to work. Next year found us in our first great fight. October 1st, 1916, saw us fighting on the Somme. In 1917 we were hard put to it, and 1918 was most memorable of all. It was on the 1st of October that we pierced the Hindenburg line—exactly two years ago to the day.

It was a memorable speech and worthy of the occasion. The toast was responded to by General Lord HORNE, who remarked that Henry VIII, in the Charter he gave to St. Bartholomew's, enjoined it to take special care of those broken by war. That this duty had been faithfully observed in recent times he could testify from his own knowledge. Lord Horne said he could mention but a few of the many who had responded so nobly to the call, but the names of Bowly, Garrod, Herringham and Gordon-Watson stood out prominently. He referred to the rush of the students to join the combatant ranks; even the surgeon-probationer was not forgotten. And last, but by no means least, he recalled the gallant work of the nurses. Lord Horne ended with a warm appreciation of the value to England of the great voluntary hospital system.

THE PRESIDENT OF THE ROYAL COLLEGE OF PHYSICIANS (SIR NORMAN MOORE) proposed the toast of "Prosperity to the Hospital and the Medical School." Sir Norman's wonderful knowledge of the history of the Hospital, and incidentally of the City of London itself, naturally formed the basis of his remarks. It could not have been otherwise, nor would any Bart's man have had it so. Passing lightly down the centuries—from Rahere's first visit to the city in the twelfth century in search of a book (the first visit of a Bart's man to the City of London, according to the great historian), to the reorganisation of clinical teaching at the Hospital during the past year—Sir Norman Moore suggested to Sir Archibald Garrod and his colleague, the Professor of Poetry at Oxford, that a better word than "unit" might be found. Incidentally the speaker caused some amusement by saying that the criticism of the student meant everything to a teaching physician, who would certainly not be the man he was if there were no students to criticise. Sad must be a man, he said, who thinks he has attained the optimum stage of knowledge.

Sir D'ARCY POWER, in a short reply, spoke of the present flourishing condition of the Medical School with its 650 students. There was always room for the relatives of Bart's men.

Dr. HOWARD TOOTH, as Senior Physician, briefly mentioned the distinguished guests. He referred to the antiquity of the Old Students' Dinner, and pointed out that the first was held at least one hundred years ago.

Sir ARTHUR LAWLEY, Commissioner for the British Red Cross Society in France during the war, responded in a particularly eloquent speech. He spoke of the big London Hospitals as a great element in the social fabric of this great City. As representative of the Red Cross during the war he had had special opportunities of seeing the work of the R.A.M.C. on the Western Front and in Mesopotamia.

His peroration, in which he said he was that evening surrounded by the Old Brigade, leaders in the noblest army in the world, was a fitting conclusion to an unusually brilliant effort.

Sir CHARLES GORDON-WATSON proposed the Chairman's health in warm and intimate terms. He spoke of Sir Anthony Bowly's work in peace and war, and raised the assembly to a high pitch of enthusiasm when he referred to the Chairman as a man, and above all as the students' friend.

The CHAIRMAN, in his reply, asked all present to join with him in sending a message of thanks to the Lord Mayor and Corporation of the City of London for their courtesy in lending them the accommodation of the historic Guildhall for that unique occasion.

ST. BARTHOLOMEW'S HOSPITAL COMPANY OF THE CITY OF LONDON SPECIAL CONSTABULARY.

ON Friday, October 22nd, at 12.45, a well-attended and enthusiastic meeting was held in the Abernethian Room to elect the officers of the St. Bartholomew's Hospital Company of the City of London Special Constabulary.

Mr. R. M. Vick, the Warden and Officer commanding the Company, in introducing Col. Williams, D.S.O., Chief Staff Officer, City of London Police Force Reserve, pointed out in a few well-chosen words that this was in no sense a recruiting meeting. They had come together, he said, simply to consider how in emergency they might best serve their City. The Company was not yet quite up to full strength, though he believed that if they all did their bit it soon would be.

Col. Williams stated first what the Special Constabulary was not. It was in no sense organised for strike-breaking. Around this vast city there were many undesirable who might take advantage of a strike to loot and pillage. The Special Constabulary was organised to prevent any such possibility. The Bart's Company would elect their own officers and be entirely self-contained. He thanked them for hearing him, and was very cordially cheered. The following officers were then elected:

Half-Company Commanders. C. H. Bracewell, L. C. Neville.
Staff Sergeant. C. G. Martin.
Sergeants.—L. M. Billingham, R. Coyte, V. F. Farre, F. R. Miller.

STUDENTS' UNION.

RUGBY UNION FOOTBALL CLUB.

1st XV fixtures for November.—6th, Bedford; away. 10th, Cambridge University; away. 13th, R.M.C.; home. 20th, Stratford-Avon; away. 27th, Richmond; home.

The Annual General Meeting was held on October 11th, the President in the chair. As there were 80 playing members this season it was decided to run a 4th XV. Mr. J. A. Bevan was elected Secretary, and it is hoped to arrange a full fixture-list for the remainder of the season. It was also decided to hold a Dinner at the end of the season.

Up to the time of writing the 1st XV have won all their 3 games, the 2nd XV won 2 and lost 1, and the 3rd XV won 2. Team building is going on, and it is hoped that the constitution of the four XV's will soon be settled. We would like to remind members that when not playing their support on the touch-line will be very welcome. Last season, at Richmond, the vocal encouragement from a "cheerful" gentleman on the touch-line (after 2.30 p.m.) gave to the team, tired out by a mid-week cup-tie, the necessary vigour to win the game.

ST. BARTHOLOMEW'S HOSPITAL v. OLD ALLEYNIAN'S.

The first game of the season was played at Dulwich on October 2nd, under ideal weather conditions. The game was confined to scrummage work for the first few minutes and neither side could claim much advantage; then Hendley, playing at fly-half, got away to the right and cross-kicked; there were three Bart's men up when the ball dropped and the O.A.'s back had little chance, Hendley getting over for a try which Neville converted. The Old Boys' replied strongly, but the effort ended in "touch-in-goal." Etherington Wilson tried a drop at goal and then the forwards got going again, and a round of passing finished with a try by Gibson, which Neville converted easily. Johnstone was next across from a pass by Griffith-Jones, but this time Neville failed. The score at this time, 13 points, did not represent the true value of the sides, the Old Alleynians being by no means out of the picture, and the Bart's play by no means convincing. Passes were dropped or knocked on by the outsiders and the forwards slow away from the scrum. The Old Boys' put in a very good bout of passing and got across the line for what appeared to be a certain try, but Orchard snatched the ball away before it could be put down. The O.A.s. were penalised for off-side and Smuts dropped a beautiful goal from half-way. Griffith-Jones gathered the widest of passes and transferred to Johnstone, who kicked and followed up and put the forwards "on-side"; some of the latter woke up and got on with it, and Anderson scored between

the posts, Neville having no difficulty with the kick. Half-time arrived with the score 21-0 in our favour. The second half opened sensationally, Bart's dropping eleven points of their lead in as many minutes, two of the three tries scored against them being from their opponents' "25," and the successes being due chiefly to the vague idea of tackling practised by the Hospital team. In theory a high tackle is supposed to smother the pass, but if the tackle is missed or shaken off the result is likely to be disastrous; a man tackled around the knees has no time to think about accurate passing. However, the team pulled itself together a bit and further attacks were frustrated, and the game finished in a win by 3 goals, a penalty goal and a try to a goal and 2 tries.

St. Bart's: P. Smuts, back; W. E. Wilson, C. Griffith-Jones, J. G. Johnstone, L. C. Neville, three-quarters; H. J. Hendley, T. P. Williams, halves; S. Orchard, H. V. Morlock, A. D. Wall, H. G. Anderson, A. B. Cooper, F. W. Capps, A. C. Beith, B. H. Gibson, forwards.

ST. BARTHOLOMEW'S HOSPITAL 2ND XV v. OLD ALLEYNIAN'S "A."
2nd XV 17 pts., Old Alleynians "A" 16 pts.

ST. BARTHOLOMEW'S HOSPITAL v. OLD MILLHILLIAN'S.

Played at Winchmore Hill on October 9th, and won by 24 points to 5. The Old Boys started two short and had their fair share of the game at first. A good throw-in by Cockell enabled Orchard to start the three-quarters, Johnstone passing to Thomas, who scored a try which was not converted. A free kick to the O.M.'s relieved the pressure for a while; then Johnstone took a very awkward pass from Thomas and transferred to Moody-Jones, who dodged and fought his way across for another unconverted try. Orchard did a long dribble and picked up and put Gibson in for the third (also unconverted try). The Old Boys worked well up the ground, but a drop at goal failed. Johnstone got the ball from a line-out and put Orchard across, Williams converting. The Old Millhillians' work in the loose was good (brilliant compared with ours), and resulted in a try, which they converted without trouble. Some passing ended in Neville kicking, following up and smothering the back; from the resulting scrum Williams passed to Thomas, who side-stepped several people and scored a very pretty try, which Williams converted. Johnstone nearly got through, and just afterwards the forwards came away with the ball at their feet and looked almost certain to score, but Anderson spoilt it with a soccer-like shot, which was only stopped by the ledge. Orchard prevented the full back from getting in his kick, and Morlock was able to pick up and score a try which Neville converted.

High tackling and hanging on until collared were conspicuous points in the Bart's game.

St. Bart's: P. Smuts, back; L. C. Neville, M. G. Thomas, J. G. Johnstone, W. Moody-Jones, three-quarters; D. H. Cockell, T. P. Williams, halves; S. Orchard, H. V. Morlock, A. D. Wall, A. B. Cooper, H. G. Anderson, A. C. Beith, F. W. Capps, B. H. Gibson, forwards.

ST. BARTHOLOMEW'S HOSPITAL 2ND XV v. U.C.S. OLD BOYS' "A."
2nd XV 29 pts., U.C.S. Old Boys' "A" 11 pts.

ST. BARTHOLOMEW'S HOSPITAL 3RD XV v. PARK HOUSE "B."
3rd XV 36 pts., Park House "B" 3 pts.

ST. BARTHOLOMEW'S HOSPITAL v. OLD BLUES.

At Winchmore Hill on October 16th. The Old Blues played one short all through and hustled the Bart's forwards thoroughly. The Hospital won by 12 points to 6, but not because the forwards held their opponents, nor because the outsiders took every chance offered to them. Bart's had to touch down almost at first, and there was a lot of give-and-take play, during which Johnstone was gathering impossible passes in a remarkable manner and failing to pass them on in a manner just as remarkable. A round of passing in which Orchard, Johnstone, Smuts and Neville took part enabled Neville to score wide out and he missed the kick by inches. The Old Blues were awarded a free kick for offside, but handled the ball on the ground and the kick was disallowed. Neville came away at a great pace and ran round and threw the ball away. The Old Blues scored a well-deserved try. Whybrow coming through all the Bart's forwards, the kick failed.

In the second half Cockell made a good opening, but held on too long, and from the ensuing scrum the ball went to Smuts, Johnstone and Moody-Jones, with the latter scoring. Then Cockell and Capps put Morlock in and again the kick failed. Williams was noticed off side

and the Old Blues registered a penalty goal. From a long line-out Anderson passed the ball to Smuts, who passed to Johnstone, who put Moody-Jones in for the fourth and last try. Johnstone was opening up the game well in the second half and Anderson slinging the ball from the line-out on every possible occasion, but generally speaking the team did not play good football.

St. Bart's: F. V. Frederick, back; W. Moody-Jones, J. G. Johnstone, P. Smuts, L. C. Neville, three-quarters; D. H. Cockell, T. P. Williams, halves; S. Orchard, H. V. Morlock, A. D. Wall, A. B. Cooper, H. G. Anderson, A. C. Beith, F. W. Capps, B. H. Gibson, forwards.

ST. BARTHOLOMEW'S HOSPITAL 2ND XV v. OLD BLUES "A."
2nd XV 3 pts., Old Blues "A" 14 pts.

ST. BARTHOLOMEW'S HOSPITAL 3RD XV v. CIVIL SERVICE "B"
3rd XV 20 pts., Civil Service "B" 3 pts.

BOXING CLUB.

The Boxing Club this year shows a considerable increase in numbers, and a very successful season is anticipated. Mr. M. G. Thomas has been elected captain, and his keenness and experience in the running of a club should be of the greatest value.

Unfortunately, at the time of writing, the final arrangements for securing a suitable room have not yet been made, but by the time this number of the JOURNAL appears this question will probably be settled. A sub-committee has been appointed to arrange for a suitable gymnasium, and it is expected that the Snow Hill Police Station Gym. will be secured.

Meanwhile, all arrangements will be posted on the notice-board in the Abernethian Room as soon as possible. Nothing definite is known yet as to the plans of the United Hospital Boxing Club, but it seems possible that some matches with other club teams may be arranged this season, and the annual Inter-Hospital Competition, which was revived last year, will no doubt be held in March or April.

GOLFING SOCIETY.

Although it is not possible to arrange a fixture-card of matches for the winter months, an attempt is being made to carry on the activities of this Society with the hope of finding new talent for next season.

With this in view, singles and foursomes knock-out competitions (handicap) have been arranged, handicaps being allotted to those who do not possess them. There are twenty-four entries for the singles and nine couples have entered for the foursomes.

Permission has been obtained from the West Herts Incorporated Golf Club at Cassiobury Park for members of the Hospital Golfing Society to use their links and club house at reduced fees, and the competitions will be played on these links.

CORRESPONDENCE.

THE FORMATION OF FIXATION-ABSCESS BY TURPENTINE INJECTIONS.

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

SIR,—In his article upon the treatment of encephalitis lethargica by injections of turpentine (the JOURNAL for October), Dr. Perkins refers to the formation of fixation-abscess in the treatment of other conditions, notably influenza pneumonia, and quotes an annotation in the *British Medical Journal* in which the results of a Norwegian physician are enumerated. Although the procedure has been occasionally mentioned, no British writers other than my Aldershot colleagues and myself, so far as I am aware—and I have perused a considerable portion of the huge mass of literature that has appeared since the pandemic—have published their actual experiences of this form of treatment, and I am encouraged to refer to my own results.

With the rationale of the turpentine injection this country has of course been long familiar, and I believe I am right in saying that we have been accustomed to associate with it the French school of surgery; certainly I have read several articles in which Parisian workers most eulogistically acclaim its merits for many infective conditions—most recently for the virulent type of influenza.

In my own practice the inspiration to apply it in "influenza pneumonia" cases arose from a fortunate accident. Among the many methods of treatment which were on trial at Aldershot at the height of the influenza epidemic, subcutaneous injections of saline solution were employed, and so far as I could see without any improvement save in one case. In this exception suppuration occurred at the site of injection with superficial sloughing of the tissues and the formation of an abscess, in the pus of which were identified *Staphylococcus aureus* and a streptococcus morphologically resembling the organisms recovered from the heart's blood in some of the fatal cases. This patient recovered from an apparently hopeless condition and the happy accident encouraged us to persevere with subcutaneous or rather intra-mammary injections on the principle that distension of the tissues might lead to similar injury and the same fixation-abscess. No other case, however, responded nor did we obtain any results from the attempt to encourage abscess-formation by such heroic methods as the injection of live cultures of streptococci.

Finally, turpentine injections were employed. Failing to produce suppuration by a single small injection, I gave repeated injections in the way recommended by French writers. In the majority of instances no suppuration occurred; in three cases a large abscess developed, in two with the formation of an enormous slough practically amounting to gangrene. The latter died, and although the unfortunate sufferer made no complaint (for indeed such patients are in a condition beyond the capability of complaining), I could only regretfully conclude that their last hours were rendered more wretched by this additional misery.

It will always be difficult to assess the value of any form of treatment in conditions in which spontaneous recoveries are witnessed in the most unexpected instances. But notwithstanding a want of enthusiasm regarding my own experiences with turpentine, I cannot but applaud any method which aims at converting a septicæmia into a localised focus of infection. The cases of "influenza pneumonia" which developed an empyema had a relatively good prognosis—Nature's own fixation-abscess.

I am, Sir,
Yours etc.,

ADOLPHE ABRAHAM.
24, PARK CRESCENT,
PORTLAND PLACE, W. 1;
October 9th, 1920.

REVIEWS.

A REVIEW AND CRITICISM OF SURGERY.

A TEXT-BOOK BY VARIOUS AUTHORS.

Edited by GEORGE E. GASK, C.M.G., D.S.O., F.R.C.S.(Eng.), and HAROLD W. WILSON, M.S., M.B.(Lond.), F.R.C.S.(Eng.).

In July, 1887, or thereabouts, the first edition of Walsham's *Surgery* was published by Messrs. J. & A. Churchill. In the preface it is remarked that "text-books in general use have with the advance of surgery in recent years grown to such a length . . . that it is quite impossible for the student to master them during the comparatively limited period allotted to dressing in the wards and out-patient room." If this was the case at that time, how much more true is it at the present time! In the fourth edition of Walsham's *Surgery*, published in 1892, the size of the page is 6½ x 4 in., and the thickness of the book is 1½ in. There are 868 pages of text, and 22 pages devoted to the index; there are 335 illustrations, no coloured plates, and, of course, no X-ray photographs. The present volume may be considered as the logical descendant of that book, and "is designed to supplement but not to supplant teaching at the bedside and clinical lectures." It is therefore intended for the use of students among others; and so great have been "the advances in surgery in recent years" that different authors have been chosen to write the individual articles.

In this book the page measures 9½ x 6 in., and it is 2½ in. in thickness; there are 1186 pages of text, and the double-column index occupies 46 pages. Thirty-nine plates, of which 20 are in colour, and 47 black-and-white illustrations make an interesting comparison with those in the earlier work. Even so, "it is not possible at the present time to incorporate the whole of surgery in a single volume." And if in 1887 it was quite impossible for the student to master either the advances in surgery or the text-books, how much more difficult is it at the present time? The writer cannot help being

thankful that he has not now to face the ordeal of examinations in any branch of medicine or surgery, and feels constrained to express a deep sympathy for the students of to-day who have to undergo the trial.

The plan of allocating the different sections of a text-book to separate authors has much to be said in its favour, especially when all the writers belong to the same school. It permits a complete exposition of the teaching of that school to be given. The one disadvantage is that all the sections may not be of equal merit. In this book the general standard is very high, and the great tradition which St. Bartholomew's has always had for the excellence of its surgical teaching is evidently being maintained and carried forward. In the October number of the *Hospital Journal* a general review of this work was published, and with all that is said in that review the present writer wishes to associate himself. He has been asked to review the book from the point of view of a surgeon not connected with the Hospital, and, as a teacher, he has endeavoured to consider it from the student's point of view.

From the latter standpoint the writer would have liked to see some more illustrations. In the article on general surgical pathology there are no illustrations until gangrene is described. Pictures showing the common types of ulceration would have been a valuable addition to this section. Of course one knows ulcers are common enough, but a good illustration well described in the legend beneath it impresses the essential characters of a lesion on the mind as nothing else, except the real thing, does. Moreover, having seen an illustration not infrequently enables a student (or a surgeon) to recognise a lesion when it is seen in life. Incidentally Fig. 96, a picture of senile gangrene, is obviously out of place in the section dealing with aneurysms, where one would have wished to see a typical illustration of a fusiform aneurysm.

A serious omission has been made in leaving out illustrations showing the macroscopic and microscopic differences of a parenchymatous and exophthalmic goitre. At the present time, when so much work is being done on exophthalmic goitre, and operations are so often recommended for the treatment of this disease, it would have been a distinct gain to have had these pictures, for it is more than probable that many cases are operated on and called "exophthalmic goitre" which are not really examples of that disease.

A good illustration should show clearly and boldly what it is intended to illustrate, especially when something comparatively new is under discussion. Fig. 211 is a very pretty picture of the complete apparatus, but there is no other illustration showing the details of fixing Sinclair's footpiece to the sole. Possibly the explanation is to be found in the fact that the author of the article is not very much in favour of using the apparatus.

Several of the photographic reproductions of microscopical sections are far from clear, and might be replaced by better ones.

In several of the sections the writer would have liked to have had more precise details of treatment. Some of the authors have given as much as can be reasonably demanded. The book will be used as a work of reference when student days are over and when the teacher is not at hand to be consulted. Hence practical details should be as full as possible, especially when drugs and such-like remedies are recommended. Rather than giving a long list of remedies which have been employed, it would have been an advantage to know what the author had found most useful, and how he had employed the particular preparation. Again, it is advisable not to use "local names" for remedies, e.g. ung. rosacei. The writer does not know what ointment this is, and possibly there are others like him. He looked up "Martindale and Westcott," and in the 1920 edition could not find it. No mention of chloramine-T and eusol is made as to their value in cleaning septic ulcers, or of the use of the former in operations and other septic affections of the mouth. In the section on septic arthritis the method of treatment by early active movements by means of a cradle and splint suspended by pulleys is not mentioned.

The decision to omit the details of operations which are only performed by surgeons in large hospitals is a wise one. But some operations are frequently done by general practitioners who have small hospitals in their districts. For these a little more guidance would have been useful, and have contributed to the successful issue of the operation. In speaking of the radical cure of inguinal hernia the author rightly says—"the sac has to be dissected up to the internal ring, and care taken not to leave a portion of the sac behind." But he omits to say how the operator is to recognise he has dissected the sac up to the internal ring. The reviewer's students constantly ask him how he knows when he has dissected the sac as high as the ring; and if one asks a student the question he rarely knows the answer, which is, of course, the presence of the deep epigastric vessels on the inner side of the neck of the sack. One has only to

watch the operation being performed to observe how frequently the sac is not ligatured at the internal ring, and it may be ligatured anywhere in the canal! A few more details of the operation for that common affection, appendicitis, might have been added with advantage—e.g. how to deal with the stump. It is true the student in hospital sees this done daily, but when he has left he may forget, and he may want to look up this and similar points.

As a surgeon the reviewer cannot agree with many of the opinions expressed. There are more ways than one of doing an operation; there are and may be differences of opinion when to undertake an operation; then there are the purposes and reasons for which an operation is undertaken, and alternative methods of treatment which have to be considered. It would take a long article to discuss even some of these points. It is sufficient to say that the authors have clearly and concisely set out the treatment they recommend, and results to be expected therefrom.

There are, however, two or three points which call for comment. In discussing the best method of treatment of a loop of gangrenous bowel in strangulated hernia, excision and immediate anastomosis is recommended with the radical operation. It should have been stated that in femoral hernia it is necessary to open the abdomen, and do the anastomosis through the abdominal incision. It is curious that tuberculosis of the cæcum and its simulation of cancer and the treatment by short-circuiting of the ileum into the transverse colon is not mentioned, and yet this affection is not uncommon. In speaking of decompression for cerebral tumours on p. 447, it is stated that in subtemporal decompression "the opening made in the skull is of no large size," but on p. 457, where the details of the operation are described, "the bone is cut away freely until a large opening is made."

The "special department" articles on diseases of the throat, nose and ear, affections of the eye, and some diseases of the female genital system are admirable and sufficient, and serve to show that "special departments" cannot be divorced from general surgery. At the present time there is too great a tendency towards "specialisation," but without a wide general knowledge of surgery "specialisation" is likely to lead to its own undoing.

The criticisms which have been made are the outcome of a fairly close study of the book in the time available, and are set forth in the hope that some of the suggestions may be acted on in the preparation of the next edition. The publication of the review, previously alluded to, prevents the writer from saying all the complimentary things he had intended. To do so now would be mere repetition, and without in any way complaining that he has been deprived of that pleasure, he was left with the rôle of being only a critic.

CUNNINGHAM'S MANUAL OF PRACTICAL ANATOMY. Revised and edited by ARTHUR ROBINSON. Seventh Edition. (Henry Frowde and Hodder & Stoughton.) Vol. I, "Superior and Inferior Extremities." Vol. II, "Thorax and Abdomen." Vol. III, "Head and Neck." Price of each volume 12s. 6d. net.

For the first time this well-known work has been presented in three volumes, the change having been found necessary in view of the increased size caused by the inclusion of much new matter and several new diagrams. The present edition in many respects is the best which has yet appeared; in fact we doubt very much whether a better book on the subject of practical anatomy has ever been written in this or any other language.

We are particularly pleased to see the instructions for dissection printed in a distinctive indented type; to the student this will be a decided help. The added illustrations also are good, and, in view of the importance of X-ray work, the introduction of several new radiographic pictures is a welcome feature.

We have only one criticism to make, and that is the continued use of the B.N.A. terminology. When will writers of modern anatomy realise that this system of nomenclature is doomed? It is all very well to say that the student should be acquainted with both sets of names, but surely he has sufficient to crowd in during his five years' curriculum without having to fill his head with names which, once he has left the dissecting rooms, he will probably never hear again. We know of at least one student who came very near to being "ploughed" in his Final Surgical Anatomy because he was not *au fait* with what we would venture to describe as recognised surgical nomenclature.

Unfortunately there is no better book than *Cunningham's Practical Anatomy*, and, in spite of its adherence to a condemned terminology, it will still remain the standard work in English medical schools.

PUBLIC HEALTH LABORATORY WORK. (CHEMISTRY). By HENRY R. KENWOOD, C.M.G., M.B., F.R.S., D.P.H. Seventh Edition. (H. K. Lewis & Co. Ltd.) Pp. xi + 420. Price 15s. net.

Public Health work is becoming increasingly important and likely to play an even more important part in the life of the community in the near future. More and more recently qualified men are realising the possibilities of this branch of medicine. It goes without saying that a Diploma in Public Health is essential, and that necessitates a searching examination, not the least important part of which is the Chemistry.

The volume under review will do much to help the would-be D.P.H. aspirant. The book has already reached its seventh edition. All the common food-stuffs are discussed from a chemical point of view, prominence being given to adulteration. The chapters devoted to water analysis are extremely well done, as also are the details relating to the analysis of the air and the soil. The concluding chapter on the examination of disinfectants might with advantage contain a note on the modified Rideal-Walker method suggested by the *Lancet* just before the war.

The volume contains some 87 illustrations together with four excellent plates, the latter showing objects found in impure water.

DIAGNOSIS OF BACTERIA AND BLOOD PARASITES. By E. P. MINETT, M.D., D.P.H. Third Edition. (Baillière, Tindall & Cox.) Pp. 94. Price 4s. 6d. net.

In the preface the author of this small volume points out that it is intended merely as a pocket reference book for use in the laboratory. While doubting very much whether it is possible or even advisable to condense important data in this short compass, yet even an attempt to do so should call for accuracy. For example we do not agree with the author's statement regarding the cultivation of the influenza bacillus, and the *B. welchii* is certainly not always a motile organism.

No doubt the book has proved its usefulness and will continue to do so, but the author would be well advised to correct the numerous inaccuracies.

THE DUTIES OF SISTERS IN SMALL HOSPITALS. By FÉLICIE NORTON. (Baillière, Tindall & Cox.) Price 4s. 6d. net.

This small manual sets forth, in an elementary style and with a wealth of detail, the duties and ideals of the various sisters—ward, theatre, home and night—in small hospitals. It appears to be written, as the author herself suggests, for the guidance of those nurses who have been trained in very small institutions, as women from large training schools should not need most of the instructions here set forth; they should have learnt them from the sisters under whom they have worked.

Due stress is laid on the importance of teaching the nurses as thoroughly as possible—a good point to emphasise, as discipline and instruction are both apt to be rather neglected in little hospitals.

THE SYMPATHETIC NERVOUS SYSTEM IN DISEASE. By W. LANGDON BROWN, M.D., F.R.C.P. (Henry Frowde & Hodder & Stoughton, Ltd.) Pp. 161. Price 10s. 6d. net.

This book is based on the Croonian Lectures delivered to the Royal College of Physicians by the author in 1918. It is the first work in which the part played by the sympathetic system in disease has been adequately discussed, for the tendency, in works on medicine at the present day, is to forget the existence of this autonomic system, except in such conditions as Addison's disease and Raynaud's disease.

The first chapter contains a good account of the anatomical distribution of the sympathetic and autonomic systems, unnecessary detail being omitted. Later the physiology of the systems is fully discussed, observed facts being ably correlated with theories, the whole leading to the deduction that the sympathetic system is essentially katabolic in action, and a means by which the reserves of the body are rapidly mustered for defence, whereas the autonomic system is essentially anabolic in action, stimulation of it leading to building up and conservation of reserve energy.

The relation of the sympathetic system to the endocrine glands is discussed at length, and it is shown that the relationship between this system and the adrenals is only slightly closer than the relationship between it and the other endocrine glands. Considerable evidence is brought forward indicating that exophthalmic goitre is a disease primarily of the sympathetic system.

The information on the relationship of the sympathetic system and the endocrine glands to diabetes mellitus is very complete and

interesting, the latest experimental evidence being fully recorded. The author takes the view that in this disease the pancreas is not so much at fault with deficiency of its internal secretion, but that there is an overaction of the sympathetic and the thyroid, pituitary and suprarenals, which are antagonists to the pancreatic internal secretion as regards sugar tolerance. These views are contested by Allen, the success of whose treatment is well known. Allen's experiments are given in detail, and they certainly seem to favour the view upheld by the author. The results as regards Luewi's test and the urinary diastase, which usually give the same results in diabetics as in normal people, also appear to support the author's view.

The part played by the sympathetic system in relation to the reflex dyspepsias is well stated, and an excellent account of the symptoms of each variety is given. Also there is an account of the latest researches on shock. The experimental evidence quoted showing that there is increased viscosity of the blood in the capillaries in shock is interesting in view of the results which have been obtained in the treatment of the condition by intravenous injection of gum acacia. At first sight, in view of the former evidence, this latter appears contra-indicated. It is to be regretted in view of this that the author considers it too far outside the scope of the work to add a few lines regarding this treatment of shock.

Altogether the book shows that able correlation of physiology with medicine which characterises the author's other writings and his clinical instruction.

In spite of its being a work of only about 150 pages it is absolutely full of up-to-date information, and can hence be confidently recommended to those interested in this subject, and especially to those preparing for the higher examinations in medicine.

A TEXT-BOOK OF GYNECOLOGICAL SURGERY. By COMYNS BERKELEY, M.D. (Cantab.), F.R.C.P. (Lond.), M.R.C.S. (Eng.), and VICTOR BONNEY, M.S., M.D., B.Sc. (Lond.), F.R.C.S. (Eng.), M.R.C.P. (Lond.). Second edition. (Cassell & Co., Ltd.) Pp. xii + 829. Price 42s. net.

The first edition of this admirable work first appeared nine years ago, and the present edition has been much delayed by the war. During this time considerable advances have been made in gynecological surgery, and in consequence it has been necessary to make not only great alterations to the text, but numerous additions also. Thus the chapters dealing with plastic surgery of the vagina have been rewritten, and that devoted to myomectomy has been considerably enlarged. A notable addition to the list of operations is that of abdomino-perineal excision of the rectum. The plates illustrating this newly-included operation are exceptionally good; in fact throughout the book the illustrations, numbering in all something over 500, are a feature of the work.

We are glad to see a section of the book devoted to a description of the mechanism by which the genital canal is normally supported; such details will be most valuable to the student of gynecology.

The book is to be thoroughly recommended, and is well worth the rather high price asked for it.

AN INDEX OF SYMPTOMS, WITH DIAGNOSTIC METHODS. By RALPH WINNINGTON LETTICH, M.D. Seventh edition. (John Murray.) Pp. xii + 595. Price 15s. net.

The present edition has been revised by Dr. Warner Collins, owing to the untimely death of the author. That the book has reached its seventh edition is evidence of its popularity. The major part of the volume is devoted to the chief symptoms and signs, and under each group is a very complete list of diseases in which they are commonly found. Unfortunately many of the diseases mentioned are never met with in this country, although in all fairness it should be stated that under each group the most likely diseases are clearly marked.

The book is certainly up to date, including as it does many subjects of importance arising from the war.

Altogether the volume must be regarded as being of distinct value. It is unique in its way, and while possessing many faults, will probably prove distinctly useful to the busy practitioner.

CHANGES OF ADDRESS.

ADAMS, G. BASIL D., Y.M.C.A. Farm Colony, Kinson, near Bournemouth.

BELL, J. A., Ware, Herts.

BOSWELL, A. (retired), 16, Edwardes Square, Kensington, W.

BURKE, G. T., Major I.M.S. (on leave), c/o Messrs. Grindlay & Co., 54, Parliament Street, S.W. 1.

BURSTAL, E., 40, Lansdowne Road, Bournemouth.

FRASEK, F. R., 153, Nevern Place, Earl's Court, S.W. 5. (Tel. Western 6645.)

HARDY, W. E., Col. R.A.M.C., 30, Addison Mansions, Blythe Road, Kensington, W. 14.

MYERS, B., Lieut.-Col. N.Z.E.F., 93, Harley Street, W. 1. (Tel. Mayfair 2607.)

PENTREATH, H. M., M.C., Capt. R.A.M.C., T.F., c/o The D.M.S. Army of the Black Sea, Constantinople.

SKEGGS, B. L., Fore Street, Kingsbridge, S. Devon. (Tel. Kingsbridge 20.)

TROWER, G., Hospital for Sick Children, Great Ormond Street, W.C. 1.

WOOD, J. FORRESTER, Beaver Grove, Bettws-y-Coed, N. Wales.

APPOINTMENTS.

ADAMS, G. BASIL D., M.D., D.P.H. (Oxon.), appointed Medical Officer in Charge, Y.M.C.A. Farm Colony, Kinson, near Bournemouth.

HEWER, C. LANGTON, M.B., B.S. (Lond.), appointed Anaesthetist to the Queen's Hospital for Children, Bath Green.

TROWER, G. S., M.R.C.S., L.R.C.P., appointed House Physician, Hospital for Sick Children, Great Ormond Street, W.C. 1.

BIRTHS.

ADAMS.—On August 31st, at Penang, Straits Settlement, the wife of Dr. Wilmot Adams, F.R.C.S., of a son.

BATTEN.—On September 29th, at 47, Ladbroke Square, W., to Ellen Mary, wife of Lindsey W. Batten, M.R.C.S.—a son.

FEILING.—On October 6th, at 30, Norfolk Square, W. 2, the wife of Anthony Feiling, M.D., M.R.C.P., of a son.

NICHOLSON.—On October 10th, at Nursted, Wokingham, the wife of C. John Nicholson, M.R.C.S., L.R.C.P.—a daughter.

TOSSWILL.—On October 11th, at Pinner, to Mabel, the wife of Major L. R. Tosswill, O.B.E.—a son.

MARRIAGES.

BOTT—ISMAY.—On October 6th, at the Church of St. Bartholomew the Great, Smithfield, by the Rev. W. F. G. Sandwith, Rector, Col. Henry Bott, V.D., of Brentford, to Eva Mary Ismay, eldest daughter of the late Matthew P. Ismay, of Newcastle-on-Tyne.

DOBELL—RUTHERFORD.—On October 13th, at the Church of the Good Shepherd, Edinburgh, by the Rev. J. H. Watt, Clarence Brian Dobell, M.D., son of the late C. M. Dobell and Mrs. Dobell, The Grove, Charlton Kings, to Mina Emily, younger daughter of Henry Rutherford, Fairington, Roxburgh, N.B.

DEATHS.

CLARK.—On October 19th, 1920, at 59, Norton Road, Hove, of acute pneumonia, Arthur Desborough Clark, M.R.C.S., L.R.C.P., aged 53.

FARRINGTON.—On October 15th, 1920, at Gorleston-on-Sea, Anthony Charles Farrington, M.R.C.S., youngest son of the late Sir Henry Anthony Farrington, Bart.

FURNER.—On October 19th, 1920, at 13, Brunswick Square, Hove, after a long illness, Willoughby Furner, O.B.E., M.D., F.R.C.S., aged 72.

NIELSEN.—On September 26th, 1920, at Taroom, Queensland, Dr. Fred W. Nielsen, youngest son of the late Christian Nielsen, J.P., of Hartlepool, aged 60.

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 7s. 6d., 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 City 510.

St. Bartholomew's Hospital



JOURNAL.

"Æquum memento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

VOL. XXVIII.—No. 3.]

DECEMBER 1ST, 1920.

[PRICE NINEPENCE.]

CALENDAR.

Tues., Nov. 30.	—Dr. Fraser (acting) and Mr. Gask on duty.
Wed., Dec. 1.	—Clinical Lecture (Surgery), Sir Gordon Watson.
Fri., " 3.	—Dr. Tooth and Mr. Waring on duty. Clinical Lecture, Dr. Hartley.
Tues., " 7.	—Dr. Morley Fletcher and Mr. McAdam Eccles on duty.
Fri., " 10.	—Dr. Drysdale and Mr. Rawling on duty. Clinical Lecture, Dr. Hartley.
Tues., " 14.	—Dr. Hartley and Sir C. Gordon Watson on duty.
Fri., " 17.	—Dr. Fraser and Mr. Gask on duty.
Tues., " 21.	—Dr. Tooth and Mr. Waring on duty.
Fri., " 24.	—Dr. Morley Fletcher and Mr. McAdam Eccles on duty.
Tues., " 28.	—Dr. Drysdale and Mr. Rawling on duty.

EDITORIAL.

ON November 11th we observed the Great Silence. In the wards, in the Out-Patient Departments, throughout the whole Hospital there was a hush of remembrance and of reverence.

Many were the thoughts which held us during those two minutes. The beginning of the war, the sudden disappearance from the Hospital of familiar faces, the first fine enthusiasm to be up and doing, the reduction of the Hospital Staff to a minimum, the iksome question of the relative value to the country of going or of staying, then active service with its freedom and thrills and boredom, and more specially the memory of those good fellows with whom we had worked and played, and whom we shall not see again—these, perhaps, were some of the thoughts which held us.

One hundred and eleven men from St. Bartholomew's fell in the war. We think of them with love and gratitude. Their example remains. The things they died for we must live for, or our gratitude remains mere sentiment, and their sacrifice loses in its utmost value. The "better England" of the politicians must for us begin at Bart's in

greater keenness, greater efficiency, greater care in every piece of work or play attempted in the name of the Hospital.

We call particular attention to the letter appearing on page 36, dealing with the proposed memorial to Bart's men who fell in the war. This is a matter concerning which many of our readers will hold very definite opinions. It is most desirable that old Bart's men and students should write to the JOURNAL expressing their views as to the form the memorial should take.

We greatly regret to announce the retirement from the Hospital Staff of Dr. James Calvert.

Dr. Calvert has for many years held an unique position at Bart's. The dry humour of his teaching and the willingness which he has always shown to participate in the social life of the Hospital will cause him to be greatly missed. On the occasion of his final afternoon clinic his car was drawn by students from King Henry VIII's Gate round the Square to the wards; nor would they be satisfied till he had addressed a few remarks to them, saying how deeply he himself regretted the necessity for his retirement.

Owing to stress of work Dr. Calvert leaves us slightly earlier than do most of the Senior Staff. We wish him great happiness in the years of active work that remain.

At a Congregation held at Cambridge on October 29th, Mr. L. Bathe Rawling was appointed an Examiner of the University in Surgery for the current academical year.

We congratulate Dr. Horton-Smith Hartley upon becoming a Physician to the Hospital, Mr. R. M. Vick upon his election as an Assistant Surgeon, and Mr. A. C. Roxburgh upon his appointment as Assistant Medical Officer to the Venereal Department.

On Friday, October 29th, 1920, the first Surgical "At Home" since the war was held at St. Bartholomew's

Hospital. About forty surgeons from the staffs of other London hospitals attended the "At Home," which proved to be a great success.

After the performance of the operations in the various theatres, tea was taken in the Great Hall. A display was made of the surgical specimens of the year, taken from the Museum.

* * *

Dr. Waldo, Coroner to the City of London and the Boro' of Southwark and an old Bart.'s man (whom we have to congratulate upon his election as Master of the Plumbers' Company), sends some interesting notes with regard to the inadequacy of fees allowed by statute to medical men in coroners' courts. It is a well-known fact that a fee of two guineas is allowed to a resident for making a post-mortem examination and giving evidence on a "B.I.D." but that he gets nothing if the patient dies after passing the doors of the hospital. Such a case as this Dr. Waldo stigmatised at a recent inquest as "unjust and most unfair."

As long ago as 1908 Dr. Waldo, in giving evidence before a Departmental Committee of the Home Office, suggested that all fully qualified medical men ought to be paid a fee of two guineas for an autopsy and one guinea for giving evidence. The Committee recommended this in their report published in 1910. The Coroners' Society of England and Wales drafted a Coroners' Bill agreeing with the report, and the Home Office had a Coroners' Bill drafted and read on similar lines. The Government, however, could find no time to bring in the Bill.

This is an injustice which should become widely known, and which must be constantly ventilated in the medical press. Dr. Waldo suggests that house-men and others should approach their M.P.s. on the subject. We hope that when his present anxieties with regard to the Ministry of Health Bill are over, Dr. Addison may find time to promote legislation on the subject.

* * *

We earnestly hope that those students who have not yet done so may find time to read Sir Frederick Andrewes Harveian Oration on the "Birth and Growth of Science in Medicine," which was reported in full in the *British Medical Journal* for October 23rd. Unfortunately there are not many universities in Great Britain with a Chair of Historical Medicine, and knowledge of the past is not sufficiently presented to students. Prof. Andrewes' oration was delivered in vivid and telling English and makes delightful reading.

* * *

Considerable changes have recently been made in the appointments which junior students must hold. A dresser or clerk now commences his clinical work with three months in the Casualty Department, during which time he attends a preliminary series of lectures. Afterwards he does three months in the wards, and finally, if he wishes to hold a

resident appointment, he must, except in special cases, be for a further three months a dresser or clerk to a professional unit.

We believe that to begin clinical life with three months in the Casualty Department is wholly good. During this period the student will have an opportunity of learning the rudiments of diagnosis and treatment, and when he reaches the wards he will be able to do more justice to his cases and to himself. How impossible it has seemed in the past to be required to make, without any previous experience, ward notes, often of difficult conditions, and to be told that these notes "form the only records of the cases."

* * *

The Annual Dance was held on November 19th and was a great success. We congratulate all the ladies and gentlemen who by their efforts organised the function so admirably.

* * *

The debate upon "the right to strike" showed very clearly that no organised strike of medical men is likely to succeed in this country. Mr. Vick's opening speech was upon a very high plane, which was well maintained throughout the evening. An exceedingly large number of members was present. We believe we are correct in saying that nearly all the great London newspapers desired to send representatives to the debate, which was, however, unreported.

An interesting point was the dictum of the Chairman (Mr. Waring), who said that a doctor was not legally compelled to attend any patient, and if he refused to do so the General Medical Council would take no action against him.

* * *

Under the leadership of a captain who is trusted by his team, and with the help of a secretary not only energetic but business-like, the Rugby Football Team is having a good season. Those who were on the touch-line when the Hospital defeated the University at Cambridge will not easily forget the game.

The Annual Dinner is to be held on March 23rd at Oddenino's Restaurant, with Sir Anthony Bowlby in the Chair. We know that all the young blood in the Hospital will be there, and we hope that this notice will cause many older friends of the Club to take down their 1921 diaries, saying (to alter slightly a famous Bart.'s phrase), "I'm old, I'm presbyopic, I've got one foot in the grave, but dash it, I'll go to the Rugby Dinner."

* * *

The Chinese Government has bestowed the Order of Chia Ho (fifth class) upon Mr. C. J. Davenport, F.R.C.S., of the London Missionary Society. Mr. Davenport receives the Chia Ho for pioneer work in Chungking and Wuchang, and for his work since 1904 as chief of the Shantung Road Hospital, the oldest British hospital in China.

We congratulate Matron-in-Chief Anne Readsmore Smith, C.B.E., R.R.C., Q.A.I.M.N.S., who has been made a Chevalier of the Legion d'Honneur.

* * *

Sir Walter Fletcher has been recommended by the President and Council of the Royal Society for election to the Council.

* * *

We deeply regret to announce the death of Lieut.-Col. T. H. Foulkes, C.I.E., F.R.C.S., I.M.S.

Col. Foulkes entered the Indian Medical Service in 1893, and in 1899 became District Medical and Sanitary Officer, Madras. During the war he reverted to military employment. He was attached to the Kobat Brigade, and on November 15th was shot dead in his bungalow by a number of tribesmen. His wife, who was badly wounded, was dragged some way by the tribesmen, but subsequently released.

Our deepest sympathy goes out to the relatives and friends of Col. Foulkes in their distress.

* * *

On October 19th the death occurred at Hove of Dr. Willoughby Furner, M.D. (Durh.), F.R.C.S. (Eng.), aged 72. Whilst at Bart.'s Dr. Furner won the Foster and Treasurer's Prizes, and later was Demonstrator of Anatomy and Operative Surgery at the Hospital.

Dr. Furner had won the esteem and respect of his colleagues in Brighton and Hove and the love of the whole district. We give our respectful sympathy to those he leaves behind.

* * *

Many of our readers will be interested to know that Mr. P. J. Hartog, the late Academic Registrar of the University of London, has recently left this country to take up his appointment as the first Vice-Chancellor of the University of Dacca. Whilst he was connected with the University of London Mr. Hartog earned the thanks of many students for his unfailing help and courtesy in matters of difficulty. We wish him a very successful time in his new work.

* * *

As we go to press there are increasing signs that the Spirit of Christmas is abroad. Already the observant student, if he enters the ward at an unusual time, may find himself in the middle of a factory for the manufacture of paper decorations, with managing directress the sister of the ward. Already colour schemes are being discussed and elaborated. Already conspiracies are afoot between house-men and sisters for the Retention of Suitable Children over Christmas. Already also the Dramatic Club is preparing a show of surpassing excellence.

Christmas in the Hospital is always pleasant, for at this season the authorities turn a benevolent eye upon many irregularities which could not be tolerated during the working

routine of the year. Each member of the staff combines to give the patients a really delightful time. Dickensian readers will remember the exclamations of Maggie in *Little Dorrit*:

"What a nice hospital! So comfortable, wasn't it? Oh, so nice it was, such a 'ev'nly place!"
"Such beds there is there! Such lemonades! Such oranges! Such d'licious broth and wine! Such chicking! Oh, AIN'T it a delightful place to go and stop at!"

Such must be the feelings of many of the children who spend Christmas at St. Bartholomew's.

We hope that all students who are in the wards will do their best to help with the festivities. Much fetching and carrying is necessary, there is plenty of work to be done, presents of holly and mistletoe, and small financial gifts (usually arranged by the house-men) towards expenses, are acceptable.

We wish to every reader a very happy Christmas.

ABERNETHIAN SOCIETY.

THE opening Sessional Address was delivered by Sir StClair Thomson before the Society on October 28th at 8.30. The lecture was entitled "Reminiscences of Lord Lister, by one of his House-Surgeons," and was illustrated by numerous excellent lantern-slides. A full report of the address will appear in an early issue of the JOURNAL.

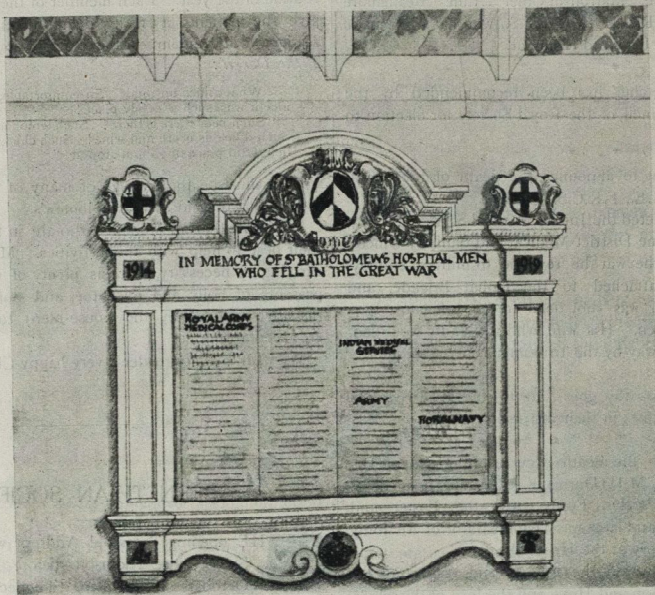
The following is an extract of a letter received by the Secretaries from Dr. Macphail in connection with Sir StClair Thomson's address on Lord Lister:

"... a fine summer's evening long ago dwells among the proudest memories of my student life, when, at the end of the last address he ever gave, the horses were taken out of Lister's carriage and I was lifted into the dickey to drive a cheering, singing team of some six hundred lusty medicos down from the classic slopes of the University, through the crowded streets of Glasgow, till at length, so long and circuitous was the way, I felt my coat-tails pulled from within, and a faint, still amused whisper came up to me from the depths, 'I say, can't you get them to take me home?'"

On November 4th and 18th Clinical Evenings were held in the Abernethian Room, at 5.30 p.m. The attendance at each averaged fifty members. This increase completely justifies the alteration in the time of the meeting.

Fifteen new members have been admitted to the Society. The Society meets on alternate Thursdays throughout the session.

L. M. BILLINGHAM } Hon. Secs.
C. S. PRANCE }



MEMORIAL TO BART.'S MEN WHO HAVE LOST THEIR LIVES DURING THE WAR.

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

DEAR SIR,—For some time past a Committee formed from the Governors of the Hospital, the School Committee, and the Students' Union have been considering the question of putting up some form of memorial to those Bart.'s men who lost their lives during the war.

It was hoped in the first instance that it might be possible to collect a large enough sum of money to put up a building, possibly a new college, to their memory; after going into the matter, however, it was not thought likely that a sufficient sum of money would be subscribed to carry out this object. The Committee has directed its attention, therefore, to putting up a memorial tablet in the Hospital with the names of all those who lost their lives engraved upon it.

I shall be glad if you will place this letter with the enclosed sketch in the JOURNAL. The sketch is intended to illustrate a suggestion that has been put forward. The tablet itself is made of slate, which is the most durable

material, into which the names could be carved; the surrounding is made of Portland stone, around which the armorial bearings of the Hospital, the Navy and the Army would be placed. Possible sites have been suggested for this, amongst others the outside of the west window of the Chapel, so facing the roadway that it could be seen by all those who enter by the main entrance of the Hospital. The cost of putting up such a tablet would be between £300 and £400.

The Committee is by no means in agreement with this suggestion. In the first place the form of the memorial is not universally accepted; secondly, it is not agreed as to whether a tablet should be placed in an outside position such as that suggested, or whether it would be more appropriate to have a similar tablet carved in wood or bronze placed in some interior position. The Committee is in agreement, however, that it should be placed in some position where it would be frequently seen and to obtain a view of which there would be no difficulty.

It is desirable that the opinion of as many people as possible, both as to the form and site of the memorial, should be obtained, and this is my reason for asking you to insert this letter in the JOURNAL, in the hope that old Bart.'s men and any others who may be interested may communicate and make suggestions through your columns.

I shall be glad, therefore, if you will have this letter published at the earliest opportunity.

Yours faithfully,

W. GIRLING BALL,

Hon. Sec. to St. Bartholomew's
Memorial Committee.

77, WIMPOLE STREET,
LONDON, W. 1;

November 2nd, 1920.

FRAGILITY OF THE RED BLOOD-CORPUSCLES.

By HUGH THURSFIELD, M.D., F.R.C.P.

THE fact that the red blood-corpuscles of man give up their hæmoglobin when immersed in solutions of common salt below a certain degree of percentage strength has long been known, but it is only at the beginning of the present century that the investigations of Chauffard, Widal, Abrami and others showed that there is a type of disease in which the corpuscles are more than normally fragile—that is, they give up their hæmoglobin in salt solutions of a higher degree of concentration than those of a normal man. Since their observations were published a large amount of work has been done in this subject, but for the most part it has been carried out by methods too elaborate for the use of the clinician at the bedside. For this purpose a method should require the simplest possible apparatus, be capable of use at the bedside, and be readily interpreted—that is, there should be no room for difference of opinion as to the reading of the results. The method which I have used seems to me to fulfil these conditions.

The accurate researches of Widal and Abrami have shown that the corpuscles of a normal man lose their hæmoglobin, *i.e.* undergo hæmolysis, in a salt solution of '47 per cent., retaining it in solutions of a higher strength, and of course losing it at any lower figure. I have therefore used a scale commencing at '3 per cent., and progressing by intervals of '05 per cent. Smaller spacing is not, it appears to me, necessary, and is also technically difficult and demands more time in preparation.

Using this scale, I have found from a large number of observations on myself and other normal individuals, that the corpuscles hæmolyse with the utmost regularity in '45 per cent., and are quite unaffected in a solution of '5 per cent., that is, in reading the scale the supernatant fluid is definitely tinged with hæmoglobin in '45 per cent. solution, but quite clear in '5 per cent. Stronger solutions are all clear; weaker are all tinged. There is a further point. At '45 per cent. hæmolysis is incomplete—that is, at the time of reading there are still intact corpuscles at the bottom of the tube; in '4 per cent. this is also the case, but the number intact

is much smaller; in '35 per cent. and below hæmolysis is complete. Hence, if we take + + + as the sign of complete hæmolysis, + + as the sign of partial hæmolysis, and + as the sign of commencing hæmolysis, the formula in the scale of a normal individual will read as follows:

'3 per cent., + + +
'35 per cent., + + +
'4 per cent., + +
'45 per cent., +
'5 per cent., 0, etc.

This formula does not vary in normal individuals, nor does it make any difference whether the corpuscles are washed or unwashed. If we find in disease that there is a difference in the formula, the corpuscles are said to be duly or unduly resistant.

In carrying out the test I use a double row of small test-tubes, each containing 2 c.cm. of the required solution, one row being used for the patient, the other for the control. The blood is taken from the finger or the ear, from a needle-prick, and in order that the same amount may be added to each tube a mark is made with a blue pencil on the pipette at the top of the column of the first drop and each succeeding drop is drawn to this mark.

It may be said at once that there is only one disease in which the corpuscles are almost invariably unduly fragile—acholuric jaundice, whether congenital or acquired. Almost invariably, because I have once met with an undoubted case of the disease in which on one occasion the corpuscles behaved normally, although on two other occasions they were unduly fragile. In acholuric jaundice the scale may read, for example, as follows:

'3 per cent., + + +
'35 per cent., + + +
'4 per cent., + + +
'45 per cent., + + +
'5 per cent., + + +
'55 per cent., + +
'6 per cent., + +
'65 per cent., +
'7 per cent., +
'75 per cent., 0.

I have once known hæmolysis to take place in a '3 per cent. solution, but the majority fall within the limits of the scale above. I have examined sixteen cases of acholuric jaundice, and with the single exception mentioned above there was never the least doubt of the undue fragility. Also in most of these the reading was the same whether the corpuscles were previously washed or not.

Other diseases in which I have found undue fragility are only two: once in streptococcal pyæmia, and twice in *V. Jaksch's* anæmia pseudo-leukæmia infantum. On all three occasions slight hæmolysis occurred in '5 per cent. solution but not in the stronger solutions, thus giving a very different formula from that of the jaundice cases.

In the other direction, of increased resistance to hæmolysis, deviation from the normal formula is not infrequent. It is the rule in cases of obstructive jaundice, especially where the obstruction is due to a malignant growth of the pylorus or pancreas or liver; it is met with in nearly all cases of splenic anæmia, and in all cases where for any reason the spleen has been removed. Thus in a case of moveable spleen the formula before operation and after operation read as follows:

Before operation.	After operation.
'3 per cent. + + +	'3 per cent. + + +
'35 per cent. + +	'35 per cent. + +
'4 per cent. + +	'4 per cent. +
'45 per cent. +	'45 per cent. 0

In the first reading there is a slight deviation towards increased resistance, more marked in the second, which was taken ten days after splenectomy. The same tendency is observed after splenectomy for trauma.

In splenic anæmia the fragility is either normal or the resistance is increased; undue fragility is never found. It is possible that here is the greatest clinical value of the test, for it is probable that in the past not a few cases of acholuric jaundice have been diagnosed as splenic anæmia, and in this simple procedure there is a certain means of differentiation. Among the diseases in which the formula is normal are several in which there is evidence of hæmolysis. I have examined three cases of paroxysmal hæmoglobinuria, both in the attacks and at times when the hæmoglobinuria was in abeyance, and have not found any undue fragility. In cases of pernicious anæmia there is usually some slight degree of increased resistance, never of undue fragility. In the melæna of the newborn as also in the more common jaundice of the newborn there is no undue fragility, and in the one instance where I have had the opportunity of making an examination in the peculiar fatal jaundice of babies of the family type, where baby after baby is born deeply jaundiced and usually dies after a few days, there was no abnormality.

Other diseases which I have examined in this respect are acute nephritis, gastric ulcer, colitis; several of the infective diseases, *e. g.* pneumonia and rheumatic fever; various types of anæmia, chlorosis, secondary anæmias, leukæmia of both varieties, purpura, and hæmophilia; congenital syphilis; pulmonary tuberculosis in an advanced stage; and eclampsia of pregnancy. In all these the resistance of the corpuscles is normal.

To return to the undue fragility of acholuric jaundice, I have found that in the cases where the spleen has been removed as a therapeutic measure the fragility of the corpuscles after an interval returns to normal, or even that the resistance is definitely increased, and that even after the lapse of several years there is no return of the undue fragility. It is, however, stated that this is not always the

case. In one instance the undue fragility persisted after splenectomy and was found still present three years later.

As to the cause of the undue fragility I am not able to offer any explanation. I have convinced myself by various experiments that it resides in the corpuscles themselves and not in the serum, and it is, I think, clear that it is intimately connected with one of the functions of the spleen, but no hypothesis which I have been able to frame appears to me to be in the least consonant with the facts. At present we must be content that we have in this simple method a means of diagnosing with certainty the existence of a peculiar type of jaundice, which apparently is permanently relieved by splenectomy.

CONCERNING ARSENIC AND ARSENICAL WEED-KILLERS.

By W. H. HURTLER, D.Sc.(Lond.).

THE recent trial of a Welsh solicitor on the charge of poisoning his wife with a compound of arsenic has aroused at least as much interest in arsenical poisoning as any previous case of this kind. Questions such as these are being asked: How are such minute quantities of arsenic as were found in this case detected? Are minute traces of arsenic normally present in the body? If the arsenic which was found in the body in this case was not administered by anyone how did it come there? In answer to the first of these questions it may be said that the Marsh-Berzelius method is the one almost invariably used. The first-year medical student is made acquainted with this test. He prepares hydrogen by the action of diluted sulphuric or diluted hydrochloric acid upon zinc, dries the hydrogen by passing it over some pieces of calcium chloride, then passes it through a piece of glass tubing which has been narrowed at two places and drawn out to a jet, and is of such sort as will withstand a high temperature without melting. When our student is sure that all air has been expelled from his apparatus, he will light the escaping hydrogen at the jet, and heat the tube in front of the second constriction; then he will bring the solution he wishes to test into his hydrogen generator, and, if it contains arsenic in the form of any of its usual soluble compounds, he will obtain a characteristic shining, brown or black "mirror." The test is one of extreme delicacy, for by means of it a quantity of arsenic as small as $\frac{1}{1000000}$ mgrm. can be detected, so that if this quantity of arsenic were obtained from a solution which had been prepared from 10 gm. of the material under examination this would mean the detection of 1 part of arsenic in 10,000,000 parts of the material.

As just described, the Marsh-Berzelius test presents no

difficulty; but the difficulties encountered in applying the test in toxicological work are very great, and they can only be hinted at here. It is clear that in applying a test of such delicacy the most minute care must be exercised in the preparation of every reagent that the analyst uses; the zinc must be absolutely free from arsenic, every acid, alkali, and salt that is to be used must be carefully freed from all trace of arsenic, and it is the analyst's first duty to test every reagent he has to use and also his apparatus for the presence of arsenic in them by a series of "blank" experiments. A curious difficulty is met with in the case of the zinc: it may be free from arsenic, but it may not be "active"—that is, it may yield only a part and not the whole of the arsenic in the substance under examination. Let us assume that chemicals and apparatus are now beyond suspicion; the test cannot yet be made on any fluid, organ, or tissue from a body. The organic matter contained in these things would inhibit the reaction as a rule completely. Several methods are available for the destruction of organic matter, and all are tedious, for every care must be taken to prevent the loss of any trace of arsenic in the prolonged treatment with reagents at a high temperature. A typical process of this kind in outline would be to weigh the whole organ under examination, reduce it to a fine pulp, take a known fraction of this, and having made it alkaline, to char it. The properly charred mass may then be transferred to a suitable apparatus and distilled with sulphuric acid and salt, when a liquid would be obtained suitable for the Marsh-Berzelius test. When the analyst has obtained his "mirror" he has still to compare it with a series of "standard mirrors," which he has prepared under exactly similar conditions of working from solutions containing accurately known amounts of arsenic. In this way he can estimate the arsenic in the given organ, and in any other organ or tissue it is advisable to examine, and so he can compare the amount in the whole body. Some idea of the time consumed in these operations may be gathered from the fact that the final stage, namely, preparing a "mirror," requires about two hours after introducing the material into the hydrogen generator.

The question whether arsenic is a normal constituent of the body is one that has long been debated. A commission appointed by the Academy of Sciences of Paris (Boussingault, Dumas, Regnault and Thénard) reported in 1841 that it was not a normal constituent of the body. Many researches have been carried out on this subject since that date, and it must be said that the evidence is contradictory. A. Gautier estimates that the body of an adult of average weight contains 0.36 mgrm. of arsenic. When it is considered that many manufactured foods are liable to contain very small traces of arsenic Gautier's result is not surprising. The Report of the Royal Commission on Arsenical Poisoning appointed in 1901 showed that an amazing number of substances used as foods, or in the preparation of foods, were liable to contain quite considerable quantities

of arsenic. Glucose, "invert" sugar, glycerine, colouring matters, caramel, boric acid and borates, phosphoric, tartaric and citric acids, malt, beer, vinegar, golden syrup, Demerara sugar and chicory were found to be frequently and often dangerously contaminated with arsenic. This arsenic was derived from two main sources, namely, sulphuric acid, which is used directly or indirectly in the preparation of many of these things, and coal or coke, the fumes from which are brought in contact with malt and chicory in some processes of preparing these articles. As a direct and immediate result of the labours of the Commission an enormous improvement was made, and has been maintained up to the present time in the manufacture of all the products mentioned above. But it is too much to hope that all these things are now absolutely free from arsenic. Therefore we may say that arsenic is in all probability not a normal constituent of the human body, but that a trace of arsenic such as Gautier found is a customary constituent of the human body.

Let us now consider the quarter of a grain (32.4 mgrm.) of arsenic found in the whole of Mrs. Greenwood's body. The fluid which Greenwood caused to be sprayed on his garden paths as a weed-killer was a solution of sodium arsenite in water. Such a solution is prepared by dissolving arsenious oxide (also called white arsenic, arsenious acid, sometimes simply arsenic, poudre de succession, Altsitzerpulver—we have not a name for it in English to rival the two last) in a solution of caustic soda, and it is a more effectual poison than the arsenious oxide from which it was made, for the oxide is only soluble to the extent of about 1 part in 100 parts of water, or perhaps rather more than this in the warm and acid gastric juice. Suppose that a fairly strong solution of sodium arsenite has been sprayed on an ordinary gravel path. Much of it will be quickly absorbed by the gravel, but certainly a part of it will remain, wetting the gravel. On a warm day with a dry atmosphere the part wetting the gravel will dry and leave solid sodium arsenite as a fine powder on the gravel. Such a powder must inevitably be blown about by the wind. If now the orchard paths have been well sprayed, the evaporated sodium arsenite will be blown about there, and some of it will certainly be caught and held by rough surfaces, particularly by such surfaces near the ground level—for example, by the gooseberries on a gooseberry bush. Beside this, if a fluid is sprayed vigorously the spray is carried by wind for long distances. It does not require the sea to be very rough for a person walking near it to taste the sea-salt on his lips. Thus it is quite possible, and even likely, that a part if not all of the arsenic found in Mrs. Greenwood's body came from the orchard. It is not advisable to spray an arsenical weed-killer on an orchard path.

THE OATH OF HIPPOCRATES.

By J. B. HUME, M.B., B.S.(Lond.), F.R.C.S.

THE OATH.

"I swear by Apollo the Healer and by Esculapius, and all the gods and goddesses that according to my ability and judgment, I will keep this oath.

"I will follow that method of treatment which, according to my ability and judgment I consider for the benefit of my patients, and will keep away from all hurt and wrong doing. I will give no deadly medicine to anyone if asked, nor suggest any such counsel; furthermore I will not give to a woman an instrument to procure abortion.

"With purity and with holiness I will pass my life and follow my art.

"Whatever in connection with my professional practice I may see or hear in the lives of men which ought not to be published abroad I will not divulge, as reckoning that all such should be kept secret.

"And as I fulfil this oath and break it not, may the full enjoyment of my life and art be granted me, held in honour among all men to the end of time."



WHEN the student enters the profession of medicine to-day he probably knows little of the ancient code that still forms the basis of medical ethics. His qualification, and licence to practise the art, is unattended by any more inspiring event than the parade before the Court of Examiners, or the platitudes of the Vice-Chancellor. Yet, in that transition from student to practitioner, he pledges himself to obey certain written and unwritten laws governing the practice of medicine; and however lightly he may regard it, the demand is of ideals as high as those of Hippocrates.

The oath dates from about 500 B.C.; it was generally accepted in the Grecian schools of that period, and probably more widely later as the art was spread by his disciples.

It may be stated that the disciples were bound to impart their knowledge to their sons and disciples, without fee. Another stipulation was to the effect that "cutting for stone" was not to be performed by recipients of the oath. It is curious that lithotomy was confined to a special group of men, and was not regarded as a branch of general surgery.

A few personal notes on Hippocrates may be added. He is rightly regarded as the "Father of Medicine," for he laid the foundations of the art, rescuing it from what was then the equivalent of witch-doctoring. He laid great stress on observation; an example may be cited in the description he gives of the facies in acute general peritonitis, known to-day as the Hippocratic facies.

His writings were wide, and include works on fractures

and dislocations, probably common occurrences in the "Games"; on fistulae, ulcers and hæmorrhoids. He used the sound for exploring the bladder, and the speculum for examination of the rectum, and in operations for piles and fistulae. He was familiar with many medical conditions, including apoplexy, epilepsy, and gout, and practised percussion and direct auscultation in examining the chest.

In the book entitled *The Law*, he writes: "Whoever is to acquire a competent knowledge of medicine ought to be possessed of the following advantages: A natural disposition; instruction; a favourable position for the study; early tuition; love of labour; leisure." On the practitioner he comments that "timidity betrays a want of powers, and audacity a want of skill"; and that "the best physician is the one who is able to establish a prognosis."

Although the ideal set forth in the Oath of Hippocrates is generally observed in this country, it would not be out of place to adapt it to modern ideas, so that it might again become part of the ceremony of medical graduation.

TWO UNUSUAL CASES OF FOREIGN BODIES EXTRACTED BY OPERATION.

By T. F. ZEROLO, B.A., M.R.C.S., L.R.C.P.



HAVE to thank Mr. W. McAdam Eccles and Mr. W. Girling Ball for permission to publish the following cases of removal of uncommon foreign bodies by operation.

E. D.—, a healthy-looking man, æt. 44, came to the Hospital on the morning of October 2nd, and stated that whilst cleaning the back of his tongue that morning he had accidentally swallowed his tooth-brush. He had suffered no discomfort whatever. A skiagram was taken and the brush was seen to be lying in the stomach.

A laparotomy was performed the same day, and by gastrotomy the brush, measuring $6\frac{1}{2}$ in. in length, was extracted. It was found to be on its way to the duodenum, partly through the pylorus.

The patient made a quick recovery and promised to be more careful in future.

The second case is that of a girl, æt. 16, who was sent up by her doctor on October 15th, alleged to be suffering from some disorder of the kidneys which did not respond to his treatment. The main points in the history are as follows: Great increased frequency of micturition for eight months; pain in the hypogastrium, especially after micturition, and recently in both groins. She had noticed the urine to have a foul smell and contain a thick white deposit lately.

On a cystoscopic examination, and to the great surprise of everybody present, a clinical thermometer was plainly seen in the bladder. A supra-pubic cystotomy followed, and the

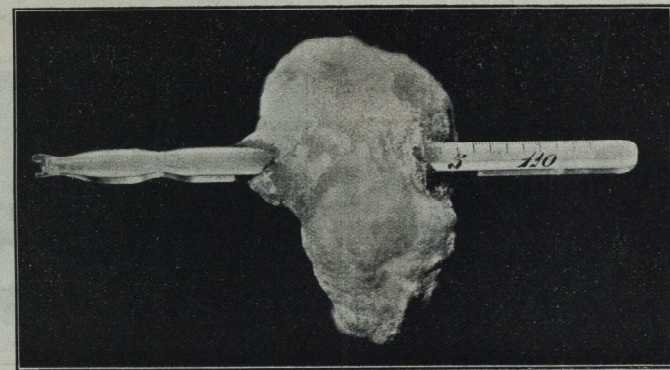
thermometer was found to be lying transversely across the bladder with a large phosphatic calculus surrounding its middle, one end of the glass being imbedded immediately above and in front of the right ureteric orifice and the other below and in front of the left orifice. After removal it was found that the bulb was broken off, but no signs of it could be seen in the bladder.

The patient was repeatedly questioned with great tact and diplomacy by the sister of the ward, but could suggest no reason for its presence. Her mother, however, said that she had recollections of leaving a broken clinical thermometer about the house but could not remember how long it had been missing. After the operation the patient was treated as for cystitis and all the symptoms gradually

I will try to deal more particularly with points of medical interest.

The first hospital visited was the "Städtisches Krankenhaus" at Frankfort-am-Main. Like many other continental hospitals it was almost a small town in itself, containing upwards of 2000 beds.

After successfully negotiating my way through quite a barrage of minor officials—"shock-tactics" in the shape of a preliminary statement that I was British and the use of all my six-days-old German vocabulary quickly, was the method used—I was taken to see the superintendent. His English was decidedly better than my German, and I soon managed to explain that I had come to investigate the truth or otherwise of the various stories of starvation and its results



disappeared. She was discharged cured and wiser three weeks later.

Both the tooth-brush and the thermometer are now in the Museum.

A CENTRAL EUROPEAN TOUR.

By H. G. ANDERSON.



REPORTS concerning conditions in Central Europe are so notoriously contradictory that the public has become bewildered and interest has sunk into apathy. A six weeks' tour in this part of the world has only increased bewilderment, but the apathy has been replaced by a lively alarm, for conditions are very terrible; they show signs not only of remaining in this condition, but of actually becoming worse and more wide-spread.

which have been reaching England. He volunteered to take me round himself.

The hospital was splendidly fitted up, but the apparatus was worn and obviously old. On account of high prices very little more than a minimum of drugs and dressings could be bought. Bed linen was 50 per cent. deficient. The milk supply for the children in the hospital was guaranteed by the city, but adults in the advanced stages of tuberculosis had to be content with 1000 calories too little in food value. Most of the adult cases of tuberculosis were patients between 20 and 21; some of the medical record-sheets showed whole families to have been wiped out by the disease during the last two or three years.

I saw the only remaining case of osteomalacia in the hospital—a woman of about 50. She was slowly recovering after about a year's treatment; the softening still remained in the lower ribs, and any pressure in this region appeared to cause acute pain. The prevalence of this disease has been very much overdrawn by certain relief agencies. In Austria

for example there are at present only some 30 cases, all under treatment at a provincial hospital.

Food conditions in the Vienna hospitals were much worse than in Frankfort, children up to 14 years of age getting only about a pint of milk *per diem*. The contrast is probably due to the Hoover "child-feeding scheme," by which nearly 50 per cent. of the most under-nourished children in Germany receive an extra meal daily, the qualification being a medical test periodically undergone by all school children. In Vienna the need is not nearly so completely met as in Frankfort. One of the old military hospitals, Miedling Hospital, has been converted specially into a "starvation" diseases hospital for children.

I have seen bad cases of rickets in Glasgow, but never anything like the double, treble, and even quadruple hends of the limbs so common there. Many of the children were



A CASE OF ARRESTED GROWTH. ÆT. 6½, WEIGHT 22½ LBS.

the sole survivors of their families, the remainder having been swept away by tuberculosis. Some of the cases of under-development were particularly striking. One girl, æt. 2½, weighed 15 lb., a boy, æt. 6½, 22½ lb., a boy, æt. 16½ (not at this hospital), 3½ st.!

The weather was very hot while I was there, and the children wore nothing but a bathing slip and seemed to be thriving under the open-air treatment. In some cases their skins were almost black from exposure to the sun. A few recently admitted starvation cases were seen; they could neither talk nor stand up; one case, a baby, æt. 15 months, did not seem able to make any movement whatever.

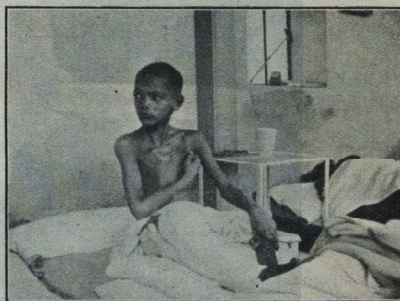
Some days later I visited the Orthopedic Hospital, and saw some very terrible cases of rickets. It would require a really artistic mind to discover how to break and reset some of the twisted, almost corkscrew-like limbs.

Many of the hospitals, however, are partly empty, for they are unable to buy the necessary stores. The bed-linen in those still running is terribly deficient, and consequently appallingly dirty.

At one hospital I heard of cases of cerebro-spinal meningitis being treated as out-patients!

With the cost of living up anything from 40 to 100 times people cannot afford to be ill or buy clothes, for starvation is always at the door. A cheap suit of clothes in Vienna to-day costs the pre-war equivalent of £80, a pair of boots £40, a tram ride 2s. 6d., a plate of beef at a restaurant over £2 10s. It is true that some manual workers' wages have gone up nearly 20 times, brain workers' by about 6 times, but such increases cannot hope to cope with prices.

Jewellery, furniture and clothes have all been sold in turn; savings are all gone in most cases. A slow and lingering death, suicide or crime are the only prospects in front of the average Viennese.



STARVATION CASE. BOY ÆT. 16½, ADMITTED WEIGHING 3½ STONE.

One would expect a great deal more bitterness against Britain than actually exists in view of this state of things. In Austria alone, Sir George Cunningham, the British Ambassador, discovered that 300,000 infants had died of starvation during 1917, 1918 and 1919. Last winter money could not buy food; people were living on turnips and radishes.

Conditions were slightly better in the other big continental towns visited. I only got as far as Cracow in Poland, but while there I learnt that the Polish Government was despairing of being able to feed Warsaw this winter. Prices there have gone up 25 times during the last five months. These countries, besides suffering from starvation, are faced with outbreaks of severe epidemic disease. Typhus is spreading westwards through Poland at an alarming rate. This is partly due to the shortage of doctors, for there are certain areas with only one doctor to every 150,000 people. Here and in Serbia there is appalling ignorance of the laws of sanitation. Moreover, 80 per cent. of the doctors died during the war.

I spent two nights in Cracow (the word "spent" is used rather than "slept"), and, though I was staying at the best hotel in the place, not only did I meet a variety of louse two or three times as big as the "Great War" variety, but also our little agile black "district" friend, and another bug I have never seen before nor hope to meet again! I can scarcely imagine what conditions in the ordinary dwelling-houses, and more especially in the hovels of the peasants, can be like. There must be half a million cases of typhus in Poland to-day.

The disorderly demobilisation and the degeneration of moral tone through under-nourishment and the terrible housing problem, have led to an immense wave of venereal disease. Refugees from devastated areas, revolutions, national persecution of minorities, invasion, etc., have filled many of the large towns to overflowing. Cracow, for example, has a temporary population as big as its permanent one. I will give one example of what this may mean. A tenement house built for 130 people was found to contain over 1000, each room housing several families.

Governments such as Hungary have no fear of strikes, for there is so little trade being done, owing to the impossibility of buying raw material, that a stoppage is not of much consequence. I met several people who had come recently out of Russia; they all combined to explain the hopeless inefficiency of Bolshevism and its unpopularity amongst all but its own officials. Russia is in a worse state than any of the countries I have been describing—in fact, in an almost hopeless state. It will be many generations before its vast areas can be reorganised into any semblance of efficiency. The Bolshevik prisoners I saw were clad in rags, filthy, half starved, and of a very low type mentally and physically.

Central Europe to-day needs all the trained men in its own Universities and more besides; it needs long-term credits; it needs much disinterested guidance. But the immediate needs are medical stores and food, or there will be very little future to prepare for.

CHRISTIAN UNION.

THE NEW MEDICAL SITUATION IN CHINA.

ON Friday, October 29th, a meeting of the Christian Union was addressed by Dr. Balme, of Shantung University, Tsinanfu, North China, the subject being the new medical situation in China. The speaker first alluded to the conditions under which the first medical men went out as missionaries to China. On their part a complete sacrifice of all professional ideals was necessary owing to the isolation, lack of nursing and equipment. The Chinese on their part had no faith whatsoever in medicine, the only "doctors" they knew being quacks and the most hopeless frauds, because with lack of legislation on the subject anyone who chose might call himself a doctor. That briefly was the situation which not so many years ago faced those who decided to be medical missionaries in China.

Dr. Balme then turned to the present situation. The work of those first missionaries who went out to preach Christianity, and, as scientifically as was possible, to practise medicine, has had such effect that an entirely new situation has developed in recent years in China. The Chinese themselves have recognised the value of scientific medicine and surgery and old prejudices have disappeared. Consequently the mission hospital is no longer merely an evangelistic agency; it has had to assume an educative function as well and has become responsible for the training of native students and nurses. The teaching is such as throws no discredit on either medical or nursing professions, for, by the various missionary societies pooling their resources, it has become possible to establish several fully-equipped medical schools where teaching is done in Chinese. The course is a seven years' one; two years are devoted to preliminary sciences because the Chinese do not learn much elementary science at school. Similar work is being done by the Rockefeller Foundation, but the teaching is all in English. The training of nurses is being undertaken on equally thorough and up-to-date lines.

Thus in China to-day most of the medical teaching and the whole of the nursing profession is being run by Christian organisations, and the great need for men and means to continue the work presents a wonderful challenge and opportunity to Christian men to-day.

The Rev. Herbert Gray, D.D. (late C. F. and author of *As Tommy Sees Us*), is giving a series of three addresses at the Hospital on December 14th, 15th and 16th.

ST. BARTHOLOMEW'S HOSPITAL AMATEUR DRAMATIC CLUB.

The Nurses' Annual Christmas Entertainment will be revived this year, when the Amateur Dramatic Club will present a dramatic entertainment, which will run for three successive nights, January 4th, 5th and 6th, in the Great Hall of the Hospital.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

The XV have by now settled down into a workman-like side, and up to date have only suffered 1 defeat as against 7 successes. The forwards have suddenly woken up and are quite good in the loose and defence, and with a little more practice together should improve in the "tight," this being their weak point for the moment. The backs are playing better together, and much of the individual work of the earlier games has been discarded, to the benefit of the team. Smuts is always a tower of strength in the last line of defence. The halves are settling down into a competent pair, but T. F. Williams should thoroughly learn the "off-side rule." Thomas was missed in the Sandhurst match, when his speed would have made a great difference. We shall be very pleased when R. H. Williams and J. B. Mudge make their first appearances in the side.

Since October 23rd four XV's have been turned out every Saturday, and it is hoped to arrange a full fixture-list for the fourth for the rest of the season.

Results to date:					
	Played	Won	Drawn	Lost	
1st XV	8	5	1	2	
2nd XV	8	5	1	2	
3rd XV	5	3	0	2	
4th XV	6	4	0	2	

ST. BARTHOLOMEW'S HOSPITAL v. LONDON IRISH.

Played at Norbiton on October 23rd and won by the Hospital by 1 goal and 2 tries to a penalty goal.

The game was chiefly confined to the forwards, and with all due respect to the referee the Bart's halves were handicapped by the off-side tactics of the opposing forwards. What chances the backs did have were spoilt by certain individuals hanging on too long.

The only score of the first half was registered by Johnstone after the one really decent bout of passing of the match.

The second half was a repetition of the first with the Irish forwards having slightly more of the play. The Irish were awarded a penalty in the Bart's "25," from which they kicked a goal. After this Bart's pressed continuously, and two fine individual efforts by Thomas resulted in him scoring twice, Williams converting one.

St. Bart's: E. V. Frederick, *back*; W. Moody-Jones, J. G. Johnstone, M. G. Thomas, R. Foote, *three-quarters*; D. H. Cockell, T. P. Williams, *halves*; S. Orchard, C. Shaw, A. E. Beith, H. V. Morlock, A. B. Cooper, H. G. Anderson, A. D. Wall, E. S. Vergette, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL 2ND XV v. SOUTHERN.
2nd XV 6 pts., Southend 6 pts.

ST. BARTHOLOMEW'S HOSPITAL 3RD XV v. DULWICH COLLEGE 2ND
3rd XV 5 pts., Dulwich College 3 pts.

ST. BARTHOLOMEW'S HOSPITAL 4TH XV v. CATFORD BRIDGE "B."
4th XV *nil*, Catford Bridge "B" 58 pts.

ST. BARTHOLOMEW'S HOSPITAL v. R.M.A.

Played at Winchmore Hill on Saturday, October 30th, and resulted in a win for the Hospital by 17 points to *nil*.

At the start the Hospital immediately pressed, but off-side against their scrum-half somewhat relieved the pressure. A good run by C. Griffith-Jones looked dangerous, but his pass was knocked out. From the ensuing scrimmage a *melle* on the R.M.A. line resulted in Shaw getting over for the Hospital, but the try was not converted. The R.M.A. forwards then got together, and a dangerous rush by them was well stopped by Orchard, who at the time was playing full back. St. Bart's pressed for a time, but could do no good owing to two more penalties being given against their scrum-half. In a forward rush, however, Morlock scored and Cockell easily converted. Shortly afterwards Johnstone dropped a beautiful goal for the Hospital. He nearly repeated the performance just before half-time, the kick just going wide.

Half-time, St. Bart's 12 pts., R.M.A. *nil*.

In the second half a good movement by Orchard was spoilt by Moody-Jones, who failed to gather his cross-kick. Thomas next made a good opening, handing to Williams, who in turn passed to Griffith-Jones, who was able to run round and score between the posts. Williams converted. The remainder of the game was uninteresting, being remarkable only for scrambling mid-field play and two further penalties against the Hospital.

Result: St. Bart's 17 pts., R.M.A. *nil*.

The passing and holding of the Hospital back division left much to be desired. Shaw was easily the best forward on the field, and played a magnificent game. Williams, the scrum-half, played well, but seemed too keen, as he had no fewer than five penalties given against him either for off side or picking the ball out of the scrum. Orchard showed great versatility, as he played in three different positions—back at the commencement, then forward, and finally *three-quarters*. It is difficult to say in which position he excelled most.

St. Bart's: P. Smuts, *back*; W. Moody-Jones, J. G. Johnstone, M. G. Thomas, C. Griffith-Jones, *three-quarters*; D. H. Cockell, T. P. Williams, *halves*; S. Orchard, C. Shaw, A. E. Beith, A. B. Cooper, H. V. Morlock, E. S. Vergette, H. G. Anderson, A. D. Wall, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL 2ND XV v. EDGEWARE.
2nd XV 10 pts., Edgeware *nil*.

ST. BARTHOLOMEW'S HOSPITAL 3RD XV v. KING'S COLLEGE
2ND XV.
3rd XV 3 pts., King's College 2nd XV 14 pts.

ST. BARTHOLOMEW'S HOSPITAL 4TH XV v. NORTHAMPTON
INSTITUTE "A."
4th XV 7 pts., Northampton Institute "A" 6 pts.

ST. BARTHOLOMEW'S HOSPITAL v. BEDFORD.

Played at Bedford on November 6th, and won by 1 goal, a penalty goal and 3 tries to *nil*.

In this game the Hospital team soon settled down. Orchard and Thomas were the first to be prominent, and Johnstone secured a try through Cockell and Griffith-Jones, Shaw's kick from a difficult angle

being successful. Bedford were penalised for offside, and Orchard dropped a goal. Williams got away from a scrum and passed to Thomas, who scored wide out. The kick failed, and the Hospital crossed over at half-time leading by 11 pts. to 0.

Vergette and Orchard looked dangerous with a good interpassing run, and Thomas was pushed into touch just as he looked like scoring. Then the Bart's *three-quarters* showed several good bouts of passing, but the referee ruled several passes "forward." One round between Cockell, Orchard, Thomas and Moody-Jones enabled the last-named to score an unconverted try. Bedford pulled themselves together a bit and kept the ball in the Hospital half, but Thomas broke through and raced the length of the field and scored right between the posts; still, the angle was much too difficult for conversion.

(Query: Why doesn't somebody learn to kick the easy ones?)

St. Bart's: P. Smuts, *back*; W. Moody-Jones, J. G. Johnstone, C. Griffith-Jones, M. G. Thomas, *three-quarters*; D. H. Cockell, T. P. Williams, *halves*; S. Orchard, C. Shaw, A. E. Beith, A. B. Cooper, H. V. Morlock, E. S. Vergette, H. G. Anderson, A. D. Wall, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL 2ND XV v. HARLEQUINS "A."
2nd XV 13 pts., Harlequins "A" 16 pts.

ST. BARTHOLOMEW'S HOSPITAL 3RD XV v. CATFORD BRIDGE "B."
3rd XV 47 pts., Catford Bridge "B" 0 pts.

ST. BARTHOLOMEW'S HOSPITAL 4TH XV v. H.A.C. "C."
4th XV 8 pts., H.A.C. "C" 0 pts.

ST. BARTHOLOMEW'S HOSPITAL v. CAMBRIDGE UNIVERSITY.

Played at Cambridge on November 10th, and won by 6 points to 5. During the opening stages the play was even. A penalty kick was given against Cambridge right in front of goal, but the easy kick was missed. Williams, Cockell and Thomas all got in good work, and the Hospital had rather the better of the game. Beith made good headway, but was collared in possession, and from the ensuing scrum Griffith-Jones passed to Thomas, who dived the last two yards and secured a try, which Shaw could not convert.

Early in the second half the 'Varsity were awarded a penalty kick, but the effort to score from it failed. Smuts was putting in some excellent kicking, and on one occasion his fielding at full speed was really great. The Hospital kept up the pressure, and Smuts made a run which was only stopped by the back. Griffith-Jones took a splendid pass from Thomas, cut through and passed to Moody-Jones, whose thirty-yard sprint ended in a try, which was not converted. In the last five minutes Craigmill cut through for the 'Varsity and scored between the posts, Batty converting the try.

The game was a revelation as to what a decently good team (such as Bart's really is) can do when it really tries to get on with the game. The 'Varsity team was not at its best, but they played their regular outsides and four of their forwards. Their *three-quarters* had plenty of opportunities, but were not allowed to turn them to advantage for the Bart's forwards were getting across and spoiling the attacks in great style.

The team should learn a great lesson from this game. They were instructed to go "all out" from the very beginning, and they followed instructions; the backs ran straight and hard, and the forwards "got on with it" from the start. (Why can't they always adopt such tactics?) Of a very good lot Shaw was the best.

The appalling record of eighteen unconverted tries (to say nothing of penalty kicks not scored off), many of them between the posts, makes one ask what is the matter with the place-kicking. One sees the players who are entrusted with the kicks practising beforehand, carefully placing the ball "just so," and carefully readjusting it when necessary, but would it not be far better to practise the kick under match conditions, to have it placed for them, and to spend only that time over the actual kick as would be allowed by the opposing forwards?

St. Bart's: P. Smuts, *back*; W. Moody-Jones, J. G. Johnstone, C. Griffith-Jones, M. G. Thomas, *three-quarters*; D. H. Cockell, T. P. Williams, *halves*; S. Orchard, C. Shaw, A. E. Beith, A. B. Cooper, H. V. Morlock, E. S. Vergette, H. G. Anderson, E. A. Fiddian, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL 4TH XV v. GUARDS DEPÔT "A."
4th XV 13 pts., Guards Depôt "A" 10 pts.

ST. BARTHOLOMEW'S HOSPITAL v. ROYAL MILITARY COLLEGE,
SANDHURST.

At Winchmore Hill on October 30th. There was much fluctuation in the position of the game in the field. Quite early the ball went into the Bart's "touch in goal" and some pressure was maintained on the Bart's line, but relief was gained by good kicking, two or three of Johnstone's efforts, being particularly good. The R.M.C. attacked on the right, and a reverse pass put Aslett in for a try, which was converted. Moody-Jones and Neville both made unsuccessful attacks, and then Anderson got the ball from Cooper and registered a try under the posts. The kick was an easy one but Griffith-Jones missed it.

During the last twenty minutes the R.M.C. forwards were constantly pressing and succeeded in crossing the line again. The Hospital lost for the first time this season by 8 pts. to 3.

The condition of the R.M.C. team was the deciding factor, their excellent training enabling them to beat the Hospital forwards constantly during the last quarter of the game, the Bart's men being far too done to come round and help their backs.

St. Bart's: P. Smuts, *back*; W. Moody-Jones, J. G. Johnstone, C. Griffith-Jones, L. C. Neville, *three-quarters*; D. H. Cockell, T. P. Williams, *halves*; S. Orchard, C. Shaw, A. E. Beith, A. B. Cooper, H. V. Morlock, E. S. Vergette, H. G. Anderson, E. A. Fiddian, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL 2ND XV v. R.A.F., UXBRIDGE.
2nd XV 16 pts., R.A.F. *nil*.

3rd XV, scratched.

ST. BARTHOLOMEW'S HOSPITAL 4TH XV v. L.C. AND WEST-
MINSTER BANK "A."
4th XV 16 pts., L.C. and Westminster Bank "A" 3 pts.

ASSOCIATION FOOTBALL CLUB.

The results of the matches played by the Association Football Club this season are—1st XI: played 8, won 3, lost 5; 2nd XI: played 8, won 2, lost 4, drew 2. This cannot be said to be wholly satisfactory, and is to some extent due to the fact that we have not been able to have a "regular" team playing week by week. In these days, when "soccer" is being, as it were, totally superseded by "rugger," many soccer players try their hand at the sister game. In this way interest in the Association Football Club flags, and the 'season so far has not been nearly so successful as we had hoped it might be, and can yet be, if only the necessary enthusiasm can be raised. We are now getting together the team which will represent Bart's in the Hospital Cup, and hope that everybody who can help the old Hospital to win back one of those football cups will give us their assistance.

DEBATING SOCIETY.

A well-attended meeting of the Society was held on November 11th, Mr. H. J. Waring being in the chair. The motion "That in the opinion of this House the privilege of striking should not, in any circumstances, be exercised by the medical profession" was carried by a large majority.

The next debate will be held on December 7th at 5 p.m. The motion before the House will be: "That in the opinion of this House any legislation that sacrifices the present voluntary hospital principle is to be deprecated." Speakers for the motion: Mr. A. C. Maconie, Mr. L. M. P. Maillard. Speakers against the motion: Mr. N. S. B. Vinter, Mr. R. S. Coldray.

BOXING CLUB.

We are glad to be able to report this month that the Boxing Club has definitely commenced work. Thanks to the kindness of Mr. Hayes, the use of the old College Dining-Room has been secured, and the latter has been fitted up with a small ring, punch-ball, etc. Our thanks are due to the Steward for the very valuable assistance given by him in obtaining and fitting up the room.

The club-room will be open every Tuesday and Friday evening between 4.30 and 6.30.

The first meeting was held on November 16th, 1920, and the number of new members turning out was most encouraging.

The Inter-Hospital Competitions for 1921 are to be held at the National Sporting Club on March 8th. There should be little difficulty in sending in a full team from the Hospital this season.

CORRESPONDENCE.

"PUSSYFOOT."

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

SIR,—Your "Occasional Correspondent" has raised some important issues under the above heading. I would ask a few questions and offer a few remarks:

(1) "Why should the medical profession 'trail in the wake' of 'Pussyfoots'? Would it not be much better and more dignified to lead them?" Our profession does not take its rightful place in the van sufficiently often.

(2) "What is to be our attitude as a profession?" A most desirable question. Why not have a committee of medical practitioners appointed, representing general practitioners, physicians, surgeons, gynaecologists, mental specialists, medical officers of health, school doctors, etc., empowered to draw up a temperate, well-considered pronouncement on behalf of the profession? Let this statement be submitted to the Royal Colleges and the British Medical Association, and if it met with the approval of their governing bodies let it be published widely. Our attitude should be to lead the people on such an important matter.

(3) "We should contend that alcohol is rather to be classed with strychnine, opium, arsenic, and coffee." Granted. But there are even varying qualities in the physiological actions of these poisons. No one would contend that even the daily use of an infusion of caffeine could possibly create such a crave as to render a man capable of pausing his all to obtain the drug. If alcohol should be classed with opium—and it should—then let it be scheduled as a poison and dispensed as such.

(4) "A proper place for alcohol in the life of the healthy man." Of course, there is a proper place—outside the healthy man! But, seriously, alcohol is not a necessity, it may do harm, and it can be of but little, if any, good—all in a physiological sense. Those who advocate its physiological use—to the extent of £400,000,000 a year—should state definitely what is its physiological value to a healthy man.

(5) Hearsay statements of law-breaking from America should not influence staid and sound British medical men in giving a deliberate judgment on the matter.

(6) From the physiological point of view there are three classes of the community. Moderate drinkers, the largest number; total abstainers, an ever-increasing number; immoderate drinkers, a steadily diminishing number.

If alcohol is desirable, physiologically, for the majority, then retain it, but it is not needed for the total abstainers, and it ought to be withdrawn from the immoderate drinkers.

I am, Sir,

Yours, etc.,
ANOTHER OCCASIONAL CORRESPONDENT.

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

SIR,—I am indebted to you for the opportunity of seeing before publication the remarks of "Another Occasional Correspondent." His letter is an indictment of my powers of clear expression. I had hoped to emphasise two points—first, that the medical profession was about to find itself in the position of a consultant on an important question of national policy, and that it was desirable that the answer should be made in clear terms on a clear issue, rather than that the profession should "trail in the wake" of one or other party. On this point "Another Occasional Correspondent" and myself are in agreement.

Secondly, I tried to indicate that the aspect of the question on which the medical profession would be consulted was the physiological, and not the moral, economical or social aspects of the use of alcohol, and that to be able to give a clear answer we must keep these aspects rigidly distinct. I went to on point out that the total prohibitionist invariably confuses them, and, true to type, "Another Occasional Correspondent" has failed to resist the temptation to confuse these issues. The expenditure of £400,000,000 a year may be a terrible disaster from the moral, social, or the economical aspect; it has nothing whatever to do with the purely physiological aspect.

I should like, with your permission, to state again my argument on the physiological question. Experiments in the laboratory can be quoted to show that alcohol is a tissue poison; but there are many tissue poisons which can be shown by similar means to be beneficial

in certain conditions and in certain doses, and some of the latest experiments (*vide* the Report of the Medical Research Committee) would seem to point to the conclusion that alcohol is no exception to this rule; in some conditions the mental capacity of the subject of the experiment is increased by the use of alcohol. But laboratory experiments are not in such a matter decisive, when we have to set against them the sum of human experience through the centuries. The prohibitionist in our view is challenging that experience, and it is for him to try to show that alcohol is the physiological Devil, the Great Enemy, of the human race. So far from this being true, alcohol is, I should contend, drawing my conclusion from the history of mankind, a benefactor of both body and mind, no more necessary, it is true, to existence than tobacco, coffee, tea, sugar, or a thousand things with which human ingenuity has equipped modern life, but none the less an amenity and a source of bodily and mental stimulation and well-being.

The moral, social and economic results of the use or the abuse of alcohol are another question altogether, and probably there are few medical men who do not hold strong views on the desirability of measures of restriction; but in these aspects they cease to be the specialist consultants of the Nation, and take the place of the ordinary layman. My plea was that they should clearly separate in their minds their two functions.

There is one other small point, Mr. Editor, on which I think "Another Occasional Correspondent" has failed to understand what I wrote. He will, I think, if he does me the honour to read again my original remarks, perceive that I quoted American experience to illustrate the methods of the extreme prohibitionists. There seems to be no doubt that in America the extremists "stamped" public opinion, and among other measures succeeded in "stamping" the medical profession—in fact, got the profession "trailing in their wake." I and "Another Occasional Correspondent" alike do not wish that performance to be repeated here, with the result and this was the reason of my further quotations—that legislation is passed which is not in accord with the opinion of the majority of our fellow-citizens, a position which must inevitably lead to reaction and to contemptuous derision of the law.

AN OCCASIONAL CORRESPONDENT.

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

DEAR SIR,—Your invitation, at the foot of the article "Pussy-foot," in your November issue, for correspondence on the subject, prompts me to send you a few remarks, not so much of criticism as of amplification of the points there discussed. It is of the utmost importance that the attitude of the medical profession on the question should be based on a sound knowledge of the physiology and pharmacology of alcohol, for it is from this point of view that the general public may fairly look to it for guidance.

The evidence from physiological and pharmacological researches is quite definite, and teaches that alcohol is a narcotic, and that its common designation as "stimulant" is entirely misleading. Your correspondent is clearly right, therefore, in classing alcohol with strychnine, opium and arsenic—that is to say, with drugs to be used only by those whose special knowledge enables them to use and not abuse them.

Surely this is exactly what prohibition effects. Prohibition imposes penalties on those who buy or sell alcohol as a beverage (just as in this country it is a breach of the law to sell strychnine or opium without a prescription), whilst allowing doctors to prescribe alcohol as they may do any other drug on the poison list. Once admit that alcohol is a narcotic drug—and a study of the evidence compels this admission—and prohibition of its sale in beverage form is the only logical method of dealing with the question.

Your correspondent quotes evidence that in America the law is being broken; but apart from all the evidence of its good effects, breach of the prohibition law does not in the least affect the question. Perjury is a crime in this country, and yet we all know that hardly a day passes without that crime being committed in one or other court of justice in the land. But would anyone seriously propose that for that reason the law should be repealed?

In conclusion, may I say that whilst I agree as medical men we should do well to keep separate the physiological and social aspects of the subject, we cannot fail to realise that if alcohol be a narcotic, its habitual beverage use must result inevitably in obvious social harm, the nature of the causal agent being sufficient explanation of all its results.

Yours, etc.,
X.

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

SIR,—A copy of the November issue of your excellent JOURNAL has just fallen into my hands in which I find an interesting article on "Pussy-foot."

As a layman I can decide for myself on the evidence adduced from the social side whether to favour restriction or prohibition of the liquor traffic, but what is very puzzling to the "man in the street" is the indecisive voice of the "man in the street" as to whether, for ordinary persons, alcoholic drinks are necessary or beneficial. What we wish the medical profession to tell us is, What is the physiological value of alcohol, and is the supposed value to some, sufficient to counterbalance the obvious harm to others?

Yours faithfully,
"A LAYMAN."

REVIEWS.

AIR SICKNESS. ITS NATURE AND TREATMENT. By RENÉ CRUCHET and RENÉ MOULINIER. Translated from the French by J. ROSSEN EARP. (London: John Bale, Sons & Danielsson, Ltd., 83-91, Great Titchfield Street, Oxford Street, W. 1.) Pp. 95. Price 5s. net.

This small volume sets forth the physiological disturbances to which aviators are liable and to which the authors drew attention in 1911. The war in the air provided additional material for observation which amplified and modified the authors' original views.

Such disturbances as slight giddiness, a simple hesitancy in controlling the aeroplane, a buzzing in the ears, an instant of sleepiness or languor seemed at first of little significance when described by airmen long before the war. Deafness, pains in the ears, especially with rapid descent, were also often complained of. Headache lasting some hours was not uncommon, and occasionally after descending from an aeroplane to the ground the airman has been noticed to stagger, feel giddy, and even vomit or faint. As flying developed and great heights and longer flights were attained the symptoms we have mentioned justified the conclusion that aviators were subject to ailments which were referred to as air-sickness, aviation-sickness, "le mal des aviateurs," il mal de los aviadores, la malattia degli aviatori, or il male degli aviatori, or il pegaso, or o mal dos aviadores, or Die Fliegerkrankheit or Aviatiiker Krankheit, according to the literature of the country in which these complaints were being observed.

It is concerning these maladies, how, where, and by whom they were noticed and the various hypotheses which arose to explain the physiological disturbances that this small book is written.

The experience of the war convinced the author of the necessity for pilots to be young and healthy; they must keep fit by observing the well-known rules of training scarcely different from those observed by other sportsmen: No long evenings; alcohol and tobacco only in small quantities; strict moderation in all things.

When flying, suitable protection from cold and wet goes without saying. For sustaining long flights at great altitudes the practical value of oxygen, with certain small proportions of carbonic oxide, is here described. The authors also pay considerable attention to the great practical importance of maintaining the efficiency of the Eustachian tubes in order to avoid most of the discomforts to which even those with normal air-passages are certainly liable. Though they themselves considered vaso-motor hypertonia of prime importance, nevertheless Messrs. Marchoux and Nepper regard the aural condition as of even greater influence. After carrying out a large number of experiments under the Paul Bert compression-bell, these observers noted that "disturbances in the ear, even when not obvious, are capable of causing air-sickness by themselves."

"Any obstruction which prevents the rapid establishment of pressure equilibrium between the cranial air-spaces and the surrounding atmosphere involves the possibility of a whole series of misfortunes, of which pain is one of the least and syncope one of the most serious" (Marchoux & Nepper, *Soc. de Biol.*, June 21st, 1919). In support of Marchoux & Nepper we may add that medical officers in the flying services who were practised in the appearance of the tympanic membrane under various conditions and accustomed to the use of the Eustachian catheter were in a position to remove many of the ailments which troubled the airman, both when learning to fly, and afterwards when he had attained the skill and experience of an ace.

SYDNEY SCOTT.

ESSENTIALS OF PHYSIOLOGY. By F. A. BAINBRIDGE, M.D. (Cantab.), D.Sc. (Lond.), F.R.C.P., F.R.S., and J. ACWORTH MENZIES, M.A. (Dunelm), M.D. (Edin.). (Longmans, Green & Co.) Fourth edition. Pp. 497. Price 14s. net.

When a scientific text-book has in six years reached its fourth edition, each edition better than the one before, it argues alike for the popularity of the book and for the energy of the authors in keeping it revised and up-to-date. If there are any amongst our readers who have not yet bought a text-book of physiology we can confidently recommend this volume to them, for it stands easily first, and is certainly the most readable amongst the many text-books dealing with this branch of the medical curriculum.

The present edition follows so closely upon the previous one that no extensive alterations have been necessary. The book has been thoroughly revised, and amongst others the sections on the brain stem and enzymes have been rewritten. We think that although the text dealing with the central nervous system is now a model of clarity, there is still room for improvement in the diagrams illustrating this section. Some "comprehensive" representation of the afferent and efferent nerve-paths would be an improvement, even though they were extremely schematic, and in details, necessarily incomplete. It is, however, difficult to criticise a book which for conciseness, clearness of description, inclusion of the essential with ruthless exclusion of the worthless, is a model of its kind.

HYGIENE: SPECIALLY FOR THOSE STUDYING FOR A DIPLOMA IN PUBLIC HEALTH. By W. WILSON JAMESON, M.A., M.D. (Aberd.), M.R.C.P., D.P.H. (Lond.), and F. T. MARCHANT, M.R.San.I. (J. & A. Churchill.) Pp. 404. Price 18s. net.

This book is one of the first of the new Students' Synopsis Series which the enterprising firm of Messrs. J. & A. Churchill are publishing. This series is evidently designed to give the student the necessary facts with a welcome absence of verbiage.

The present volume is specially written for D.P.H. work, but we venture to think that much of value is included for the student preparing for such examinations as the Forensic Medicine and Hygiene section of the M.R. (Lond.). Upon such a huge subject it is necessary to have an epitome of the views of accepted authorities, and the authors state that their work is really a carefully edited collection of the notes used for teaching purposes at University College.

The legal part of the book seems to us particularly well done. The substance and scope of such recent Acts as the Ministry of Health Act, 1919, and the Maternity and Child Welfare Act of 1918 are carefully explained.

The modernity of the book is well seen in the page given to Encephalitis Lethargica in its relation to public health.

We believe that occasionally the authors have been tempted to go too deeply into the realm of mathematics. Doctors are rarely mathematicians, and some pages will be slipped by nearly all readers. Apart from this the book is good, and is well worth reading by the senior student, D.P.H. worker, and, indeed, by anyone interested in social reform.

THEORY AND PRACTICE OF NURSING. By M. A. GULLAN. (H. K. Lewis & Co., Ltd.) 10s. 6d. net.

This work, written by the Sister Tutor of St. Thomas's Hospital, is of the high standard we should expect from a teacher in one of our largest training schools for nurses. In the preface the author states that the book is intended to be amplified by models, specimens, etc., but even without these aids the subjects are so clearly treated that a complete text-book is formed, which should serve a nurse well, both during her training and after she leaves her hospital to take private work. Each chapter ends with a couple of blank pages on which her own notes may be made—an excellent plan which we do not remember to have seen in manuals of this kind.

Might we suggest the inclusion of a few sick-room cookery recipes in a future edition? Cooking is, of course, taught as a practical subject, but when a nurse goes out from an institution, she may often need to look up her special foods.

In the chapter on the enteric group, Eberth's name, probably by a printer's error, figures as Eberth, otherwise the printing is very good and clear, and the words in heavy type facilitate the picking out of important points rapidly.

The volume is of a convenient size, and should make a useful instrument for a nurse at the outset of her career.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

- ANDREWES, SIR FREDERICK W., O.B.E., M.A., M.D., F.R.S. The Harveian Oration on the "Birth and Growth of Science in Medicine." Delivered before the Royal College of Physicians of London on October 18th. *Lancet*, October 23rd, 1920.
- BAKER, J. C., M.R.C.S. "Differential Diagnosis between Duodenal Ulcer, Appendicitis, and Disease of the Gall-Bladder." *Practitioner*, October, 1920.
- BALGARKNE, W., O.B.E., M.B., F.R.C.S. "Two Cases of Intestinal Tumour; Operation; Recovery." *British Medical Journal*, October 23rd, 1920.
- BERRY, JAMES, B.S., F.R.C.S. "Clinical Lecture." *Clinical Journal*, September 22nd and 29th, 1920.
- BROUGHTON-ALCOCK, Capt. (Local Major), R.A.M.C. (S.R.). "Sixteen Cases of Infection with *Bacillus Aerytryce*: Clinical and Laboratory Observations. A Note on the Relationship of *B. Aerytryce* and *B. paratyphosus B.*" *Journal Royal Army Medical Corps*, October, 1920.
- BROWN, W., LANGDON, M.A., M.D., F.R.C.P. "The Principles of Intestinal Stenosis." A British Medical Association Lecture. *British Medical Journal*, November 6th, 1920.
- BUTTAR, CHARLES, M.D. "The Municipalisation of Hospitals: The Bradford Experiment." *Ibid.*, October 2nd and 9th, 1920.
- CAMMIDGE, P. J., M.D. "The Diagnosis and Treatment of Diabetes Mellitus." *The Prescriber*, October, 1920.
- "Complete Recovery from Diabetes Insipidus." *Practitioner*, October, 1920.
- (and H. A. H. HOWARD, B.Sc.). "Seven Cases of Essential Pentosuria." *British Medical Journal*, November 20th, 1920.
- CARSON, HERBERT, F.R.C.S. "Diagnosis of Gastric and Duodenal Ulcer." *Clinical Journal*, October 6th, 1920.
- CATES, JOSEPH, M.D. (Lond.), D.P.H. "Health Visiting and School Attendance." *The Medical Officer*, November 13th, 1920.
- CHAFLIN, ARNOLD, M.D. *Medicine in England during the Reign of George III.* London: Henry Kimpton & Co.
- CRONK, H. L., B.A., M.B., B.Ch., M.R.C.S., L.R.C.P. "Renal Complications of Acute Lacunar Tonsillitis." *Practitioner*, November, 1920.
- ELLIOT, ROBERT HENRY, M.D., B.S. (Lond.), Sc.D. (Edin.), F.R.C.S. (Eng.). *Tropical Ophthalmology.* London: Henry Frowde & Hodder & Stoughton.
- FORBES, J. GRAHAM, M.D., F.R.C.P., D.P.H. "Diplococcus Crassus and Meningitis, associated with a Case of Fractured Base." *Lancet*, October 2nd, 1920.
- FREMANTLE, Lt.-Col. F. E., O.B.E., M.P. "An Address on Parliament and Public Health: Being the Concluding Section of the Presidential Address to the Society of Medical Officers of Health, delivered on Friday, October 22nd." *Ibid.*, October 30th, 1920.
- GORDON, Lieut.-Col. M. H., C.M.G., C.B.E., late R.A.M.C. "The Pathogenicity of the Meningococcus." *Journal Royal Army Medical Corps*, November, 1920.
- HALL, ARTHUR J., M.A., M.D., F.R.C.P. "Some Clinical Points connected with Gall-Stones: A Post-Graduate Lecture delivered at the University of Sheffield." *Lancet*, September 25th, 1920.
- HEALD, C. B., C.B.E., M.D. "The Value and Interpretation of some Physical Measurements." *Ibid.*, October 9th, 1920.
- HOBDEY, SIR THOMAS, M.D., F.R.C.P. "Remarks on Treatment of Subacute Nephritis by Kidney Decapsulation: With an Account of Four Cases of Nephritis in which Decapsulation was undertaken." *British Medical Journal*, November 13th, 1920.
- MACKENZIE-WALLIS, R. L., M.A., M.D. (and C. D. GALLAGHER, M.D.). "Sugar in the Blood: A Micro-Chemical Method of Estimation." *Lancet*, October 16th, 1920.
- MCDONAGH, J. F. R., F.R.C.S. "Experiments with Cerebro-spinal Fluid." *Ibid.*, November 13th, 1920.
- "The Action of Chemotherapy." *British Medical Journal*, October 30th, 1920.
- MOORE, R. FOSTER, F.R.C.S. "A Note on the Exophthalmos and Limitation of the Eye Movements of Graves's Disease." *Lancet*, October 2nd, 1920.
- ROBERTS, J. E. H., O.B.E., M.B., B.S., F.R.C.S. "Oxygen Inflation of the Peritoneal Cavity for Radiographic Purposes." *British Medical Journal*, November 13th, 1920.

ROLLESTON, Sir HUMPHRY, K.C.B., M.D., F.R.C.P. (and STANLEY WYARD, M.D., M.R.C.P.). "Remarks on a Case of Hepatic Cirrhosis allied to Hanot's Disease." *Ibid.*, October 9th, 1920.

RYLAND, ARCHER, F.R.C.S. (Ed.). "Impaction of a large Fish-bone in the Larynx." *Journal of Laryngology*, October, 1920.

SCOTT, T. DOBLEY, L.R.C.P. (Ed.). "Arterial Hypertension: Its Significance and Treatment." *The Prescriber*, October, 1920.

SCRIPTURE, E. W., M.D. "A Case of Defective Sleep-shunt." *Lancet*, September 25th, 1920.

SPENCER, WALLER G., M.S., F.R.C.S. *Animal Experiments and Surgery*. London: University of London Press.

THORNE THORNE, RICHARD, M.D. "Heterophoria as a Cause of Headache." *Practitioner*, October, 1920.

THURSFIELD, HUGH, M.D., F.R.C.P. "Recent Work on Children's Diseases." *Ibid.*, October, 1920.

VARRIER-JONES, P. C., M.A., M.R.C.S., L.R.C.P. (Sir G. SIMS WOODHARD, M.B.E., V.D., M.A., M.D., LL.D. and P.C.V., J.). *Industrial Colonies and Village Settlements for the Consumptive*. Cambridge: University Press.

WEBER, F. PAKKES, M.A., M.D., F.R.C.P. "Ambulatory Case of Lethargic (Epidemic) Encephalitis followed by Symptomatic Paralysis Agitans; also a Fatal Case with Myoclonic or Choreiform Commencement." *Clinical Journal*, November 10th, 1920.

"Suprarenal Sarcoma of the Robert Hutchison Type." *British Journal of Children's Diseases*, July-September, 1920.

"The Secondary Forms of Polycythemia Rubra—Ayerza's Disease, etc." *British Medical Journal*, November 6th, 1920.

WHALE, H. LAWSON, M.D., F.R.C.S. "Intranasal Dacryocystostomy." *Ibid.*, November 6th, 1920.

EXAMINATIONS, ETC.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

At an ordinary Comitia of the College, held on October 28th, G. S. Haynes was admitted a Member.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

July, 1920.

The following have been admitted Fellows:
F. E. Feilden, S. L. Harke.

CONJOINT EXAMINATION BOARD.

First Examination, September, 1920.

Chemistry.—W. F. D. Benton, G. H. Buncombe, A. R. Hill, G. G. Stewart.

Physics.—G. H. Buncombe, W. L. Gillbard, F. F. Imianitoff.

Elementary Biology.—H. Cooper, W. L. Gillbard.

Second Examination.

Part I. *Anatomy and Physiology*.—A. E. Austen, D. H. Cockell, F. S. Coleman, W. E. Howell, A. Jephcott, W. K. Ward.

Part II. *Materia Medica and Pharmacology*.—J. C. C. Langford.

Final Examination.

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

C. H. Bulcock, A. M. El Kirdany, C. L. Pasricha, G. W. Theobald.

SOCIETY OF APOTHECARIES OF LONDON.

The Diploma of the Society has been granted to A. C. D. Teller.

APPOINTMENTS.

LEVICK, G. M., M.R.C.S., L.R.C.P., appointed to the Charge of the Electrical Department at St. Thomas's Hospital.

ROPER, F. A., M.D. (Cantab.), M.R.C.P., appointed Senior Medical Officer in Charge of the Electrical Department of the Royal Devon and Exeter Hospital.

ROXBURGH, A. C., M.B. (Cantab.), M.R.C.P., appointed Assistant Medical Officer to the Venereal Department, St. Bartholomew's Hospital.

CHANGES OF ADDRESS.

DUNHILL, T. P., 41, Devonshire Place, W. 1 (Tel. Mayfair 3665), and 32, St. George's Court, Gloucester Road, S.W. 7 (Tel. Kens. 7033) (private residence).

LEE, W. E., 3 & 4, Clement's Inn, Strand, W.C. 2 (Tel. Gerrard 1322.) (From 12, Bow Church Yard.)

NELIGAN, A. R., c/o Foreign Office, Downing Street, S.W. 1.

OLDFIELD, Lieut. Col. J., R.A.M.C.T., Kingston, Jamaica.

PEGGE, A. VERNON, The Surgery, Seven Sisters, nr. Neath, Glamorgan.

SQUARE, W. RUSSELL, c/o Duff Development Co., Kuala Lebri, Kelantan, Federated Malay States.

SYLVESTER, C. K., Poste Restante, Klang, Federated Malay States.

TOWNSEND, Major R. S., I.M.S., c/o Messrs. Grindlay & Co., Bombay.

WHARRY, H. M., 19, Chester Terrace, Regent's Park, N.W. 1.

WROUGHTON, J. H., Leribe, Government Hospital, Basutoland, S. Africa.

BIRTHS.

ATRINSON FAIRBANK.—On November 9th, at 58, Digby Mansions, W. 6, to Gladys, wife of J. G. Atkinson Fairbank, O.B.E., M.B., of 18, George Street, Hanover Square, W. 1—a daughter.

DONALDSON.—On October 6th, at 6, King Street, to Dr. and Mrs. M. Donaldson—a son.

EDMOND.—On November 2nd, at 26, St. John's Hill, Shrewsbury, the wife of W. S. Edmond, F.R.C.S., of a daughter.

LAWRENCE.—On November 6th, to Margaret, wife of Dr. Stephen M. Lawrence, of Kenley, Gravesend—a son (Nathaniel Quentin).

PRALL.—On September 18th, at 41, Marine Lines, Bombay, the wife of Capt. S. R. Prall, R.A.M.C., of a daughter.

RAWLING.—On October 28th, to Mr. and Mrs. L. Bath Rawling, of 11, Wyndham Place, Bryanston Square, W. 1—a daughter.

SAVORY.—On November 15th, at "Bedwardine," Upper Norwood, S.E., to Dr. and Mrs. C. H. Savory—a daughter.

MARRIAGES.

COZENS—STEWART.—On November 9th, at St. Andrew's Church, Glasgow, by the Rev. Robert Strathern, Frederick Cyril Cozens, son of F. T. Cozens, Walsall, to Jessie McLean, youngest daughter of W. Stewart, Glasgow.

WILLIAMS—LEAVER.—On November 12th, at Chapel Royal, Savoy, by the Rev. Hugh Chapman, Capt. R. Harvey Williams, R.A.M.C., to Doris, second daughter of Mr. and Mrs. F. F. Leaver, Lisnamoe, Cheltenham.

DEATHS.

EVANS.—On October 26th, 1920, at "Outspan," Worthing, the residence of his son, Frederick William Evans, M.D., J.P., late of Cardiff, aged 69.

FOULKES.—Killed on November 15th, 1920, by tribesmen in India. Thomas Howard Foulkes, C.I.E., F.R.C.S., M.R.C.P., Lieut.-Col. (Act./Col.), I.M.S., of Kohat, N.W. Frontier, India.

HARRISON.—On November 7th, 1920, at his residence, Westwood, Risholme Road, Lincoln, Charles Harrison, M.D., D.P.H., J.P., aged 82.

MYDDELTON-GAVEY.—On November 8th, 1920, at Bourton House, Flax Bourton, Somerset, Major Edward Herbert Myddelton-Gavey (late R.A.M.C., T.F.), aged 64.

PARNELL.—On October 28th, 1920, at Bedowen, Forest Hill, from heart failure, Gerald Crecy Parnell, M.R.C.S., L.R.C.P. (Eng.).

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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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: City 510.

St. Bartholomew's Hospital



JOURNAL.

"Æquum memento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

VOL. XXVIII.—No. 4.]

JANUARY 1ST, 1921.

[PRICE NINEPENCE.]

CALENDAR.

Tues., Jan.	4.	—Dr. Fraser and Mr. Gask on duty.
Fri., "	7.	—Dr. Tooth and Mr. Waring on duty.
Mon., "	10.	—Clinical Lecture, Mr. Harmer.
Tues., "	11.	—Dr. Morley Fletcher and Mr. McAdam Eccles on duty.
Wed., "	12.	—Clinical Lecture (Surgery), Mr. Waring.
Fri., "	14.	—Dr. Drysdale and Mr. Rawling on duty. Clinical Lecture (Medicine), Dr. Drysdale.
Mon., "	17.	—Clinical Lecture, Mr. Rose.
Tues., "	18.	—Dr. Hartley and Sir C. Gordon Watson on duty.
Wed., "	19.	—Clinical Lecture (Surgery), Sir C. Gordon Watson.
Fri., "	21.	—Dr. Fraser and Mr. Gask on duty. Clinical Lecture (Medicine), Dr. Drysdale.
Mon., "	24.	—Clinical Lecture, Mr. Elmslie.
Tues., "	25.	—Dr. Tooth and Mr. Waring on duty.
Wed., "	26.	—Clinical Lecture (Surgery), Mr. Rawling.
Fri., "	28.	—Dr. Morley Fletcher and Mr. McAdam Eccles on duty. Clinical Lecture (Medicine), Dr. Tooth.
Mon., "	31.	—Clinical Lecture, Dr. Cumberbatch.
Tues., Feb.	1.	—Dr. Drysdale and Mr. Rawling on duty.

EDITORIAL.

TO our readers the world over we extend our best wishes for a happy and prosperous New Year.

* * *

We believe that on Christmas Day there could not have been found in London more cheerful or happier people than the patients of this Hospital; for the Christmas festivities, beginning with carols on Christmas Eve, were a very great success.

Early (very early!) in the morning the children found their stockings bulging in splendidly unusual shapes. That was a good beginning to a delightful day. Later the Surgery was crowded with small out-patients who each received a present from the Christmas tree. And a present, mind you, not given to you haphazard, but carefully packed and on the outside of the parcel your very own name in large clear handwriting. That was a fine affair to be sure! Father Christmas knew a thing or two in the Surgery. And later this same Father Christmas (or possibly another) visited

each ward with his traditional horse. The animal seemed in good condition though rather winded.

The wards as usual were charmingly decorated. It is impossible to attempt to recount the beautiful colour schemes when each throughout the Hospital was excellent. Those who were responsible for the presents of holly and evergreen would have been well satisfied could they have seen the results of their kindly thought.

After the turkey and plum pudding had been consumed, the troupes began to appear—Miss Arnaud's Party, Mr. Harley, and other helpers from outside. The Resident Staff produced some really good musical turns. The Pink Firm and Mr. Green's Party vied with one another in excellent burlesques of cinema shows. The "ladies" of these parties were particularly good. The "Yellow Perils" exhibited again the quadruped who annually disports himself at the Hospital.

"The Mad Hatters" (Surgical Professorial Unit) well justified the title, for their hats were indeed, as indicated by the label on one of them, "perfectly priceless." Several excellent variety turns and a play, "The Right to Strike: A Drama of Nursing Life," formed their programme. We may remark how often this and all other firms have had to thank Sister Theatres for invaluable assistance!

Later in the afternoon a bonny baby of 20 or more, dressed in long clothes, was wheeled by his nurse from ward to ward. We understand also that some time during the Christmas season a concert will be held in Stanley Ward entirely organised by an old and grateful patient. Mr. Ainsworth Davis' Jazz Band did magnificent service in the Wards throughout the whole of the Christmas Season.

* * *

We should like to thank all those who created such happiness on Christmas Day: The Steward, who by the precision of his arrangements facilitated the work of everyone, the students and all those who were responsible for troupes, and lastly and especially the sisters and nurses who, more than anyone else, made Christmas a success. They and

all those who helped them must have been utterly weary by the end of Christmas Day, but in the happiness of their patients they surely found their great reward.

We write these Christmas notes in the small hours of December 26th. For several hours the most excited little head has been quiet in sleep. The Hospital is again silent and already in the Surgery the decorations are being removed. Christmas is over and, tired but happy, we can look forward with pleasure to the work and new responsibilities of 1921.

Dr. Francis R. Fraser, son of the late Sir Thomas Fraser of Edinburgh, has been appointed Director of the Medical Professorial Unit at this Hospital. With this appointment Dr. Fraser becomes Physician to the Hospital and Professor of Medicine in the University of London. The appointment is for four years in the first instance. It is hardly necessary for us to remind our readers that the Directorship was rendered vacant by the resignation of Sir Archibald Garrod, who succeeded the late Sir William Osler as Regius Professor of Medicine in the University of Oxford.

During the twelve months Dr. Fraser has been acting as Assistant Director he has earned a great reputation as a teacher, and we offer him our sincere congratulations on being selected to fill this most important post.

The Annual Report of the Royal Chest Hospital, City Road, announces the resignation of Dr. J. H. Drysdale as one of the physicians to the institution. Dr. Arnold W. Stott has been appointed as a physician, Dr. Adolphe Abrahams as an assistant physician, and Mr. H. R. Buttery as house-physician.

Mr. John Cope, leader of the British Antarctic Expedition, has been detained at Montevideo through the non-arrival of his dogs. He is also encountering difficulty in obtaining films owing to their unexpected cost. He proposes to give lectures in Montevideo and at Buenos Aires, thus obtaining assistance from the British communities. It is his intention to proceed south as early as possible in the whaler "Solstreif" without waiting for the dogs, although their absence makes sledging more difficult.

Mr. Cope for some time was studying at Bart.'s, and while at the Hospital lectured before the Abernethian Society on his Antarctic experiences. He accompanied Sir Ernest Shackleton on his last expedition.

Mr. G. T. Kerr Cross St. John's College, Oxford, has been awarded the Theodore Williams Scholarship in Pathology.

The attention of old St. Bartholomew's men is drawn to

the advertisement of The Association of Certificated Blind Masseurs. Many of them are ex-service men who have lost their sight in the Nation's service, and who, having received a thorough training and passed their examination, are proficient and deserve a trial. There are still a number of officers and other ranks who have been wounded still need massage, and being in a position to be able to pay for treatment may desire to employ their comrades on the advice of their medical practitioner.

Mr. Kenneth Walker left England on December 10th to take charge of a Medical Commission visiting the Mediterranean. He is spending most of his time investigating conditions at the Ports of Gibraltar and Malta, and expects to be away about four weeks.

Bart.'s men made an extremely good showing in the recent Primary and Final Fellowship Examinations of the Royal College of Surgeons of England, no less than thirteen being successful in each case. It is curious that the lists of successful candidates both coincide with a generally regarded unlucky number.

Old St. Bartholomew's men are still doing splendid service the world over, and it gives us much pleasure to notice the excellent work that has been done by Lieut.-Col. W. B. Lane, C.I.E., C.B.E., I.M.S., in connection with the jails in Mesopotamia while Inspector of Disciplinary Labour Corps of the M.E. Force.

Sir D'Arcy Power was one of the delegates selected to represent the Royal College of Surgeons at the centenary celebrations of the French Academy of Medicine held in Paris last month.

Our congratulations to Dr. J. G. Priestley on his appointment to a University Lectureship in Bio-Chemistry at Oxford.

We also note with interest that Mr. P. B. Appleton has been appointed Senior Demonstrator in Anatomy at Cambridge.

Congratulations to Mr. H. W. C. Vines, M.A., M.B., B.Ch., Fellow and Director of Medical Studies, Christ's College, Cambridge, on his election to one of the Beit Memorial Fellowships. The general character of the proposed research is in connection with the blood especially with reference to—(1) The role of calcium salts (a) in immunity and its phenomena; (b) by therapeutic injection in certain conditions. (2) Changes in electrical resistance (if any) of blood or serum (a) during blood coagulation; (b) in the process of immunisation; (c) combination of toxin and antitoxin. (3) Certain properties of anaphylactic blood and tissue extracts.

A ROYAL DECEASE.

By SIR WILMOT PARKER HERRINGHAM, K.C.M.G., C.B., M.D., F.R.C.P.

LOUIS XI of France was born in 1423. When he was 13 he was married to Margaret, daughter of the 1st James Stewart of Scotland, much against his will—"et autant qu'elle vesquit il y eut regret." However, she died when he was 21. Two years later he left his father's Court and retired to Dauphiné, which belonged to him, and when he was 28 married Charlotte of Savoy. War broke out between him and his father and he fled to his uncle Philip of Burgundy at Brussels, where he stayed at Philip's expense for five or six years until his father, Charles VII, died. He describes himself as "the poorest son of a king that ever was, who from childhood have had but suffering, tribulation, anxiety and poverty, obliged to live on borrowing and begging, my wife and I, without a foot of ground, a house to live in, or a penny in our pockets." In 1459 a son born at Namur died in infancy, and Louis thereupon vowed never to have to do with any woman but his wife, "and although this was his duty according to the Church's ordinances, yet it was a great thing when he had so many at command to persevere in this promise, seeing besides that the Queen was not one of those in whom one would take great pleasure, though a very good lady." He succeeded his father in 1461, and from then till his death was never free from war and intrigues, caused now by rebellions among his nobles, now by his own ambition, and especially by his continual struggle against his cousin Charles the Rash. The incident at Peronne, which is the central point of *Quentin Durward*, and is taken almost literally from Commines' *Memoirs*, took place in 1468. He was a consummate politician, and seemed "fitter to rule (seigneurir) a world than a kingdom." He had no pleasures except hunting and falconry, but he liked hunting best. "But even then he had almost as much trouble as pleasure, for he underwent great fatigue. He rose very early, sometimes went long distances and stopped for no weather, and so he sometimes came home very tired and nearly always angry with somebody, for hunting is a business that does not always fall out as you would have it. However, he knew more about it than any man of his day, so everybody thought."

In March, 1480, he had a stroke while at dinner and lost speech and consciousness. The Archbishop of Vienne, who was there, ordered him an enema and threw open the windows. Almost at once speech returned to a slight extent, and consciousness. He got on his horse, rode a mile to his quarters, and sent for Commines, who slept in his room and valeted him for a fortnight, being even obliged to interpret what he said to his confessor, for his speech was unintelligible to other people. Luckily he had not

much to say, as he confessed before he touched for scrofula, which he did every week, "and if other kings don't do it they are much to blame for there are always many patients." As soon as he got better he asked who had tried to hold him by force when he had his seizure, and turned them all off at once. His father, Charles VII, had refused food, had been fed forcibly, and had died soon after, and Louis had always blamed that method. Commines found two physicians sitting at table with him (paralysis, if it occurred at all, seems to have been very transient)—Maitre Adam Fumée, physician to Charles VII, who held a good post in Louis' household, and Maitre Claude. But they do not seem to have seen him later.

Next year he had another attack, and after that he shut himself up at Plessis les Tours, took extreme precautions to guard the castle, hardly allowed anyone to enter, and issued more and more peremptory orders than ever before, in order that his authority should suffer no diminution. He had with him his ordinary physician, Jacques Coitier, to whom he gave 10,000 écus = 12,500 francs a month, which is £6000 a year without allowing for the greater value of money then. "L'edict medecin luy estoit si très rude que l'on ne droit point à ung varlet les oultraigeuses et rudes paroles qu'il luy disoit," and Louis, before whom everyone trembled, was so afraid of Coitier that he dared not dismiss him, because "ledict medecin" had had the audacity to tell him, "I know one morning you'll turn me off, as you do the others, but by the —" (and he swore an awful oath) "you will not live eight days afterwards." This is the threat that Scott puts into the mouth of the sorcerer Campo-basso, who, however, was no sorcerer, nor ever in Louis' service, but a Neapolitan Condottiere, whose treachery caused the defeat and death of his master, Charles the Rash. Louis chiefly, however, relied on a religious anchorite from Calabria, called St. Francis da Paula, which apparently aroused the jealousy of Coitier and others, and so when on Monday, August 25th, 1483, another attack came on, they told the King in "brief rude words" that it was all up with him, and that therefore he had to settle his conscience, for there was no remedy. Louis had always been mortally afraid of death, and had told his confidential attendants that the word "death" was never to be uttered to him, but that a hint was to be given which he would understand, so Coitier's conduct was the more brutal. But Louis, who had quickly regained both speech and consciousness, took it very bravely, made elaborate arrangements for his heir, who was only thirteen, said he should live till Saturday, and did. His queen, the "very good lady," died the next December.

Communes mentions two other points about the illness: first, that the King had aged so much of late that he hardly knew him, and secondly, that he had become extremely thin. I have seen both happen in a very similar case which I took to be cerebral thrombosis, and I think that is the probable diagnosis in the case of Louis XI.

THE WORK OF A LARGE LONDON INFIRMARY.

By E. W. G. MASTERMAN, M.D., F.R.C.S., D.P.H.,
Medical Superintendent, Camberwell Infirmary.

HERE is so much ignorance in the medical profession concerning the Poor-Law Infirmaries of London (of those in the provinces I know practically nothing), and the subject of their future development in connection with an organised medical service for London is so much to the fore, that I gladly accede to the request made by the Editor of the "BART.'S" JOURNAL to write on this subject. I confess that before the actual day of my appointment as Medical Superintendent to Camberwell Infirmary, I, like perhaps the great majority of medical men, had never been inside a London infirmary and was entirely ignorant of its work. My first introduction to my duties was during a short interview I had with my predecessor, Dr. Keats, just before my taking office. As the infirmaries all have differences—due to environment, the character of the Boards controlling them, the up-to-dateness or otherwise of the buildings and their special traditions—I shall be on safer ground if I here take Camberwell Infirmary as an example rather than attempt comparisons—disadvantageous, doubtless, to ourselves in some respects—with others. Camberwell Infirmary, at least, has this claim on the interest of "Bart.'s" men—that two successive Superintendents as well as the present Assistant Medical Superintendent (Dr. Lloyd) are all "Bart.'s" men.

I.

THE PRESENT POSITION.

Camberwell Infirmary began as a great block of buildings, opening (originally) upon Havel Street, constructed in 1872. This, which was entirely renovated internally when the Infirmary was reconstructed in 1901, is externally old-fashioned and ugly and of the then prevailing "workhouse" type. In 1889 a new block with four circular wards was built and was connected with the old "Square" block by iron bridges. The Infirmary thus made must have contained some 360 beds. As these buildings soon proved entirely inadequate for a borough like Camberwell (the old "Parish of St. Giles", Camberwell"), with over 300,000 inhabitants, the Board of Guardians during 1901-3 entered upon a great scheme of extension, and six new pavilions (one an administrative block, another a nurses' home, and four for sick persons) were constructed, together with a large modern kitchen, steam laundry, etc. We have now accommodation for about 850 (officially 828) patients, a handsome nurses' home, a very fine operating theatre and an obstetric theatre for difficult labour, an X-ray instalment for diagnosis of fractures, a fine clinical pathology room, a good dispensary, and, indeed, a great

part of the appliances of a most modern hospital. There are lifts in each pavilion, and all the buildings are connected up with a wide cemented passage-way, covered over with an iron and glass roof. One incidental gain is that whereas the Infirmary used to open into a narrow back street, it now fronts on the large, old-fashioned and quiet Brunswick Square, with a shaded garden in its centre. The drawback of some infirmaries is their approach through mean streets, crowded many hours of the day with noisy, ragged street-urchins. As far as the buildings are concerned Camberwell Infirmary compares favourably with all but the most modern of voluntary hospitals.

HOW DOES A POOR-LAW INFIRMARY DIFFER FROM A VOLUNTARY HOSPITAL?

Firstly, as regards management, it is under a Board of Guardians elected by the ratepayers of the district; it is supported entirely "out of the rates"; it is administered under the Poor-Law Regulations and controlled by the Ministry of Health, whose sanction has to be obtained by the Board of Guardians on any important question. Many people cherish a horror of "being on the rates," a feeling which dates no doubt from the Poor-Law administration as it was depicted—and caricatured—by Charles Dickens. At that time various civil disabilities were connected with Poor-Law assistance, and the infirmaries were practically sick wards attached to the workhouses, ill-managed and nursed by quite an untrained staff. In this Infirmary untrained women have only been replaced by a trained staff during the last twenty years. Whatever may be said of the Poor-Law guardians in the times depicted by Dickens, my experience here is that they are a body of men and women who give an enormous amount of time and thought, animated with the highest ideals, in serving the needs of the poor and the sick. I cannot help adding, however—not being a party man myself—that it is a misfortune that party politics have now entered so much into the consideration of questions which should be decided on more intellectual and scientific grounds, and party quarrels often obstruct progress.

In Camberwell we have no workhouse structurally connected with the Infirmary, though there are two "Institutions" (as they are termed) of that kind under the Board at distances of a mile S.E. and S.W. respectively from the Infirmary. To one of them, in Constance Road, which has sick wards, we send our chronically bedridden, the normal maternity and the mental cases.

The people of Camberwell have, it seems to me, to a considerable extent got over the prejudice against a "rate-supported" infirmary, as is shown both by the class of people coming to us—practically the same as to the voluntary hospitals—and by the fact that when we want to transfer a very chronic old patient to the sick wards attached to "Constance Road Institution" they protest against being

"sent to the workhouse" and being classed as "paupers." As a matter of fact the anomaly remains (though the people forget it) that though our patients in a considerable proportion of cases pay the charges (from 25s. to 44s. a week), they are still in the strict legal sense "paupers." And this, too, when people quite able to pay even higher sums accept *charity* for nothing in many of the voluntary hospitals. It is really an absurd position that though the people of Camberwell support the Infirmary themselves by their own rates, and that all those who can pay do so, yet they still have what one can only call the *stigma* of the Poor Law attached to them. It is true that in Camberwell, through long appreciation of and familiarity with the Infirmary, thousands of our people have forgotten this stigma, yet that it is there in the background is a scandal that should not be allowed to continue. Some of the London boards of guardians have recently endeavoured to improve matters by changing the name of their infirmary to "hospital," but it is a change which deceives nobody, and a Poor-Law hospital is simply an infirmary under another name.

Secondly, the mode of administration to an infirmary is different from that of a voluntary hospital.

(1) The method of admission according to the strict administration of the Poor Law is by recommendation of one of the Guardians' district medical officers. This certificate is dealt with by the relieving officer of the special district of Camberwell, where the patient lives. After finding out that the applicant belongs to the parish (in this case the borough of Camberwell) he takes all particulars of the family income, size of family, etc., and if the patient can pay or be paid for he informs the friends what sum must be paid weekly. He then draws an *order* for admission. Such an order must be honoured unless the medical superintendent has such special reasons for excluding the patient that he could justify his refusal before the Infirmary Committee of the Guardians. Practically it is scarcely ever done unless the Medical Superintendent finds that the patient has an infectious disease necessitating admission to a M.A.B. hospital, or, in our case here, that he or she is a mental or maternity case, and must go to Constance Road. There are two important modifications of the old method of admission: (1) By order of the old Local Government Board a medical superintendent may admit any urgent case (*e.g.* accident, surgical emergency or urgent acute illness) regardless of whether the patient belongs to the parish or has been to a relieving officer, on a "special order" signed by himself. Such "special cases" are reviewed by the Infirmary Committee—who expect to see their numbers kept down to a minimum—and the circumstances of their domicile, their ability to pay, etc., are gone into. If they are able to pay the full charges or are acute cases they can stay, but if they make a prolonged stay in Camberwell their charges may be recovered from their own "parish," or, like all cases proved not to belong to the

parish, they can be transferred by magistrate's order obtained by the "settlement officer" to their own parish. In this way the Camberwell Guardians are able to keep the beds of the Infirmary for the use of their own people, otherwise there is a very real danger that our wards would become filled with cases from neighbouring districts. People have been known to come from other "parishes" and to sleep two or three nights in Camberwell in order to get into this Infirmary.

(2) In our district—and I suppose in other unions—the system whereby the district medical officer should always see a case before a patient gets an order is no longer insisted upon; indeed, it may be said to be defunct. Any doctor in the district, indeed any H.S. or H.P. in a neighbouring voluntary hospital, may give a recommendation stating that the patient needs treatment in an infirmary, and if he belongs to the parish the patient can get an order; a case of doubtful suitability is referred to the Medical Superintendent.

It is one of the good points about infirmary administration that all cases, except of course those who arrive here walking provided with an order, are fetched in by ambulance. We keep a special fully trained and experienced nurse and a male ambulance attendant to go to the houses and see to the transfer of patients. All urgent cases are fetched with the least possible delay day or night. In spite of the very urgent demand on our beds, through so many of the hospitals and infirmaries being taken on for military purposes, only once on a single day in the height of the influenza epidemic had we to refuse to take in one of our own people through want of accommodation.

It will be noted that we medical officers here have no out-patient department, so that it is only on certificates from practitioners outside we secure patients. This will seem strange—almost unworkable—to those accustomed to voluntary hospitals, and it must be admitted it has considerable disadvantages from the professional point of view. It relieves, however, our very limited staff from a great many calls to minor casualties and illnesses, and takes off our hands all the responsibility of deciding whether a case ought or ought not to be admitted. With this friendly co-operation with the medical men of the neighbourhood it does not work so badly. It seems that in some parts of London the general practitioners view the infirmary staff with anything but friendly feelings, but it is not so, I am glad to say, here.

We have in structural communication with the Infirmary a "relief station" provided with a good waiting-room and consulting-rooms for two of the district medical officers; this might with advantage be used as an out-patient department, where we could follow up the treatment of our cases. But to do this would necessitate some increase of our resident staff, and the whole question of the relation of the infirmary staff to the Poor Law district medical

officers is the subject of somewhat acute controversy at present.

When a patient arrives with an "order" for admission (usually we get the order first and send for the patient), he or she is carried to the male or female receiving ward as the case may be. There the patient is undressed (the clothes usually handed over to the patient's friends), wrapped in blankets, and the Assistant Medical Officer on duty thoroughly examines the patient, entering on the case-paper all particulars about the patient—name, age, religion, address of relatives, time of admission, etc.—besides the history of the illness, past and family history, and the report of the examination he has just made. He enters directions about the bath (bed bath, ward bath, etc.), diet, medicine, etc., and directs to which ward the patient is to be taken. When admitted the patient comes under the professional care of the Assistant Medical Officer of that particular ward, who is expected the next morning (or at once if the case is very urgent) to make an independent examination of this new case. The cases are distributed into certain wards according to the age of the patient or the nature of the illness. Thus we have wards for "acute medical," "acute surgical," "obstetric and gynecological," "tubercular," or "chronic" cases; also two special wards for boys under 16, one for girls under 16, three small wards for sick babies under 2, and a whole block (100 beds) for "sick children." Altogether for children under 16 we have over 200 beds. For tuberculosis we have 100 beds set apart, including 18 beds in special "shelters" on the roofs of three of the pavilions, where the patients are always in the open air.

(To be concluded.)

THE COMING OF LISTER TO LONDON.*

By SIR ST. CLAIR THOMSON,
House-Surgeon to Mr. Joseph Lister in 1883.

LISTER was a pure-bred Englishman. He cannot be claimed by Scotland or Ireland, and there was not even a Celtic fringe to his genealogy. His people came from Yorkshire, where they have been Quakers since 1705. It helps us to understand his life and character if we recall the tenets and customs of this sect. Their religious views debarred them from the Universities of Oxford and Cambridge and prevented them from joining the Army or Navy. They took their pleasures even more sadly than the average Englishman, for they were forbidden to indulge in "vain sports and places of diversion." Hence they turned their attention to commerce, to medicine, and to intellectual delights. Lister was brought up a Quaker, and he scorned delights and lived laborious days all

* Opening address to the Abernethian Society on October 28th, 1920.

through a long life. After his marriage he joined the Church of England. His father, Joseph Jackson Lister, was a wine-merchant—an occupation even more esteemed last century than in the present Pussycot days. It is interesting to recall that Ruskin's father was also a wine-merchant, and both these worthy merchants gave their sons such a thorough education, and left them so well provided for, that they were able to leave imperishable names in the history of English science and literature. Lister's father was a good French and Latin scholar, and his researches in optics won him a Fellowship of the Royal Society. His firm, I believe, still exists in Lothbury. He lived the first three years of his life in Tokenhouse Yard and the next four years in Stoke Newington. He then moved to a capacious Queen Anne house at Upton in Essex, and here his fourth child and second son was born on April 5th, 1827, and he called his name Joseph. The house has been submerged in the flood of hideous industrialism which has overspread such places as Ham, Barking and Plaistow, but in Lister's youth his birthplace was in the heart of the country, far from the madding crowd, and near the houses of such Quaker families as the Gurneys, Fothergills, Buxtons, Barclays and Dimsdales.

At the age of seventeen Lister joined University College, which had recently been founded as a non-sectarian institution. Some time afterwards King's College was started to maintain the tenets of the English Church, and it is curious to note that Lister began his University career in the one college and finished it in the other. He took his B.A. at the University of London before proceeding to the M.B. and F.R.C.S., and he won all the medals and scholarships he met with on his way. He was House-Physician to Dr. Walshe, House-Surgeon to Sir Eric Erichsen, and was present at the first operation ever performed in this country under ether, by Liston in 1846.

At the age of twenty-six he was attracted to Edinburgh by the fame of Syme, and there he had two strokes of good fortune—he became Syme's House-Surgeon and married Syme's daughter. At the early age of thirty-two he was appointed Professor of Surgery in the University of Glasgow, and there he remained nine years, working at his studies and experiments on inflammation, putrefaction, repairs in wounds, drainage and sutures. We are apt to forget how wide his investigations had to be and how broad-based his knowledge before he could proceed to what is considered his chief work, viz. the designing of satisfactory arrangements of dressings, ligatures, sutures and drainage.

At the age of forty-two Lister was recalled to Edinburgh to fill the Chair of Surgery at that great University, and there he remained until 1877, when he was offered the Professorship in King's College Hospital, left vacant by the death of Sir William Fergusson. In Scotland Lister had a far larger and more devoted following of pupils than he

could ever expect in London. In Edinburgh the number of students who crowded the theatre to attend his regular course of clinical lectures frequently exceeded 400; and foreign surgeons, from all the countries of America and Europe, and even the outmost dwellers of Mesopotamia, had been flocking for years to Glasgow and Edinburgh. A few, a very, very few young surgeons from London had ventured north to see and hear about this new antiseptic method of treating wounds, the two most notable being his own nephews—Marcus Beck, afterwards on the staff of University College Hospital, and Rickman Godlee, later on President of the Royal College of Surgeons, and the author of that biography of his uncle, which every student should read.

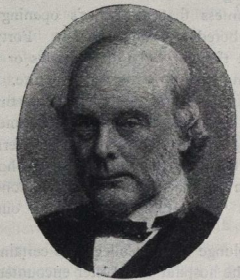
What induced Lister to leave the high position he had in Edinburgh, his wards of 60 to 70 beds in the Royal Infirmary, and these crowded classes of attentive students, to come to a small school in London where the students of all four years (the curriculum was then a four-year one) together only amounted to 142? In Edinburgh the average annual entry of medical students was over 180; in King's College it was less than 25. Here only 24 beds were allotted to him, and he was sure to be met with the concentrated parochialism and insularity which distinguishes medical London more than any other spot in these islands, and where he was certain to encounter the envy, hatred, malice and all uncharitableness which is always ready to receive anyone who comes from outside to make his way through the ring fences surrounding the various hospitals and schools, the two Royal Colleges and the several medical societies and associations? His coming was not in order to have a larger field for private practice. Always blessed with a sufficiency of private means, Lister at no time courted the pecuniary rewards of practice, and he died a comparatively poor man. It was not to hunt for honours or distinctions: Lister, brought up a Quaker, thought little of such methods. All who knew him are convinced that he accepted the invitation to come here simply and solely because he felt that on the larger and more central stage of the Metropolis he could so demonstrate his work that he would the sooner fulfil his mission and win the whole world to accept his principles. In taking leave of his class in Edinburgh he expressed the pleasure that, under the risk of having his motives in leaving Edinburgh for London quite misunderstood, so large a number of Edinburgh students did really believe what was the truth; that it was only a sense of duty which had made him come to the decision to leave that school. He added that it was a wrench to leave a school in which he had received great kindness, and to take a cold plunge into what might prove to be a sea of troubles.*

He was indeed right. A sea of trouble and many a cold douche were in store for him. Lister returned from two

* *Brit. Med. Journ.*, 1877, vol. ii, August 4th, p. 145.

professorships in the Scottish Universities to his own southern people, to the city of his birth and the country of his own form and faith. He returned to his own and his own received him not.

On Monday, October 1st, 1877, I entered as a student at King's College, attracted there entirely by the great name of Lister and urged on by a brother who had been his pupil in Glasgow. On the same date Lister not only assumed the duties of Professor of Clinical Surgery, but he delivered the introductory address of the session 1877-1878. These inaugural orations have nearly died out; at that time they were almost universal. As a rule they were devoted to pointing out to freshmen the nobility, responsibilities and privileges of the profession to which they were about to devote themselves, and encouraging them by work hard, simple living and high thinking to make themselves worthy of it. They were, as a rule, friendly



THE RT. HON. THE LORD LISTER.

functions; the usual oration did not make too much demand on our thinking capacity, and we all came away cheered as we always are by a call to high endeavour and to make our reach exceed our aim, else what's Heaven for?

But Lister, to most people's astonishment, opened his address by stating that he was going to record some experiments he had made (during his holidays, forsooth!) "to obtain some positive and definite knowledge of the essential nature of a class of phenomena which interest alike the physician, the surgeon, and the accoucheur, viz. the changes in organic substance which are designated by the general term fermentation."* This address was delivered from behind a table, covered with glass flasks and tubes containing milk and blood, pipettes, test-tube stands and the other paraphernalia required to demonstrate Lister's contention that neither milk nor blood had any inherent tendency to putrefaction, and that if either of these fluids were drawn off and preserved under what we should now a days call "sterile conditions" they would remain free from putrefaction indefinitely. This is all accepted doctrine

* *Brit. Med. Journ.*, 1877, vol. ii, October 6th, p. 465.

now-a-days when "all can raise the corn now all have got the seed." But, although it was not so forty-three years ago, I need not deal further with the lecture, which can be read in full in the *British Medical Journal* of that year. What I would like to recall is that, although the large theatre in the College was crowded from floor to ceiling, and although Lister had a warm reception from former pupils and distinguished men of science, and although many surgeons had, on this opening day of the session, left their own schools to come and hear him, yet it was generally thought that the subject was inappropriate, that such an abstruse subject as lactic acid fermentation had no concern for a professor of surgery, that he did not seem the sort of teacher to show a student how to get through his exams., that this man fiddling about with flasks and test-tubes and talking about "putrefaction fermentation" could not be the "practical man" so dearly beloved in that Victorian generation.

I sadly confess that at Lister's opening address we students were bored and we showed it. Forty-three years ago it was not thought to be discourteous or bad form to disturb or even "kick up a row" at a lecture. Consequently we shuffled our feet, and reminded the lecturer *sotto voce* that his hour was up and that it was tea-time. When he was describing his investigations on the fermentation of milk he had occasion to refer to the cow-house and the cows, and then we boomed; and if he mentioned the dairy-maid we said "Tut, tut," and thought ourselves very funny!

This first plunge at the College was certainly chilly, but it was up at the hospital that Lister encountered his sea of troubles. He had stipulated that he should be allowed to bring with him from Edinburgh four assistants already trained in his methods, to be attached solely to his service. This was a cause of offence: firstly, because it was held that any dresser could employ carbolic lotion and gauze, just as previously he had learned to apply water-dressings or oakum; and secondly, because in those days operations were so uncommon that a single house-surgeon had previously sufficed for all the three senior surgeons of the staff. Fortunately there was never any personal question in the criticism raised by this condition of Lister, partly because medical students are a generous crew, and partly because the four men from Edinburgh were such good fellows that they were readily welcomed by the Common Room and the Resident's Mess.

Vexatious opposition to Lister and his energetic though humane work came chiefly from the nurses. In those days the hospital did not control its own nurses; the nursing was, so to speak, leased out to a body which was much more a religious sisterhood than a nursing staff. This was the Sisters of St. John, an Anglican community, much given to ritual, repression, frigid rules, the exaltation of what they thought the religious care of the patient above his medical

well-being, and, withal, with a mailed fist ever clenched and ready for any helpless student, resident, or even member of the staff who showed any tendency to *dis-majesté*. Matters came to a crisis with this body a few years later; they retired or were dismissed—I forget which—while I was House-Physician, and afterwards formed a fresh conventicle which marked its higher rise by adopting the title of the Sisterhood of St. John the Divine. I could many a tale unfold of these far-off days and battles long ago between the nursing and medical staff; but they have no interest now, and they would hardly be believed in view of the ever happy and cordial relationships which have existed between these two bodies for many decades. I only mention it because Lister suffered more than any other member of the staff from their petty restrictions, their frigid rules, their general air of contempt for surgeon and physician, and their repressive formality. They made themselves particularly obnoxious to Lister as he gave more work than any other surgeon; he visited his wards daily instead of twice a week; he had the boldness to show himself at the hospital after dinner or even on a Sunday if a case gave him any anxiety; the technique of his dressings involved much washing up and the spreading of mackintoshes to limit the effects of the clouds of watery carbolic spray in which we worked; at least two hours daily were taken up by dressings, which Lister insisted on carrying out himself or seeing carried out under his own eye. There was much upset in the wards by his having patients carried or wheeled into the operating theatre for his regular clinical demonstrations; in fact, he upset these pious ladies by disturbing the atmosphere they had created, which clearly suggested that medical men were allowed on sufferance in a hospital to do an operation or write a prescription; but that it was the nursing which should take first place, and that, even in that department, the all-important points were that the bed should be stiffly tidy, the patient's face shinely clean, and that he should say his prayers!

Worse than these two cold douches was what John Stewart, his first House-Surgeon, describes as the colossal apathy, the inconceivable indifference, shown by the students and surgeons of London. The wards of most of the hospitals in England at that time stank with the hospital air of putrefaction. I remember the tin trays placed below an amputated stump to catch the dripping pus, and the frequency with which in the post-mortem room we saw the amyloid degeneration which indicated the wretched patient's long and weary passage to the grave with hectic and surgical fever. Lister's wards were sweet; his dressings when taken off were free from putrefactive odour, they were handed round for confirmation, and I can remember the surprised and approving sniff with which the visitor—generally a foreigner—confirmed Lister's frequent and pleased remark: "You will note, gentlemen, that the discharge is simply serous and quite sweet."

Yet Londoners did not come to see this revolutionary change, to hear, to smell, and to be converted.

In Edinburgh his class frequently numbered 400 students; at King's some 10 to 20 might turn up, but these gradually fell off. I have seen him give a carefully prepared, thoughtful, philosophic lecture, one which laid the very foundation of a physiological understanding of our work, to half a dozen men, and many a time I have seen him at work in theatre or ward, accompanied only by his own suite. When complete this consisted of 6 dressers, 3 clerks (all of whom must previously have served as dressers), and his House-Surgeon. Each office lasted for six months. It was only the enthusiasts, or those who had some inkling that they were serving a great master, who cared to give 6 or 12 months to receiving this precious instruction in the science and principles of surgery. The rest cared for none of these things; they were indifferent, they were utilitarians, who, with what the world might in its foolishness call "shrewd common sense," saw that Lister's teaching was no use to them, for he did not coach them in the subjects required for examinations. But is he entirely to blame for this? Here in London much is sacrificed to the examination system, which encourages cramming, stifles any spirit of inquiry or love of knowledge for its own sake, and compels the teacher to limit his instruction to preparing the student to pass, not only certain examinations, but certain examiners! The complete separation of teacher from examiner also handicaps the student. It is not the student who is to blame: it is our faulty methods of teaching and examination. Ten years later Lister referred to his small classes at King's, after his crowded audiences at Edinburgh, as "a humiliating experience."

But if students and London surgeons were apathetic and short-sighted over the revolution being wrought in surgery, it was not so with the foreigners. In the entrance hall of the old Hospital there was a notice-board forbidding smoking in English, French and German.

In the last decade of last century many must have wondered when the necessity had occurred for this polyglot announcement, for it was rare for any Frenchman or German to find his way there, and, if he did, he was so solitary and felt so much the repressive atmosphere of this misty island that he would hardly have the hardihood to light an innocent cigarette. But it was different in the eighties. When I was Lister's House-Surgeon in 1883 foreigners poured in from the ends of the earth, crowded the entrance hall, and there, while waiting for the master, they would make the air thick with tobacco-smoke. Twenty to sixty of them would fill the front seats of the lecture theatre; indeed, I remember a time when the students complained of this, and also of the fact that not infrequently Lister gave half his lecture in French or German, in both of which he could make an extempore speech quite easily. This complaint came round to Lister's ears, and I recall

how he took the opportunity of a quiet day to refer to it, saying that if the students showed as much enthusiasm as the foreign visitors he would see to it that they were not ousted from the best seats. Like all his little corrections this was said most courteously, and more in sorrow than in anger.

Amongst the visitors from overseas we made many interesting acquaintances. I remember an American surgeon turning up one day who told me he had been to Vienna to see Billroth, but did not consider him equal to a bully operator they had in Buffalo, where the visitor came from. He arrived at the hospital one Saturday just before lunch, and I told him Lister was not expected until 2 o'clock. He said he would wait, and asked if he could not see around the Hospital in the meantime. I had the happy thought of turning him over to the Secretary, whom he dragged all over the building, and reduced that poor functionary to a limp mass before 2 o'clock. When the master arrived our visitor said: "Professor Lister, Sir, I am told your wounds heal without suppuration, and I've come all the way from Buffalo to see them." The ever-courteous Professor said he was sorry, but that no cases required dressing that day, that the next day was a Sunday, and, as he had no class, he would be changing the dressings in the morning. The irrepressible visitor said, "No matter, I'll be there." And there he certainly was on the Sunday morning. When all had been shown him he exclaimed: "Sir, I was like the doubting Thomas in the Scriptures. I would not believe without seeing; and, like Thomas, I've seen and I now believe. Buffalo shall hear of this." Need I add that this easy reference, without a prefix, to a New Testament saint, and this breaking in on the Sabbath morn of their disciplined wards caused the caps to stand straight up from the heads of the High Church sisters of St. John. Lister beamed: he had no insular prejudices, and always liked the expansive manners of foreigners.

(To be concluded.)

"The Consultant in his Rolls-Royce,
The G.P. in his Ford,
God made them high and lowly,
Sons of the Conjoint Board."

—From a recent debate.

SURGEON: Now how would you tell that a man was a bleeder?

STUDENT (promptly): I'd puncture him.

SURGEON: Really! Where?

STUDENT (fortissimo): THROUGH THE SKIN!

NOTE ON A CASE OF MALIGNANT MELANOMA OF THE VULVA.

By C. H. ANDREWES.

MRS. J. W., æt. 54, was admitted to Martha Ward on June 15th, 1920, complaining of a black wart on the vulva.

The patient had been married for thirty-four years, had had eleven children, and her menstruation had been regular until nine months previously.

In January, 1920, she first noticed a swelling the size of a pea on the vulva. This gradually increased in size, and in mid-May was first observed to be black in colour. The patient stated that the swelling had doubled in size between mid-May and the time of admission. For two months she had suffered from pain in the abdomen and back, and had noticed a blood-stained discharge from the swelling. She had no trouble with micturition or defecation, and gave no history of loss of weight.

On admission, the patient was extremely well nourished; no enlarged glands in the groins, no œdema of the legs, and nothing abnormal in the urine. Just inside the right labium majus was a rounded swelling rather over an inch in diameter. The swelling was black with an ulcerated surface, and was attached by a broad pedicle on its inner surface to the posterior part of the right labium minus. No infiltration of surrounding parts could be felt. On the left labium minus were two black patches opposite to this tumour; they were smooth, not raised, nearly circular in shape and about $\frac{1}{2}$ in. in diameter. A similar, less deeply pigmented patch was seen on the vestibule, a little anterior to the left labium minus. *Per vaginam* the cervix was healthy, the uterus mobile and not palpably enlarged.

On June 18th, 1920, Dr. Williamson excised a portion of this tumour, which was sent up for immediate pathological investigation. On receiving a report that it was probably malignant, he freely excised the whole vulva, including the pigmented patches. No infiltration of deeper structures could be detected, and on section the black growth was sharply differentiated from the tissues beneath.

The patient made a good recovery. The inguinal glands were not removed. Since the operation the patient has been having X-ray applications to the groins and vulva every three weeks. She has had eight applications in all. The dose employed has been 8 Holzknicht units with a screening of 5 millimetres of aluminium. By December 7th no recurrence of the growth could be detected.

Microscopic section of the tumour showed the structure of a melanotic sarcoma. There was great anaplasia of the cells: most of these were spindle-shaped, but many were round. There were smaller numbers of much larger mononuclear deeply-pigmented cells. Dark pigment was

present throughout the growth, both within the cells and in amongst them. The cells were arranged irregularly and nowhere in columns. Many mitoses could be seen in every field, a fair number of these being atypical. As regards infiltration, the tumour ended abruptly below, but showed signs of spreading laterally beneath the epidermis, where there was a growth of anaplastic pigmented cells similar to those in the tumour itself. The tumour was ulcerated on the surface, showing small round celled infiltration and necrosis.

Sections of the pigmented patches showed nothing beyond a somewhat doubtful increase in the chromatophore cells in the epidermis. There was no evidence of any new growth in these areas.

In the *Journal of Obstetrics and Gynaecology* for November, 1908, Dr. Eardley Holland has collected 52 cases of malignant melanoma of the vulva. Of 37 in which the exact site is recorded, 6 were situated on the labia minora, while the inguinal glands were affected in 25 out of 31. The very poor prognosis is shown by the fact that in only one of the cases operated on was the patient known to be free from recurrence after three years. Dr. Holland also considers whether such tumours commonly arise from innocent warts and concludes that they usually do not.

The interest of the above case appears to lie in (i) the absence of any clinical evidence of malignancy, although microscopically the tumour was definitely malignant and was known to have been present for four months; (ii) the absence of recurrence after nearly six months; and (iii) the field for speculation afforded by the pigmented patches in the neighbourhood of the tumour.

I am much indebted to Dr. Williamson for permission to publish this case, and to Dr. Spilsbury for assistance with the microscopical sections.

CAMBRIDGE GRADUATES' MEDICAL CLUB.

THE Fortieth Annual Dinner of the Bart's Cambridge Graduates' Club was held at Frascati's Restaurant on Tuesday, November 16th. Although not a record attendance, close on 100 were present.

Dr. P. Horton-Smith Hartley, C.V.O. (St. John's College), was in the chair.

The arrangements for the evening had been in the hands of Dr. Henry Burroughes and Mr. R. M. Vick, F.R.C.S., and we did not know which reached the highest level—the excellence of the menu, the wit displayed by the speakers, or the key in which the National Anthem was sung!

After the more formal toasts had been honoured, the CHAIRMAN proposed "The Club." With all the archaeological skill characteristic of Bart's physicians he traced the beginnings of the Club back to the Middle Ages. He also mentioned some of the distinguished members that had taken an active part in its history. Amongst others had been four Masters of Cambridge Colleges. Distinctions had also been gained in the athletic world.

Dr. HOWARD TOOTH then proposed "The Guests." He said that the previous references to the antiquity of the Club implicated him also, he having been present at its second meeting. For a time

difficulties had been encountered, and dinners had been poorly attended. Mr. Waring, F.R.C.S., had been the first person introduced as a guest, and the custom of introducing guests was now fully established.

Dr. T. W. SHORE briefly replied for "The Visitors."

Dr. HUGH THURSFIELD, in supporting Dr. Shore, dwelt on the traditional hospitality of Cambridge. He said that, coming as he did from a more favourable clime, he had always been surprised that that sad and dreary town of Cambridge, set in the middle of gloomy marshes, could have produced such genial hospitality.

Dr. DRYSDALE then proposed "The Chairman." The full flavour of his speech was unfortunately lost to the reporter owing to the interposition of a palm. In his speech, however, he commented on the cherubic and innocent visage of the Chairman, unaltered by the passage of time, ever youthful in its appearance. He congratulated him on two things—first on having become a full Physician, and second on being the father of the President of the Cambridge University Boat Club.

The two SECRETARIES of the Club were then called upon to speak. After having paid mutual tributes to each other, they gracefully acknowledged the thanks that had been accorded to them for their trouble in arranging the Dinner.

At intervals throughout the evening Messrs. Hilton, Winton and Bourne gave musical selections. According to time-honoured custom, the company retired to 98, Harley Street, at the invitation of Dr. Morley Fletcher. They were entertained by cock-fighting and musical contributions from Drs. Burroughes and Lyon-Smith. The "Twelve Apostles" met with its usual success. Altogether the organisers of St. Bart's Hospital Cambridge University Graduates' Club are to be congratulated on the success of their Fortieth Dinner.

We missed one thing only—and missed it badly—the presence of Sir Norman Moore, to narrate the inimitable history of the hairy one.

DEBATING SOCIETY.

A GENERAL meeting of the Debating Society was held on December 7th at 5 p.m. Mr. Gregson Williams was in the Chair. The motion read—"That in the opinion of this House any legislation which sacrifices the present voluntary Hospital principle is to be deprecated." On the whole the debating was not as good as is usual in the Society. Members were inclined to consider only the urgent necessity for financial aid, and appeared to avoid the discussion of the probable results to the hospitals of State control, which should have been the pivot of the debate.

Mr. A. C. MACONIE was an out-and-out advocate of the motion. He drew a picture of the wholesale inefficiency which, in his opinion, would be the outcome of any system of control. The railways were deplorable, shipping under control was worse, anything, including building schemes, run by a government was bad. The speaker was too dogmatic on this line of argument. He was later in the evening introduced to several well-run State departments. He recognised, however, that money must be obtained from somewhere, and suggested removing into the country and renting-out the city sites. This, with suitable contributions from patients, would meet the financial needs of the Hospital. In an impassioned peroration he begged the House not to sacrifice a principle which for eight centuries, from the time of Rahere, had been the means of raising the Hospital to its present eminence, and had produced such men as Harvey, Abernethy, Paget and Lockwood. Mr. Maconie's speech was well and clearly delivered.

Mr. N. S. B. VINTNER, opposing the motion, advised the House first to consider the question dispassionately and without particular thought of their own very wealthy hospital. Institutions must be provided for infectious diseases, for mental diseases, for aged and destitute incurable patients, and finally for patients curable by ordinary hospital treatment. The first three classes were already State controlled and acted well. Why, asked the speaker pertinently, not the fourth?

The present system had failed. No hospital was paying its way. Under State control the nursing and medical staff could be adequately recompensed. The country would gain enormously, for there would be no overlapping.

Then followed perhaps the two best speeches of the evening, those of the two seconds.

Mr. MAILLARD suggested the demerits of the present system were largely historical and due to situation. But it was possible for a hospital to change its site. He told the House of five which had done so, with dates attached. They must not sacrifice criticism and competition.

Mr. R. S. COLDRIV said that the monetary consideration was the dominating point. He poured contempt on voluntary subscriptions being sufficient to run a great hospital. The labouring classes would not subscribe. To carry on a great hospital the Government must provide the funds, and with that one had to take some control. As for the Government and houses, let the hon. member try to build a house himself and see how he got on. An excellent speech.

Mr. KLARER, in a good maiden speech, remarked that the people themselves would soon decide. They would demand the best treatment, and that was not possible in the present system.

Mr. WALK criticised both sides in a short speech. Commander BRIDGMAN, R.N., recounted that he had been brought up in a luxuriously equipped Government school and later was in a very "comfy" Government hospital. Mr. Bridgman has been lucky. Mr. MITCHELL did not think that State assistance need mean State control.

Mr. ROGEE said, amid cheers, that he had been listening with delight to the days ahead under State control. If students were to be encouraged more (apparently he meant financially) let us have all the control we could get.

Mr. STOR opposed the motion. State control on the Continent acted admirably.

Mr. ANDREWES said he wanted to break away and speak only on one side of the motion. (Cheers.) State grants meant State control, and he didn't like it. He supported the motion.

The CHAIRMAN put the motion to the vote. Lost, 38-19.

A UNIVERSITY OF LONDON UNION SOCIETY.

TOWARDS the end of last term the Vice-Chancellor of the University, Dr. Russell Wells, entertained at dinner in the University of London Club representatives from many of the hospitals and colleges. Most of the guests were officers in their respective union societies, whilst there were also present the President of the University Debating Society and an officer of the University of London Athletic Union.

After dinner a most interesting discussion took place as to how it was possible to draw closer together the scattered constituents of the University. It was felt on all sides that there was a lack of any real pride in the University, a lack of any feeling on the part of the undergraduates that they were, as well as members of a College or Hospital, members of a University, and a University with honoured traditions behind it. To what was this due? That was the question that we set out to face, and the answer was not difficult after one further question had been put. What binding link existed to draw and keep together the members of the University? There were the United Hospitals games, and they served as a most powerful link—but only among the hospitals. There was the University Debating Society and the University Athletic Union—but there again they did not draw all together. They created the most valuable atmosphere, but it was local. With the able aid of the Hospital representatives a remedy was produced which all agreed would be an emphatic help in the cure of the disease, and also, when the disease was cured, a potent preventive, and this was the formation of a *University of London Union Society*.

All those present expressed their willingness to form themselves into a committee of action to make all the necessary arrangements for the launching of this great scheme. If sufficient support was forthcoming, it was proposed that a house should be taken in a central position where debates should be held, reading, writing and refreshment rooms be maintained, and also opportunity for the committees of any University society to meet there. That for the first year the subscription should be one guinea, with no entrance fee—as a concession to original members. Membership would be open to all matriculated students of the University and all students taking full-time courses at the schools of the University, thereby including all M.R.C.S. and L.R.C.P. men.

A representative from "Bart's" was at the dinner, but unfortunately has since gone down and we have been unable to make

further arrangements. It is the very earnest wish of the Provisional Committee that the hospitals will unite with the rest of the University to make this a really strong binding force between the members of the University of London. We have already received the support of medical students from six of the foremost hospitals and have members from each on the committee.

In all probability the first general business meeting will be held at the beginning of next term, by which time we hope to have about a thousand prospective members. Up to date we have considerably over 700.

Will you help to bring the number up to 1000? If so, you are asked to fill up the printed form, which may be obtained on application to the Hon. Sec., and return it to him as soon as possible.

L. W. HARFORD,
Hon. Sec.
UNIVERSITY COLLEGE HALL,
EALING, W. 5.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. STRATFORD-ON-AVON.

Played on Saturday, November 20th, at Stratford. The game was a very unfinished display of football on each side. The Hospital did most of the attacking, but the movements broke down tamely, very frequently because the three-quarter line were out of position; when the home team got into our "25" it was usually as the result of a kick having been charged down.

Thomas, on the left, was the first to attack, then Moody-Jones and then Thomas again. A good bout of passing left Griffith-Jones nothing to do but cross the line, but he failed to gather the pass. Stratford were penalised for not playing the ball but the kick failed, Thomas got in a short kick, put his team on side, and Capps gathered and started a round of passing which put Griffith-Jones across for the first try. The ball rolled over just as Williams kicked and the shot went wide. The play in the second half was a bit better. Cockell broke away, "sold a dummy," and Griffith-Jones got across for Orchard to convert. Stratford scored an unconverted try from a forward rush. Thomas got his ankle hurt in touching down after a long kick. An uninteresting game was won by 8 pts. to 3.

St. Bart.'s: W. G. Thomson, *back*; W. Moody-Jones, J. G. Johnstone, C. Griffith-Jones, M. G. Thomas, *three-quarters*; D. H. Cockell, T. P. Williams, *halves*; S. Orchard, C. Shaw, A. E. Beith, A. B. Cooper, H. V. Morlock, H. G. Anderson, F. C. Capps, A. D. Wall, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL v. RICHMOND.

Played on Saturday, November 27th, at Winchmore Hill, and lost by the Hospital by a goal and a try to nil.

The game was played on a wet ground and was confined to a struggle between the two packs. At the end of the first half there was no score, and this fairly represented the run of the play. Richmond scored twice in the second half and were full value for their victory, though perhaps the Hospital were unlucky not to score. The Hospital forwards played a great game, Shaw and Mudge being most prominent. The value of the backs as an attacking factor is still nil.

St. Bart.'s: P. Smuts, *back*; C. Griffith-Jones, J. G. Johnstone, R. H. Williams, R. G. Thomas, *three-quarters*; D. H. Cockell, T. P. Williams, *halves*; S. Orchard, C. Shaw, J. B. Mudge, A. E. Beith, A. B. Cooper, H. V. Morlock, E. S. Vergette, H. G. Anderson, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL v. CATFORD BRIDGE.

Played on Saturday, December 4th, at Winchmore Hill, and won by the Hospital by 6 goals (1 dropped, 1 penalty) and a try to nil.

The game proved of little test to the Hospital, as they were in every department much superior to the visitors. Nevertheless the play left much to be desired, and the passing of the backs was bad on occasions, although passing was not easy owing to a strong wind blowing across the ground. The forwards played their usual game,

and are still inclined to over-kick in the loose. The halves did all that was required of them, but some of their tactics would not have paid against a strong side. Smuts had practically nothing to do at back.

Catford Bridge kicked off and play settled down in the visitors' half. The Hospital forwards kept getting the ball, but not doing much with it, so that in the first sixteen minutes the backs got no chances. The Hospital were awarded a penalty for offside, from which Orchard trapped a goal. The forwards, headed by Shaw, quickly carried the game back to the visitors' line, and Mudge, leaning over from the 25-yards' line, scored near the flag, Smuts falling with the kick. The Hospital continued to press, and further scores were added through Johnstone dropping a goal and Griffith-Jones scoring for Shaw to convert. The latter was the result of the only decent three-quarter movement in this half.

In the second half the Hospital did what they liked, and it was through bad passing and over-egerness that a larger score was not run up. Tries were scored through Moody-Jones, Griffith-Jones and Morlock, all being converted by Orchard. Shaw got kicked as usual, this time on the head.

St. Bart.'s: P. Smuts, *back*; W. Moody-Jones, C. Griffith-Jones, J. G. Johnstone, H. C. J. Ball, *three-quarters*; D. H. Cockell, T. P. Williams, *halves*; S. Orchard, C. Shaw, A. E. Beith, A. B. Cooper, J. B. Mudge, H. V. Morlock, H. G. Anderson, D. J. Stephens, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL v. OLD PAULINES.

Played on Saturday, December 11th, at Wormwood Scrubbs, on a ground which was slippery, with a ball which was greasy, and in a cold wind which seemed to freeze the thinking powers of the Hospital outsiders. Passes went wildly astray, men were smothered in possession time and time again. Kicks were charged down frequently, passes were intercepted, and when an attack by the outsiders was begun there was always a man out of place. The Old Paulines were constantly on the attack (not because the Hospital forwards could not hold them) and got a goal and a try during the first half. In the second half Orchard was pulled out as an extra three-quarter and the seven forwards were quite capable of holding the opposing eight and beating them for possession. The three quarters seemed to thaw out and some quite good work was done by them, though only one try of the four scored was the result of real three-quarter play, the others being obtained by Orchard (2)—playing as a wing forward three-quarter or else a wing three-quarter forward—and Cooper. All the kicks failed.

N.B.—The Skipper has given on occasions instructions to the forwards which have proved very beneficial to their tactics and the Hospital's credit. Well, why not a few tips to the three-quarter line on "How to stand"?

St. Bart.'s: P. Smuts, *back*; J. G. Johnstone, C. Griffith-Jones, R. H. Williams, W. Moody-Jones, *three-quarters*; D. H. Cockell, T. P. Williams, *halves*; S. Orchard, C. Shaw, A. E. Beith, A. B. Cooper, H. V. Morlock, E. S. Vergette, F. C. Capps, H. G. Anderson, *forwards*.

REVIEWS.

HANDBOOK OF SKIN DISEASES. By FREDERICK GARDINER, M.D. (F. & S. Livingstone.) Pp. xix + 160. Price 6s. net.

Skin diseases constitute a branch of medicine which the student is often apt to neglect and yet a thorough knowledge of this department will be of inestimable value to him in later years. We are quite prepared to admit that no amount of bookwork can instill the necessary information to diagnose successfully diseases of the skin, but it is quite another matter to ignore totally all reading on the subject. This little book is admirably suited to the purpose. Aetiology, prognosis and treatment are each referred to in turn, the latter being particularly good. The illustrations, although not coloured, are nevertheless useful.

Altogether the book should be of great value to the student, and, in conjunction with his work in the out-patient department, enable him to obtain a sound grounding in an important subject.

OTO-RHINO-LARYNGOLOGY FOR THE STUDENT AND PRACTITIONER. By GEORGES LAURENS; translated by H. CLAYTON FOX. (John Wright & Sons, Bristol.) Pp. x + 339. Price 17s. 6d. net.

This is an eminently practical book, obviously written by an expert. Furthermore, it is written in such a way that the student, and for that matter the practitioner, can grasp the essential details at once. The various treatments and operations are very clear, a point which English writers would often do well to copy. Throughout the book the illustrations are excellent—by no means elaborate, but to the point.

We agree with Sir J. Dundas Grant, who in the preface says that he is convinced that this book will give a fresh stimulus to ears of practitioners who resent having to say, "I know nothing about ears or throats," or whatever it may be. It will help them to distinguish between what they know and what they do not know, and to increase vastly the proportion of the former to the latter.

SELECTED LECTURES AND ESSAYS. By SIR JOHN BLAND-SUTTON. (William Heinemann, Ltd.) Pp. xi + 320. Price 15s. net.

In a short preface the author points out that for forty years he taught almost daily in the Middlesex Hospital Medical School, and now, like a reaper binding his sheaves, ventures to collect a few lectures and essays to present them to the "Old Students." And what a collection—each one a gem, each one the work of a master. We wonder if such a variety of topics was ever got together in one volume. Could anything be more delightful, for instance, than the admirably written chapters devoted to "Medicine of the Bible," or more unorthodox than the chapter on the "Science of the Bull-King." Then again, contrast "Pins in the Vermiform Appendix," with the chapter devoted to "Pulque and Pulque-drinking in Mexico," to name just two of the tit-bits contained in this cheery and refreshing book.

The first twelve chapters are devoted to the nature and morphology of ligaments, a dull subject to wit, but in the hands of the author fascinating to a degree. Other pages include a variety of topics, notably "Gizzards and Counterfeit Gizzards," "Injuries of the Heart," "Missiles as Emboli," "Circumcision," the Bradshaw lecture ("Missing and Misplaced Organs,"), "Atrocities of War," etc., the book concluding with the writer's experiences with a conveyer.

Sir John has a most refreshing style and his book is the very thing to cheer away an idle hour. Incidentally he is to be congratulated on the excellent wood-cut pictures; this method of illustration, providing it is well done, is often far in advance of the modern half-tone block.

MEDICAL SCIENCE ABSTRACTS AND REVIEWS. Vol. III, Nos. 1 and 2. (October and November, 1920.) (Published for the Medical Research Council by Humphrey Milford.)

As in previous numbers, the reviews deal with specific subjects, giving the bibliography at the end of each, and the abstracts are condensations of the papers themselves. The subjects chosen for review are varied, and we can hardly pick up a copy without finding something to attract attention whatever aspect of the healing art be favoured. We notice, however, a complete absence of matter appertaining to parasitology—a field in which the late war has given considerable stimulus to research.

The October number contains a useful review of recent work upon diseases of the blood, based upon the contents of no less than fifty-eight papers, in various languages, with a result fully justifying the great amount of labour involved. Articles, which should rejoice the hearts of those neurologically inclined, deal with lesions of the vagus and neighbouring nerves, and with varieties of lethargic encephalitis. Other articles summarise recent work on rheumatism, scurvy, and a very practical matter—plastic operations on the thumb.

The November number deals in review with a pleasing variety of subjects, and has made a determined effort to survey the specific fevers, mumps, smallpox, measles and chickenpox receiving each an article. The "cancer problem" is treated mainly from the standpoint of radiology—a side from which much light is doubtless shed, but one which outshines all others in the mind of the author of this able article. The only review or abstract in either number which deals with any aspect of gynaecology is one on the prophylaxis of puerperal septicæmia, based upon a single paper, and composed largely of morbid anatomy of a statistical nature. This subject deserves more attention, as it is one of the great Public Health questions of the day. We would welcome a more frequent appearance of articles on this branch of medicine. Other articles deal with renal disorders,

the inflammatory results of injection of liquid paraffin—the word "parafinitis" seems to suggest that the material is inflamed rather than the patient—abdominal aneurysm after gunshot injuries, dilata-tion of the stomach and duodenum, and the "pathways of the cerebro-spinal fluid."

In both numbers are abstracted papers on recent work in the fields of surgery, neurology, pathology and bacteriology, biochemistry and radiology too numerous to attempt any selection for criticism.

To attempt to review these two numbers of what the past year has shown to be an extremely useful epitome of the literature of the scientific side of medicine constitutes a review of reviews, and no light undertaking.

FIRST LINES IN DISPENSING. By E. W. LUCAS, F.I.C., F.C.S., and H. B. STEVENS, F.I.C., F.C.S. Second Edition. (J. & A. Churchill.) Pp. 182. Price 6s. net.

This volume is primarily intended for the use of students, nurses and others whose calling necessitates an acquaintance with dispensing. Unfortunately it can only be regarded as an introduction to the subject, and whether such superficial knowledge can be considered adequate in view of a recent murder trial is a matter of very considerable speculation. It will no doubt serve a useful purpose, and is certainly one of the best of the elementary books on the subject.

The chapter on "Percentage Solutions" is a distinct advance on the previous edition.

THE EXTRA-PHARMACOPEIA. By W. HARRISON MARTINDALE, Ph.D., F.C.S., and W. WYNN WESTCOTT, M.B., D.P.H. Seventeenth Edition. Vol. I. (H. K. Lewis & Co., Ltd.) Pp. 1115. Price 27s. net.

This well-known publication has now reached its seventeenth edition and is again to be published in two volumes, the first only being available at the moment. It is really vol. 1 which will be of most value to the practitioner—in fact we sometimes wonder how he manages to get on without a "Martindale." There is certainly no book in the English language which contains so many references to medicinal agents. The compilation of such a volume must have involved an enormous amount of time, and we can only congratulate the authors on the excellence of their work.

If we have any criticism to make it is in regard to the references. In the great majority of cases the authors have confined their excerpts to the English medical and pharmaceutical publications, but we would venture to point out that these are not always the greatest authorities.

Incidentally it might be an advantage in a future edition to include some general notes on the ductless glands as distinct from the references to the individual glands.

SURGICAL NURSING. By RUSSELL HOWARD, C.B.E., M.S., F.R.C.S. (Edward Arnold.) Price 7s. 6d. net.

We have before us the fourth edition of Russell Howard's *Surgical Nursing*, a fairly good book of its kind, though it is doubtful whether a surgeon can produce a really useful work for nurses, as naturally he does not know sufficient of the details to be able to describe them accurately.

In the present volume the quantities given to make a poultice result in a semi-fluid article which could not be applied to any patient, directions as to making are not given at all. On p. 49 directions are given to take camphor and solid carbolic crystals, then to soak a piece of lint in the solution and apply to an offensive wound; no hint of strength or manner of producing solution is given, which might allow of a dangerous concentration being used. Milk does not make a good lubricator for a nasal tube, as it tends to collect in the nose and become sour. When using ointment for the treatment of backs powder should not be dusted over it, as it will collect in minute balls, which will be irritating to the skin. The author appears to advocate attaching tapes to the tracheomy tube after it has been inserted into the trachea, it saves time, and, if patient is not anaesthetised, as in many diphtheria cases, pain, if tube is given to the surgeon ready taped.

A curious error occurs on page 225, where the author states the bed "should have a fracture board placed underneath the wire mattress"; obviously "wire" should be omitted.

The addition of a good account of Fowler's position with proctoclysis would be useful.

The printing is good and entirely free from error, the illustrations would be better opposite the text they illustrate, which is not always the case.

SURGICAL NURSING AND TECHNIQUE By C. P. CHILDE, B.A., F.R.C.S.(Eng.). (Baillière, Tindall & Cox.) Illustrated. Price 6s. net.

The fact that this manual has reached its third edition testifies to its popularity, and on the whole this is well deserved, although it would gain considerably in value by being somewhat condensed, there being a good deal of unnecessary repetition and cross-reference.

The chapter on "Antisepsis and Asepsis" deals clearly and briefly with the subjects, the descriptions of the principal bacteria met with in surgical work being sufficient for nurses' requirements, and the plates are good.

The sterilisation of the sisters' hands is thorough, though turpentine would be unsuitable for use on most women's skins, but the details would be more readily grasped if stated more briefly. It appears unnecessary to repeat the description of the process when dealing with the surgeon's preparation for the theatre, as, in spite of the author's statement on the front page, this is a book suitable for nurses only. Surgeons have their individual ideas as to the manner of sterilising their persons for operative surgery.

It is not good advice to tell nurses to "tip" instruments from a sterilised tray into a sterile dish; they scratch against each other, ruining the plate. Scissors, needles and scalpels are better sterilised in alcohol than by boiling.

The chapter dealing with the preparation for operation in a private house will be very helpful to nurses leaving their hospitals and taking up private work; and the one on instruments will give them a good idea of what the surgeon will be likely to require. The illustrations are clear.

"Tourniquet" figures twice without a "u" on p. 213; this is probably an error in printing, otherwise the book is well got up in a convenient size with good, clear type, at a very moderate price.

We note that the Research Defence Society has lately published four pamphlets of general interest: (1) "Vaccination," by Mrs. Scharlieb, C.B.E., M.D., M.S. (2) "The Prevention of Tetanus during the Great War by the Use of Anti-tetanic Serum," by Surg.-Gen. Sir David Bruce, K.C.B., F.R.S. (3) "The Work of the Medical Research Committee," by Sir Walter Fletcher, K.R.F., F.R.S. (4) "The Value of Experiments on Animals: Notes on Personal Experience," by Sir Leonard Rogers, F.R.S., I.M.S. The price is two shillings the set, which may be obtained by applying to the Society's Secretary, 11, Chandos Street, Cavendish Square, London, W. 1.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

- CHRISTOPHERSON, J. B., C.B.E., M.D., F.R.C.P., F.R.C.S. "On the Action of Tartrate of Antimony in Intravenous Injections. The 'Permeability' of Bilharzia Ova and some Protozoal Organisms." *British Medical Journal*, December 4th, 1920.
- COLLINS, Sir WILLIAM J., K.C.V.O., M.D., M.S., F.R.C.S. "An Address on the Man versus the Microbe." Given before the London Dermatological Society. *Lancet*, December 11th, 1920.
- DAVIES IVOR J., M.D.(Lond.), M.R.C.P. "A Note on the Albuminuria of Small White Kidney." *Lancet*, December 18th, 1920.
- GORDON, Lieut.-Col. M. H., C.M.G., C.B.E., late R.A.M.C. "The Pathogenicity of the Meningococcus." *Journal of the Royal Army Medical Corps*, November and December, 1920.
- GRAHAM, GEORGE, M.D., F.R.C.P. "The Source of the Uric Acid Excreted in the Urine after Atophan." *Quarterly Journal of Medicine*, October, 1920.
- MAYNARD, F. P., M.B., D.P.H., F.R.C.S., Lieut.-Col. I.M.S. (ret.). *Manual of Ophthalmic Practice*. Edinburgh: E. & S. Livingstone.
- *Manual of Ophthalmic Operations*. 2nd Edition. *Ibid.*
- WOODWARK, A. S., C.M.G., C.B.E., M.D., F.R.C.P. *Manual of Medicine*. 2nd Edition. London: Henry Frowde & Hodder & Stoughton.

CORRESPONDENCE.

MEMORIAL TO BART'S MEN.

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

SIR,—Mr. Girding Ball in your last issue invites some expression of opinion about the proposed memorial to Bart's men who lost their lives in the war. I gladly give my own for what it is worth. There can be no doubt in the first place that a permanent memorial is desirable and that it should be conspicuous. It cannot be placed in the Church of St. Bartholomew's-the-Less, for it is to commemorate men of many faiths, and it must therefore be unsectarian. I do not like the tablet form. It will be passed unnoticed by most people, as the Martyrs' Memorial is daily passed; besides, we do not wish to think of our men as martyrs. They went gladly and met their fate joyously; it is not fitting that a funeral monument should be erected to their memory. Rather, I would have some small and elegantly-designed memorial with six or eight sides, not more than 10 ft. high and surmounted by a light iron rail. It should stand in the centre of the Surgery where it would be seen daily by the students and patients. In this position it would break the monotony of the vast hall and would be no obstruction. The design must be free from scrolls and filigree work and the material used must be polished, for it must not harbour dust and must be easy to clean.

I am,
Yours, etc.,
D'ARCY POWER.

10A, CHANDOS STREET,
CAVENDISH SQUARE, W.;
December 9th, 1920.

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

SIR,—The form of memorial suggested in Mr. Girding Ball's letter seems to me a most excellent one, but I write to suggest that it is not for us to cavil at or criticise his Committee, which is a strong and representative one, for any decision they may come to. They are on the spot, and should be in a position to judge what is most suitable. We are grateful to the men who gave their lives for their country and the honour of their hospital, and we should be ready, and I think will be, to forward our cheques when we hear that a scheme has been decided on and the fund opened. Let the Committee therefore settle the matter, and that quickly.

Yours faithfully,
GODFREY LOWE.

LINCOLN;
December 4th, 1920.

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

SIR,—I send you my opinion because I have been asked, but I think it is a matter rather for the present members of the School than for the past.

No outdoor situation appears to me particularly good. I cannot think of any place which would be naturally suitable.

Of indoor places the Library seems the best. The Hall belongs to the Governors rather than to the School. In the Chapel the Memorial would never be seen. The Library is dignified and frequented.

If so, brass is the proper material. It might be necessary to have two tablets. I hope it will not be decorated with the absurd symbols that people seem to think are ecclesiastical, but with some design that is worthy of the name.

Yours obediently,
W. P. HERRINGHAM.

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

SIR,—In response to the invitation of the Hon. Secretary to the St. Bartholomew's Memorial Committee may I make a few remarks?

In the first place the desiderata of any memorial are that it should—

- (1) Serve some useful purpose.
 - (2) Be in such a position that it may act as a landmark to those amongst whom it is to serve as a memorial.
 - (3) Be as simple, dignified and durable as the Pyramids of Egypt.
- The first desideratum is apparently beyond our reach on account of expense, and so needs no further discussion here.

The second, however, is not so affected. I do not consider the proposed site suitable, because—

- (1) To the Hospital there are three entrances, each of which is used mostly by the same persons, who rarely have occasion to use either of the others.

- (2) It is not in a position where members of the Hospital can conveniently congregate without obstructing the carriage-way.

- (3) Because it does not fulfil the third desideratum I should suggest as a site the Square as being the one part of the Hospital used in some way or another by nearly everyone who enters its gates. Of course the best position in the Square is that now occupied by the Fountain, and is, therefore, out of the question. The next best is some point along a line drawn from the centre of the base of the Fountain to the centre of the roadway under the southern end of the arch under the Great Hall. I should suggest the midpoint of such a line, as it is here that the Visiting Staff and their juniors meet the students.

As to the form which the memorial should take, I should suggest an obelisk of granite, the size being regulated by the funds available, with the names of those who fell deeply graven thereon.

Yours truly,
F. P. DE CAUX.

59, CHANCERY LANE,
LONDON, W.C. 2;
December 20th, 1920.

"PUSSYFOOT."

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

SIR,—I hope that the exalted aims of the prohibitionists will not draw the great heart of the profession from the far greater and more pressing need of civilisation—the abolition of tobacco. Of the injurious effects of this drug the evidence is patent to every right-minded thinker. It stains the teeth, the moustache, and the tips of the fingers; the smoker stinks himself, and makes everything stink around him. If anyone has ever travelled in a smoking carriage on the railway even when it was empty he will confirm this statement. It destroys the power of vision, the noblest of all the senses; in the young it frequently causes vomiting, and in the old by its effect upon the circulatory system it deteriorates the whole nature. It is well known to produce arterial degeneration in cones, and everyone knows that high blood-pressure is a constant accompaniment of anger, and that irritability is a regular symptom of arterial sclerosis. What havoc bad temper may produce in domestic circles any Saturday evening in the Surgery will show. As for the waste of money and of time which it produces hardly any words could be too strong.

I have not by me the tobacco bill of the nation, but I will venture to say that for unproductive expenditure, especially with the abominably high duties now in vogue, it is second to none. No one, on the other hand, will be hardy enough to assert that it does other than lessen production, which, if we are ever to reach a state of prosperity again, it is of the first importance to increase. And it must be remembered that whereas the physiological experiments on alcohol have not always produced consistent results, no one has disputed the effects of nicotine. The only advantage that has ever been alleged in its favour is that it gives pleasure, whereas small doses of alcohol undoubtedly do assist digestion. The greatest thinkers, such as Hippocrates, Dr. Gee and Sir Norman Moore, have been non-smokers, and for my part whenever I see a young man lounging down a public street with his hands in his pockets and a cigarette in his mouth I say to myself, There but for the Grace of God goes

Your obedient servant,
W. P. H.

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

SIR,—After reading the correspondence in your columns following the article "Pussyfoot" in the November issue, it strikes me that the writers of the letters appear to be living in that new world conjured up by Mr. Lloyd George in December, 1918, wherein everyone is actuated by the highest ideals and the ordinary desires of human beings are controlled by the "highbrows," political or medical.

Let no one imagine such a thing. If the juniors of our profession hold that alcohol is a poison and even if legislation in the direction of prohibition is enacted, the result of such legislation will be a

repetition of that in the U.S.A. Present-day law-makers quite ignore the instincts of human nature or the immutable laws of Nature, such as supply and demand, and democratic communities can soon make any law unworkable, even in this law-abiding country.

The profession can say what they like, but they will never change the age-long desire for alcoholic stimulant, which takes a man out of the rut of life for one short hour, any more than they will fight with the horrors consequent on venereal infection any man and woman bent on sexual connection. They will only drive both sets of people to worse vices.

I should suggest that all legislators be compelled to study a work on biology before being admitted to Cabinet rank:

Yours faithfully,
R. MURRAY BARROW.

"CHELSESHAYES,"

CLYST HYDON, NEAR EXETER;
December 14th, 1920.

A CASE OF RUPTURE OF THE NORMAL AORTA.

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

SIR,—I am indebted to Dr. E. H. Shaw, the Pathologist of this Hospital, for his kind permission to report the following case:

On November 8th, 1920, a woman, M. A. E., æt. 68, was brought in dead, having been knocked down by a motor-car.

On examination at the time of admission there was found to be present a wound on the forehead and a compound fracture of the nasal bones.

At the post-mortem examination no fracture of the skull except that of the nasal bones was found.

There was no external sign of injury to the chest, but a quantity of clotted blood and serum was found in the pericardial cavity. This was seen to have come from a rent involving all the coats of the aorta for half its circumference, just above the coronary orifices.

There was no evidence of disease of the aorta, such as atheroma or aneurysm, and the heart-wall appeared healthy, though somewhat thin.

Surely this phenomenon could only have been produced by extreme compression of the chest, and yet there was no other sign of violence within the chest, or on the chest-wall, or even on the deceased's clothes, to suggest its occurrence.

I am, Sir,
Yours faithfully,
J. V. LANDAU,
M.B.(Lond), M.R.C.S.(Eng.).

GREAT NORTHERN CENTRAL HOSPITAL,
HOLLOWAY ROAD, N. 7;
December 8th, 1920.

FOREIGN BODIES EXTRACTED BY OPERATION.

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

SIR,—In the *JOURNAL* of this month re "Foreign Bodies extracted by Operation," I am sending you a specimen which you can forward to the Museum if of sufficient interest. The history is that of a medical man æt. about 60, who came to me from the country in the middle of the night with trousers undone and shirt covered with blood, holding a pint jug to his penis and suffering a good deal of pain and tenesmus. He said that three weeks previously he had made a sound from a long thermometer tube and had passed it into his bladder, where it had broken off. I sent him to a home and relieved him till later on in the day by passing a *coudé* catheter, through which bloody urine was drawn off.

Next morning I did a supra-public. The bladder was full of clots and the specimen* enclosed removed. He made a good recovery. I asked him why he had left it for so long before getting relief and he said that he had had no symptoms till the night he came to me, and that he "thought it would lay dormant"! I cannot understand how a foreign body of this nature can have remained in the bladder for three weeks without giving rise to trouble.

Yours faithfully,
D. C.

2, GAY STREET, BATH;
December 2nd, 1920.

* A broken clinical thermometer some 3 in. in length.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

Second M.B. Examination, December, 1920.

Materia Medica and Pharmacology.—I. M. Sidley, C. H. Terry, C. J. L. Wells.
Pathology.—R. F. Johnstone, D. P. Pauw, C. H. Terry, W. S. Tunbridge, C. J. L. Wells.
Forensic Medicine and Public Health.—D. G. T. Kerr Cross.
Medicine, Surgery and Midwifery.—W. P. Skaitie, C. H. Terry, C. J. L. Wells.

Diploma in Public Health.

The following has obtained the Diploma: R. II. Simpson.

UNIVERSITY OF CAMBRIDGE.

The following degree has been conferred:

M.D.—H. G. Eviard Williams.

UNIVERSITY OF LONDON.

Third (M.B., B.S.) Examination.

Honours: October, 1920.

Distinguished in Medicine.—J. B. Hume.

Distinguished in Forensic Medicine.—A. C. D. Telfer.

Distinguished in Midwifery.—G. F. P. Gibbons.

Pass List.—L. I. Braun, L. J. F. Bull, F. H. L. Cunningham, R. C. Davenport, C. T. Maitland, R. Glyn Morgan, C. W. Narbeth, B. M. G. Thomas, C. H. Thomas, N. S. B. Vinter.

Supplementary Pass List:

Group I.—P. N. Cook, I. G. Williams

Group II.—I. Frost, B. B. Sharp, L. F. Strugnell.

Second Examination, December, 1920.

Pass List. Part I.—F. H. K. Green, D. V. Hubble, C. E. Pearsons.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

At the Final Examination for the Fellowship held November 18th to December 2nd the following were approved: E. M. Atkinson, C. F. Beyers, R. St. L. Brockman, C. H. Crawshaw, P. P. Debono, G. E. Elkington, F. K. Hayman, G. L. Keynes, R. H. Maingot, F. D. Marsh, J. E. Pearce, R. F. Standage, J. W. Stretton.

At the Special and Ordinary Primary Examinations for the Fellowship of the R.C.S. Eng. held November 2nd to 13th the following were successful: J. G. Ackland, K. B. Bellwood, G. H. Caiger, N. L. Capener, R. Coyle, J. Li. Davies, A. K. Dingley, G. J. Gillam, J. H. Gurley, R. Keene, H. J. McCurnich, B. H. Pidcock, B. M. Tracy.

APPOINTMENTS.

ABRAHAMS, A. M.D.(Cantab.), M.R.C.P., appointed Assistant Physician to the Royal Chest Hospital, City Road.
 APPLETON, A. B., M.R.C.S., L.R.C.P., appointed Senior Demonstrator in Anatomy, University of Cambridge.
 BELLWOOD, K. B., M.B., B.Ch.(Cantab.), appointed House Surgeon at the Albert Dock Hospital.
 BUTTERY, H. R., M.R.C.S., L.R.C.P., appointed House Physician to the Royal Chest Hospital, City Road.
 JAGO, W. J., M.R.C.S., L.R.C.P., appointed Medical Officer, London Neurological Clinic; Neurological Specialist, S.E. Region (Ministry of Pensions).
 PRIESTLEY, J. G., M.B., B.Ch.(Oxon.), appointed Lecturer in Biochemistry at the University of Oxford.
 RYLAND, ARCHER, F.R.C.S.(Ed.), appointed Aurist and Laryngologist to the College of Nursing, Henrietta Street, Cavendish Square.
 SAVAGE, J. J., M.B.(Oxon.), appointed Assistant Resident Medical Officer, Queen Charlotte's Lying-in Hospital.
 SMITH, E. B., M.B., B.S.(Lond.), D.P.H.(Cantab.), appointed Assistant Medical Officer of Health, North Essex United (Sanitary) Districts.
 SOPHIANPOULOS, G. J., M.R.C.S., M.R.C.P., appointed Senior Resident Medical Officer, Queen Charlotte's Lying-in Hospital.
 STOTT, A. W., B.Ch.(Cantab.), M.R.C.P., appointed Physician to the Royal Chest Hospital, City Road.
 WILSON, A. CYRIL, M.R.C.S., L.R.C.P., appointed Senior Assistant Medical Officer to Peckham House; Member of the Special Neurological Clinic, Ministry of Pensions.

CHANGES OF ADDRESS.

BATTEN, L. W., 12, Lyndhurst Road, Hampstead, N.W. 3 (Tel. Hamp. 8109).
 BOWEN, O. H., 48, Brook Street, Grosvenor Square, W. 1.
 CAHEN, E., British Mining and Metal Co. Ltd., Gunnislake, Tavistock, Devon.
 CHOLMELEY, M. A., Ministry of Pensions Hospital, Orpington, Kent.

CHURCHILL, H. J., Royal National Hospital, Ventnor, Isle of Wight.
 JAGO, W. J., 92, Harley Street, W. 1.
 JOYCE, H. C. C., Glyn Rhondda, Penline Road, Whitechurch, Glam.
 KINDERSLEY, C. E., Ulster Lodge, Warmminster, Wilts.
 MERCER, W. B., District Medical Officer of Health, Napier, New Zealand.
 NICOLL, C. V., Rooks Hill, Frensham.
 RUST, JOHN, Lynwood, Middleton Road, Higher Crumpsall, Manchester.
 STEVENS, A. B., 90, Wimbledon Hill, S.W. 19.
 TWIGG, G. W., St. Andrew's, Ventnor, Isle of Wight.
 UNDERHILL, S. W. F., 42, Canfield Gardens, N.W. 6.
 YAKIL, C. B., 201, Essex Road, N.
 WILSON, A. CYRIL, Peckham House, 112, Peckham Road, Peckham, S.E. 15 (Tel. New Cross 570).

BIRTHS.

BILDERBECK.—On November 22nd, at 32 Devonshire Street, W. 1, the wife of Capt. C. L. Bilderbeck, I.M.S., of a son.
 CATHCART.—On December 18th, the wife of Major G. E. Cathcart, R.A.M.C., of a daughter.
 CRIPPS.—On December 14th, at 53, Albany Street, N.W., the wife of W. Lawrence Cripps, F.R.C.S., of a daughter.
 EBERLIE.—On November 26th, at Southsea, Hants, to Winifred, wife of Dr. W. F. Eberlie—a son.
 GLOVER.—On December 10th, at Welford, Rugby, the wife of Norman Glover, B.M., of a son.
 KRIGE.—On December 10th, at Madzi Moyo, to Aileen, wife of Dr. C. F. Krige—a daughter.
 LEVICK.—On December 8th, at 10, de Walden Court, New Cavendish Street, W. 1, Audrey (née Beeton), the wife of Surgeon-Commander G. Murray Levick, R.N., of a son.
 MELLER.—On December 15th, at Wentworth House, Wickham, Hants, the wife of R. W. Meller, M.R.C.S., L.R.C.P., D.P.H.—a son.
 RAMSAY.—On December 1st, at Eldon Place, Blackburn, the wife of Dr. Jeffrey Ramsay, of a son.
 WHITE.—On December 12th, at 1, Albemarle-road, Withington, Manchester, the wife of Dr. Charles Powell White—a daughter.

MARRIAGES.

BRADFIELD—BARNARD.—On December 8th, at All Saints' Church, Compton, Winchester, by the Rev. J. C. Blackett, Rector of the Parish, assisted by the Rev. E. Langdale-Smith, Vicar of Virginia Water, Major E. W. C. Bradfield (I.M.S., Madras), to Margaret, only daughter of Mr. and Mrs. H. A. Barnard, of Olton, Warwickshire. Indian papers, please copy.
 HARRIS—MANN.—On December 8th, at St. Michael's Church, Swaton, Lincolnshire, Surgeon-Commander Noel Hugh Harris, R.N., of H.M.S. "Inconstant," to Mary Harriett, eldest daughter of the Rev. R. H. Mann, Vicar of Swaton, and Mrs. Mann.

DEATHS.

CHAMBERS.—On December 11th, 1920, Eber Chambers, M.D., of 27, Beresford Road, Chingford, late of 1, Wilmingion Square, W.C.
 HOLDEN.—On November 27th, 1920, at Pinetoft, Ipswich, Frances Holden, widow of Luther Holden, Esq., F.R.C.S.
 LAWRENCE.—On November 24th, 1920, at 4, Princes Gate, S.W., after a very short illness, Mary Wilhelmina, last surviving child of the late Sir William Lawrence, Bart., F.R.S., aged 81.
 MORTIS.—On November 9th, 1920, at Dovaston House, Kinnerley, Harold Edward Mortis, R.A.M.C. (M.), aged 58.
 WHARRY.—On December 13th, 1920, at a nursing home, Henry Gordon Wharry, M.R.C.S., of 5, Norfolk Street, Park Lane.
 WILLARD.—On November 28th, 1920, at 12, Queen Street, Mayfair, W., after a short illness, Sylvester Willard, M.R.C.S., L.R.C.P.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C.
 The Annual Subscription to the Journal is 7s. 6d., 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: City 510.

St. Bartholomew's Hospital



JOURNAL.

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

VOL. XXVIII.—No. 5.]

FEBRUARY 1ST, 1921.

[PRICE NINEPENCE.]

CALENDAR.

Tues., Feb. 1.	—Dr. Drysdale and Mr. Rawling on duty.
Wed., " 2.	—Clinical Lecture (Surgery), Mr. Rawling.
Fri., " 4.	—Sir P. Horton-Smith Hartley and Sir Charles Gordon-Watson on duty. Clinical Lecture (Medicine), Dr. Morley Fletcher.
Mon., " 7.	—Clinical Lecture, Mr. Scott.
Tues., " 8.	—Dr. Fraser and Mr. G. E. Gask on duty.
Wed., " 9.	—Clinical Lecture (Surgery), Mr. McAdam Eccles.
Fri., " 11.	—Dr. Tooth and Mr. Waring on duty. Clinical Lecture (Medicine), Dr. Tooth.
Mon., " 14.	—Clinical Lecture, Mr. Elmslie.
Tues., " 15.	—Dr. Morley Fletcher and Mr. McAdam Eccles on duty.
Wed., " 16.	—Clinical Lecture (Surgery), Mr. McAdam Eccles.
Fri., " 18.	—Dr. Drysdale and Mr. Rawling on duty. Clinical Lecture (Medicine), Sir P. Horton-Smith Hartley.
Mon., " 21.	—Clinical Lecture, Mr. West.
Tues., " 22.	—Sir P. Horton-Smith Hartley and Sir Charles Gordon-Watson on duty.
Wed., " 23.	—Clinical Lecture (Surgery), Mr. Waring.
Fri., " 25.	—Dr. Fraser and Mr. G. E. Gask on duty. Clinical Lecture (Medicine), Dr. Morley Fletcher.
Mon., " 28.	—Clinical Lecture, Mr. Rose.
Tues., Mar. 1.	—Dr. Tooth and Mr. Waring on duty.

EDITORIAL.

IT is with much pleasure that we learn that the foundation-stone of the first block of the buildings forming Queen Mary's Home for St. Bartholomew's Nurses will be laid on Thursday, February 17th, at 3 o'clock in the afternoon, by Her Majesty the Queen.

It is hardly necessary for us to say that the day will be one of great rejoicing to the members of the Nursing School and all concerned in its welfare. During the last forty years the Training School has been conducted under the greatest difficulties. None will rejoice more than former nurses of the School, who built up its fine reputation under difficult conditions, and who have shown their deep interest in its welfare by raising, through the Nurses' League, some £3000, which is to be devoted to the Library, and which will bear the name of Isla Stewart, the late Matron, who served the Hospital for twenty-three years—a name revered all over the world wherever trained nursing is organised.

We are informed that it has recently been decided by the School Committee to resume the Post-Graduate Vacation Courses which were so popular in the years immediately preceding the War. It has been decided to give a course of this kind primarily designed to meet the requirements of old Bart's men in practice, of a fortnight's duration, from July 18th to July 30th, inclusive.

Our warmest congratulations to Dr. P. Horton-Smith Hartley on his knighthood. As our readers will know, Sir Percival has quite recently been elevated to the rank of Full Physician to the Hospital, the vacancy occurring through the resignation of Dr. James Calvert, and his Knighthood comes at an opportune time.

Sir Percival Horton-Smith Hartley has been a physician in charge of out-patients at this Hospital for a number of years, and during that time has earned quite a reputation for the rapidity with which he questions and examines his patients. According to one well-known London paper it was a question of the "Speed-up" Doctor having been knighted.

Sir Percival, of course, is well known as Senior Physician to the Brompton Hospital. He is a recognised expert on diseases of the chest, and joint author with Sir R. Douglas Powell of that standard work on the subject, *Diseases of the Lungs and Pleura*.

Congratulations to Dr. B. H. Spilsbury on his appointment as Examiner in Forensic Medicine and Public Health to the University of Oxford.

Dr. F. D. Chattaway also has been appointed Examiner in Organic Chemistry and Dr. J. G. Priestley in Human Physiology.

It is very gratifying to learn that the Senate of the University of London have decided to institute a University Chair of Anatomy tenable at our own Medical School. For some time Prof. Rainbridge has held a Professorship in Physiology at Bart's, and the appointment of a Professor of Anatomy will be awaited with much interest.

We have received a notice from the National Hospital for the Paralyzed and Epileptic to the effect that a two months' post-graduate course in neurology will begin on January 24th, when Dr. Greenfield will give the first of three lectures on "Cerebro-spinal Fluid" at 3.30 p.m. Lectures and demonstrations will subsequently be given by Dr. J. S. Collier, Dr. Grainger Stewart, Dr. Risien Russell, Dr. Farquhar Buzzard, Dr. J. Taylor, Dr. Gordon Holmes, Dr. H. H. Tooth, Dr. S. A. K. Wilson, Mr. P. W. G. Sargent, Mr. S. Scott, Mr. D. J. Armour, Dr. Russell J. Reynolds, Dr. Saunders, and Dr. Hinds Howell, who is Dean of the Medical School. The fee for the post-graduate course is £7 7s., and should be paid to the Secretary of the Hospital. A special arrangement is being made for students who can attend one day a week only.

The Christmas Entertainment under the auspices of the Hospital Dramatic Club was a great success. This was the first performance since 1913, and the Club are to be congratulated most heartily on their successful revival. A report of the entertainment will be found elsewhere in this issue.

Our congratulations to Dr. Hinds Howell on his appointment as Assistant Physician to the Hospital.

The post of Assistant Director of the Medical Professorial Unit, rendered vacant by the election of Dr. F. R. Fraser as Director of the Unit, has been filled by the appointment of Dr. Geoffrey Evans, to whom we extend our warmest congratulations. With this appointment Dr. Evans also becomes Assistant Physician to the Hospital.

At the suggestion of Dr. Waldo, the City Coroner, the jury recently added to their verdict a unanimous rider to the effect that an alteration in the law was needed so as to provide for the payment of the statutory fee for the making of autopsies and the giving of evidence "to all medical practitioners, including those connected with medical institutions who at present are unpaid."

The Hon. Secretary of the R.A.S.C. Memorial Fund asks us to state that the General Committee of the Royal Army Service Corps Memorial Fund are prepared to pay the cost, or part of the cost, of convalescent treatment for men who have served in the R.A.S.C. who are medically recommended for convalescent treatment and are unable to afford such treatment for themselves.

The General Committee would be grateful if secretaries of hospitals would bring such cases to the notice of the Hon. Secretary of the Fund, Kensington Palace Barracks, W. 8.

Since the paragraph concerning Mr. John L. Cope, F.R.G.S. the leader of the British Imperial Antarctic Expedi-

tion, appeared in our last issue, a final message has been received to the effect that the party hoped to land at Grahamstown on Christmas Day, from which point it was proposed to explore the shores of the Weddell Sea. The party, who have twenty-two dogs, are taking all their provisions on sledges, and the intention is to penetrate some 1200 miles inland. No further news of the Expedition is expected for at least eighteen months.

We understand that the expedition is in connection with the Polar Research Laboratory of Cambridge University, where Mr. Cope was studying prior to coming to Bart's.

It gives us much pleasure to congratulate the following Bart's men who have recently received decorations:

Order of the Crown of Italy:

Commander.—Col. Sir Wm. Robert Smith, M.D., V.D., T.D., Ex-Sheriff of the City of London.

Order of the Indian Empire:

C.I.E.—Lt.-Col. F. O'Kealey, I.M.S., Surgeon Superintendent, Presidency General Hospital, Calcutta.

Commander of the British Empire (C.B.E.):

Alfred Charles Jordan, M.D., M.R.C.P., for work in connection with Radiology at Queen Alexandra's Hospital.

Order of the British Empire (Civil Division):

Surg.-Lieut. J. D. Bangay, R.N.

Order of the Star of Nepal, 3rd Class:

The late Lt.-Col. (a/Col.) F. H. Foulkes, C.I.E., F.R.C.S., I.M.S.

A good many copies of the *History of St. Bartholomew's Hospital* are still awaiting purchase, though the work must be interesting to everyone who cares about the Hospital. Its history is related from the time of Rahere to the present day. After Rahere's story is told a long and interesting chapter shows the relation of the Hospital with Henry FitzAilwin, the first Mayor of London, and gives the original text of forty ancient documents connected with the Hospital and with FitzAilwin—the largest series of contemporary records yet published in which the name of the first Mayor appears. The first volume, after a chapter on the reign of each King, ends with Richard II. The second volume concludes the record of mediæval times, and then describes Henry VIII's foundation and gives the regulations and works of the Tudor period. The physicians, the surgeons, the apothecaries, the matrons and nurses are fully set forth. The growth of the School and of the buildings is detailed, and the book ends with a view of the patients. Thus every part and every age of the Hospital are described, and all the famous men who have taken part in its works are mentioned, from Harvey to the long line of physicians, and from Vicary to Percivall Pott and Paget.

The book is illustrated by admirable reproductions or ancient documents, and is at once a contribution to the

history of England and of London, and a complete history of St. Bartholomew's from the reign of Henry I to that of King George V. The pecuniary profits of the book are all given to the Hospital. The Governors, the Staff, the Students, indeed all who are in any way connected with St. Bartholomew's, may justly regard this history as a family record.

* * *

Dr. A. Desborough Clark, of Hove, died recently, after an illness of six days, from pneumonia following a cold contracted whilst visiting patients. He was 53 years of age, and, after receiving his medical education at this Hospital, took the Scottish triple qualification in 1894. He was medical officer to the Metropolitan Police Seaside Home and a member of the Brighton Medico-Chirurgical Society. He took great interest in the work of the British Medical Association and was a member of the Executive Committee of the Brighton Division.

* * *

It is with much regret that we have to record the death of Dr. Edward Collins Bousfield, which took place at his residence, De Crespigny Park, London, S.E., on January 7th. He received his medical education at this Hospital, where he was Physiological Prosector from 1876 to 1878, in which latter year he qualified with the Membership of the Royal Colleges of England. The following year he obtained the Licentiatehip of the Royal College of Physicians of London, and devoted himself almost exclusively to the work of bacteriological research. The experience which he gained as Pathologist to the Wellcome Physiological Research Laboratories and at the Medical Graduates' College and Polyclinic led to his later appointments as Bacteriologist to the Metropolitan Boroughs of Camberwell and Hackney and as the Director of the Camberwell Research Laboratories. He was also Deputy Medical Officer of Health for Camberwell and Metropolitan Asylums Board Ministry of Health Representative.

* * *

We also learn with much regret of the death, on January 9th, of Mr. Arthur Jackson, F.R.C.S., of Shrewsbury. Born at Crays, Essex, in 1855, he was educated at Brentwood and later joined this Hospital, from which he qualified in 1878. He obtained his F.R.C.S. in 1882. After holding appointments at St. Luke's Hospital, London, and at the Beckett Hospital, Barnsley, he went to Shrewsbury, where, in 1884, he joined the late Mr. J. R. Humphreys, then Senior Surgeon at the Salop Infirmary, in partnership. He was appointed Surgeon to the Salop Infirmary in 1890. A bold and resourceful surgeon, Mr. Jackson soon acquired a very large consulting practice in Shropshire and the adjoining Counties of Mid-Wales, where his energy and quiet determined manner made him always the friend in need of his country brethren.

THE COMING OF LISTER TO LONDON.*

By SIR STCLAIR THOMSON,
House-Surgeon to Mr. Joseph Lister in 1883.

(Concluded from page 57.)



OW different to this chilly English reception of 1877 was that extended to him only two years later at the International Congress of Medicine in Amsterdam. The *British Medical Journal* of 1879 (vol. ii, p. 453) thus describes how Lister was received by the whole Congress with an enthusiasm which knew no bounds. When he stepped forward to the desk to open his address (which was delivered, with but few notes, in improvised French), the whole assembly rose to their feet, and with deafening and repeated rounds of cheers, waving their hats and handkerchiefs, hailed the distinguished Professor of King's College with acclamations, renewed minute after minute and time after time as his name was again shouted forth by some grateful and enthusiastic acolyte. This remarkable scene—unprecedented, we imagine, in the history of medical science—continued for some minutes, until Prof. Donders, the President, advancing with the distinctive grace and dignity for which he is remarkable, and taking Lister by the hand, as he stood overwhelmed with this magnificent ovation, obtained a moment's silence, and addressing him, said: Professor Lister, it is not only our admiration which we offer you, it is our gratitude and that of the nation to which we belong."

Foreign surgeons attending the next International Congress (it was in London in 1881) must have wondered when they heard London and British surgeons attempt to cast doubts on the principles which Lister had evolved and belittle the results he had obtained by basing his practice on them.

My audience will hardly believe me when I tell them that, in those early days, one of the surgeons of this hospital could always raise an appreciative laugh by telling anyone who came into the operating theatre to "shut the door quickly in case one of Mr. Lister's microbes came in!" Nor can they credit it that, as late as the nineties of last century, another leading surgeon had the courageous ignorance to publish the results of an experiment he made in which the patients on one side of the ward were treated by the older methods—i. e. water dressings, poultices, lint, oakum, strapping, ointment and so forth, and those on the other side with Lister's "antiseptic method." The fact that Lister would never publish his statistics was another cause of offence. How could he when he was carrying out operations never attempted before in the history of surgery?

* Opening address to the Abernethian Society on October 28th, 1920.

The first case in which Lister wired a fractured patella—I suppose the first case in the world in which a healthy knee-joint was ever opened for such a purpose—was in 1877. When I was his house-surgeon I had the honour of bringing together the seven cases which he showed before the Medical Society of London in October, 1883.* Some of them had been recent and others old ununited fractures. All were successful. I remember the astonishment with which Fellows of the Society tried to feel the buried silver wire, and the surprise with which they heard that one patient had returned to his occupation as a 'bus-conductor, and was able to hop off and on his step and climb the 'bus stairs. But others were present who were aghast at the unwarrantable danger run in opening a healthy knee, and so running the risk of ankylosis, amputation and death. One of them said that if the next case died Lister should be prosecuted for malpraxis, and another exclaimed that "C'était magnifique mais ce n'est pas la chirurgie."

The public had not heard his name then, or for many years afterwards. I remember soon after starting practice I thought I would strengthen my position in one family by mentioning—quite casually, of course—that I had been house-surgeon to the great Sir Joseph Lister. "Yes," said the patient, "a great man; he must have made a pile of money out of Listerine!"

Ovariectomy results at King's had been so disastrous that the Governors had forbidden the staff to undertake it. Lister changed all this.

Slowly, very slowly but surely, his work was winning its way to recognition. But even then, as his principles were being accepted, recognition was given grudgingly. One of his own colleagues, Prof. John Wood, said that Lister's fame came from Germany, and that the "Germans were dirty people," but that the antiseptic system "was not really necessary in England." Efforts to depreciate him were made by saying there was nothing in his methods except cleanliness, and late converts concealed their overdue repentance by rapturously embracing aseptis and vaunting its superiority over the antiseptic system as it was still called.

But all this was later. In these early years of Lister's advent a little personal recollection will illustrate how slowly his evangel spread, yet how courageously confident he was of his mission. Waiting for his carriage one day on the steps of the hospital, in 1883, after this attack on him for daring to open a knee-joint, he put his hand on my shoulder, and in his very serious and intense manner exclaimed, "I will not live to see my principles adopted, but, Thomson, you may. And you will find that if the profession does not recognise them, the public will hear of them, and the law will insist on them." Within a decade from that day he had left King's College Hospital, but not before his mission had been fulfilled. We all know the

* *Proc. Med. Soc. Lond.*, 1884, vol. vii, p. 8.

story. Before his coming the death-rate in major operations was from 25 to 40 per cent.—in other words, the chances were that one out of every three or four patients would die. These figures included cases which were not necessarily serious on admission. Nowadays the death-rate is 2 to 3 per cent., and this is practically entirely made up of cases admitted almost moribund, such as advanced intestinal obstruction and others operated on *in extremis* with the faint hope of saving life.*

Dealing with the great surgical revolution of the Victorian era, Treves writes: "It is a question if any change in human affairs or any disturbance in human creeds has ever been at once so striking, so thorough, and so unexpected as has been this stirring crisis of the healing art."†

This is the comment on Lister's work of one who was at the time his pupil:

"Lister created anew the ancient art of healing; he made a reality of the hope which had for all time sustained the surgeon's endeavours; he removed the impenetrable cloud which had stood for centuries between great principle and successful practice, and he rendered possible a treatment which had hitherto been but the vision of the dreamer. The nature of his discovery—like that of most great movements—was splendid in its simplicity and magnificent in its littleness. To the surgeon's craft it was but 'the one thing needful.' With it came the promise of a wondrous future; without it was the hopelessness of an impotent past."

In 1892 Lister delivered his last lecture, as he had to retire under the age-limit of 65; but he was invited by the Council to continue his wards for another year, and finally left King's College Hospital at the end of his summer session of 1893.

In 1897, the year of Queen Victoria's second Jubilee, he was made a peer on New Year's Day. In the following May an address and a dinner at the Café Royal was offered to him by his old pupils, and I had the honour of being the secretary of that festival. No less than 30 old house-surgeons and 100 dressers were gathered together on that occasion, some of them having come on purpose from the outermost parts of the earth. Many have told me that they have never seen such a manifestation of personal esteem and admiration as that night when his health was drunk with Highland honours. I then reminded the Chief of his words to me on the steps of the Hospital fourteen years previously, and congratulated him that not I alone, but both of us, were alive to see the day when his principles were universally accepted. Then, drawing a newspaper cutting from my pocket, I called his attention to the fact that the other part of his prognostication had been fulfilled,

* W. Watson Cheyne, *The Practitioner*, 1897, vol. lviii, June, p. 632.

† F. Treves, *The Practitioner*, vol. lvii, June, 1897, p. 632.

for this recorded that a midwife in Germany had been sent to prison for manslaughter, as she had attended a confinement without providing herself with a proper antiseptic outfit.

What was the personality of this master of surgery? He was tall, well-built, thick-chested. He had a profusion of thick iron-grey hair, worn somewhat long; except for small white side whiskers he was clean shaved. I never saw him in any other pattern of collar or necktie except those you notice in his portrait. You will observe that the upright collar has the peaks turned down over a black silk bow tie.

This was his one and only form of what the haberdasher calls "neck wear." His costume never varied: it was always a greish pair of trousers, and a frock coat made of the shiny black material called broadcloth, and nowadays only seen on undertakers and county hotel waiters. His hands were large and neither graceful nor delicate-looking; yet he was a steady, firm and deliberate operator. With the least exertion he perspired freely, and it was always one nurse's duty to stand behind him ready armed with a clean towel, to which he frequently turned during an operation to mop his streaming forehead. His voice was low and musical, with a rather attractive hollowness about it, and with an occasional slight stammer. His manner was generally serious, but relieved by what Dr. John Stewart calls his "gentle, amused and somewhat pensive smile." His manner to many had a certain aloofness about it, and even his life-long disciple, Watson Cheyne, confesses that Lister always inspired him with a certain sense of awe. I myself always felt that his soul was like a star and dwelt apart, and looking back I am reminded of the lines of Frances Thompson:

"He lives detached days,
He serveth not for praise;
For gold
He is not sold."

As an illustration of his devotion to our profession and the high esteem of which he considered it worthy, I will read you a few sentences from an address he gave to the newly qualified students in a Graduation Address in 1876:

"If we had nothing but pecuniary rewards and worldly honours to look to our profession would not be one to be desired. But in its practice you will find it to be attended with peculiar privileges; second to none in intense interest and pure pleasures. It is our proud office to tend the fleshly tabernacle of the immortal spirit, and our path, if rightly followed, will be guided by unfettered truth and love unfeigned. In the pursuit of this noble and holy calling I wish you all God-speed."

When anything went wrong with a patient, and when a patient died, Lister was touchingly cast down and sorrowful. I remember an incident when he was working at the radical cure of hernia. Before his time, and particularly in King's College Hospital, efforts to effect this were attempted by a

complicated method of subcutaneous wires, for which one of our surgeons, Mr. John Wood, had obtained the Jacksonian Prize at the College of Surgeons in 1861.* Well, Lister was going to try the open method on a somewhat emphysematous subject. The twenty-four hours before the operation were very foggy. I went over the patient's chest carefully (having previously been House-Physician, I may remark), and, when Lister arrived, I reported that the man was very bronchitic and that he might like to defer the operation. After making some inquiries and hearing the patient's pulse and temperature were normal he decided to go on with it. The man died three days later from bronchitis and pulmonary oedema. I do not, of course, quote this to emphasize my own perspicacity, but to illustrate how Lister acted under the circumstance. He selected as subject for his next lecture "The Medical Care of Surgical Cases," narrated the history of the bronchitic man, and his deep grief that he had not paid more attention to the warning of his house-surgeon. There are few professors who would have had such sincerity, courage and magnanimity.

But his biographer related that though he felt things very keenly at the time, a certain buoyancy soon restored his equanimity and forward looking temperament. He writes thus when on a holiday:

"I have the happy faculty of being able to throw off all thoughts of work for the time being." Real idleness was not congenial to him. He fished, but, as his biographer says, he was a diligent amateur but never an expert. His efforts at skating were more like a scientific pursuit, and he could do 8's and 3's—but of small dimensions. He took a fair share of vacation and, on his holidays, like all large-minded men I have met, he could be light-hearted and boyish. But complete idleness never appealed to him: on his holidays there were usually proofs to correct, or addresses to prepare; on the Continent he practised and improved his very good French and German; during winter visits to Spain between 1887 and 1889 he acquired a certain amount of Spanish. He was devoted to walking and excursions; he was interested in botany and bird-life; and he could always fall back on a pocket volume of Horace, Dante or Goethe.

Another trait of his character was his invariable gentleness and sympathy with the humblest or roughest of his hospital patients. He seldom referred to a patient as "a case," but introduced his remarks with such kindly terms as "this poor fellow," or "this good woman" or "this little chap." To demonstrate this to everyone I will hand round a letter written by Sir Joseph Lister (as was then his title) to the House-Surgeon who preceded me, Dr. R. G. Lynam, now of Oxford. You will note that this letter seems written by his own hand, and that it is entirely concerned with the

* Sir W. Fergusson, *A System of Practical Surgery*, London, 1870, 5th edn., p. 646.

interests of his students and a hospital patient, for whom he shows a touching consideration. As a matter of fact the letter was written by Lady Lister, who had trained herself to imitate his writing so well that you will hardly notice the difference between the signature and the main letter. The letter was sent to the Hospital by special messenger.

It reads as follows :

12, PARK CRESCENT,
PORTLAND PLACE;
12th March, 1883.

MY DEAR LYNAM,—I shall not be able to be at Hospital till 3 to-day. Will you therefore please have notices put up in College and Hospital to the effect that I am not able to meet my class to-day; and also, if the empyema patient has telegraphed that he will be at the Hospital to-day, will you please telegraph again to him putting him off till Wednesday, so as to avoid his exposing himself in vain this cold day.

Yours very truly,
JOSEPH LISTER.

We are fortunate in having recorded a perfect pen picture of the master in imperishable verse by W. E. Henley, who was at one time his patient in the Edinburgh Infirmary :

"His brow spreads large and placid, and his eye
Is deep and bright, with steady looks that still
Soft lines of tranquil thought his face fulfill—
His face at once benign and proud and shy.
If envy scout, if ignorance deny,
His faultless patience, his unyielding will,
Beautiful gentleness, and splendid skill,
Innumerable gratuities reply.
His wise, rare smile is sweet with certainties,
And seems in all his patients to compel
Such love and faith as failure cannot quell."

Lister's last years were saddened by slowly failing health. He died at Walmer on February 10th, 1912.

Lister was blessed with a loving and devoted wife. She was a daughter of Prof. Syme, whom he had served as House-Surgeon in Edinburgh, and she appeared to have no other thought or interest beyond her husband. She not only loved and shielded him in every way, but entered intelligently into all his work and researches, helped him in his studies, worked in his laboratory, wrote his letters, and often, when I arrived at his house early in the morning, to go with him to a private operation, I would find Mrs. Lister preparing and checking off his instruments. In their pleasures, as in their work, they were united. They were inseparable companions on all his holidays, and in the numerous continental trips he loved to make. It was while on one of these in Italy that this devoted wife died, after a brief illness, at Rapallo in 1893. They had no children, and after his wife's death Lister was a lonely man.

He would have been buried in Westminster Abbey had he not left clear instructions that he wished to be laid to rest beside his wife in West Hampstead Cemetery. Before this took place a public funeral service was held in Westminster Abbey on February 16th, 1912, and the pall-bearers were representatives of the Order of Merit, the Royal Society, the Royal College of Surgeons, the Universities of London, Edinburgh and Glasgow, the Lister Institute, and King's College Hospital, which was represented by his first House-Surgeon and faithful disciple, Sir Watson Cheyne.

Near the north transept of Westminster Abbey, hidden away behind the organ, there is a marble medallion of Lister's bust, placed near to those of the great scientists Darwin, Stokes and Watt. It is extraordinarily like the Chief, as his students called him in Edinburgh. The Medical School of King's College Hospital is fortunate in possessing the original plaster cast, executed with such skill by Sir Thomas Brock, R.A., and presented to us in 1916 by this distinguished sculptor. It is affixed to the west wall of the Library.

Those who attended that impressive requiem in the Abbey will never forget the stately pomp and circumstance of a public funeral service, when not only the Nation's representatives but delegates from all the world over manifested their mourning for a man who had made humanity his debtor for evermore.

But more soul-stirring still were the words of Handel's anthem, so peculiarly applicable to our dear Master, as the music of it rolled through long-drawn aisle and fretted vault :

"When the ear heard him, then it blessed him, and when the eye saw him it gave witness of him; he delivered the poor that cried, the fatherless, and him that had none to help him. Kindness, meekness and comfort were on his tongue. If there was any virtue, and if there was any praise, he thought on those things. His body is buried in peace, but his name liveth for evermore."

PHYSIOLOGY OF THE MASSES!

Student to Patient : "Well, what is the matter with you?"

Patient : "Sugar diabetes."

Student : "How did you get it?"

Patient : "I got it lifting heavy weights, and crushed my chest, so that my organs got displaced, and my food went through my sweetbread instead of the proper way."

THE WORK OF A LARGE LONDON INFIRMARY.

By E. W. G. MASTERMAN, M.D., F.R.C.S., D.P.H.,
Medical Superintendent, Camberwell Infirmary.

(Concluded from p. 54).

THE MEDICAL STAFF.

The medical staff consists of the Medical Superintendent, Assistant Medical Superintendent, and four other Assistant Medical Officers, one of whom is always a lady. It may be of interest to briefly describe the duties of these officers, as they differ in many respects from those in any offices in the voluntary hospitals.

The Medical Superintendent is held responsible (under the Poor Laws) for the efficient working of the whole Infirmary, and all officers employed in the place are under his direction. A great deal of administrative work falls to him, and the Guardians hold him responsible for many things outside the actual professional work. In this Infirmary the Medical Superintendent is in his office every morning from about 8.45 a.m. until 11.15 a.m., and not infrequently till after 12. Every morning he sees every sister separately, signs certain requisition books for repairs, breakages, etc., passes for nurses, orders for stimulants, instruments, etc. All patients for discharge are brought to the office by the sister that the Medical Superintendent may satisfy himself of their fitness or otherwise, hear complaints, etc., and fill in their case-papers. The sisters also produce the case-papers of new cases and those of patients whom the Assistant Medical Officers wish the Medical Superintendent to see (these are noted from an afternoon visit to the wards). The Medical Superintendent has the opportunity to inquire about any case (he has full reports from the night superintendents at his elbow) or about any nurse's work. There are in these days many insurance certificates to sign (his Clerk fills in the names beforehand). Then cases recommended for convalescent homes or for transfer to one of the institutions (*i.e.* workhouses) are dealt with.

The Matron then is interviewed, and she brings at the same time any of the nurses or maids who need medical attention, or any new members of the female staff who need examination. The Steward is sent for if there is any special occasion. The Medical Superintendent's clerk then attends to deal with the correspondence, of which there is often a good deal. After that the friends of patients needing death certificates (we have 800-900 deaths here per annum) come, and also those who wish to make inquiries about their sick friends. As they come in the case-paper dealing with the case is laid on the table. The keeping of the card-index of diseases, indexing of the case-papers and preparing them for binding are duties which take no inconsiderable time.

On two mornings a week the Medical Superintendent commences the operations at 11.15, and they not infrequently go on till 2.30; and on Thursday morning, 11-12.30 p.m., the lecture to the first-year nurses takes place.

The training of the nurses is one of the most responsible duties of the Medical Superintendent. There are four classes, for first-, second- and third-year probationers respectively, and, recently started, a course of lectures for the C.M.B. for senior nurses. The lectures to the probationers are given half by the Matron and half by the Medical Superintendent (assisted this year by the Assistant Medical Superintendent). As far as possible practical teaching is also given in the wards and the Operation Room. There is a final examination each spring, Dr. Herbert French, of Guy's Hospital, being the examiner; usually there are about forty candidates annually, but with an increasing staff these numbers will grow larger. I may say we have a Sister-Tutor who gives her whole time to supervising the probationers' notes of lectures and coaching them in small classes. In my opinion an infirmary gives excellent opportunities for training of nurses, as there are almost limitless opportunities for a nurse to become familiar with all kinds of illness. As a preparation for private nursing, district work and school clinics it is especially valuable.

The surgical operations, in this Infirmary at any rate, are the special responsibility of the Medical Superintendent. We have between 700 and 800 operations in the Theatre annually, a considerable proportion of which are acute abdominal emergencies, not uncommonly done late at night. The Medical Superintendent is naturally expected to see all police cases, casualties, and cases of urgent illness; he is responsible for attending all inquests, police court proceedings, and for giving all medical reports (for compensation, etc.). He, too, is medical officer for the nurses and indoor staff and has to examine with regard to fitness all new employees. He is also the Chief Medical Officer of the Gordon Road "Institution" (normally 800 inmates, of whom 70-80 are babies) and of the "Scattered Homes." The Guardians have upwards of 500 children under their care, who, instead of being lodged as they were long ago "in the workhouse," are now brought up in a number of scattered villa residences in Dulwich. Each house is under the care of a "foster mother," carefully selected by the Board, and holds from a dozen to fifteen children, whose life is as far as possible approximated to a real "home" life. The children attend the National Schools; they wear no distinctive dress, unless it be they are probably cleaner and rather more carefully clothed than the others. When they get beyond school age they are settled suitably in life. It is to my mind an excellent system, and one which should be better known. The duties of the Medical Superintendent are those of medical supervision, health certification of the "mothers" and children, and presenting monthly reports at the two committees. The sick from Gordon Road Institution and

the scattered homes are at once transferred by ambulance to the Infirmary, or, in the case of infectious diseases, to a M.A.B. hospital.

The five Assistant Medical Officers each have a certain number of wards assigned to them—that is, when we are full, some 150 to 160 beds to each. Subject to the general supervision of the M.S. they have entire charge—a position much more responsible than that of an ordinary hospital resident. Indeed, these positions should only be filled by those who have had good previous experience as H.-S. or H.-P. The Senior A.M.O. is the Medical Superintendent's deputy with the title of "Assistant Medical Superintendent," and he takes full charge in his absence. When the M.S. is the chief surgeon the A.M.S. should be primarily a physician if possible. Every A.M.O. is expected to take full and detailed notes of his cases, as permanent records, and of course he prescribes the diet, medicine, massage and other treatment he thinks fit. He makes a round of each of his wards every morning, making notes where necessary, and once a week every ward is "inspected,"—that is, every patient is fully re-examined and a note of progress made. He is of course responsible for that ward whenever he is in the Infirmary; when away one of the A.M.Os. on duty sees to it, but at 10 at night two A.M.Os. make a complete night round, visiting each ward in turn and giving all needed directions to the night nurses and night superintendents. The A.M.O. is responsible for all the clinical pathology of his case, but more advanced pathological work is dealt with elsewhere. If a case is fit for discharge it is so recommended; if a case dies and the A.M.O. wants a post-mortem he puts a special mark on the case-paper, and the Medical Superintendent endeavours to obtain permission from the friends when they come to his office. Permission obtained, the A.M.O. does the post-mortem with the M.S. and other medical officers. One Assistant Medical Officer has the special duty of visiting the workhouse every morning at 9 and he or a deputy goes every evening at 8.30. One of the other assistants usually takes the majority of the anaesthetics. Another A.M.O.—usually our lady doctor—has special charge of the scattered homes and visits the "Central Home" every morning at 9, and from there pays visits, if necessary, to any other "homes" where there are sick children. She or one of the other A.M.Os. pays also an afternoon visit to the homes.

All the Assistant Medical Officers are on full duty till 2 p.m. daily; three are on duty till 6 p.m. (the third one especially for the Homes), and two till midnight. Each Assistant Medical Officer takes in rotation certain specified hours in each week "on duty" in the Receiving Ward (one on the male and one on the female side), and they leave whatever they may be doing to admit at once any case on arrival.

It will be realised that, if conscientiously done, the work of an assistant medical officer is no sinecure, but on the other

hand it is a great experience and a wide opportunity. A year or more as assistant medical officer at a large infirmary after a house appointment at Bart.'s would be a very valuable preparation for private practice. With men keen on the professional side of their work the wards get well looked after.

I would have much liked to give some account of the purely professional aspect of the work—surgical, medical and obstetric—which we have here, but space forbids. It is by no means all "chronic cases" as many suppose. I think quite 50 per cent. of the cases are acute and ordinary "hospital" cases, but from the point of view of the budding practitioner an experience of more chronic cases is a valuable and much-needed experience to those who have had experience only in a teaching hospital. How little those who work in our large hospitals often know of many of the terminal conditions of illness! But even here the bedridden, old paralytics and cripples we transfer to the sick wards in the workhouse in Constance Road (under our Board). One department—admittedly a depressing one—is that of our Tuberculous Wards. We have about 100 beds set aside for these cases where we carry out as far as possible open-air treatment. In the case of the 18 shelters on the roof we are able to obtain conditions not unlike the special sanatoria, and many cases here do well. Of course we are constantly weeding out the more hopeful cases, as, through the kind co-operation of Dr. Brand, the Tuberculosis Medical Officer of the Borough, we get them transferred to the L.C.C. sanatoria.

One of the great advantages we have in our Poor-Law system over many of the smaller voluntary hospitals is the number of openings we have for convalescent treatment. The M.A.B. have excellent convalescent homes for children, and with regard to adults I am happy to say I have never found my Guardians backward in assisting them to convalescence at the sea-side and elsewhere. Another advantage the patients have—though in the hospitals we should view it as a drawback—is that we can keep our patients, if they will stay, until they are well, instead of hurrying them out to make room for others. The average length of stay of patients here is forty-one days. Some cases of course stay very long, e.g. some of the tubercular cases and cases of inoperable malignant disease. The policy of the future should be to give the beds here more and more to the acute and important cases, leaving the sick wards at Constance Road Institution to take a larger number of the cases for which medical skill can do little.

II.

My object in entering so fully—with so much of what some may consider is unnecessary detail—into the routine of work is to emphasize the good points of the system that directions in which changes are desirable may be the better appreciated.

(1) Most emphatically all the old-fashioned stigma of Poor Law should be done away with. All people needing hospital treatment in, for example, Camberwell, should have the right to come into such an institution as this without any loss of social prestige, paying, of course, according to their means. In these days it seems quite absurd that a person should have to pay for the upkeep of a hospital (as the ratepayers pay for this Infirmary), and be shut out from its benefits, when they really need them, through out-of-date legislation.

There is a growing feeling among medical practitioners generally that they should have some participation in the local infirmary whether it is to be a Municipal or a State institution, and personally I think it would be a desirable and quite possible scheme that a certain number of patients of moderate means (paying, for example, say 3 guineas a week) should, if the patients desire it, be admitted to such an institution as this as private patients, and be looked after by their own doctor in consultation with the Medical Superintendent or his representative, and call in specialised advice if they wish it at their own expense. Such patients might be segregated in a special pavilion. This amount of co-operation with the general practitioners of a district is, I think, quite workable; to place a whole institution like this entirely under any large group of general practitioners would spell chaos.

(2) The second point is that now that these large infirmaries have developed into large modern hospitals with a high percentage of acute cases and most varied types of disease, it is manifest that not only is a resident staff, such as was ample in the old days, not sufficient for modern requirements, but a great deal of up-to-date equipment (X ray department, pathological department with pathologist, and other special departments) must be provided, or some other means must be found of supplying these needs.

(3) We have in the metropolitan infirmaries an enormous amount of "clinical material" which at present is almost wasted for purposes of education. Much of this, too, is supplementary to what a student sees in the regular teaching hospitals, but is of great importance to the intending practitioner. We have now reached a time when the great increase in the numbers of medical students make it essential to open up new opportunities for clinical teaching and for research.

We in Camberwell were hoping to be able to meet the needs mentioned above by a working arrangement with the neighbouring voluntary hospital of King's College in Denmark Hill, under similar arrangements to those which have already been made between St. Mary's Hospital and Paddington Infirmary, and are proposed by other hospitals.

Unfortunately some members of the King's College Hospital—not, I think, appreciating the position of the Infirmary as an institution run by public funds—have made as a condition of co-operation that King's College Hospital

should have "entire medical control" of this institution. This is an impossible proposition, because—(1) any arrangement now made must necessarily be temporary until the question of the future status of the infirmaries is settled by law, and it would be impossible to revolutionise the management of the infirmary under an arrangement of a purely temporary nature; (2) as long as the present Poor Law Regulations are operative the Medical Superintendent and other whole-time paid Medical Officers must legally be held responsible for medical care of the patients; (3) the ratepayers would certainly object to putting one of their institutions under a staff over whom they could have practically no control. The Guardians are, however, still prepared to negotiate for co-operation on the basis of the lines of St. Mary's Hospital and Paddington Infirmary.

Some such agreement would present the following advantages: The patients here could have opportunities of consultations with specialists, and the Infirmary Medical Officers would have the stimulus which must always come from a realisation that any painstaking enthusiasm they expend in the examination of their patients, and in the writing up of the clinical notes, will be appreciated by the teachers who come here and those they teach. Some at least of the members of our medical staff would also take a share in the teaching in the direction of clinical lectures or demonstrations. All teaching in the wards would certainly be an aid in the important duty we have here of training nurses. With regard to King's College, there would be the immediate advantage that it would have at its disposal for purposes of teaching and research many hundreds of additional beds.

I should anticipate that in the coming reorganisation of medical services for London it will be possible for us to make a free interchange of patients, taking, for example, here a number of the straightforward operation cases which now so frequently swell the waiting lists of hospitals, and transferring to King's College, temporarily, cases which need specialised methods of diagnosis or specialised treatment; also cases for clinical lectures. As things are, the great difficulty is that we cannot receive cases (except emergency cases) that do not belong to our "parish." If, however, the neighbouring unions would agree to pay the cost of maintenance of cases which belong to them coming here for treatment, that would be an easy way out. If, on the other hand, some system of unification of sick service were devised, then perhaps the parochial system would give way to something on broader lines.

For the present any scheme which is considered must be one of co-operation without altering any fundamental point in the system of administration. It will, in any case, be only a temporary one, and can never attain its full usefulness under the Poor-Law system, which classifies a patient admitted here as a "pauper." The proposals made by the Guardians were on these lines:

Cases are to continue to be admitted and discharged here by the Medical Superintendent as heretofore. The staff at King's College will, it is suggested, arrange that a Consulting Physician and a Consulting Surgeon should visit the Infirmary with their students each, say, once a week. The Medical Superintendent with his staff would draw up a weekly list of cases suitable for the Visiting Consultant. In selecting cases the medical staff here would be guided by consideration of the need they had for advice, the interest of the case scientifically, or the suitability of the case for teaching purposes. A clinical teacher desiring a group of cases to illustrate a special class of disease (e.g. "heart cases," "tumours," etc.) would intimate to the Medical Superintendent this desire before coming, and a list of such cases could be drawn up. We have worked on such lines for a time with Sir F. Mott and his post-graduate class, and have found it useful to him and to us and most valuable for the patients, who realise they are getting expert advice. We should not propose that any patient should be required to see the Consultant if he or she objected. If the teaching hospital wish later on to have some medical students to act as dressers or clerks in the wards, assistants in the clinical pathology, or in the post-mortem room, we should welcome it, and could undertake that there would be abundant opportunities for experience. Under present arrangements—and we none of us know what the future of the "Poor Law" infirmaries will be—this is, I think, a useful and workable plan. For some infirmaries where there is no neighbouring teaching school a system of "consultants" is being introduced, and if our negotiations with King's College Hospital come to nothing we may make similar arrangements here. I fear there may be a possible danger of the consultants developing into the position of the visiting staff of the voluntary hospitals, as I believe has to some extent happened in some of the provincial infirmaries, and thereby converting the permanent resident staff of the infirmary into mere hospital residents, instead of co-workers, which would entirely change their responsibilities and the value of their appointments, and, I fear, in the long run be less advantageous to the patients than even the present system.

XMAS 1920: IN "SITWELL."

DRESSER (who has helped Tommy, at 5, already to several pounds of mixed nitrogenous diet, seeing the empty plate): Now, Tommy, what would you like some more of—turkey? Sausage? Force meat?

TOMMY: No! Beau—o—o—tiful mustard!

THE NEURASTHENIC PENSIONER.

By W. J. JACO, M.R.C.S., L.R.C.P.,
Medical Officer, London Neurological Clinic.

AT the outset, in dealing with the neurasthenic pensioner it is as well to remember that in many cases "neurasthenia," "shell-shock," etc., were, like "F.U.O." and "D.A.H.," only labels, useful to the M.O. at the advanced stations, who looked to those at the base, with more time and facilities, to make a more definite diagnosis. In many cases the label has remained unchanged or the man has stuck to his label, as there are psychological reasons why the man may prefer to consider himself as suffering from shell-shock in preference to one of the better-known diseases. Thus one is apt to find some more prosaic condition camouflaged by the label.

It is noticeable to those who see a large number of cases, such as at the Special Neurological Boards, that the majority present a striking similarity in their symptoms. These consist mostly of the following in varying combinations: Sleep delayed or broken; anxiety-dreams, which may include war-dreams, though these are less often complained of than formerly; headache, mostly frontal; easily startled by sudden noises; general shakiness on excitement; nervousness in traffic; giddiness at times; tendency to early physical and mental fatigue; palpitation on exertion or excitement, but at times coming on without any apparent reason.

Despite the number of objective symptoms complained of, the objective signs are few, mostly amounting to an increase in the tendon and superficial reflexes; slight tremor of the hands when the arms are extended; some increase in the pulse-rate (rarely above 120), with a fair or poor exercise-tolerance, the cardiac area and sounds being normal.

That those who only see a few such cases are puzzled as to a diagnosis is not surprising. The solution is easier if one discounts for a time shell-shock as a causative factor. Quite a number of the above symptoms are found in that condition known as debility or delayed convalescence following one of the acute toxemias such as pneumonia, influenza, (of the true Pfeiffer type), or the chronic ones such as "latent" tubercle, pyorrhoea, otitis media, etc.—a condition now largely recognised as being due to an exhaustion of the endocrine system. Further questioning or scrutiny of the man's military documents quite frequently reveals a history of a toxemia previous to his being sent down the line with "neurasthenia."

This debility has at times a psychological importance as a determinant in cases of war-neurosis. In the course of my work at the London Neurological Clinic I have come across

cases in which the men admitted that they had at first stood the strain of front-line fighting as well as their comrades had. But on returning to the trenches after an acute illness they did not feel physically fit enough to carry on efficiently. Whilst fearing that their slowness would be looked on as "cold feet," or that they would be an easy victim if it came to a hand-to-hand conflict, they did their best to hide their condition by carrying-on, until at last they broke down under the combined mental and physical strain.

There is another condition whose symptoms and physical signs somewhat overlap those of debility, and which also depend on a lack of endocrine balance, though from a different causative factor—the anxiety-neurosis. It can be quite easily understood that the patients will not at first admit any of the causes for this condition that have been brought forward by psycho-analysts, but with tactful handling by anyone acquainted with the Freudian teachings one or other of these causes can often be found. Sometimes both toxic and a psychic cause are present in the same patient.

One is often suspicious that the patient has "learnt the lesson" in the waiting-room at the reviewing boards, especially when one hears almost the identical story from a succession of pensioners; thus a critical questioning regarding the subjective symptoms is advisable. For instance, a man may say that he is nervous in traffic, but when asked "In what way?" he may give no definite answer or only a fanciful one. In genuine cases one gets a reasonable answer, such as a true agoraphobia, or a fear that hurrying may induce an attack of shakiness or faintness with consequent danger of falling in front of some vehicle.

If one allows oneself to be too much influenced by a history of a wound or shell-concussion it is quite possible to overlook an arterio-sclerosis or a chronic nephritis, which, in their early stages, are a source of vague subjective symptoms, such as giddiness, dyspepsia, muscular cramps, etc. Early cases of organic nervous diseases and the psychoses are sometimes seen at the Boards under a functional diagnosis.

Certain symptoms have been looked on as of importance in or even as pathognomonic of the war neuroses, one of these being war-dreams. Analysis of a good number of these dreams has led me to believe that they are in no way different from peace-dreams; even where they were at first declared to be "exactly what happened," analysis has revealed one or other of the distortions common to dreams. It must be remembered that dreams may be induced by internal (somatic) stimuli, and thus persistent war-dreams can be removed or alleviated by physical means.

To quote a case that illustrates this point as well as several I have already mentioned, one of my patients at the clinic had suffered from war-dreams almost nightly for several years following a slight gunshot wound of the chest. He also had most of the symptoms associated with

hypothyroidism, lassitude (both physical and mental), bradycardia (60), friability. There was also an obstinate constipation, for which he was compelled to take a nightly dose of strong purgatives. Thinking that active peristalsis was a somatic cause of his dreaming and that also thyroid was indicated in his case, I ordered small increasing doses of thyroid. Within a fortnight his war-dreams had ceased and within a month he had dispensed with his nightly aperient, and his other symptoms had improved considerably.

I have said nothing regarding the more severe cases, such as hysterical paralyses, obsessions, phobias, etc., as those are more fitted for treatment in a neurological hospital or clinic by those with more time and experience than is possible with the general practitioner. My object has been to point out that quite well-known conditions may be overlooked if too much stress is put on the label, with the result that there may be a waste of drugs, such as bromides and tonics, or of time in giving such "good advice," as "It's only imagination," or "A month in the country will put you right."

ST. BARTHOLOMEW'S AMATEUR DRAMATIC CLUB.

THE Xmas entertainment under the auspices of the Hospital Dramatic Club was held on January 5th and 6th in the Great Hall. Seeing that this was the first performance since 1913, it goes without saying that its success was assured. And what a success! According to a senior member of the Staff, who had seen every performance of the Dramatic Club during the last twenty-six years, it was easily the best within his memory. Certainly we have nothing but praise for those who contributed to such a perfectly delightful evening. Leaving the Great Hall after the first performance, we overheard an eminent Bart.'s man remark: "Those fellows must have sweated blood to get together such a show." And yet in spite of their "hemorrhagic pyrexia" they look none the worse; in fact we are quite sure that no member of the audience more thoroughly enjoyed the entertainment than the artistes themselves, and they would at any time be only too willing to sacrifice a lecture or possibly a morning in the Out-Patient Department in order to thoroughly sift the problem of, say, the tragic details associated with "Life Liza Jane."

On both Wednesday and Thursday evenings a distinguished audience rapturously applauded the various items, and on each occasion the Great Hall was packed to its limits.

Not the least important part of the excellent programme was the music supplied by the Bart.'s Jazz Band, under the direction of Mr. J. C. Ainsworth Davis. They opened the proceedings and successfully started the ball rolling.

A drama entitled "The Ghost of Jerry Dunder" was the first item—rather morbid, perhaps, but yet excellently done. Mr. W. D. Urwick played the difficult part of Hirst with great ability—in fact we are not quite sure that he is not at his best in serious parts. His fall at the close of the act when he is shot by Dr. Leek was exceptionally well done. Each member of the cast was good, Mr. W. E. Lloyd as the Somers being particularly successful. Mr. G. F. Abercrombie as the very nervous Beldon was very true to life, and Mr. F. C. W. Capps also did well as the Doctor, in spite of the fact that he gave the impression of not having been qualified for any appreciable number of years. Nor must we forget Mr. J. T. Hunter as George, the Waiter. His naturally corpulent figure and rotund profile are a great

help, and he used his obvious histrionic abilities to advantage; at times perhaps a trifle too demonstrative, but a great find for the Dramatic Club. The parts of Penfold and Malcolm, acted respectively by Messrs. E. R. Cullinan and C. H. Andrews, were also very creditable. Incidentally, the latter's make-up must have puzzled a large number of the audience—in fact, we are tempted to wonder whether his distinguished father would have recognised Malcolm, the Commercial Traveller.

We understand that if anything "Jerry" went even better on the Thursday evening. It is amusing to learn that at the dress rehearsal on the Tuesday a number of patients who had been given permission to be present mistook the drama for a comedy, and the cast had serious misgivings about its reception on the Wednesday evening.

After more delightful music of the jazz type, the audience were in the right mood for the second item in the programme—a comedy entitled "Calamity Jane, R.N."

This proved to be a delightfully amusing sketch, the details of which take place in the Benbow (Pensioner) Ward, R.N. Hospital, Haslar. The ward furniture, the old men's gowns, even to the patients' charts, all contributed to the effectiveness of this admirable and uproariously humorous comedy. The make-up of the "old men" was unusually good, and reflects very creditably on Messrs. Fox's proprietorship.

As for the individual artists we can only say that no praise is too good for them. We feel sure that the other members of the cast will only too readily join with us in congratulating Mr. J. T. Hunter on his astonishingly successful rendering of William Booley. Seldom have we seen a more clever amateur effort. Again, his build and general deportment was of great assistance. It is difficult to believe that this was Mr. Hunter's first attempt at amateur theatricals; again we congratulate him most heartily.

Mr. L. C. Neville as the "baby" of the ward—sixty-seven we believe was his correct age—was delightfully effective. His aggressiveness caused roars of laughter. Messrs. Harris and Holdsworth were likewise splendid. It was a stroke of genius on the part of the author to keep one of them in bed the whole time. Mr. E. I. Lloyd as Calamity Jane's "Finance" made love in the ward to the consternation of the patients, and did it gallantly; in fact he did it so well that we seriously wondered if he had had any previous experience. Calamity Jane won the hearts of everyone. Miss Phyllis M. Capps was sweetest personified, and not a few of the nurses were obviously envious of her uniform. The feminine touch largely contributed to the success of one of the best acted comedies we have seen for many a day, and not the least effective was Miss Capps, who acted throughout with charm and distinction.

The concluding part of the programme consisted of a variety performance by The Bart.'s and Baronesses, and worthy of the Follies at their best. The troupe was made up of Misses Peggy Morrison, Mina Caslan, and Messrs. W. D. Urwick, N. McL. Morrison, and L. C. Neville.

The singing, the dancing and the concerted numbers were all deserving of the highest praise.

Quite a feature of the programme was the delightful singing of Mr. Morison: he was in wonderful voice, and thoroughly deserved his encore for his admirable rendering of "Annie Laurie."

We were delighted to see two such charming ladies as members of the troupe. They both sang and danced very prettily, and contributed in no small measure to the success of this section of the programme.

One thing we would like to know: Where did Matron's cap come from? "L'le Liza Jane" certainly had a rough time, but Matron's cap—no, it is too much for us.

Of course the lady performers had chocolates presented to them, and the old pensioners bottles of milk, although we have not yet been able to discover whether the latter had been fortified in any way in view of the performers' strenuous efforts to assist "Calamity Jane."

On behalf of the Hospital we would like to thank the Amateur Dramatic Club for providing such a delightful entertainment, and to congratulate everyone concerned—Stage Manager, Assistant Stage Manager, Committee, Hon. Secretary, and last, but not least, the artists themselves on the success of their efforts.

J. S. W.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. OLD LEYSIANS.
This game, the first of the second half of the season, was played at Wandsworth on January 15th, and was won by 3 goals and 2 tries to 1 goal and 1 try. Smuts was away from the full-back position, and Williams, as an Old Leysian, stood down from the three-quarter line of either side.

After Griffith-Jones had saved a promising attack by the Old Leysian forwards a round of passing by the Hospital outsiders finished by Thomas cross-kicking, and Capps following up secured a try, which Shaw failed to convert. The Old Boys gained ground by free kicks for infringements, but Thomas relieved with good kicks into touch. After Johnston had been pushed into touch when getting very dangerous, Griffith-Jones took a pass at full speed, and cutting through gave Thomas an easy run in behind the posts and Williams converted. Both gathered at the kick-off and dashed right up to the Old Leysian line, but the pass went wrong. Bart.'s kept up a constant attack and half-time arrived with the Hospital leading by 8 points to nil.

The second half opened with several free kicks to the Old Leysians; then Wall, Cooper and Vergette put in some good work which ended in Vergette scoring a try, which Williams did not convert. The Old Boys got the upper hand for a time and scored an unconverted try, and then another for which the points were added. Griffith-Jones was on the top of his form and put in some brilliant runs; on two occasions his final pass to Thomas, when the latter had a clear run in, looked perfectly good from the touch-line, but the referee ruled them "forward." The best run of the game was by Griffith-Jones, who, running very strongly, handing off and cutting in, scored a beautiful try, which he converted himself. Thomas put in some very useful tackling, and then Shaw, getting possession about fifteen yards out, broke his way through for Griffith-Jones to convert.

St. Bart.'s: N. G. Thomson, back; D. Coyte, J. G. Johnstone, C. Griffith-Jones, B. G. Thomas, three-quarters; D. H. Cokell, T. P. Williams, halves; C. Shaw, A. E. Beith, A. B. Cooper, H. E. Fiddian, H. V. Morlock, E. S. Vergette, F. C. Capps, A. D. Wall, forwards.

CORRESPONDENCE.

MEMORIAL TO BART'S MEN.

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

SIR,—I have been asked to express my views on the proposed Memorial.

I feel strongly that any memorial erected to our fallen comrades should be both pleasing to the eye and serviceable to future generations of Bart.'s men. It should be so placed as to attract the attention of all old Bart.'s men when visiting the Hospital, and the position should be one which, in any future reconstruction of the Hospital, is unlikely to be disturbed.

I do not hold with those who think that adequate funds will not be forthcoming to erect a memorial worthy of the great service rendered.

Bartholomew's men are known throughout the medical profession for their *esprit de corps*, and their devotion to Bart.'s and its great traditions.

I venture to think that no Bart.'s man would be appealed to in vain. There could be no object which would appeal with such irresistible force to the generosity of Bart.'s men. If every surviving Bart.'s man who served subscribed, on an average, 1 guinea each, close on 2000 guineas would be forthcoming from this source alone. If every other Bart.'s man in practice subscribed an average of 10s. each there would be, roughly, a further £1000 available. The great body of Governors and the Students' Union may be counted on for a considerable sum, and I have little doubt that a strong appeal for a memorial worthy of the occasion would raise from three to four thousand pounds, or more if more were required. I think it is most important that a strong committee should be formed representing not only the Governors, School Committee and Students' Union, but also the great body of general practitioners who went abroad on active

service. It was the latter who formed the majority on service and it was from their ranks that the heaviest losses were sustained. Let this Committee, with, e.g., Sir Anthony Bowlby in the chair, meet and decide on a suitable memorial and its approximate cost; let them send out a strong appeal and the money on the basis of figures I have quoted is a certainty.

It seems to me that the position marked out for a memorial is in the old Square and *Round the Fountain*, where generations of Bart.'s men have laid the foundations of life-long friendships, and where, perhaps more than anywhere else, those who have passed beyond spent their happiest half-hours.

With careful reconstruction a marble seat could be built round the Fountain in keeping with both the spirit and the architecture of the place (or if enough money were available the entire Fountain might be rebuilt).

Here on sunny days future generations of students may bask and await their chiefs in greater comfort than in bygone times; here the spirit of those we commemorate will surely hover; here the freshman, as he reads the scroll, may grip the spirit of the place and get the inspiration of "Bart.'s" and all that the name implies; here old Bart.'s men who visit the Hospital must pass, and pause to give a thought to those both known to them and unknown who have added to the great lustre of Bart.'s.

Here and in some such fashion as this, I think, we can erect a monument worthy of our dead, worthy of Bart.'s and more lasting (and more useful) than brass.

Yours faithfully,

CHARLES GORDON-WATSON.

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

DEAR SIR,—We are all, I am sure, in sympathy with Mr. Girling Ball's appeal for some substantial and lasting memorial to those Bart.'s men who gave their lives for England in the Great War. Would it not be more appropriate, however, to make the tribute of greater practical utility than a tablet, however artistic, is likely to be? May we not be so ambitious as to hope for a sum which would endow a bed, or at least a cot, over which a significant, if relatively inexpensive, tablet might be placed? It seems a pity to spend three or four hundred pounds in what, after all, can be only an inscription upon a wall. An endowed bed would carry with the inscription a living interest in the memory of our dead and honoured colleagues.

I am, Sir,

Yours, &c.,

THOMAS HORDER.

141, HARLEY ST., W.;
December 29th, 1920.

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

SIR,—Mr. Girling Ball has asked for suggestions *re* the Memorial. If there is one spot in "Bart.'s" which conjures up happy memories it is "Round the Fountain." Certainly every one of those who did spend happy leisure moments "Round the Fountain."

Could not the stem or plinth or whatever is the correct name be adapted so that brass could be "let into" it bearing the honoured names? We are so much one family at Bart.'s. The loss we have sustained is purely a family loss. We do not want to erect anything for the vulgar crowd to gaze at.

Why not let those names, so dear to us, preside over the spot, almost sacred to most of us—the spot that "they" all loved, so that their memory shall greet the old men, inspire the present generation, and welcome the generations of Bart.'s men yet unborn.

I am,

Yours faithfully,

A. W. LEMARCHAND.

LITCHDON HOUSE,
BARNSTABLE,
N. DEVON;
January 6th, 1921.

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

SIR,—A memorial to those Bart.'s men who fell in the war must be permanent, and not only permanent, but must take a form that will be brought to the notice of succeeding generations of students. A tablet, to my mind, does not fulfil these conditions: as its newness wears off it becomes a thing seen but not observed. I think a more suitable form for a memorial to take would be an annual prize or

scholarship suitably named. The Medical School is already well endowed with prizes, but in the one branch of medicine whose importance was emphasised in the war more than any other there is no prize.

I would suggest that the money collected be devoted to founding an annual prize for an essay on some aspect of preventive medicine or the direct relationship of medicine to public health.

Yours truly,

N. S. B. VINTER.

ST. BARTHOLOMEW'S HOSPITAL,
LONDON, E.C. 1;
January 19th, 1921.

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

SIR,—Had it not been for Mr. Ball's request for letters on the War Memorial most Bart.'s men would have felt the point made by Dr. Godfrey Lowe that it was not for them to suggest; but in view of Mr. Ball's letter surely the most helpful thing is to send one's views along.

The effect of a tablet, wherever it is placed, is soon lost, as Sir D'Arcy Power reminds us. How many, indeed, can remember the illustrious names inscribed on the north wall of the Hospital? In these days most of us are utilitarians. If the sum expended is to be limited to £300 or £400 a "memorial prize," however small and in whatever subject given, would commemorate the fallen in perpetuity, would be of practical use, and its conditions might grant special favour for, say, the next twenty years to those financially affected by the war.

If a larger sum could be collected the endowment of a bed or beds in the Hospital might be possible.

Possibly these suggestions have been considered and turned down. If a tablet is chosen there are two Bart.'s men who, although not in H.M. Forces, surely died for their country—Dr. Stansfeld and Mr. Blakeway. Those who had the good fortune to come under their influence would surely welcome the addition of their names to the Memorial.

I am, etc.,

OMEGA.

APPENDICITIS.

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

SIR,—Amongst the many and varied professional opinions which from time to time have been advanced as the cause of appendicitis, and which doubtless vary much according to age, constitution and habits of life, I am not aware that the possibility of "heredity" has been mentioned; but it is, I think, worth considering, more especially perhaps by the operating surgeon when called on to advise or to decide as to the advisability or the necessity of operation.

The prevailing belief, I think, now is that man as we see and know him at present was not born as such, but like all other animal and vegetable creation is the result of evolution and change. And this view finds support in that the appendix is considered to be a rudimentary structure, and therefore in man remains simply as an appendage, performing no special or important function.

Moreover, events in my own family give some colour to the proposition. I well remember when quite a boy having rather a serious illness, suffering acute pain, tenderness on pressure, etc., over the region of the appendix, being treated by leeches and hot applications locally, resulting in complete recovery, and I have not had any recurrence of the trouble.

I think that illness may fairly be deemed as appendicitis, and that had the operation for the affection been then known I should have been operated on. Then, at about the age of twenty-six my eldest son suffered the same trouble, requiring operation; and recently two grandsons, aged respectively nine and ten, had appendicitis, one requiring operation.

Yours, etc.,

ARTHUR E. T. LONGHURST, M.D.

THE HOMESTEAD,
CHANDLER'S END,
HANTS.

REVIEWS.

THE ESSENTIALS OF HISTOLOGY. By SIR A. F. SCHAFER, F.R.S. Eleventh Edition. (Longmans, Green & Co.) Pp. xii + 577. 14s. net.

The exhaustion of ten editions of a text-book since 1885 is conclusive evidence that the aim of the author has been attained. If possible the present edition is better than ever, and every student of physiology must regard himself fortunate in having such an excellent work at his disposal.

VENEREAL DISEASES: THEIR CLINICAL ASPECT AND TREATMENT. By J. E. R. McDONAGH, F.R.C.S. (Wm. Heinemann, Ltd.) Pp. xii + 419. Price £3 5s.

It is unusual to open a book of this size and importance without finding a preface, but the author is nothing if not original. The major part of the book is devoted to syphilis and this is followed by a short chapter on soft sore, some 70 pages are devoted to gonorrhoea and non-gonorrhoeal urethritis, while the concluding chapters are largely concerned with subsidiary venereal diseases. The pages devoted to such subjects as sexual neuroasthenia, venereal disease and marriage, venereal disease and public health, the relationship of syphilis to malignant disease and the bridge between the clinical and pathological parts of the venereal domain are extraordinarily interesting, and in our opinion are amongst the best chapters in the book.

Mr. McDonagh's pathology has been severely criticised, his chemistry more so, but there is no denying his extremely ingenious arguments. He is out to prove his theories, and we cannot help but admire the persistency with which he upholds his views. The volume under review, however, is not so much concerned with the speculative side of venereal disease, and the writer is certainly on safer ground when dealing with the clinical aspect. His experience has been very wide and he is entitled to speak with authority. As is to be expected, the clinical descriptions of the various lesions are extremely well done.

The illustrations are for the most part excellent, although we could have wished that some of the coloured plates had been a little less gaudy.

The chapter devoted to the biology of syphilis of the nervous system is a notable contribution to medical literature. It is the author's opinion that nervous syphilis is increasing rather than otherwise. He puts this down to the increased strain upon the nervous systems of the inhabitants of civilised countries during recent years, and also, curiously, to the influence of treatment on the incidence of the syphilitic nervous affections.

The various drugs used in the treatment of syphilis receive full consideration; the methods of administration are also referred to in detail, the author not forgetting intramine in this connection. Discussing the treatment of syphilis of the nervous system, the author puts forward the opinion that constant tapping of the cerebrospinal fluid within one and a half hours after the injection of arsenobenzene is as efficacious as an injection given by the intraspinal route.

The most interesting chapter on the treatment of gonorrhoea is with reference to "Chemotherapeutic and Vaccine Treatment." It is distinctly complicated, but the outcome would appear to be to combine a colloidal metal with a suitable vaccine, avoiding "too much metal, which leads to its own oxidation, and so deprives the patient of the oxygen of which he is most in need; and in vaccine therapy not to give too big doses, as they cause a negative phase."

We have already referred to the chapters on venereal disease and marriage, and venereal disease and public health. His statement that it is impossible to rely on the Wassermann reaction or upon a negative bacteriological test for gonorrhoea is unfortunately only too true.

In conclusion, we can only say that however speculative the work it should be read by all interested in venereal disease. It is the work of an expert, whose evidence, at any rate, is that of a master.

NEUROLOGICAL AND OTHER PAPERS. Reprinted from the writings of JOHN MITCHELL CLARKE, M.A., M.D.(Cantab.), F.R.C.P. (Bristol) : J. W. Attertonsmith, Ltd. Pp. 263. Price 10s. 6d. net.

This book has been published as a memorial to the late Dr. Mitchell Clarke, and contains some of his most important contributions to medical and scientific literature. The two members of the Executive Committee to whom the task of preparing the volume was relegated have made an admirable selection from the large amount of material at their disposal. The diseases of the nervous system naturally receive most attention, Dr. Clarke being a recognised authority on this branch of medicine, but there are at least a hundred pages of most interesting reading devoted to other subjects.

We congratulate the Appeal Committee on their decision to publish the volume. It is a most readable book, which we can thoroughly recommend to our readers.

COMMON INFECTIONS OF THE KIDNEYS. By FRANK KIDD, M.B., B.C.(Cantab.), F.R.C.S. With an additional lecture on the "Bacteriology of the Urine," by DR. PHILIP PANTON. (Henry Frowde & Hodder & Stoughton.) Pp. xx + 331. Price 18s.

This book forms one of a series of books which this well-known author hopes to publish on common disorders of the urogenital tract. The volume is largely made up of a series of lectures delivered at the London Hospital, and it is obvious throughout that the writer is detailing his own experiences. More often than not it is the custom to largely draw upon the literature on the subject, and very often a text-book is nothing more or less than an elaborate summary of what other people have written.

The concluding part of the volume is devoted to a very complete summary of cases, although we cannot admire the indexing. It would have been much more convenient, certainly from the reader's point of view, to have indexed the pages rather than the cases.

As is the case with all the Oxford Medical Publications, the book is admirably printed.

ELEMENTS OF PRACTICAL MEDICINE. By ALFRED H. CARTER, M.D., M.C. Revised by ALEXANDER G. GIBSON, M.A., M.D., F.R.C.P. Eleventh Edition. (H. K. Lewis & Co., Ltd.) Pp. Pp. xviii + 695. Price 16s. net.

The last edition of this work was published in 1912, and the present volume has been thoroughly revised by Dr. Gibson owing to the death of the author in 1918. The book is essentially sound, and although one gathers the impression that the style is not exactly modern (the book first appeared some forty years ago), nevertheless it is a grounding in general principles which, after all, constitute the most important part of medical teaching.

We are pleased to see a most excellent chapter devoted to skin diseases. The section on nervous diseases is also admirable.

The student commencing his clerking will find "Carter's Medicine" a useful addition to his library.

THE X-RAY ATLAS OF THE SYSTEMIC ARTERIES OF THE BODY. By H. C. ORKIN, F.R.C.S.(Edin.). (Baillière, Tindall & Cox.) Pp. viii + 92. 21 plates and illustrations. Price 12s. 6d. net.

This book is an adaptation to anatomy of the methods employed by the author in his original work of rendering visible the vascular system by X-ray. It is intended for the use of students of anatomy, surgical anatomy and operative surgery, the object being to provide a series of natural illustrations of the systemic arteries in continuity and precisely as they exist *in situ* in the undiseased body. Owing to the difficulty of obtaining access to an adult cadaver during the course of the investigations the radiographs had to be obtained from a full-time fetus.

We must say at once that the pictures are extraordinarily well done, and both author and publisher deserve the highest praise for their work. Unfortunately it is a little bit difficult to understand how the book is going to prove its usefulness, especially as the musculature of the body is not visible in an X-ray photograph.

The brief anatomical descriptions are very useful and certainly add to the book's utility.

ANATOMY: DESCRIPTIVE AND APPLIED. By HENRY GRAY, F.R.S., F.R.C.S. Edited by ROBERT HOWE, M.A., M.B., D.Sc. Twenty-first Edition. (Longmans, Green & Co.) Pp. xvi + 1366. Price 42s. net.

It is only comparatively recently that we reviewed the twentieth edition of this world-famous text-book on anatomy. Suffice it to say that the present volume more than holds its own as the standard work on the subject. Several new illustrations have been added, but the text does not materially differ from the previous edition.

We can only reiterate what we said on a previous occasion, namely, how unfortunate it is that such a magnificent compilation should be couched in anatomical terms which never ought to have existed. Even the excuses of the Editor in the Preface leave us absolutely unconvinced with regard to the desirability of adopting the Baels nomenclature.

MANUAL OF MEDICINE. By A. S. WOODWARD, C.M.G., M.D., F.R.C.P. Second Edition. (Henry Frowde & Hodder & Stoughton.) Pp. xiii + 487. Price 16s.

It is eight years since the first edition of Dr. Woodward's book made its first appearance, and we are not surprised to find that the present edition has undergone considerable revision.

There is no doubt that an effort has been made to bring the book thoroughly up to date; the pages devoted to metabolism, for instance, contain much useful information on the "deficiency diseases."

We are glad to see that the fevers are still described in alphabetical order and that the volume contains a very useful chapter on insanity. Similar books would do well to include a note on this important subject.

The book is certainly one of the best of the *tada-mecum* type and should prove deservedly popular. It is excellently printed and arranged in such a way that the essentials are easily picked out.

OPERATIVE SURGERY. By ALEXIS THOMPSON, F.R.C.S.(Edin.), and ALEXANDER MILLS, F.R.C.S.(Edin.). Third Edition. (Henry Frowde & Hodder & Stoughton.) Pp. xviii + 619. Price 16s. net.

The present edition of this well-known work has undergone considerable alteration since the last edition made its appearance, the author's object being to make the manual a companion volume to the *Manual of Surgery* rather than a mere supplement to it. The result is that it is now presented as practically a new work. As in previous editions the authors have adopted a regional arrangement of the text, and for the convenience of the student a brief *résumé* of the salient points in the surgical anatomy of each region prefixes a description of the surgical operations.

The book is excellently printed and well illustrated. Some of the details of the various methods perhaps are not quite as clear as they might be, but for all that it is undoubtedly a good text-book, and should certainly be read by students favouring the author's *Manual of Surgery*.

SURGICAL PATHOLOGY AND MORBID ANATOMY. By SIR ANTHONY A. BOWLEY and SIR FREDERICK W. ANDREWS. Seventh Edition. (J. & A. Churchill.) Pp. 651. Price 30s. net.

"Bowley and Andrews" has long been a surgical classic without which no student's library is complete. The seventh edition, which is now before us, has been enlarged, and the illustrations produced afresh on a larger scale. The format of the book is admirable, the paper and the printing good. The 210 drawings which illustrate the text are nearly all from specimens in the Bart's Museum. We are glad that histological structures are shown by drawings and not micro-photographs.

The chief additions to the text are descriptions of gas gangrene, shock and tetanus, in which subjects the war gave us much new knowledge. The popularity of the book has always been largely due to the authors' lucidity of expression, but sometimes the senior student might be glad of more detailed descriptions and ampler classifications than are to be found here. We suggest that the value of the book would be increased if a short bibliography was appended to each chapter. Such should not be elaborate, but contain references which would be easily available to the student. But this is slight criticism. "Bowley and Andrews" is the work on surgical pathology.

DISEASES OF THE SKIN: A TEXT BOOK FOR STUDENTS AND PRACTITIONERS. By J. M. H. MACLEOD, M.A., M.D. (H. K. Lewis & Co. Ltd.) Pp. xx + 1307. Price £3 10s.

This admirable book is written "mainly for general practitioners and students, and its aim has been to furnish a practical guide to the symptomatology, pathogenesis and treatment of skin diseases." We may say at once that it is a book of great importance, that it is written carefully and clearly by one who has taken the trouble to avoid those literary infelicities which so often spoil even important scientific works, and that it will be found most valuable by those who read it or refer to it.

The illustrations, consisting of 23 colour plates and 435 in black and white, deserve great commendation. We had believed that a book of this nature could only be made valuable by a great number of coloured illustrations, but we find demonstrated here the value of black and white. In nearly every case the illustration gives a good idea of the condition described.

The work begins with an excellent account of the anatomy and physiology of the skin. Some general chapters follow, and finally the various lesions are systematically dealt with, treatment being very fully considered. With each separate pathological condition is given the various synonyms (of no small value in dermatology) in English, French and German, and finally a list of references to each condition described. We would particularly commend the three chapters dealing with neoplasms of the skin to those attempting higher examinations.

Perhaps it is too expensive a work to be upon the bookcase of the average medical student. For a general practitioner we cannot imagine a more valuable book of dermatological reference. Nor need we emphasise the special value to him of such knowledge.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEWS MEN.

BUTTAR, CHARLES, M.A.(Cantab.), M.D.(Lond.). "Poor Law Infirmaries as Municipal Hospitals." *Lancet*, December 25th, 1920.

CARRER, ALFRED, M.D., D.P.M. "Anxiety Psychoneurosis." *Ibid.*, January 22nd, 1921.

EVANS, GEOFFREY, M.B.(Cantab.), M.R.C.P., and MACKENZIE WALLIS, R.L., M.A., M.D.(Cantab.). "Diabetes Insididus complicated by Intermittent Glycosuria." *Ibid.*, January 8th, 1921.

HARTLEY, SIR PERCIVAL HORTON-SMITH, C.V.O., M.A., M.D.(Cantab.), F.R.C.P., and SIR R. DOUGLAS POWELL, Bart., K.C.V.O., M.D.(Lond.), F.R.C.P. & P.H.S.H. "On Diseases of the Lungs and Pleura, including Tuberculosis and Mediastinal Growths." Sixth edition. London: H. K. Lewis & Co.

HEALD, C. B., C.B.E., M.D., and B. THOMSON, B.Sc. "Addendum to the Value and Interpretation of some Physical Measurements." *Lancet*, December 25th, 1920.

JORDAN, A. C., F.R.E., M.D., M.R.C.P. "An Address on Stasis and the Prevention of Cancer." *British Medical Journal*, December 25th, 1920.

McDONAGH, J. E. R., F.R.C.S. "Venereal Diseases as we see them To-day." *Practitioner*, January, 1921.

MYERS, BERNARD, C.M.G., M.D. "Transposition of the Viscera with Congenital Heart Disease." *Proceedings of the Royal Society of Medicine*.

MYERS, CHARLES S., M.D., Sc.D., F.R.S. "Industrial Fatigue." *Lancet*, January 22nd, 1921.

NEWBOLT, G. P., C.B.E., F.R.C.S. "Radical Cure of Femoral Hernia by the Inguinal Route." *British Medical Journal*, January 1st, 1921.

RYLAND, ARCHER, F.R.C.S.(Edin.). "Assessment of Aural Disability in ex-Soldiers." *Journal of Laryngology, Rhinology and Otolaryngology*, December, 1920.

VINCENT, RALPH, M.D., M.R.C.P. "Difficult Cases of Infant-feeding and Management." *Lancet*, January 8th, 1921.

WEBER, F. PARKES, M.D., F.R.C.P. "Albuminuria in Relation to Life Assurance." *British Medical Journal*, January 15th, 1921.

"Massive Hæmatomata in Chronic Myeloid Leukæmia; Leukæmic Oozing in the Urine Stimulating Pyuria." *Clinical Journal*, January 12th, 1921.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

First M.B. Examination, December, 1920.

Organic Chemistry.—C. L. Elgood, R. E. D. Cargill.

At a Congregation held on December 17th, 1920, the following degree was conferred:

B.M.—W. F. Skaife.

UNIVERSITY OF CAMBRIDGE.

Third Examination for Medical Degrees, Michaelmas Term, 1920.

Part I. Surgery and Midwifery.—A. B. Appleton, C. S. Atkin, W. M. Caspar, M. T. Clegg, F. C. Cozens, E. A. Fiddian, L. P. Garrod, C. Griffith-Jones, E. I. Lloyd, R. S. Scott, E. D. Spackman.

Part II. Medicine, Pathology and Pharmacology.—F. Allen, C. S. Atkin, A. O. Courtis, L. Cunningham, J. L. Potts, A. G. Shurlock, W. S. Sykes, A. T. Westlake, J. Whittingdale.

At Congregations held December 4th and 18th, 1920, the following degrees were conferred:

M.B., B.Ch.—M. K. Robertson.

B.Ch.—J. W. Stretton.

UNIVERSITY OF LONDON.

M.D. Examination.

Branch I. Medicine.—G. C. Linder, R. J. Perkins.

M.S. Examination.

Branch I. Surgery.—H. E. Griffiths.

LONDON SCHOOL OF TROPICAL MEDICINE.

The following candidate was successful at the examination held at the termination of the Sixty-fourth Session (October to December, 1920).

A. M. Kirdany.

APPOINTMENTS.

BROCKMAN, R. ST.L., F.R.C.S., appointed Surgical Registrar, Royal Infirmary, Sheffield.

BULL, L. J. F., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the Royal Waterloo Hospital for Children and Women.

CATES, J., M.D.(Lond.), D.P.H.(Cantab.), appointed County Medical Officer of Health for Surrey.

EVANS, L. W., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer, City of Westminster Union Infirmary, Fulham Road, West Brompton.

GILL, J. F., M.B., Ch.B.(Aberd.), F.R.C.S., appointed Hon. Assistant Surgeon to the Royal Infirmary, Hull.

MCLEAN, W., D.P.H.R.C.P.S.I., appointed Medical Inspector, Marine Department, Board of Trade, Southampton.

NEVE, C. T., M.B., B.S.(Lond.), F.R.C.S., appointed Assistant Surgeon, Croydon General Hospital, and Registrar, St. Mary's Maternity Hostel, Croydon.

ROBINSON, G. S., M.B., B.Ch.(Oxon.), appointed Assistant Surgeon to the Royal Infirmary, Sunderland.

CHANGES OF ADDRESS.

BATSON, W. L., 4, Marine Terrace, Rodwell, Weymouth.

BEVERS, C. F., P.O. Box 86, Pretoria, S. Africa.

BOLTON, A. O., Riversmere, Albany Road, Leighton Buzzard.

BOODLE, G. A., Inellan, Nutfield Road, South Merstham, Surrey.

BOTT, H., Washenden Manor, Biddenden, Kent.

BROCKMAN, R. ST.L., Surgical Registrar, Royal Infirmary, Sheffield.

BULL, L. J. F., Royal Waterloo Hospital for Children and Women, Waterloo Road, S.E. 1.

CROOK, E. A., 15, Earls Terrace, W. 8 (Tel. Western 6458).

EVANS, L. W., City of Westminster Union Infirmary, Union Road, West Brompton, S.W. 10.

HARRISON, L. K., Springfield, Springfield Road, Leicester.
HEATH, A., 29, Ebers Road, Nottingham.
HOOPER, Col. Sir William Roe, K.C.S.I., The Red Lodge, Aldeburgh, Suffolk.MCLEAN, W., Board of Trade, Canute Road, Southampton.
SLADE, J. G., St. Mary's, Ely, Cambo.
SPACKMAN, Capt. W. C., I.M.S., Dharmasala Cantonment, Punjab, India.

STOCKER, E. G., Major R.A.M.C.T., Cuby House, Tregoney, Gram-pound Road, Cornwall.

TAIT, E. S., 60, Highbury Park, N. 5.

BIRTHS.

FRASER.—On December 29th, at 15A, Nevren Place, Earl's Court, the wife of Dr. F. R. Fraser, of a son.

LONGSTAFF.—On January 7th, at St. Brelades, Thurlow Park Road, West Dulwich, to Dr. and Mrs. Longstaff—a daughter.

RENDALL.—On Thursday, December 30th, at 49, High Street, Boston, Lincs., the wife of Dr. S. Rendall—a daughter.

ROBBINS.—On January 12th, at Montagu House, Leatherhead, the wife of F. H. ROBBINS, M.C., F.R.C.S.(Ed.), of a son.

VON BERGEN.—On January 16th, at Devon House, Leatherhead, Barbara, wife of C. W. von Bergen, M.B., B.S., of a son.

MARRIAGES.

BAIRD—CLARKE.—On January 17th, Lieut.-Col. R. F. Baird, I.M.S., son of the late Dr. J. T. W. Baird, of Congleton, Cheshire, and of Mrs. Baird, to Gladys, youngest daughter of the late Richard Clarke and of Mrs. Clarke, of Bexhill. (Indian and foreign papers, please copy.)

LYON-SMITH—BOVILL.—On December 30th, 1920, at St. Peter's, Cranley-gardens, by the Rt. Rev. Bishop Bury, of Northern and Central Europe, assisted by Canon C. S. Woodward, M.C., George Lyon Lyon-Smith, elder son of Dr. and Mrs. H. Lyon-Smith, of 35, Harley-street, W., to Violet Mary, daughter of Edward M. Bovill, Esq., and of Mrs. Edward M. Bovill, of 51, Egerton-crescent.

PARSONS—DANNAY.—On January 3rd, 1921, at the Church of St. Mary-le-Park, Battersea, Christopher Thackray Parsons, O.B.E., M.D.(Lond.), to Annie Burgess, widow of Archibald Hugh Payan Dawnay, F.R.C.S.

DEATHS.

BOUSFIELD.—On January 7th, 1921, at 6, De Crespigny Park, Denmark Hill, S.E. 5, Edward Collins Bousfield, L.R.C.P., M.R.C.S., D.P.H.(Cantab. & Lond.), aged 65.

FARRANT.—On January 18th, 1921, Rupert Farrant, M.C., F.R.C.S., late Assistant Surgeon to the Westminster Hospital, youngest son of the late Mr. Samuel Farrant, Ansherd, Taunton.

JACKSON.—On January 9th, 1921, at College Hill House, Shrewsbury, Arthur Jackson, F.R.C.S., fourth son of the late Daniel Jackson, Chadwell Place, Grays, Essex, aged 65.

MARTIN-SMITH.—On November 25th, 1920, at "Hazelhurst," Marton, New Zealand, William Martin Smith, M.B., B.Ch.

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 7s. 6d., 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: City 510.

St. Bartholomew's Hospital



JOURNAL.

VOL. XXVIII.—No. 6.]

MARCH 1ST, 1921.

[PRICE NINEPENCE.]

CALENDAR.

Tues., Mar. 1.	—Dr. Tooth and Mr. Waring on duty.
Wed., " 2.	—Clinical Lecture (Surgery), Sir C. Gordon-Watson.
Fri., " 4.	—Dr. Morley Fletcher and Mr. McAdam Eccles on duty. Clinical Lecture (Medicine), Sir P. Horton-Smith Hartley.
Mon., " 7.	—Clinical Lecture, Mr. Elmslie.
Tues., " 8.	—Dr. Drysdale and Mr. Rawling on duty.
Fri., " 11.	—Sir P. Horton-Smith Hartley and Sir C. Gordon-Watson on duty.
Mon., " 14.	—Clinical Lecture, Mr. Scott.
Tues., " 15.	—Dr. Fraser and Mr. Gask on duty.
Fri., " 18.	—Dr. Tooth and Mr. Waring on duty.
Tues., " 22.	—Dr. Morley Fletcher and Mr. McAdam Eccles on duty.
Fri., " 25.	—Dr. Drysdale and Mr. Rawling on duty.
Tues., " 29.	—Sir P. Horton-Smith Hartley and Sir C. Gordon-Watson on duty.
Fri., April 1.	—Dr. Fraser and Mr. Gask on duty.

EDITORIAL.

NOT for many years has the Hospital been honoured by such a distinguished company as were present on the occasion of the laying of the Foundation Stone of the New Home for Nurses by Her Majesty the Queen on February 17th. The ceremony was indeed a brilliant one, and the organisers are to be warmly congratulated on the success of their efforts. A report of the proceedings, together with several photographs, are included in this issue. We would like to take the opportunity of congratulating our President, H.R.H. the Prince of Wales, on the admirable way he delivered his speech. Every syllable of every word was distinctly audible, and, as one said who was present, "his enunciation would have done credit to a master orator in his prime."

Incidentally we hear that the impromptu dance held in the marquee in the evening was a most successful affair, and altogether a glorious wind-up to a day which will long be memorable in the history of Bart.'s

The portrait of Sir Anthony Bowlby, towards which a large number of old Bart.'s men have subscribed, is now finished. It is to be presented to him on Friday, March 18th, at 3 o'clock, in the Great Hall of the Hospital. It is hoped that as many of those who have subscribed as can possibly manage to do so will attend. After receiving the portrait Sir Anthony will present it to the Governors of the Hospital, and it is expected that Lord Sandhurst will be present to receive it on their behalf. The students of the Hospital are cordially invited to be present in the Great Hall on this occasion.

The Minister of Health, with the concurrence of the University Grants Committee, has appointed a committee to formulate a scheme for post-graduate instruction in Medicine in London. The actual terms of the reference are as follows: "To investigate the needs of medical practitioners and other graduates for further education in Medicine in London, and to submit proposals for a practicable scheme for meeting them."

The Earl of Athlone (Chairman of the Board of Governors of the Middlesex Hospital) is acting as Chairman, and amongst the members of the committee are Sir George Newman, Sir Wilnot Herringham, and Dr. T. W. Shore.

The Goulstonian Lectures are to be delivered by Dr. George Graham on March 1st, 3rd and 8th, the subject being "Glycæmia and Glycosuria."

At the ordinary quarterly *comitia* of the Royal College of Physicians, Sir Francis Champneys was elected a representative of the College on the Central Midwives Board, and Sir Dyce Duckworth on the Court of Governors of the Liverpool University.

Sir D'Arcy Power has published his second Vicary Lecture on *The Education of a Surgeon under Thomas Vicary*, with many interesting illustrations. The Lecture shows how much the education of a surgeon owes to the wisdom of a

few great men in the critical times with which it deals, when the fraternity of surgery could no longer continue along the traditional lines, and there was a real danger of surgery passing into the hands of a trade guild.

The publishers are Messrs. Wright & Sons, Ltd., Bristol.

* * *

We note with interest that Mr. Charles J. Icath, F.R.C.S., the well-known aural surgeon, has been elected a Companion of the Institute of Marine Engineers.

* * *

Congratulations to Mr. M. G. Thomas on obtaining his Cap for Wales in their match against Scotland. Mr. Thomas, who for some time has been a prominent member of the Hospital Rigger team, also played for the Principality against France on February 26th, and according to one of the reports contributed the best run of the match.

* * *

The playing members of the Hospital Athletic Clubs will be glad to know that arrangements have been made at Winchmore Hill to cope with any accidents which may unfortunately arise in the course of a game. Thanks are due to Mr. Hayes for permission to use Hospital property at Winchmore, to Mr. Langford Moore for supplying the medicaments and for advice, and Mr. Watkins for gathering together the component parts of the outfit.

* * *

A few months ago we included in our official notices the marriage of Dr. E. Shirley Jones. We are informed that this was an error, the notice from which we obtained our information no doubt referring to a doctor of the same name.

We tender our apologies to Dr. Shirley Jones for any inconvenience the publication may have caused him.

* * *

The Medical School is to be heartily congratulated on the extraordinarily fine pass list in the recent Final Conjoint Examination in Surgery. Out of a total entry of twenty-four, no less than twenty were successful. We believe this constitutes a record even for Bart.'s, and speaks volumes for the excellence of the teaching in this all-important subject.

* * *

We are informed that the Christmas Entertainment, held in the Great Hall on January 4th, 5th and 6th, cost the Hospital Dramatic Club £50—a very moderate sum nowadays for three performances. The Governors of the Hospital, however, feel that in the present state of the Hospital finances they are not justified in giving more than £25 towards it. Thus the Club are £25 out of pocket, and it is thought that many of the audience who saw the show will be only too ready to give a small subscription towards this sum.

Subscriptions should be forwarded to the Honorary Secretary, St. Bartholomew's Hospital Dramatic Club.

Students from Bart.'s, St. Thomas's and the London contributed in no little measure to the success of the *matinée* at the Coliseum on February 22nd, for the National Hospital for the Paralysed and Epileptic, Queen Square. Other items in the programme included the second act of "The Beggar's Opera," a play by Sir James Barrie—"Pantaloone"—and Mark Hambourg, but, as the *Star* said, the students were in the place of honour at the bottom of the bill.

Attired in hospital garb with white coats and stethoscopes, and sporting top hats to a man, they sang a merry if somewhat gruesome litany:

We are a set of medicos from different hospitals,
We're just A.I. and full of fun and care not what befalls.
We'd better introduce ourselves before we go too far,
That you may know throughout the show exactly who we are.
Tra-la-la, tra-la-la.

Bart.'s: We come from St. Bartholomew's Hospital.
All: Hospital.

Bart.'s: Ev'ry London p'liceman knows us well,
Thomas's: From St. Thomas's we do come,

We heal the blind, the deaf, the dumb,
And save the wicked from the jaws of Hell.

All: Ha! ha! ha!
London: We represent the London Hospital.

All: Hospital.
London: Ev'ry thing we do is of the best.

All: We'll cure your troubles thus you see—
It does not matter where they be.

The head, the limbs, the "abdo," or the chest.
Tra-la-la, tra-la-la, tra-la-la la la la la la,
So let us all be merry and bright, for life's too short for sorrow.
And if you don't feel well to-night,
Then come to us to-morrow.

Bart.'s contributed an individual turn ably assisted by the famous jazz band, and the other hospitals also put forward their individual "Stars."

But these were merely *hors d'oeuvres* for the real *pièce de résistance*, which consisted of a rag on the heartiest scale. Gentle students without a care in the world apparently, suddenly went Bolsh when a dummy figure, labelled "Public Health Bill," descended from the flies.

The Queen and Princess Mary, who were present, appeared to thoroughly enjoy the performance, and we are glad to learn that the National Hospital will benefit by some £2000.

* * *

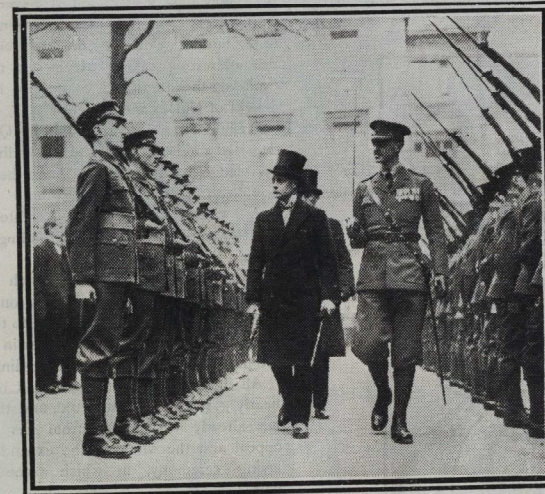
We regret to record the death of Dr. Philip G. Nunn, at Bournemouth, on January 10th, in his seventy-third year. He received his medical education at this Hospital, and took the diplomas of M.R.C.S. in 1871 and L.R.C.P. in 1873. In 1874 he was appointed Medical Officer of Health for Bournemouth, and he continued to hold that post, with the exception of about four years, till he retired in 1911, when he was appointed Consulting Medical Officer of Health. During this period the population of Bournemouth rose from 7000 to over 80,000. Dr. Nunn was Consulting Surgeon to the Royal Boscombe Hospital and an ex-President of the Dorset and West Hants Branch of the British Medical Association.

QUEEN MARY'S HOME FOR ST. BARTHOLOMEW'S NURSES.

STONE LAYING CEREMONY,
FEBRUARY 17TH, 1921.



VERY crisp February day, with the sun making the Square bright, brought a great throng around the Fountain and in the Pavilion. Academic costume was here, there and everywhere, lending its colour and folds to the background of the stone buildings.



H.R.H. THE PRINCE OF WALES INSPECTING THE GUARD OF HONOUR.

Daily Mirror Photograph.

into the Reception Room, where a distinguished company was presented to the Queen. The Matron having handed a bouquet to the Queen, and the Assistant Matron one to the Princess, a procession was formed, which proceeded to the Pavilion amid resounding cheers. Prayers having been said by the Bishop of London, the Prince stepped forward and read the following address to Her Majesty:

"TO THE QUEEN'S MOST EXCELLENT MAJESTY.

"May it please your Majesty,

"As President of the Royal Hospital of St. Bartholomew, and on behalf of the GOVERNORS, I desire to express to your

Early in the afternoon away behind the church some forty of the Visiting Staff thus garbed were photographed, while in another photo there was seated in the middle Lord Sandhurst, between the Presidents of the sister Colleges of Physicians and Surgeons, surrounded by the members of the Staff.

By 2.30 some twelve hundred guests had arrived, and soon after the Guard of Honour furnished by the Honourable Artillery Company with their Band appeared and took up their position in front of the South Block. Following the Bishop of London, the Lord Mayor and Lady Mayoress and the Sheriffs then came.

At 2.45 the President of the Hospital, the Prince of Wales, was accorded a rousing reception on being met by the Treasurer. Her Majesty the Queen and Princess Mary, on their arrival, were received by the Prince and conducted

Majesty, with loyal duty, our very grateful appreciation of your unflinching interest in the welfare and progress of the Institution, and of the honour you have conferred upon the Hospital in coming here to-day to lay the Foundation Stone of the new Home for the Nursing Staff, which your Majesty has been graciously pleased to allow to bear your name.

"The Governors have long recognised the need of improved accommodation for the Nursing Staff, and are deeply grateful that, thanks to public munificence, they are now in a position to erect the first Block of a new Home which will ensure healthy conditions of housing, comfort, convenience and economy of administration.

"The building will be simple and practical in construction, and, as planned, can be erected in Blocks as funds for the purpose are available without materially augmenting the

cost. Each Block, and each floor in each Block, is self-contained, and can be isolated entirely, if necessary, without in any way interfering with access to, or the utility of, the remainder of the building.

"Your Majesty's presence here to-day is a further testimony of the solicitude you have always shown for the health and comfort of those engaged in the nursing of the sick, and I desire to assure you of the deep sense of gratitude your Majesty's gracious and sympathetic interest has inspired in every person in this most ancient and charitable foundation of the City of London.

"It but remains for me to ask that your Majesty will be graciously pleased to lay the Foundation Stone of this new Home for St. Bartholomew's Nurses."



NURSES WAITING FOR THE QUEEN. *Daily Mail Photograph.*

The Treasurer then presented the Architect, Mr. H. E. Mathews, who submitted to Her Majesty plans of the buildings proposed to be erected, and handed to her the special trowel and later the mallet. All went well with the pulleys, the mortar, and the stone, and after examination with the level, the Queen, having made one or two definite taps with the mallet, declared the stone well and truly laid. The Prince then happily bethought him of thanking Her Majesty for her gracious act on behalf of all the workers for the Home, and mentioned some of the larger donations which had been given. He then called for three cheers for the

Queen, and, leading them himself, they travelled onward, their volume being noticeably great at the back of the Pavilion, where was assembled a large number of students. After having entered into conversation with several on the dais, Her Majesty and the Princess, accompanied by Lady Sandhurst, descended to proceed to visit some of the Wards. As the Prince passed out into the corridor another burst of cheering arose, which, being so spontaneous, evidently pleased His Royal Highness.

The members of the Royal party ascended by the lift to Elizabeth Ward, and were greatly interested in all they saw for the care of the mothers and their infants. Matthew Ward was next visited, and here every patient was spoken with. Next came the turn of Lawrence, where the Director of the Surgical Unit drew the attention of Her Majesty to all the interesting cases. Meanwhile the Prince had been exploring the interior of Stanley on his own, much to the delight of Nurses and Patients.

Wishing farewell to all around the Queen and the Princess departed amidst renewed and resounding cheers, happy in the knowledge that their presence and their acts had again done honour to our ancient Foundation.

A few minutes later the Prince entered his car, and great was the enthusiasm shown in bidding him farewell by the packed throng in the Square.

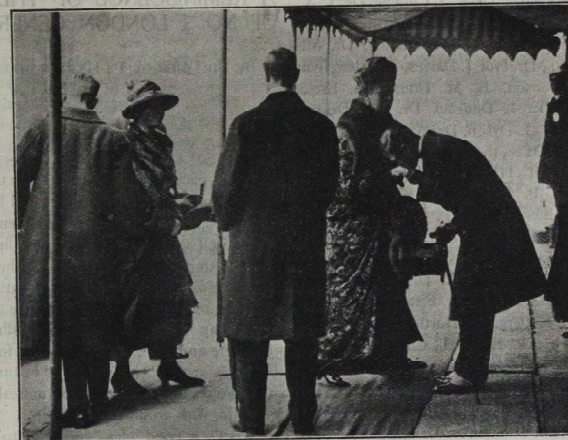
Thus ended the ceremony which is the real start of a splendid Home for the Nurses, so long hoped for and now within sight. Much credit is due to the Clerk, Mr. Hayes, for the extraordinarily able manner in which he had planned the programme of the whole proceedings.

All interested in the Home will be glad to learn that nearly £120,000 are in hand, and that the interest which has already accrued therefrom has paid the cost of the appeal and the whole of the expenditure upon the stone-laying ceremony, in which some 2000 persons took part.

The Treasurer begs to thank the undermentioned Old Bart's men, among others, for so kindly contributing or obtaining contributions to the Fund for Queen Mary's Home for St. Bartholomew's Nurses, up to February 17th, 1921. The amount of the Fund grows steadily, but to complete the Home a considerable sum is still needed.

Donations may still be sent to W. McAdam Eccles, Esq., M.S., St. Bartholomew's Hospital, E.C. 1.

Dr. John Adams, Dr. J. O. Adams, Dr. E. D. Adrian, C. J. Armstrong-Dash, Esq., Sir Robert Armstrong-Jones, M.D., Capt. K. N. G. Bailey, R.A.M.C., R. Cozens Bailey, Esq., M.S., Dr. F. A. Bainbridge, Sir Gilbert Barling, Bart., C.B., Major R. E. Barnsley, R.A.M.C., Dr. J. D. Barris, Dr. Mark Bates, Dr. W. D. Betenson, Dr. R. M. Boodic, G. A. Boodle, Esq., Dr. Henry Bott, Dr. E. R. Bowen, Dr. Bower, Sir Anthony Bowlby, K.C.M.G., K.C.B., Dr. W. P. S. Branson, Dr. R. D. Brinton, W. H. B. Brook, Esq., F.R.C.S., Dr. Henry L. Brownlow, Dr. G. Vernon



HER MAJESTY THE QUEEN BEING RECEIVED BY THE PRINCE OF WALES.

Central News Agency.



THE QUEEN DECLARING THE STONE "WELL AND TRULY LAID."

Central News Agency.

Bull, Dr. H. J. Bumsted, W. Milner Burgess, Esq., Dr. T. W. H. Burne, Dr. E. Burstal, Sir W. S. Church, Bart., M.D., Dr. George Coates, Dr. R. J. Collyns, Dr. T. A. Compton, Fleet-Surg. A. T. Corrie, R.N., W. Foster Cross, Esq., Dr. C. P. Crouch, Dr. E. P. Cumberbatch, Dr. M. Cutcliffe, T. P. Daniel, Esq., Dr. Ivor J. Davies, Dr. Llewellyn Davies, Dr. Leonard Dobson, E. M. Donaldson, Esq., Dr. M. Donaldson, Dr. R. I. Douglas, Dr. Dru Drury, Dr. C. Dunscombe, Dr. E. A. Dyson, Dr. Annesley Eccles, W. McAdam Eccles, Esq., M.S., the late Dr. Soltau Eccles, R. V. Favell, Esq., Gen. M. H. G. Fell, Dr. H. Finzel, Dr. F. C. Ford, Dr. E. P. Furber, Dr. Edward Gane, Dr. H. Willoughby Gardner, Dr. G. F. S. Gibbons, Dr. James H. Gilbertson, Dr. M. H. Gordon, Dr. A. E. Gow, Dr. George Graham, Dr. J. Burnell Great-Rex, Dr. W. S. A. Griffith, Major J. H. Gurley, R.A.M.C., Dr. John Gutch, Dr. B. Hall, W. Douglas Harmer, Esq., F.R.C.S., Lt.-Col. Charles E. Harrison, Sir Percival Hartley, M.D., Dr. Henry A. Haviland, Dr. J. A. Hayward, Chas. J. Heath, Esq., F.R.C.S., Dr. J. L. Hendley, Sir Wilmot P. Herringham, K.C.M.G., C.B., C. Langton Hower, Esq., Dr. J. T. Hewetson, Dr. C. Albert Hingston, Sir Thomas Horder, M.D., Dr. S. C. Hounsfeld, J. Basil Hume, Esq., F.R.C.S., W. II. Hurtle, Esq., D.Sc., Dr. T. Jago, Dr. W. Black Jones, Dr. Joule, Dr. A. J. Kendrew, Dr. Sidney Kent, Dr. C. V. Knight, Dr. M. R. Lawrence, Dr. W. E. Lee, Dr. A. W. Lemarchand, H. J. Levy, Esq., Dr. E. Lewys-Lloyd, Dr. W. F. Lloyd, Dr. Arthur E. T. Loughurst, Dr. G. Lowsley, Dr. A. E. Lyster, Dr. R. A. Lyster, Dr. Alex. Macphail, Dr. W. H. Maidlow, Dr. J. H. S. May, Dr. B. G. Melle, Dr. T. H. Molesworth, Dr. Glyn Morgan, Dr. Graham Morris, H. C. Nance, Esq., F.R.C.S., Dr. Balfour Neill, Dr. J. C. Norman, Dr. W. M. Odell, Dr. C. J. Ogle, Dr. J. A. Ormerod, Dr. T. E. Osmond, Dr. A. F. Page, E. A. Peters, Esq., F.R.C.S., Dr. B. H. Pidcock, Dr. Bedford Pierce, Dr. F. C. Poynder, Dr. Arthur B. Pugh, Dr. B. G. Pullin, Dr. Jeffrey Ramsay, Dr. Hugh Redmayne, Dr. C. E. Reindorf, Dr. J. Haworth Roberts, Dr. L. Roberts, Dr. J. F. Robertson, Capt. W. V. Robinson, Edward S. Rose, Esq., Dr. G. F. Rowcroft, W. E. Sargent, Esq., Dr. W. E. Roper Saunders, Dr. C. H. B. Shears, Dr. Wm. Shears, Capt. A. G. Shurlock, R.A.M.C., Dr. P. A. Steedman, Dr. Dudley Stone, John W. Stretton, Esq., F.R.C.S., Surg.-Lt. L. F. Strugnell, R.N., Dr. Strugnell, Dr. H. M. Sylvester, Dr. Henry B. Tait, Walford Taylor, Esq., Dr. J. Lewis Thomas, Dr. P. Oswald Thompson, Dr. Tripp, Arthur L. Vaughan, Esq., Dr. Mark H. H. Vernon, Dr. T. H. Waller, Dr. Hugh Walsham, A. J. Weakley, Esq., L.D.S., Dr. Hugh Weir, Dr. E. W. Whiting, Dr. Edgar Willett, Dr. E. R. Williams, Dr. P. F. Wilson, Gaskoin Wright, Esq., Dr. A. E. Wynter.

THE CLERK OF THE WORKS: A REMINISCENCE OF THE EARLY DAYS OF NO. 1 LONDON GENERAL HOSPITAL.

By SIR WILMOT P. HERRINGHAM, K.C.M.G., C.B.,
M.D., F.R.C.P.

A SMALL man is Mr. Jones, and not strong. I came upon him in his office the other day lunching off coffee and biscuits, and he has the appearance of a dyspeptic. He is of a most temperate habit, and is thin as well as short. I never saw him smoke. He is here by six to start the men at work, and he sees the last man off. Just at present we are working all Saturday and all Sunday, which he accepts as part of the nature of "jobs." Throughout the day he hovers about the buildings, putting in a quiet word here and there, and if you ask for him the men pass the word for the "Guv'nor," and he turns up with a wrinkled smile prepared to receive whatever fresh claims may be made upon him with an unruffled calm.

"That's a good idea" he said to me when I made a suggestion about lighting a dark passage, and we scored another over some other arrangement a day or two ago. I confess that Mr. Jones's approbation ranks high with me.

He never makes difficulties: "Oh, we can do that easy" is the usual reply. He is very contemptuous of bad work and proud of what is well done. The carpenters had an awkward angle to work to, and he pointed out to me with great pleasure how well they had fitted the wood.

He knows exactly the best things for the purpose, and where they can be got.

When we suggest fresh things he accepts them with little criticism, but leaves us for a day or two to think it over, and approves when we alter for the better. His business is to work to order, but I often wonder what he secretly thinks of the orders he receives.

He is the son of a builder, and when a lad of twenty had to raise bodily the entire roof of a large building and build up the walls three feet higher. He broke three slates in doing it. That was his first job.

I never heard him raise his voice or show the least temper. He sacks a man with regret, but without hesitation. One of the men had a fit, and it came out that it was not the first. Under the Workmen's Compensation Act such a man means a great risk to the employer. There was only one course open for Jones, and the man had to leave, but Jones was very sorry about it. He has a very good set of men under him, and in spite of the overtime and high pay no "boozers."

Overtime brought the Union on to him. He said to the Secretary, "Of course, if you insist the work must be stopped at 5 o'clock. It would be too dangerous with all this wood

about to work by lamplight. But if I were you I should think twice about it. The work is public work; it is needed for the wounded, and I don't somehow think people would like it if they knew. However, I must leave it to you." The secretary said—and secretaries are usually reasonable men—that there was a great deal of truth in what Mr. Jones said, and he would shut the other eye—"like Wellington."

Nothing delights him more than being chaffed. He never laughs, but he twinkles. We chaff him for an idle man, we chaff him when things don't come true to time, we chaff him for his omniscience, and for anything else that comes handy. We do it mainly to see him twinkle.

On the whole I think I should like to serve under Mr. Jones in almost any capacity. Perhaps I take an exaggerated view of his virtues, but he seems to me to be a man with extraordinary gifts of organisation and command. I have a curiosity about his private life far greater than I feel for that of most men I know. Some day I shall ask him about it, and I feel that I have not the least idea what it will turn out to be. But I think he has a happy home, and I think he makes it so. I expect there is a great deal of humour at Mr. Jones' tea table.

THE MEDICAL INVESTIGATION OF CRIMES OF VIOLENCE.*

By BERNARD H. SPILSBURY, M.B., B.Ch.

THE practising medical man, unless he is a police surgeon, has little opportunity of gaining experience in the investigation of crimes of violence, yet he may at any time be summoned to the scene of a crime to render aid to the living and to assist the authorities in the prosecution of their inquiries.

If the victim is still alive the taking of a dying declaration may be one of the most urgent duties of the medical attendant. When death has already occurred he should record those changes in the dead body which will guide him in estimating the time of death.

At the same time he will be required in many cases to make such observations as may enable him to say whether the injury is the result of an accidental, suicidal, or homicidal act: the attitude of the body and its relationship to its environment, the number, size, distribution and character of wounds, the amount of blood and its distribution, the position of a weapon, indications of a struggle, such as overturning of furniture, smashing of crockery, or marks upon the ground—these are some of the general data to be recorded, other details depending upon the particular circumstances of each case. Precautions should also be taken—he should avoid handling a weapon or other article which may bear the impression of the fingers of an assailant,

* A paper read before the Abernethian Society, December 2nd, 1920.

and suspicious footprints upon the ground or in blood should be protected from obliteration.

The detailed investigations required in some cases will occupy a considerable time, and it may be urged that they come within the province of the police rather than of the medical man except in so far as he is required to ascertain the fact of death, to estimate the time of death, and to obtain such information respecting the cause of death as is available by a superficial examination of the body.

The great importance of having the more detailed preliminary investigations made by the medical man who is first called, as soon as possible after his arrival, becomes evident from the following considerations: he is often one of the first persons to appear: he is likely to be the only trained observer capable of exercising a calm judgment, the police constable present probably having no great experience or knowledge: the body may still be in the position in which it was found and the surroundings undisturbed.

A sketch, however crude, or a plan which depicts the position of the various articles round the body, with brief notes describing the appearance of the body and its environment and records of measurements made before there has been any movement may prove of the greatest value, and I have known cases in which observations made at this time, and seemingly of little value, have become of great moment as a means of testing the truth of the account given by a prisoner upon his trial: it is the multiplication of detailed and accurate observations which are so valuable in the inquiries which have to be made in these cases.

Occasionally, when accurately-recorded data are sufficiently numerous, it may be possible to reconstruct a crime of violence, placing in their exact position the assailant and the victim, indicating the direction from which the blows were delivered, and obtaining corroboration from the distribution of the blood flung or splashed on the surroundings during the infliction of the injuries.

At a later period the medical man is enabled by a post-mortem examination to amplify his knowledge of the cause of death, and to strengthen or modify such opinions as he may have formed during the first examination of the body.

It is not so much with the essentially medical facts that I propose to deal, but with the relationship of these facts to the more general observations, and the interweaving of these two to form a picture, more complete in detail in one case, less in another, but a picture which serves to point to the direction in which the true interpretation will be found.

Criminal cases have therefore been selected to demonstrate the value of this method of investigation as well as to serve as object lessons when observation has been inadequate or inaccurate.

Rev. v. Asser.—In this case an Australian soldier was charged with the murder of a comrade by shooting him through the head. The two men were the sole occupants

at night of an army hut which they used during the day for their work as Lewis gun instructors.

The death occurred at night, when, shortly after the sound of a shot, the accused man informed the guard that his comrade had shot himself. The man was found dead with a bullet wound in his head, the size, characters and exact position of the entrance and exit wounds being recorded by the medical officer. The coroner was informed and an inquest was held two days later without a post-mortem examination, and a verdict of suicide was returned.

In the meantime the conduct of the prisoner had aroused suspicion: he was placed under detention and later was charged with murder: at the time of my investigation he was awaiting trial at the assizes.

The dead man was found lying on his back in bed clothed in underwear and socks and covered with bedclothes up to the shoulders; his face, turned completely to the right, lay on the edge of the bed, the wound of entry of the bullet being immediately below the left malar bone, the exit wound behind the right mastoid. The weapon, a service rifle, lay close to the right side of the bed between the man's outstretched arms, but the weapon was not grasped nor the hands blackened; the bullet was a mark '303.

After traversing the head the bullet had passed through the bedding and through a bag containing the deceased man's uniform; it had struck no objects in its passage which would be likely to have deflected it. It then passed through the wall of the hut, which consisted of two layers of three-ply wood separated by an air space, and it had struck a path outside the hut.

The bullet had passed through the wall in a downward direction forming an angle of 35° with the horizontal, and it had continued in the same line until it struck the path; this line, projected backwards, gave the path of the bullet between the deceased man's head and the wall of the hut. A line joining the positions of the entrance and exit wounds on the head when mapped out on a skull was found to traverse the central nervous system at the junction of brain and spinal cord, and must have smashed the base of the skull or the first cervical vertebra.

Instant paralysis and immediate death must have resulted, and the bullet would not be deflected during its passage through the head.

The whole line of flight of the bullet from the muzzle of the rifle was represented therefore by the line running downwards at an angle of 35° with the horizontal to the hole in the wall of the hut, and the weapon must have been held in that line. Placing the entrance and exit wounds in the head in this line, the head was found to occupy a half front position on the edge of the pillow, from which it had rolled completely to the right after the passage of the bullet.

On experimenting with the weapon, using the same pattern of cartridge, it was found that the marks round the entrance wound on the cheek of the dead man corre-

sponded closely with a muzzle distance of 5 in. and was certainly more than 2 in. The length of the weapon from muzzle to trigger was 3 ft. 6 in., and the deceased was 5 ft. 7½ in. in height, with arms of proportionate length. A man 6 in. taller than the deceased placed himself in the position in which the deceased had lain, and holding the rifle in the position already determined could only barely touch the trigger with his finger when the muzzle was pressed against his cheek and was unable to do even that when the muzzle was 2 in. away.

A man of the height of the deceased could therefore not have pulled the trigger with his hand; he could not have pulled it with his toe as he was found covered with bedclothes, and paralysis following the passage of the bullet would have prevented any movement of the limb.

The wound in the head could not have been self-inflicted, and as the prisoner on his own admission was the only other person present, the bullet must have been fired by him.

Other circumstances connected the prisoner with the crime, and he was found guilty and suffered the death penalty.

The reconstruction of this crime six weeks after it had been committed was rendered possible only by the careful observations made at the time and by the preservation of much valuable material.

(To be continued.)

ABDOMINAL PAIN IN HEART DISEASE.

By GERALD M. SLOT, M.B., B.S.(Lond.), M.R.C.S.,
L.R.C.P.,

House-Physician to Medical Professorial Clinic.

RECENTLY, in the wards of the Medical Professorial Clinic of this Hospital, there has occurred a series of cases in which abdominal pain associated with heart disease has been a prominent feature. In one of these cases at least the picture presented resembled an abdominal condition so closely that the man was advised an operation; in another, though the man had what was to all intents and purposes an acute abdomen, he presented so few definite signs that diagnosis was impossible.

CASE 1.—Patient, æt. 57, male, accountant, was brought to the Surgery by the police as he had had a heart attack in the train. His history was that for several years he had suffered from dyspepsia; he had been told his heart was weak for the last three years and that he suffered from Graves's disease. He had fainted in the train and become suddenly short of breath. On admission to the Clinic his eyes were noticed to be prominent and the von Graefe sign was positive. His heart on inspection was seen to be thumping; impulse was not forcible and apex-beat was in the nipple line.

The pulse was grossly irregular and a condition of auricular fibrillation was diagnosed.

He was given digitalis and rest and under that treatment he seemed to improve. The second day after admission, early in the morning, he was seized with the most severe abdominal pain—so severe that he could hardly be kept in bed. Shortly after this attack of pain he vomited twice—about 200 c.c. of dark brown fluid which gave a positive guaiac test. He had had a good action of the bowels that day and the fæces appeared normal. On examination the man was obviously in acute pain; he was very blanched, but slightly cyanosed about the lips, as is described in some cases of pancreatitis. No change in the condition of the heart could be found. His abdomen moved well on respiration, and was not in the least rigid. This fact was confirmed by both surgeons who saw him. He had, however, general abdominal tenderness, which was most marked in the left iliac fossa. This tenderness was not very great, as he could press his fingers into his abdominal wall without causing any discomfort. His urine was quite normal. A diagnosis had to be made. Thinking he might be a case of angina abdominis the exhibition of amyl nitrate was advised. His blood-pressure, 160 before administration, fell while the drug was being given to 98, but with only temporary relief. Omnipon was given in ½ gr. doses and morphia in doses of ¼ gr., but again the relief was only momentary.

Thinking it was a case of pancreatitis, as suggested by the surgeons, the diastase in his urine was estimated and found to be normal.

The pain continued throughout that day and night and all the next day, and it was unrelieved by all remedies. Just before death patient passed a large stool consisting almost purely of blood. At 3.30 p.m. on December 24th, 1920, he died. Throughout his abdomen was soft and mobile.

The autopsy showed extensive degeneration of his heart muscle, due to advanced sclerosis of his coronary artery. Thrombosis of his superior mesenteric artery was also found. There was a plaque of atheroma, on which clot had formed, the clot being of a riding character, completely blocking the lumen of the artery. The whole of the small intestine was dark, congested and lustreless. The ascending and transverse colon were also even darker and showed many submucous hæmorrhages, and their coats were plum-coloured and swollen. The rectum contained fecal material intimately mixed with blood.

Plaques of atheroma were present in the aorta abdominis.

CASE 2.—A male, æt. 37, admitted on June 11th, 1920, to Clinic complaining of shivering and a rash. The history was that he had been unfit for some six weeks previously, and on June 9th, 1920, a rash had come out on his legs. There was a history of "septic knee" in the army and also of excess of alcohol. No history of rheumatic fever was

obtained. On examination he had a papular macular rash over legs, abdomen and chest, but not on face, and a few purpuric spots over shoulders and body. The rash appeared to be fading in some parts but not in others. The heart's impulse was forcible and heaving. The apex-beat was in the nipple line and fifth space. Well marked systolic and diastolic murmurs were heard over the aortic base, and there was a loud systolic murmur at the apex. The spleen and liver were both palpably enlarged.

He had a well-marked petechial hæmorrhage in his left conjunctiva.

The diagnosis of infective endocarditis was made, and on blood-culture a diplococcus was grown. His illness ran a prolonged course, in which pain in his joints and over his spleen were prominent features. He had marked tenderness in his fingers and from time to time purpuric rashes on his legs. He had persistent hæmaturia. On December 14th he became more ill and was unable to retain any food. He had sharp pain in the epigastric region, which was slightly relieved by a poultice.

From the 14th to the 21st his abdominal pain became very intense and he was unable to keep any food at all. The pain was controlled by morphia.

Here, again, the abdomen was soft and moved very well, but there was tenderness in the epigastric region. On December 21st he passed no urine for thirty hours, but his bladder was not distended; his feet were œdematous and there were large subcutaneous hæmorrhages in both thighs. His appetite persisted in spite of immediate vomiting following the taking of food. His complexion was sallow and he was frequently delirious. Later that day he died.

Post-mortem.—The heart was enlarged and the valves showed both old and recent endocarditis; there were some very large vegetations present on the aortic valve. The spleen and kidneys showed the presence of old and recent infarcts. Just above the stomach an area of fat necrosis was observed. On following this more closely it was seen to originate from a point near the centre of the pancreas. The pancreas itself on examination was not enlarged, but at a point about 3 in. from the head was an area of acute softening and congestion, probably due to an infarct of one of the pancreatic vessels. This, then, is what accounted for his violent pain and persistent vomiting.

CASE 3.—A female patient, æt. 68, who was admitted for progressive exhaustion and loss of weight. Her history was that she suffered from palpitation on slight exertion. Later her legs began to swell and several areas became inflamed.

On admission she was pale and lemon-coloured. Her heart was enlarged, the apex beat being in the nipple line, and a systolic murmur was heard at the apex. Her legs showed a condition of varicose veins—varicose ulcers with underlying periostitis.

She seemed to be progressing well under treatment until November 23rd, 1920, when she had a rise of tempera-

ture and was seized with a severe attack of nausea and abdominal pain. The pain was localised to the lower right abdominal quadrant. The abdomen was soft and moved well, but the bowel seemed to be distended. There was slight tenderness to deep pressure in the appendicular region. On examining her chest this day her area of cardiac dulness had suddenly increased and pericardial friction could be heard all over the bare area. There were also present patchy areas of broncho-pneumonia.

She was very cyanosed and her pulse became weaker till death, which occurred on November 23rd, 1920. There was no post-mortem in this case.

CASE 4.—Patient, æt. 52, labourer, admitted to Clinic complaining of abdominal pain. "The pain gets worse after food and more food aggravates the pain." He had no præcordial pain. There was loss of weight. The pain was intense, started in the epigastric region and never travelled to the back. He admitted syphilis, but his Wassermann reaction was negative. He had dyspnoea for eighteen months, a cough for eighteen months, and an alteration in his voice for two years. He had been advised he had a gastric carcinoma after X-ray examination. On examination he had the classical signs of aortic aneurysm associated with tracheal tugging and left vocal cord palsy, and this was confirmed by X rays. His right pupil was larger than his left.

His abdomen was peculiarly tender. It moved well and was not rigid. The abdominal aorta was easily palpated, but no second aneurysm of this vessel could be made out although the vessel was tender to pressure. There was tenderness in the umbilical region and attacks of abdominal pain. While in hospital he had no vomiting. The pain cleared up to a certain extent, but was present even on discharge, when the patient's condition was greatly improved.

CASE 5.—A boy, æt. 14, admitted on account of heart disease, no history of rheumatic fever being obtained. He had a very large heart, extending from 2 in. to the right of sternum to the apex-beat, which was 1 in. outside nipple line. Its action was quite irregular and a diagnosis of auricular fibrillation was made. He was treated with tincture of digitalis \mathfrak{M} xv four-hourly.

On the 8th of this month he had a severe attack of abdominal pain and vomiting. The pain was very intense and was worst in the umbilical region. The abdomen again was quite soft and moved well on respiration. His pulse-rate had fallen to 70 and his output was also falling, hence it was concluded he was suffering from an excess of digitalis. This was stopped, and within a few hours the pain and nausea cleared up. This boy had showed a similar phenomenon on a previous admission, so that there was no doubt as to the cause.

Here are, then, five cases of heart disease in which acute attacks of abdominal pain have been a prominent feature. All have in common, as points separating them from an acute secondary peritonitis (1), the following points:

(a) There was superficial abdominal tenderness, deep pressure being permitted.

(b) No rings were present round the eyes.

(c) The patient found it very difficult to locate a tender spot.

(d) In all cases the abdomen was soft and moved well on respiration.

(e) The pain in all cases was anterior and not referred to back.

The cause of the pain was determined in Cases 1, 2 and 5. In Case 4 the attack may have been due to angina abdominis associated with gastric atheroma. Sir Clifford Allbutt (3) states that this latter condition gives rise to "negative abdominal symptoms" associated with flatulent dyspepsia and boring lumbar pain.

Another cause for the pain may have been a distended liver.

In reference to Case 2, Crookshank (4), in a discussion at the Royal Society of Medicine on angina abdominis, reported the case of a woman who had recurrent attacks of abdominal pain and vomiting, the post-mortem revealing the pancreas to be loose and necrotic owing to obliteration of the pancreatic artery.

In regard to the pain in pericarditis, Head's suggestion (2) seems the most feasible—that the rami communicantes supplying the pericardium send impulses through the posterior root ganglia which produce changes similar to normal impulses passing through these ganglia.

These cases of abdominal pain in heart disease hence have many causes, and the method for relieving the pain, which is not always possible, will depend largely on the recognition of the factor concerned. In conclusion I must thank Prof. Fraser for permission to publish these cases, which were admitted under his care, and Dr. Gow and Dr. Graham for pathological investigations and post-mortem notes.

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A VISIT TO INDIA'S LARGEST EYE CLINIC.

By J. C. JOHN, O.B.E., M.B., B.C.(Camb.),
Capt. I.M.S.

LAST week I visited Moga, a village of some size in the Punjab, which Dr. Mathra Dass has made famous by his cataract operations. I arrived at Moga at one o'clock—just in time to see the doctor sort his cases that had arrived by train from different parts of India that day. We threaded our way through a crowd of Indians of all ages and both sexes. It was like a London crowd,

only the patients clung to us, which made progression somewhat difficult. Each was eager to attract the attention of the doctor first.

We eventually reached the out-patient room, which was so arranged that only one patient could come in at a time. Every case was seen in turn by Mathra Dass; they would have nobody else. He selected his cases for the day's operation list, which included among others forty-five cataracts. After lengthy arguments with some patients, who had to be told repeatedly that nothing could be done for them—cases of extensive leucomata, eyes that had been blind for years—we passed to the operation room. Here two operating tables were laid out, and in the room (squatting) were the forty-five cataracts of the day. He said it was a moderate day; in the cataract season, which is from the middle of September to the middle of November and during March and April, he has often over a hundred cases a day.

A patient was helped on to each table. I shall endeavour to describe the technique adopted. The eye, having been previously cocaineised with a 6 per cent. solution of cocaine, was washed with hydrarg. perchlor. 1 in 3000, contained in a large irrigator, with tube and nozzle attached, suspended from the ceiling. A speculum was then inserted. The operator made an incision as follows: The knife was inserted just outside the corneo-scleral margin in the sclerotic at the middle of the eye. The point was carried into the corneo-scleral junction at the opposite side and the incision was rapidly made, terminating in the cornea. An iridectomy was then performed. The speculum was next removed. A strabismus hook was handed to the operator; the assistant had another, which he passed under the upper lid and used as a retractor. The operator placed the rounded end of the hook against the lower pole of the eye below the corneal margin, and with a gentle up and down movement he broke the attachments of the capsule of the lens and without further trouble the lens with capsule was delivered, the lower margin coming through the wound first. The corneal flap was replaced and the edges of the cut iris adjusted. A pad was put over the eye and the patient taken away on a stretcher. If cataract was present in both eyes both were extracted at the same time. He went from table to table until the cases were finished. He generally does thirty cases in an hour. After the cases had been finished we had a walk round the hospital and grounds. The wards were full of patients that had been operated on, mostly for cataracts. Each patient had a charpoy, or Indian bed, consisting of bed frame-work with rope intertwined, on which the patients lay. Very few had any bed-covering, except perhaps a sheet or a razai or cotton quilt. There was hardly room for one to pass between the beds. In most cases the beds were up against one another, and under each was a small earthen vessel into which the patient deposited his excreta. I wondered what Sister Eyes would say if she saw the scene.

However, it was India, and in India all things are possible. We next walked over the grounds and had a look round the tents—seven large tents, each holding sixty patients, nearly all cataracts that had been operated on. Imagine the Square at Bart's strewn with beds on which lay patients with eyes bandaged. The situation would be impossible; yet here they were all happy; they had seen their hero and were content. On the seventh day after operation they would see daylight and "men walking as trees." It was all they wanted.

Dr. Mathra Dass told me that of all cases of cataract he rarely had more than 8 per cent. of failures. This year he has done nearly 8000 cataracts—enough to excite the envy of any London ophthalmic surgeon. The operation in skilled hands is a simple one, and admirably suited to India, where patients come from a long distance away, and who cannot afford to come again to have a needling done. The cataract is extracted in its capsule and no further operation is necessary. But I doubt whether it would be popular in Europe. Each patient on departure about the eighth day is given a pair of spectacles with a 10 sphere. Retinoscopy for so many is impossible, and, most of the patients being illiterate, a high standard is not necessary.

I asked Mathra Dass how he had started his eye practice. His reply was that eighteen years ago, passing through Lahore bazaar, he saw a case of eye instruments for sale. He bought it for Rs.8 and decided he would be an eye surgeon, and he has succeeded.

INTO THE FRANTIC FUTURE.

FLIGHTED from the time-machine on to the huge aerial landing-ground which had been constructed over the roof of the Smithfield Meat Market. The needle of the chronometer-dial registered the year of grace 2195. Descending in a centrifugal lift, I was surprised to find that the familiar landmark of St. Paul's Cathedral could no longer be seen. Evidently that historic building had perished in the Sinn Fein raids on the capital in the dark days of the middle twentieth century, or else it was now concealed by the huge blocks of skyscrapers which had since arisen in the neighbourhood. I crossed a pleasant promenade-park occupying the site of the former railway goods approach, and, passing under a prehistoric archway over which strode the stone figure of some bulky monarch, I found on the right a monumental block, twenty or thirty storeys high, in platinconcrete, in a pleasing Neo-Yorkian style.

As I stood gazing in admiration and wonder, a polite young man in a white coat came up and tapped me on the shoulder. "I see you are a stranger," said he; "if you are interested in really modern methods, perhaps you would

care to see over the School." I readily assented, and followed my guide into the great block, the ground floor of which was occupied by spacious offices and staff-rooms, winter-garden, *café dansant* and phono-chromo-stereo-picture-drome.

Entering a pneumatic escalator, we rapidly rose to the first floor, which was entirely devoted to the Laboratories, Museum, Library and Lecture Theatres for the study of biology. Here were established professors of zoology and botany, each aided by an immense staff of demonstrators. As I passed through a laboratory, I found students keenly engaged in the dissection of embryo orang-outangs, which were substituted in the most recent syllabus for more primitive types of the mammalia. A special Astro-zoological Laboratory was an important feature, and in the Embryological Department were rows of perfusion incubators, by means of which artificial development of alecithal ova could be secured.

I was whisked up another floor, and wandered among galleries of chemical laboratories—inorganic, organic and biochemical. In one of these last I found a class engaged in the gravimetric estimation of the nucleoside content of a crocodile's chromosome. Wondering, I passed on to the stereo-isomeric laboratory, where helpless atoms were being ruthlessly vivisected beneath the ultra-ultra-microscope. Here my guide obligingly pointed out the helium lenses, which were used in a vermicellian vacuum at a temperature of -274°C .

In the Physics School, a floor higher, I was borne unresisting through laboratories of electro-psycho-analysis, aethero-dynamics, lunar acoustics, asteroid epidemiology, wireless telepathy and aura-photography. In the Einsteinian Laboratory of Relativity, Prof. McWo was engaged in a demonstration of the paralleloiped of warped forces.

On the next storey I found myself in the palatial Anatomical Hall, where the diffused light of concealed phosphorescent vanadium bulbs shone on stately marble columns and a mosaic floor, on which were depicted the noble figures of the Fathers of Anatomy, from Vesalius to M*cph**1. Here, arranged on numerous side-tables, were subjects in different stages of dissection, with but one student to half a dozen cadavers. I observed that not only were the arteries and veins injected with picrocarmine and electric blue respectively, but the lymphatics were well shown up by brilliant green, and the nerves delicately picked out with iridescent xylonite. Anatomy was also being demonstrated on the living subject by the aid of stereoscopic X-rays, to which was now applied a three-colour process.

On the fifth floor the Physiological Department extended along wide corridors, out of which opened many classrooms. Among these the most recent was the Department of Experimental Gastronomics, where, I was informed, a crowd of keen students could be seen daily studying the

metabolic effects of ingesting margarine-soluble Z along with their customary diet of amino-acid tablets. In the Cyto-embryological Laboratory I was surprised to learn that researches had been made which had led to the discovery of subtotal nucleolectomy as a prophylactic against malignant disease.

A floor higher I debouched upon the Department of Clinical Pathology, where I was interested to see in action an ingenious combined microtome and section-stainer, resembling in appearance a large calculating machine. As I watched, a professorial path. clerk dropped a freshly-removed appendix into the jaws of the machine, pressed the hæmatoxylin, eosin, Scharlach R and Pappenheim buttons, and awaited the result with calm mind and unstained fingers. Other interesting pieces of apparatus studded the walls of this go-ahead department. The instantaneous sputometer had but to be spat into to record within five seconds the presence or absence of the elusive tubercle bacillus. If bacilli were present a red light was shown, and the patient was forthwith conducted into the lethal chamber. The automatic urinometer, the Wassermanometer and the differential endocrinometer have but to be mentioned by name to explain themselves.

On the seventh floor I was shown through the Therapeutic Department, where I looked in vain for drugs, but was intrigued by the amœba stud-farm, whence pedigree amœbæ, specially trained by the Montessori method in selective phagocytosis, were taken as required for intravenous injection into sufferers from various infective diseases.

Higher still were the Departments for Clinical Instruction in Special Subjects, such as bronchoscopy, pneumoscopy, gastroscopy, hepatoscopy, jejunoscopy, pancreatoscopy, appendicoscopy, nephrotubuloscopia, and nephroglomeruloscopia. The latest achievement was a cardioscope introduced along the cephalic, subclavian and innominate veins into the right chambers of the heart. My informant told me that research was still seeking for a really safe and simple method of cerebral ventriculoscopia.

I was now at the seventeenth storey of the staggering monument to the indefatigable and invincible spirit of modern medical science. Thirteen storeys still remained, and I had yet to see the reconstructed wards with their white enamelled walls, marbled floors, rounded corners, electrically propelled wheeled aluminium beds, and the quadruple lift-shaft system, by means of which beds were elevated on to the spacious terraced roof-gardens.

But I paused, and grasped my guide firmly by the arm. "Wonderful, amazing, marvellous beyond words!" I cried, "a very temple of Æsculapius! One only wonders how it can be that with such a mighty stronghold of healing here established disease is any longer rife among mankind." He smiled sadly. "Nevertheless, the strain of modern civilised life takes terrible toll: disease is now so complex, and the healing art so intricate and ramificatory,

that the healers are hard pressed to master their subject within the span allotted."

I sighed, and seized the opportunity to put to him a question which I had long been desiring to ask—how long the medical curriculum now took, in view of the great multiplicity of the branches and subdepartments of medical science? He replied that the minimum period required for medical qualification was now twenty-seven years.

I fled.

Headlong down the pneumatic escalator I escaped from this bewildering labyrinth of travail and complexity; in two minutes I had leapt into the car of my time-machine, and feverishly thrown in the pluperfect reverse. Then day and night flickered past me like the rapid opening and closing of a Venetian blind, and I heaved a sigh of contentment as I slid back into the spacious days of simple unenlightenment.

GEMINI.

STUDENTS' UNION.

DEBATING SOCIETY.

A general meeting of the Society was held on Tuesday, January 18th, at 5 p.m. The President, Sir Thomas Horder, was in the Chair. The motion before the House read—"That in the opinion of this House Trade Unionism has now become a menace to the constitutional government of this country." Some really good debating speeches were made.

Mr. F. P. DE CAUX proposed the motion in a speech showing a delightfully easy familiarity with the "isms" of modern industrial life. The speaker began by giving the House a brief history of the Trade Union movement. He described how such associations were illegal till 1824, that in that year associations for collective bargaining were legalised, and how later the socialistic Marxian doctrine began to have weight with the leaders of the movement. Other influences were Fabianism, collectivism, communism, and lastly, syndicalism, which involves the federation of all Trades Unions into an effective unity for enforcing their demands by means of the general strike. This was a real menace, for the country should be governed, not by Trades Unions, nor capitalists, nor women, but by the representatives of the people chosen by secret ballot.

The proposer's speech showed very considerable knowledge of the subject.

Mr. S. S. CRUDEN, opposing the motion, appealed to the House for an unbiased consideration of the question. (Query: Do speakers ever obtain the "unbiased consideration" which they crave?) He gave a definition of the objects of a Trades Union: "To protect the interests of its members and to strengthen their position in bargaining with employers in the conditions under which they work. The activities of a Trades Union were the formation of friendly societies, collective bargaining and strikes, and these last were really failures of the Union to fulfil its normal functions. With regard to direct action, only the extremists of the Labour Party favoured it. At present the Trades Unions could not be called a menace, but rather a system which, in spite of failures and mistakes, plays an important part in the life of the country.

A good speech, but the speaker did not deal sufficiently with "direct action," upon which the debate was turning.

Mr. A. D. WATT, in seconding the motion, gave a dictionary definition of the word "menace." (The fact that the dictionary was from the Library, and, as he admitted, might possibly be rather old, somewhat prejudiced his point.) In his opinion Trades Unions were now beginning to threaten constitutional government, and certainly they wished it ill.

Mr. B. M. TRACEY suggested that the factors influencing Trades Unionism were not material to the debate. Were the Unions in fact menacing the Constitution at the present time? He believed that types of government evolved, and that the part which Trades

Unions played at the present time was only a stage in an evolutionary process. There was no menace in that.

Mr. GALLOP did a good deal to bring the House down to cut-and-dried facts. He himself, he remarked, at once would regard a Labour Government as a calamity (whether this was entirely relevant may be questioned, but it apparently enabled the hon. member to lay about him with greater freedom). There were two parties in Trades Unionism to-day: one constitutional, represented by Mr. Clynes, and another, the direct actionists, led by Mr. Smillie. But Mr. Smillie was not representative of the majority of Trades Unionists, and his followers did not create a menace.

Mr. WEST remarked that each of these men represented a large Trade Union. Which, he inquired, was likely to become strongest? On that the debate should be decided.

Mr. LISTON was not slow in answering him. Mr. Smillie's party were the most aggressive, and being Bolsheviks, every man of them, they were a potential danger, and therefore a positive menace. The House enjoyed the hon. member's well-delivered and "have-at-'em" speech.

Mr. VINTER pointed out that Trades Unionists contained one sixth of the population of the country. It was the active party—the Smillieites—the men who believed in themselves and their cause who would become the more powerful. He thought there was a menace.

Mr. DALTON believed that Trades Unionists were essentially unpatriotic. The real workers belonged, not to the so-called working-classes, but to the professional classes. A young doctor was paid less than an artisan (Groans.) Trades Unionists were a menace because they did not work and because they desired to express their views unconstitutionally.

Mr. SACKETT remarked that few in that House would support direct action, but a menace implied power to do harm. Trades Unions were largely the result of the unchecked capitalism of the Victorian era. The working men were attempting the impossible task of meeting wrong by wrong. He had enough faith in ordinary British common sense and in the working men to believe there was no real menace. Our present discontents were not the death-throes of civilisation, but the birth-pains of a new and, he believed, a better era.

Mr. ANDREWS had not intended to speak in debate, but was so amazed at the last speech that he felt compelled to address the House. Not power to do harm but the possibility of such power constituted a menace. A menace was a menace even though the threat was not successful. When Trades Unions asked they were right; when they demanded they were wrong.

On the vote being taken, the "eyes" had it by a considerable majority.

A well-attended meeting of the Society was held on Tuesday, February 8th, at 5 p.m., in the Abernethian Room. Mr. W. Girling Ball was in the Chair.

Mr. G. B. TAIT moved "That this House deplores the artificial limitation of the birth-rate." Mr. F. C. W. CAPPS opposed, and Messrs. E. WEATHERALL and L. S. MORGAN spoke third and fourth respectively. Messrs. HARRIS, LISTON, WALK, BELL, MACONIE, LLOYD and TRACEY took part in the general debate. Upon the Chair man putting the motion to the vote: Ayes 44, Noes 46. The two opening speeches were particularly good, as was also Mr. TAIT's reply. Indeed, of those remaining till the end of the debate there was a substantial majority for the motion.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. OXFORD UNIVERSITY.

Played at Oxford on January 16th, and lost by a goal and 4 tries to 2 tries. The Hospital had the upper hand to begin with, and R. H. WILLIAMS started a movement which ended in Griffith-Jones scoring a try which was not improved. JACOT scored for Oxford near the line. Bart's were throwing away chances right and left, the fielding of the three-quarters being very poor, and Pitman scored for Oxford, Bettington converting. Bart's attacked again but failed, and JACOT scored again for the Varsity, the score at half-time being 11-3.

Pitman scored again but Bettington hit the post from a difficult angle. The Hospital forwards put in some good work, and Orchard scored an unconverted try. Towards the finish bad tackling by the outsiders let Pitman cross again.

St. Bart.'s: N. G. Thomson, *back*; M. G. Thomas, R. H. Williams, C. Griffith-Jones, H. Royle, *three-quarters*; T. P. Williams, D. H. Cockell, *halves*; S. Orchard, C. Shaw, A. E. Fiddian, A. E. Beith, A. B. Cooper, E. S. Vergette, G. C. Parker, H. V. Morlock, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL v. LONDON WELSH.

Played at Herne Hill on January 22nd, and won by 17 points to 3. At first the Hospital failed to settle down, and there was much fumbling by the outsiders. R. H. Williams gave a good kick to touch, and Thomas saved what looked like a certain try. The Welsh scored first through Baxter and the remainder of the first half was a scramble with Bart.'s getting a little the best of the exchanges.

In the second half the Hospital at once pressed, and good work by the three-quarters ended by Orchard scoring. Griffith-Jones and Cockell between them put Beith across and T. P. Williams converted. The Hospital kept up the pressure, and a very pretty try was scored by Orchard after Shaw, R. H. Williams and Griffith-Jones had all handled; the ball for once went across with speed and precision. Then Shaw got across and Griffith-Jones passed to Thomas, who scored a very pretty try wide out. The final score was 1 goal and 4 tries to 1 try.

St. Bart.'s: N. G. Thomson, *back*; H. Royle, R. H. Williams, C. Griffith-Jones, M. G. Thomas, *three-quarters*; D. H. Cockell, T. P. Williams, *halves*; S. Orchard, C. Shaw, A. E. Beith, A. B. Cooper, E. A. Fiddian, E. S. Vergette, G. C. Parker, H. V. Morlock, *forwards*.

ST. BARTHOLOMEW'S v. HARLEQUINS.

Played at Twickenham on January 29th, and lost by 2 goals and 3 tries to 1 try (19-3), but the score does not indicate the true value of the game. The Hospital forwards held the upper hand throughout the game, but the many chances given to the backs were thrown away. When the Harlequin outsiders got a chance of clean handling they ran through the Bart.'s defences with ease. Each side scored a try in the first half, the Hospital score being by Thomas after Williams and Griffith-Jones had handled. In the second half the Quins scored four times, two of the tries being converted: three of these tries were from their own half of the field, and were due to bad tackling by the defence.

St. Bart.'s: T. Higgins, *back*; M. G. Thomas, C. Griffith Jones, R. H. Williams, H. Royle, *three-quarters*; S. Orchard, T. P. Williams, *halves*; C. Shaw, A. E. Beith, A. B. Cooper, E. A. Fiddian, E. S. Vergette, H. V. Morlock, G. C. Parker, F. W. Capps, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL v. UNITED SERVICES.

A very closely contested game at Winchmore Hill on February 5th, which was a remarkable example of rank bad tackling by the outsiders. The Hospital was by no means at full strength, but the game was needlessly thrown away.

Bart.'s were the first to score, Anderson getting a try wide out as the result of the back's kick being charged down. The Services replied with two tries, one of which was given to them. In the second half Griffith-Jones put in a very good run and passed to a forward, several forwards handled, and Beith scored a try for Orchard to convert. At the end of the game the Services scored an unconverted try as the result of a long run down by the right wing three-quarter, who was badly missed by no less than three of the defence, and the game was lost by 3 tries to 1 goal and 1 try.

St. Bart.'s: J. Bass-Walker, *back*; H. Royle, C. Griffith Jones, R. H. Williams, W. Moody Jones, *three-quarters*; D. H. Cockell, T. P. Williams, *halves*; S. Orchard, C. Shaw, A. E. Beith, A. B. Cooper, E. A. Fiddian, E. S. Vergette, G. C. Parker, H. V. Morlock, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL v. ST. MARY'S HOSPITAL.

This was the first of the Inter-Hospital Challenge Cup games, and was played at Richmond on February 10th, Bart.'s winning by 19 points to 3. The score does not show the exact state of the game. Bart.'s were nearly always in the Mary's "25" but lacked finish very often.

Thomas attacked twice on the left, but was pushed into touch when nearly in. There was far too much kicking, and Mary's touched down three times in the first fifteen minutes. Several of the forwards went over in a bunch, and Parker touched down for T. P. Williams to convert. Mary's full back's kick on one occasion failed to find touch, and Thomas gathered it well and romped through half their team for a try. Then Mary's broke away and scored a try wide out. In the second half Bart.'s had even more of the game, and twice

Griffith-Jones put Morlock across for two tries, one of which Williams goaled. R. H. Williams, Johnson and Griffith-Jones put in a good round of passing for the last-named to score between the posts, but T. P. Williams missed the kick.

Had there been less "short-kicking" which was not short, and more passing to badly-starved wings, especially the right one, five or six more tries should have been scored. Bart.'s were always attacking; Smuts is believed to have handled the ball twice.

St. Bart.'s: P. Smuts, *back*; M. G. Thomas, R. H. Williams, J. G. Johnson, C. Griffith-Jones, *three-quarters*; T. P. Williams, H. D. Lewellyn, *halves*; S. Orchard, C. Shaw, E. A. Fiddian, A. B. Cooper, A. E. Beith, G. C. Parker, E. S. Vergette, H. V. Morlock, *forwards*.

ASSOCIATION FOOTBALL CLUB.

INTER-HOSPITAL CUP.

First round.

ST. BARTHOLOMEW'S HOSPITAL v. ST. MARY'S HOSPITAL.

At Winchmore Hill on February 9th. The Hospital gained an easy victory over St. Mary's by 5-1. Had Bart.'s taken full advantage of all their opportunities the score would have been much heavier. The Bart.'s team gave a most disappointing display, there being very little combination among the forwards, except occasionally a good bout of passing between Stuart-Low and Nicholls on the right wing. The game was almost entirely in the St. Mary's half of the field, and it was only near the end that a sudden break-through enabled our opponents to score their solitary goal. Goals were scored for St. Bart.'s by Lloyd (2), Stuart-Low (2) and Savage.

Team.—A. R. Dingley, *goal*; E. Coldrey (capt.), L. Braun, *backs*; A. E. Lorenzen, K. F. Waters, L. Oldershaw, *half-backs*; G. R. Nicholls, W. C. Stuart-Low, E. T. Lloyd, R. Savage, R. M. Williams, *forwards*.

Second round.

ST. BARTHOLOMEW'S HOSPITAL v. UNIVERSITY COLLEGE HOSPITAL.

Played on the St. Thomas's ground at Chiswick on February 21st, when a keen and evenly-contested game resulted in a win for Bart.'s by 1-0. The Hospital showed marked improvement both in attack and defence compared with the game against St. Mary's, but the forwards still tend to waste too much time in getting off the mark, which resulted in the losing of several promising openings in front of goal. From the start U.C.H., playing with the wind, attacked strongly, and were only kept from scoring by the excellent spoiling tactics of Braun and Coldrey and some good saves by Dingley. About a quarter of an hour after the start Williams made a good run up the left wing from the half-way line, and, getting well past three opponents, scored from close range with a shot which gave the U.C.H. goal-keeper no chance. For the rest of the first half play was fairly even. In the second half, with the wind behind them, Bart.'s attacked strongly, but several chances were lost owing to the forwards wanting to be tackled before shooting. Windsor, at left back for U.C.H., played an exceedingly good game, often tackling and clearing very soundly. Braun, at right back for Bart.'s, was equally good, often kicking up field extremely well from difficult positions. Coldrey, while playing his usual sound game, tended to get too far up the field. The Bart.'s halves held their opponents well, Waters, at centre-half, working very hard the whole game. Stuart-Low had hard luck on one occasion, sending in a good shot which was only cleared by one of the U.C.H. rushing into the goal-mouth and kicking out well. In the closing minute of the game Lloyd got right through and found the net, but the whistle went for time while the ball was still in the air.

Bart.'s will have to play a more bustling game in the Final if the Cup is to be restored to the Library. The Final will be played early in March at Chiswick, and it is hoped that there will be a large crowd of Bart.'s men to encourage the team and help to carry home the Cup.

Team.—A. R. Dingley, *goal*; E. Coldrey (capt.), L. Braun, *backs*; A. E. Lorenzen, K. F. Waters, L. Oldershaw, *half-backs*; G. R. Nicholls, W. C. Stuart-Low, E. T. Lloyd, R. Savage, R. M. Williams, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL HOCKEY CLUB.

REVIEW OF SEASON'S RESULTS TO DATE.

Twelve matches have been played, of which the Hospital have won ten, drawn one, and lost one; 60 goals have been scored and 15 shot against us. The most consistent scorers have been R. R. Fowell,

T. F. Moody-Jones and G. Foster, whilst in defence J. G. Ackland, A. E. Parkes, C. F. Raupell and S. M. Coleman have been invaluable. Of the new-comers C. F. Raupell, G. Foster and S. M. Coleman are the best, whilst several others have shown much keenness, and in a short time should prove of great service to the team. The side has been fortunate in being able to call upon two pre-war players in J. G. Ackland and R. R. Powell, who, by the way, captains the side, and they have on many occasions been the means of holding the side together.

1ST ROUND INTER-HOSPITAL CUP.

ST. BART.'S v. ST. MARY'S HOSPITAL.

This match was played on King's College Hospital Ground at Eltham on February 3rd, and resulted in a win for the Hospital (3 goals to 1). From the bully-off Bart.'s attacked strongly, and by means of some good work on the right wing between R. K. Powell and F. H. Young the former scored with a shot which gave the goal-keeper no chance. Mary's immediately levelled matters, and for the rest of the first half there was no score, Bart.'s keeping up a strong attack. The brothers Moody-Jones had hard luck on several occasions. In the second half the Hospital played better hockey, and J. G. Ackland, who throughout had been playing a great game, dribbled through and scored the winning goal. This was soon followed by a goal from G. Foster, who had been doing well on the left wing. Both wings, however, showed a tendency to delay too long before centring, and the backs were very erratic at times, though N. A. Jory was good in the second half. A. E. Parkes was sound throughout. The Hospital now enters the Semi-Final Round, and are drawn against St. Thomas's Hospital. The match is to be played at Richmond on Monday, March 7th, at 2.30, and I appeal to all students to come and support the Hospital on that date.

A. E. Parkes; S. M. Coleman, N. M. Jory; P. G. Cutting, J. G. Ackland, W. B. Webster; G. Foster, T. E. Moody-Jones, W. Moody-Jones, R. R. Powell, F. H. Young.

CORRESPONDENCE.

MEMORIAL TO BART'S MEN.

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

SIR,—I should like very heartily to support the suggestion of Sir Charles Gordon-Watson in the last issue of the JOURNAL. A stone or marble seat, presumably in four sections, round the Fountain, would, as he writes, be most suitable in position, and would furnish ample space for the names of those we wish to honour by recording them.

I am,
Yours etc.,
137, UPPER RICHMOND ROAD, JOHN GAY.
PUTNEY, S.W. 15;
February 13th, 1921.

REVIEWS.

AN ATLAS OF THE SENSORY CUTANEOUS NERVES. By WILLIAM IBBOTSON, M.R.C.S., L.R.C.P. (The Scientific Press, Ltd.) Pp. 25. Price 7s. 6d. net.

This little book contains eleven well-produced diagrams designed to show the distribution of the sensory cutaneous nerves of the body. It is said to be for the student, the practitioner, and the masseur; but we hesitate to recommend the acquisition of that which can easily be obtained from text-books.

Any value which the book may have lies in its portability.

PHYSICAL SIGNS IN THE CHEST AND ABDOMEN. By A. J. JEX-BLAKE. (J. & A. Churchill.) Pp. 119. Price 9s. 6d. net.

There are few things which are a greater trouble to the student of medicine than the signs to be found in the chest. Before he begins to interpret what he hears he must know what is normal, what may be found in disease, and the meaning thereof.

This modest little book will help him very greatly. The routine examination, inspection, palpation, percussion, and auscultation are considered in detail. Normal and abnormal findings

are explained, and towards the end of the book the diseases of the chest, with their signs, are separately considered. The section on the abdomen is relatively negligible. We wish that in its place remarks on the X-ray appearances of the chest had been included. The book shows sound common sense, and will direct the beginner clearly in the right path: "In the diagnosis of diseases of the chest and abdomen the secrets of success are two—to make a thorough routine examination of the patient and to remember that common diseases are the commonest."

We heartily commend this excellent book.

NOTES ON MIDWIFERY (illustrated). By J. M. MUNRO KERR, M.D., and JAMES HENDRY, M.A., B.Sc., M.B. Second Edition. (Maclehose, Jackson & Co., Glasgow.) Pp. 156. Price 10s. 6d. net.

This book, paper-bound, and about the size of an ordinary notebook, contains a synopsis of midwifery lectures delivered at Anderson's College Medical School. Upon the left of each page of type is a blank sheet for the student to add his own notes. There are also numerous really excellent diagrams.

The teaching differs in some details from that of London, but we suggest that it would be an excellent plan for the student beginning his course of midwifery lectures to make his notes herein. The slight differences which he would notice between the lectures and the written word would stimulate intelligent inquiry.

We believe the work to embody an excellent idea. An index would have increased its value.

MIND AND WORK. (University of London Press. (Price 6s. net.)

Mind and Work may be regarded as an expansion of the author's *Present-day Applications of Psychology*. In this latest book Dr. Charles S. Mayors has endeavoured to show the importance of the psychological factor in (I) Movement Study, (II) Fatigue Study, (III) Selection Study, (IV) Incentive Study, and in (V) Industrial Unrest.

"Movement Study" is extremely interesting and its application extensive. When a large number of movements have to be made day by day by a workman in an ordinary mechanical job, a reduction of the actual movement to its absolute minimum means that the workman is less tired, and that he gets more work done in the day; in this way output is increased, and the workman's off-time and pay can be increased in proportion. The instances given of advantage gained by the application of movement study are astounding, as, for instance, an operation in moulding which had previously taken 53 minutes, after the men had been trained took 20 minutes. In a cotton factory the number of movements was reduced from 20 or 30 to 10 or 12, with the result that instead of 125 dozen pieces, 400 dozen pieces were folded in the same time without increase of fatigue. In the Ferracute Machine Company in New Jersey, with practically unchanged equipment and a constant number of employees, motion study reduced the time of performing 275 jobs by 38 per cent, and it reduced the total cost, including overhead expenses, by 47 per cent, the average day rate paid to the workers being increased by 11 per cent, with a bonus increased from 20 per cent to 60 per cent.

"Fatigue Study" occupies a chapter, and the difficulty of measuring psychological fatigue is emphasised. Increase in the number of mistakes and accidents indicates fatigue, but this may be mostly physical. The renewal of interest experienced by the subject when he knows a test is in operation makes the measurement of fatigue still more difficult. The question of rest periods and off-time proportion is dealt with subsequently, and under "Selection Study" the importance of selecting the right individuals for the right jobs, both from the point of view of the individual and of output, is pointed out. The deliberate and the more or less unconscious forms of restriction of output are discussed, and the systems of payment in present use are reviewed.

Lastly, "Industrial Unrest" is treated, and the author's sympathetic approach to the subject makes the contribution a very valuable one, worthy of the close scrutiny of those interested in the economic position of the country. The author concludes with a word in praise of the National Institute of Psychology and Physiology, which will help the individual to determine the occupation best suited to his own peculiar qualities, and train him to put them to the best advantage, and which will instruct those who manage big commercial concerns in the art of getting the best returns and giving the best wages.

TREATMENT OF SKIN DISEASES. By W. KNOWSLEY SIBLEY, M.D., M.R.C.P. Second edition. Reprinted. (Edward Arnold.) Pp. 307. Price 7s. 6d. net.

This book forms a handy volume for reference for the treatment of skin diseases, and as a reference volume its value is enhanced by the alphabetical arrangement of the diseases. Though it serves the above purpose well, it is not so convenient for those who wish to study the book systematically from beginning to end, since diseases which have similar treatment tend to become widely separated.

The treatment advised is very sound, and is thoroughly in accordance with the latest practice. Especially good are the descriptions and instructions on the mode of application of physical methods, such as radiant heat, passive congestion and electrolysis, and the practical points on the application of radium in skin disease. These of themselves well repay perusal of the volume.

MEDICAL ELECTRICITY. By H. LEWIS JONES, M.A., M.D. Eighth Edition. Revised and edited by L. W. BATHURST, M. D. (H. K. Lewis & Co., Ltd.) Pp. xvi + 575. Price 22s. 6d. net.

The fact that this work has run through seven editions since it was first published shows that its popularity has been considerable, and that it ranks among the best-known treatises on the subject in the English language. This last edition has been brought thoroughly up to date.

Medical electricity is the branch of science little read and investigated by the average medical practitioner or student, the reason probably being that questions are seldom asked on this subject in examinations, and attendance in the electrical department is not compulsory in the medical curriculum of most of the examining bodies.

The volume can safely be recommended to those who know nothing of the subject and who wish for a working knowledge thereof, since the elements are fully treated and explained. This work can also be recommended to those who have some knowledge of electricity as applied to medicine and are desirous of procuring apparatus to practise in this branch of medicine, since valuable advice is given as to the obtaining of electrical power under diverse condition either from batteries or from the local mains, especially good being the instruction on the adaptation of various municipal supplies to a required strength for application in the treatment of various conditions.

The work is fully illustrated and the illustrations are very clear and valuable, exceptions being figs. 33 and 103, which are somewhat blurred. Diagrams of connections are especially good.

Another commendable feature is the account of the electrical testing of muscles and nerves, and this is of especial interest to the general physician.

A MANUAL OF VENEREAL DISEASES FOR STUDENTS. By L. W. HARRISON, D.S.O. (Oxford Medical Publications.) Pp. 376. Price 16s.

Col. Harrison's *Manual of Venereal Diseases for Students* is certainly the best small book on the subject we have yet seen, and this in spite of the fact that a large number of books on venereal diseases have been published recently. It contains a wealth of valuable material, the result of the author's unrivalled experience under conditions which have enabled him to judge with a considerable amount of accuracy the value of different therapeutic agents. The author has had the advantage that for the most part his patients were under control; moreover, the subsequent history was more easily obtained than under civil conditions. It is for this reason that Col. Harrison's conclusions are so valuable, and we heartily commend the work to our readers.

RADIOGRAPHY IN THE EXAMINATION OF THE LIVER, GALL BLADDER, AND BILE DUCTS. By ROBERT KNOX, M.D. (William Heinemann, Ltd.) Price 7s. 6d.

For some time it has been recognised that radiography under certain conditions may demonstrate the presence of gall-stones. There is no doubt, however, that success or failure largely depends on the skill of the operator, and for this reason Dr. Knox has done well to publish the result of his investigations and some details regarding the technique he employs.

The book (which is reprinted from the *Archives of Radiology and Electrotherapy*, 1919), contains experimental clinical, and historical notes and abstracts, and is well illustrated.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

At a Congregation held on January 28th, 1921, the following degrees were conferred:

M.B., B.Ch.—E. B. Verney.

M.B.—E. P. Hicks.

The Diploma in Medical Radiology and Electrology has been granted to:

F. Hernaman-Johnson, M.D., A. E. H. Pinch, F.R.C.S.

ROYAL COLLEGE OF PHYSICIANS.

The following candidate, having passed the required examination, was admitted a Member:

W. Wrangham, M.D. (Lond.), M.R.C.S., L.R.C.P.

CONJOINT EXAMINING BOARD.

First Examination, January, 1921.

Chemistry.—A. J. Moody, W. E. H. Quennell, R. Stuart, T. P. Williams.

Physics.—W. F. D. Benton, C. M. H. Hicks, G. G. Stewart, R. Stuart, H. A. M. Whitty.

Biology.—R. C. Drake, P. B. P. Mellowe, S. B. S. Smith, T. P. Williams.

Second Examination.—Part I. January, 1921.

Anatomy and Physiology.—W. B. Arnold, G. P. Driver, C. M. Jennings, W. M. Jones, C. de W. Kitcat, K. S. M. Smith, N. Smith, H. H. D. Sutherland, T. B. Thomas, H. C. M. Williams.

Final Examination, January, 1921.

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

C. H. Andrewes, H. N. Andrews, L. M. Billingham, C. H. Bracewell, J. L. M. Brown, F. P. de Caux, T. A. Eccles, H. Franklyn, H. W. Hammond, H. J. H. Hendley, T. B. Hodgson, J. G. Johnstone, F. R. Oliver, S. Orchard, T. L. Ormerod, J. L. Potts, C. S. C. Prance, H. L. Sackett, W. F. Skaife, N. G. Thomson.

APPOINTMENTS.

GILL, J. F., M.B., B.Ch. (Aberd.), F.R.C.S., appointed Surgeon to Out-patients, Victoria Hospital for Sick Children, Hull.

KENDREW, A. J., M.B., B.S. (Lond.), appointed Certifying Surgeon under the Factory and Workshop Acts, for Barnstable.

STIDSTON, C. A., M.D., B.S. (Lond.), appointed Hon. Surgeon to the Wolverhampton and Staffordshire General Hospital.

WHITEFORD, C. H., M.R.C.S., L.R.C.P., appointed Consulting Surgeon to the Great Western Railway (Plymouth Centre).

CHANGES OF ADDRESS.

BOTT, R. H., Maj. I.M.S., c/o T. Cook & Sons, Ludgate Circus, E.C. (temporary).

FRASER, F. R., 75, Finchley Road, St. John's Wood, N.W.8 (Tel. Hamstead 7918).

HARRIS, H. G., 5, Archers Road, Southampton.

LONGSTAFF, E. R., St. Brelades, Thurlow Park Road, West Dulwich, (Tel. Sydenham 669.)

STONE, G. K., 55, Church Street, Chelsea, S.W.

STURDEE, E. L., Ministry of Health, Whitehall, S.W.

WHITE, J. S., Cheslunt House, Champion Hill, S.E. 5.

WELLS, W., Tower Hill House, Bromyard, Worcs.

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 7s. 6d., 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: City 510.

St. Bartholomew's Hospital



JOURNAL.

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

VOL. XXVIII.—No. 7.]

APRIL 1ST, 1921.

[PRICE NINEPENCE.]

CALENDAR.

- Tues., Mar. 29.—Sir P. Horton-Smith Hartley and Sir C. Gordon-Watson on duty.
- Fri., April 1.—Dr. Fraser and Mr. G. E. Gask on duty.
- Tues., " 5.—Dr. Tooth and Mr. Waring on duty.
- Fri., " 8.—Dr. Morley Fletcher and Mr. McAdam Eccles on duty.
- Tues., " 12.—Dr. Drysdale and Mr. Rawling on duty.
- Fri., " 15.—Sir P. Horton-Smith Hartley and Sir C. Gordon-Watson on duty.
- Tues., " 19.—Dr. F. R. Fraser and Mr. G. E. Gask on duty.
- Fri., " 22.—Dr. Tooth and Mr. Waring on duty.
- Tues., " 26.—Dr. Morley Fletcher and Mr. McAdam Eccles on duty.
- Fri., " 29.—Dr. Drysdale and Mr. Rawling on duty.

EDITORIAL.



WITH this issue of the JOURNAL, the Editor comes to the end of his long period of office. For nearly three and a half years we have occupied the Editorial chair. The work has been extraordinarily interesting, although, like everything else, at times a source of considerable anxiety. Still, we would not have missed the opportunity which such a post has afforded of doing something to help cement the great brotherhood for which Bart's has long been famed. Milton hath it that an Editor must be "a man above the common measure, both studious, learned and judicious." We are afraid we cannot lay claim to these high distinctions, but at least we have tried to play a part. One thing we feel we have accomplished: we have made many friends; we hope no enemies. To our successor we are certain our readers will extend a hearty welcome, and give him the same measure of support and goodwill which we have invariably received in the past.

A meeting of the subscribers to Sir Anthony Bowlby's portrait, and the Governors of the Hospital, was held in the Great Hall of the Hospital on March 18th, at 3 o'clock

in the afternoon. There were also present a large number of nurses and students.

Lord Sandhurst took the chair. Sir Frederick Andrewes, Sir Charles O'Brien Harding and Sir Wilmot Herringham between them related the past history and the qualifications of Sir Anthony Bowlby which had always recommended him to them as a great man, a great surgeon and a great friend. In this way they presented the portrait, which had been painted by Sir William Llewellyn, R.A., to Sir Anthony Bowlby, together with a list of some 700 subscribers, whose names were contained in a small volume which was also presented to him. Sir Anthony Bowlby thanked all those who were present for their kindness in making the presentation. He then handed the portrait over to the Governors of the Hospital so that it might in future hang in the Great Hall amongst those portraits which already adorned its walls. Lord Sandhurst received the portrait on behalf of the Governors. The ceremony then came to an end.

The portrait, which represents Sir Anthony Bowlby in military uniform, will be hung in the Academy this year. At the end of that time it is hoped to be able to obtain a photogravure, a copy of which will be presented to each of those who had made a subscription towards the portrait. A notice will be sent out at a later date intimating when this will be ready.

Old Bart's men will be extremely sorry to hear that Mr. R. Cozens Bailey has retired from practice and has gone to live at East Cowes, Isle of Wight. Great as his loss was to the Surgical Staff of St. Bartholomew's Hospital, it is now to be still further felt by those who had the benefit of his advice in private practice. We trust that his health, which we are glad to hear is almost completely restored, will be maintained in his island abode.

It gives us great pleasure to learn that Sir Thomas Horder has been elected to the senior staff on the retirement of Dr. Tooth. Sir Thomas will not take up his new duties in