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St. Bartholomew's Hospital



JOURNAL.

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

VOL. XXIX.—No. 1.]

OCTOBER 1ST, 1921.

[PRICE NINEPENCE.]

CALENDAR.

Fri., Sept. 30.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Tues., Oct. 4.—Sir P. Horton-Smith Hartley and Mr. L. B. Rawling on duty.
Fri., " 7.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Mon., " 10.—Clinical Lecture (Special Subject), Mr. Elmslie.
Tues., " 11.—Prof. Fraser and Prof. G. E. Gask on duty.
Wed., " 12.—Clinical Lecture (Surgery), Mr. H. J. Waring.
Fri., " 14.—Dr. Morley Fletcher and Mr. Waring on duty. Clinical Lecture (Medicine), Sir T. J. Horder.
Mon., " 17.—Clinical Lecture (Special Subject), Mr. Harmer.
Tues., " 18.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Wed., " 19.—Clinical Lecture (Surgery), Mr. H. J. Waring.
Fri., " 21.—Sir P. Horton-Smith Hartley and Mr. L. B. Rawling on duty. Clinical Lecture (Medicine), Dr. H. Morley Fletcher.
Mon., " 24.—Clinical Lecture (Special Subject), Mr. Scott.
Tues., " 25.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Wed., " 26.—Clinical Lecture (Surgery), Mr. W. McAdam Eccles.
Fri., " 28.—Prof. Fraser and Prof. G. E. Gask on duty. Clinical Lecture (Medicine), Dr. J. H. Drysdale.
Mon., " 31.—Clinical Lecture (Special Subject), Dr. Cumberbatch.
Tues., Nov. 1.—Dr. Morley Fletcher and Mr. Waring on duty.
Wed., " 2.—Clinical Lecture (Surgery), Mr. W. McAdam Eccles.
Fri., " 4.—Clinical Lecture (Medicine), Dr. J. H. Drysdale.
Mon., " 7.—Clinical Lecture (Special Subject), Mr. Rose.
Wed., " 9.—Clinical Lecture (Surgery), Mr. L. Bathe Rawling.
Fri., " 11.—Clinical Lecture (Medicine), Sir P. H.-S. Hartley.
Mon., " 14.—Clinical Lecture (Special Subject), Mr. Elmslie.
Wed., " 16.—Clinical Lecture (Surgery), Mr. L. Bathe Rawling.
Fri., " 18.—Clinical Lecture (Medicine), Dr. H. Morley Fletcher.
Mon., " 21.—Clinical Lecture (Special Subject), Mr. Scott.
Wed., " 23.—Clinical Lecture (Surgery), Sir C. G. Gordon-Watson.
Fri., " 25.—Clinical Lecture (Medicine), Sir P. H.-S. Hartley.
Mon., " 28.—Clinical Lecture (Special Subject), Mr. Harmer.
Wed., " 30.—Clinical Lecture (Surgery), Sir C. G. Gordon-Watson.
Fri., Dec. 2.—Clinical Lecture (Medicine), Sir T. J. Horder.
Mon., " 5.—Clinical Lecture (Special Subject), Mr. Elmslie.
Mon., " 12.—Clinical Lecture (Special Subject), Mr. Scott.

EDITORIAL.



WE have pleasure this month in publishing with the JOURNAL a reproduction of the Academy presentation portrait of Sir Anthony Bowlby; and since Sir Anthony's old students and friends are so unanimous in their affection for him, a copy of the JOURNAL is being sent to every Bart's man. If through inadvertence the JOURNAL does not reach anyone entitled to a copy we shall be glad to hear of it.

To Sir Anthony we wish many years of useful and happy life. Of his many claims to fame there can be none more pleasing to himself than that, in the words of Sir Frederick Andrewes, he is a "great friend."

To prevent misconception we publish here a letter from Mr. W. Girling Ball.

To the Editor of the JOURNAL.

DEAR SIR,

SIR ANTHONY BOWLBY'S PORTRAIT.

I understand that you are proposing to reproduce the portrait of Sir Anthony Bowlby in the next issue of the JOURNAL. So that there may not be any misunderstanding in the minds of those who subscribed to the painting of the portrait, it would be desirable to explain that this reproduction is from a photograph of the portrait, and has nothing to do with the photogravure which it is hoped will be sent to each subscriber as soon as the picture is returned from the Academy.

Yours sincerely,

W. GIRLING BALL,

Hon. Sec. Bowlby Portrait Fund.

77, WIMPOLE STREET, W. 1.

September 16th, 1921.

* * *

As we go to press we hear that His Majesty the King has been graciously pleased to grant a Royal Charter to our Medical School. Our congratulations to those whose petition has led to this happy and important event. The document is printed on p. 8.

The month of October brings many new faces to the Hospital. Once again the lists of Freshmen are full to overflowing, and again we take the opportunity of welcoming them to the Hospital.

We hope that they will bring the *esprit de corps* which they learnt at school or college to this ancient foundation. We would remind them that they inherit great traditions, and that from the moment when they sign the Register in the Dean's Office a responsibility falls upon them to maintain in all things our honour and our good name. The reputation which the name of St. Bartholomew's bears has not been easily or carelessly achieved. It is due to the quiet and unostentatious work of her sons through nine centuries. Certain famous names stand out like planets among the lesser stars and are remembered with pride and thankfulness. But what we possess is not due to these. Far out, sometimes in lonely and even dangerous situations, good work quietly accomplished laid and maintains the reputation of this great School. We would say to our Freshmen: These traditions you must now remember and our reputation you must increase. All your social assets may be used in the service of the Hospital, and we hope and expect that they will so be used. But more than all else we ask you so to equip yourselves during your student days as to maintain the reputation for sound work which our School is happy to possess; and, if you do this, you will be blessed with five crowded years, too swiftly passing, full of the joy of life, of happy friendships and of useful work.

We are glad to hear that Dr. Langdon Brown has been elected President of the Therapeutical and Pharmacological Section of the Royal Society of Medicine.

Dr. R. R. Armstrong has been appointed Medical Officer to the Sun Life Insurance Company. We understand that Dr. Armstrong will continue his duties at Bart.'s.

Many old friends and pupils of the late Prof. Howard Marsh will be glad to hear that a memoir of his life has recently been published. The sub-title will indicate its scope: "A story of a life's work in the study of tubercular trouble in joints and spine in St. Bartholomew's Hospital and in the Children's Hospital, Great Ormond Street. The founding of the Alexandra Hospital for Hip Disease, Queen Square. His work in Cambridge University as Professor of Surgery, and as Master of Downing College."

The price of the work is 5s. (postage 4d.) and the publisher Mr. John Murray. All proceeds will be devoted to the urgent needs of the Children's Hospital, Great Ormond Street.

Prof. Howard Marsh is still remembered with affection at this Hospital, and his dicta are often quoted in the wards.

Welcome to the new Bart.'s Pharmacopœia! The volume now lies before us inviting in its black and gilt newness. We congratulate Mr. J. Langford Moore on his work, and are sure that he sleeps better o' nights now that his labours are accomplished. A detailed review will appear in our next number. At present we can only say that the inclusion of the metric system of measurement (together with the retention of the old system), the grouping of prescriptions under special department headings, and the pages given to treatment of poisoning cases are all distinct improvements on the old edition.

On page 15 our readers will find an appeal which should send them immediately to their cheque-books. A grand stand has long been wanted at Winchmore Hill, for such accommodation would aid the already strong "Rugger" team to secure such fixtures as their form and keenness merit. So we ask all those enthusiasts who once played the game for Bart.'s—and who now, alas, might think with horror of a hundred yards sprint—to support the hospital again as they helped it long ago. For as their speed has decreased we hope their bank balance has increased.

We understand that it has not been found possible to arrange an exhibition of new museum specimens this October. Such a display may take place later in the year.

On October 13th at 8.30 p.m. in the Medical and Surgical Theatre the Rt. Hon. Christopher Addison, M.D., M.P., one of our old Professors of Anatomy, will address the Abernethian Society on "Medical Men and Public Life." From one so well versed in both medicine and politics this should be of the very greatest interest and instruction.

We hear that all Bart.'s was at a recent trial at the Old Bailey; and if the reports are true, we wish that we had been there too.

We hope that our readers will pay particular attention to the advertisement appearing on page xi, dealing with the various enterprises organised by the Fleet Street Club and Mr. Jack Hobbs on behalf of the Hospital. Bart.'s men should rally to the support of these praiseworthy attempts to help the Hospital.

An old Bart.'s man has written anonymously asking for particulars of prints or photographs of Bart.'s views. We have looked into the matter carefully and consider the best obtainable are from Mr. Searle, of the Dispensary, who holds a stock of Mr. Cahen's excellent photographs.

Our readers will notice that in this copy of the JOURNAL there commences a series of articles entitled "Professional Opportunities." We invite correspondence on them as they appear, either of inquiry, approval, or criticism.

THE MAKING OF A DOCTOR.

By PROF. FRASER, SIR D'ARCY POWER, MR. REGINALD M. VICK, and DR. HAROLD E. GRAHAM.

"I have had three personal ideals. One to do the day's work well and not to bother about to-morrow. It has been urged that this is not a satisfactory ideal. It is; and there is not one which the student can carry with him into practice with greater effect. To it, more than to anything else, I owe whatever success I have had—to the power of settling down to the day's work and trying to do it well to the best of one's ability and letting the future take care of itself.

"The second ideal has been to act the Golden Rule, as far as in me lay, towards my professional brethren and towards the patients committed to my care.

"And the third has been to cultivate such a measure of equanimity as would enable me to bear success with humility, the affection of my friends without pride, and to be ready when the day of sorrow and grief came to meet it with the courage befitting a man."—SIR WILLIAM OSLER in "L'Envoi" of *Æquanimitas*.

I. THE MAKING OF A PHYSICIAN.

By PROF. F. R. FRASER,
Director of the Medical Professorial Clinic.

AT the beginning of a new session, when all are contemplating another year of work and when many join us for the first time in looking forward to work in medicine, it is of value to consider what is the object of the life's work of a medical man and the place of the medical school in the furthering of this object. The object surely is to serve the nation and the race by improving their health, and especially their physical health.

That is a statement of such distant objectives as to be almost a statement of ideals. That is what the medical man is striving to effect, but in the daily struggle to that objective he is guided by well-defined duties. He is striving for the greatest good to the majority, but it is with the individual he has to deal, and his first duty in practical work is to the individual—the patient. That is an obvious duty, but he has duties also to those who are responsible for the individual, and duties to those for whom the patient is responsible in the social structure—duties to parents, to husbands, to wives and to children.

These secondary duties are often neglected and impossible advice given, or advice that is not for the benefit of the majority. Homes have been broken up and the members of a family scattered to the detriment of all by a medical man's suspicion of a tuberculous focus in one of them. The public is not ignorant of medical matters and is a severe critic. The family of a patient is seldom satisfied by meaningless words, and if a satisfactory explanation of the nature of an ailment is not given it is justifiable to suppose that the medical man cannot give one. A frank statement of the further investigations or help that he considers necessary is preferable to suppositions, however unjustifiable.

There are duties to the other workers in the field of medicine, and if these are not observed the best results for the majority cannot be accomplished. These real but often indefinite duties to others than the patient are all included in the term "medical ethics," and come easily to some men, but others never find a facile performance of them. Perhaps the training of the boy at home and at school are more important than precept and experience in inducing that subordination of self that seems to be necessary.

A man equipped as completely as he is able for such a life's work can only attain to his best when his life is nearly finished, and in the medical school only five short years, it may be, are to be spent. What can be accomplished in those five years will depend on the equipment that a man has already obtained at school and the university, but most of all must it depend on the point of view from which the life's work is regarded. The selection of medicine as a career is for some a last resort, after insuperable difficulties have been met with in starting along other lines. Others enter as medical students because of family tradition, or because an opening as assistant or partner is available. In some men there is a thirst for knowledge, an inquisitiveness, and opportunities for slaking this thirst combined with a certain living attract them to medicine. In others, again, this desire to investigate is particularised, and a keen desire to study human beings and to help human beings points with certainty to a career in the medical profession.

With such variations among the personal objectives, how can the five years be spent to greatest advantage? Whatever the ultimate ideal, whatever the particular path in which the profession is to be followed, there must be immediate aims to be worked for from year to year. These aims are not the passing of the examinations; the examinations are designed to see if the aims have been attained to.

All that is possible must be learned of the living human organism. Firstly the structure—atomy. Then the

functioning of the separate structures, and the co-ordination of the separate functions that comprise the living whole, and the mechanisms by which the brain and nervous system govern and co-ordinate and react, to enable the living whole to live in accord with surroundings—atmospheric, geological, vegetable, animal and social. That is human physiology, and by this study the average state of man can be recognised.

In all departures from this state medical men find the field for their work. They must be able to recognise the abnormal, and for that they must know the average and the limits of the normal. The further the analysis of the abnormality can be taken, the more accurately will it be possible to correct or adjust it, and the more helpful will be the work of the medical man.

In the hospital of the medical school large numbers of persons who depart from the average are collected. These are examples, and are studied and analysed and adjusted to the best of our ability. They present examples of conditions that are met with outside the hospital—samples of the conditions for which human beings appeal for help from the medical man.

Most of them are in a diseased state that affects the structure of their bodies. Some departure from the average relation with environment has resulted in an altered structure and an altered function that necessitates alterations in co-ordinating functions to make the best adjustment to suit the new conditions. In some the disease is still progressing: the adjustments have not resulted in a new condition of stability with the environment. The adjustments are continually altering. These diseased states, fixed or progressing, are recognised by the altered functioning, and sometimes by the altered structures—by signs and symptoms. In hospital patients alteration of structure is more common than is found in general practice, where altered functions alone can be ascertained in the majority of cases.

Knowledge is gradually accumulating to enable signs and symptoms to be translated into terms of structure and disease process. It is being accumulated by a careful study of progress and end-result, by the study of altered structures found after death, and by experiments designed to show the causes of symptoms and the causes of disease. Ultimate causes may never be reached, but if any stage in the process can be elucidated lines of treatment are made possible. The importance of correlating clinical studies with the study of pathology cannot be over-estimated.

The cause must be removed or checked that further damage may be prevented and the adjustment of functions may take place. Even when all possible natural adjustments have taken place we have learned to interfere advantageously by the study of therapeutics to bring about still further adjustments. The altered and adjusted human organism may then become still more efficient by altering

the environment by regulation of habits, of climate or of diet. A diseased person may become an efficient citizen, and it is the duty of the medical man to do all in his power to make him as efficient a citizen as he can. Finally he must relieve physical suffering whenever possible.

In the short time allotted to working in the medical school principles alone can be thoroughly grasped. A student has made good use of his time there who has learned how to study his patients by observation, by questions and by physical examination, who has learned that he has to recognise what the healthy state of the individual should be, and has learned that he must gauge the extent as well as the nature of the abnormality, and that he must gauge the possibilities of the individual for the future. Prognosis depends on diagnosis but is the more important. These five years cannot teach him to diagnose and prognosticate in the individual, but they should teach him that he has to do so and how he must proceed.

He cannot become an efficient medical man by passing the necessary examinations. He makes enormous strides towards the goal when holding a house appointment, but he can only reach it by retaining always the desire to learn. He must above all things develop the power of logical thought and the application of common sense.

II. THE MAKING OF A SURGEON.

By Sir D'ARCY POWER, K.B.E.

IT was profanely said a few years ago in a newspaper of the baser sort that neither the morals nor the temper of a surgeon mattered so long as he was a skilful operator. Surgeons without morality and cursed with the temper of a fiend have undoubtedly sometimes succeeded financially, but they have been mere machines, doing nothing to advance their profession though they may have been consummate craftsmen.

In the best time of Greek medicine the surgeon received the same training as the physician and was held in equal repute. Then came a long period when surgery was divorced from medicine and the surgeon in popular estimation was the servant of the physician. But in England and France there have been two or three surgeons in each generation who by virtue of their better education, social standing or superior knowledge have been on an equality with the best physicians of their age, and the number of such men has tended to increase.

Years ago John Arderne, a great English surgeon, laid down for his contemporaries the characteristics of an ideal surgeon. He was to be a gentleman, courteous in manner, easy of address, steady and firm in principle, no drunkard,

a clean liver, not envious of another's success or a detractor from his reputation. For himself he was to strive for technical skill above his fellows, he was to be charitable to the poor by using his knowledge for their relief, and for the rich he should have a store of small talk and witty stories with a pleasant countenance for all.

The portrait still holds good: one who wishes to become a successful surgeon must train all his faculties and must study to keep them at the highest pitch of perfection. Above all things he should start with a good general education, and in this respect surgeons still lag behind physicians. Surgeons specialise too early in science, and are studying physics, chemistry and biology when they should be reading Don Quixote, wrangling at the debating society, or learning good-humouredly to give and take in the fencing school or boxing club.

Admitted at last to the wards and out-patient rooms of a large hospital they learn more by example than by precept. At St. Bartholomew's we have been fortunate enough to inherit the great traditions of Christian charity handed down to us from our Founder through Pott, Abernethy, Lawrence, Savory and Tom Smith—traditions which teach us that the patients are human beings with like parts and passions as ourselves, and we treat them courteously. They appreciate the courtesy, and it is a great pleasure to many of them if our memory for faces and facts is so good that we can remember them and their ailments though it may be months or years since they were last seen. Such a memory is of the greatest value to a surgeon; for some it is innate—a royal gift—others never seem able to obtain it. Another tradition bequeathed to us from the great masters in surgery who were our predecessors was the importance of after-treatment in the cure of disease; they operated with the greatest brilliancy, but their personal attention never ended so long as the patient remained under their care.

Such traditions have been handed on to us by direct observation from one generation to another. It was a good custom, therefore, which required the junior to be in frequent attendance upon his senior. A dresser enjoys the privilege for a few months but usually with too little knowledge to profit; for a short time longer the house-surgeon avails himself of it, and if he be humble-minded, observant, and of a retentive memory, he may learn those principles of his art which will be of untold value to him in the future, for they will serve him as a starting-point for further advances. The full benefit of such an association, however, is gained by the assistant, who is more permanently attached to his chief. He learns from him the many little tricks which have made his master a successful operator, his method of overcoming difficulties and of meeting the unforeseen emergencies which are constantly arising in the operating theatre, whilst at the same time he observes the failures and notes the faults which have caused them.

But as surgery cannot be learnt by reading and observa-

tion, the dresser who has been a house-surgeon and has been promoted to the office of chief assistant will seek the earliest opportunity for conducting his own operations. If these operations can be carried out before a critical audience either of colleagues or of students it will be a better training than if they are done in private, for the young surgeon is then less likely to develop eccentricities of style or an overweening confidence in his own ability and methods. Our immediate predecessors at the Hospital operated under the inspiring gaze of the whole Surgical Staff, which was as ready to criticise as its members were eager to help if an emergency arose. Our own generation worked too much in the seclusion of their own theatres. Present-day surgeons—wiser than we were—have established clubs and societies with the object of seeing each other operate, and to such roving bands every operating surgeon should attach himself as early as possible for the chastening of his spirit.

Much has still to be learnt before a surgeon can succeed in private practice even when natural ability and constant practice have given him a mastery of his art. He may be fortunate enough to have the gift of inspiring confidence in his patients and their friends. I do not quite know upon what it depends, chiefly perhaps upon the surgeon's knowledge of what he himself can do, partly upon an obvious sincerity of purpose and an ability to enter into the feelings of the patient, partly in his ability to foresee the end, for a surgeon who systematically under-estimates the risks of an operation, like him who over-estimates them for the sake of gain, soon ceases to be employed. Another factor which makes for success is the ability to explain in simple language the nature and cause of the disease, as well as the course which it is likely to follow with or without operative treatment.

But the whole life of a surgeon is not spent in the operating theatre: he is consulted on many points of vital importance to his patients, and the greater his knowledge and the sounder his judgment the greater will be his ability to answer satisfactorily the numerous questions which are put to him—answers which often involve a complete change in the life and fortunes of the questioner. The time for dogmatic statements has long past; patients and their friends have usually obtained several opinions or have read much of the available literature on the subject of their complaints—real or fancied. The surgeon must learn, therefore, to base his diagnosis upon facts obtained after a systematic examination, and he should be careful to exhaust every means of investigation before he declares that an operation is the only means of cure.

The public no longer expects that a surgeon should possess a universal knowledge of his art, but for his own satisfaction he should make himself acquainted with the instruments of precision in ordinary surgical use, and should be able to employ the ophthalmoscope, the laryngoscope and the cystoscope, if it is only to control and verify

the reports which are brought to him from time to time. It is well worth while, therefore, for every student to gain a working knowledge of these instruments, and when he is qualified he should visit occasionally the special departments of a well-equipped hospital lest he should think that his education has reached finality.

Lastly the surgeon has to think of his own health. He should be physically sound if he is to practise his art *cito, tuto et jucunde*. Long hours are required of him, irregular meals, and often periods of great anxiety. Some form of recreation, therefore, is imperative if his life's work is not to be mere drudgery. Some hobby he must have. It is better that he should earn a competence with a hobby than make a fortune without one. The choice of a hobby is endless, for a surgeon is well educated, highly cultivated, accustomed to detail, and able to work with all sorts and conditions of men.

III. THE SPIRIT OF THE PLACE.

By REGINALD M. VICK, M.Ch., F.R.C.S.,
Warden of the College.

"Let us hold fast to the unity of Hospital life and to our bounden duty to the spirit of the place."—*Confessio Medici*.

THE early days of October will see the arrival amongst us of many men to whom this Hospital is still but a name, and it is to them that these words are addressed.

Others more erudite and academic than I will talk to you of your work—I would tell you of the associations into which you enter, of the social side of your life, and of the incalculable benefits about to be heaped upon your heads.

I would like to help you to realise the enormous advantages you may gain from the very strenuous life of the Hospital, and would urge you all to live to the full the years you are here.

Some of you come from the ancient foundations of Oxford and Cambridge. The royal and ancient foundation which you enter is more than a hundred years older than either of them.

When Oxford was still an unknown village, when Cambridge was nothing but a fen, the doors of St. Bartholomew's Hospital were open to receive the indigent poor.

If you have been imbued with the true spirit of veneration for age, taught so insidiously by the grey stones and old chapels of your University—here is age in very truth, and worthy of your respect.

It is well that you should know that there is, probably, no other institution in existence which can claim eight hundred years of progress, during which time this Hospital has sent

out her sons into all parts of the world to practise the art of healing.

Once a famous surgeon from another school, who visited us, was asked what he thought of the place. He replied in the words of a famous gibe, "It is good to be back in the Ark again."

He could not have paid a more delicate compliment to his hosts. I, at any rate, know of no single structure in history which played so important a part in the saving of life as the Ark of Noah, and surely nowhere has the spirit of companionship been so usefully developed in a confined space.

If you come from the slightly younger University of London, I need hardly commend to you a recognised school of your own University and one of which you may well be proud.

And should you come straight from school, here is a place with most of the benefits and none of the trying restrictions of the one you have just left.

You will read elsewhere of the details of your work, but a few words of advice may not be out of place.

Bring with you a bright and cheerful spirit. Much of your work is drudgery. You may miss many things in London. The trees are not very green. The old grey walls are almost black. You will have to move in trams and trains and tubes and buses. These abominations of transportation will depress you for a time.

You will look back with longing to the happy communal life of the College or to the comforts of home.

But if you enter fully and at once into the life of the Hospital, this void will soon be filled, albeit differently.

Bring with you a keen and healthy power of criticism, but withal a sweet reasonableness and a kindly judgment.

Develop a ready sympathy. Much that you will see of suffering is dreary and sordid.

Be quick and business-like in manner and habit and yet gentle and considerate with your patients. It is our proud boast that here lives the true spirit of courtesy to the poor.

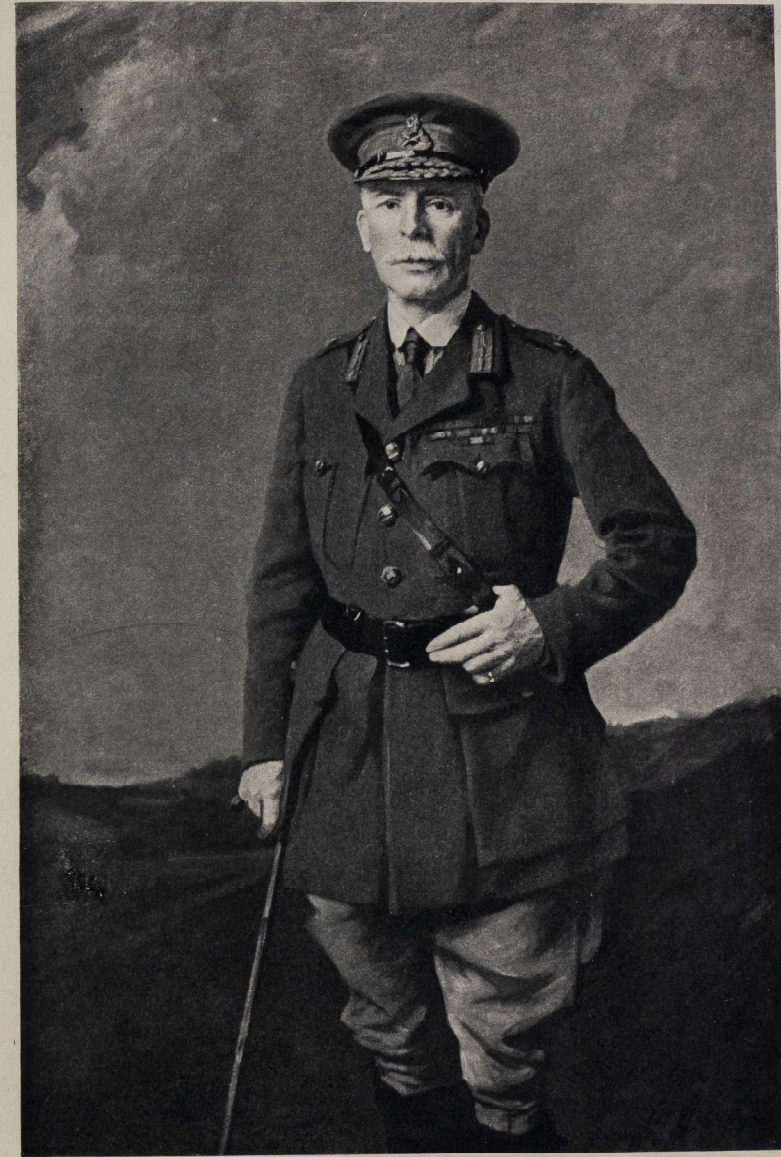
Learn from the patient and the book. Your deep interest in his symptoms will often do as much good to him as your treatment.

Cultivate a bedside manner of your own. If you are sincere in your study of the healing art, you can develop whatever bedside manner you prefer.

You can be genial and hearty—or heavy with the heaviness of a great brain—or cynical with the cynicism of a genius—or even purely fantastic in your ways, so long as you do your best to find out what is the matter with your patients and let them see that you are a "clever doctor."

You will soon discover how much easier it is to convince a patient of this essential fact about yourself than it is to drive an examiner to the same conclusion.

And if you have a sense of humour, cling to it as one of your most precious assets. Bring it up delicately, and it will



SIR ANTHONY A. BOWLBY, K.C.B., K.C.M.G., K.C.V.O., D.S.M., P.R.C.S.

Reproduced from the Academy Portrait by
Sir William Llewellyn, K.C.V.O., R.A.

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be very useful to you in every part of your career, except your examinations. There it is likely to produce disaster.

Remember that you have come here to learn the principles and practice of your profession.

Yet, while keeping this aim for ever in your minds, do not forget that examinations are troublesome but necessary formalities to be gone through before you possess "the right to kill."

Study the method of imparting information by question and answer. Remember that examiners were once human. Take stock of the human side of your teachers and make use of your knowledge of it.

You have come to Bart.'s to be made doctors, and if work alone would make you a doctor, enough has been said.

But work is only one side of your life, and your youth and energy are wanted to help the School in other ways. You have not entered merely a great academic institution; you are not merely about to be drawn into a huge educational machine out of which you will emerge with some letters at the end of your name.

You have joined an old and loyal society. It is the pride of all Bart.'s men that they hold together. We are very free in our criticism of one another; but where our *Alma Mater* is concerned we tolerate discussion, we even admit the existence of other schools, but compared with us—well! you will soon learn to fill this gap.

It is up to you to enter at once into the manifold activities of the Hospital and the Students' Union; to grip firmly the torch that is being handed on to you; to uphold and strengthen the traditions, henceforth to be your own.

You may find London trying to your health. As you are told elsewhere in this issue, a playing-field of wide acres awaits you. You can be whatever type of sportsman you choose.

But it is the earnest wish of all the captains and secretaries of clubs that you will give of your first and best to the Hospital sides.

And you will realise by the way in which the secretaries receive you that they need every active playing member that they can get.

IV. GENERAL PRACTICE.

By HAROLD ERNEST GRAHAM, M.A., M.B., B.Ch.(Cantab.),
M.R.C.S., L.R.C.P.



BOY stood gazing at the ominous Grecian truth that greets the aspirant as he enters for the first time the Medical School. Having spent eight hours a day at his public school in the perusal of the classics, his curiosity was aroused. Politely inquiring the meaning of the word *βραχχιε* from a bystander, he passed through the portal. Undoubtedly the ancients had the art

of condensing an uncomfortable truth into a few pithy words. He felt a little anxious. Life was short, but *how* long was art? Inside the door the notice-board fluttered with lists of "subjects." Feverishly his eyes wandered from page to page of the programme, by which a fatherly authority hoped to ultimately turn him out, the finished article. First, a botanist and a chemist; more laboriously, an anatomist and physiologist; by the sweat of his brow, a physician and a surgeon. Add a few trimmings in the shape of bacteriologist and electrical engineer, and then, at the end of five years, with a gentle fatherly push through the great gates, he would be cast to the public—a general practitioner.

To make his little brother a sailor, wise men at the Admiralty had taken him from his nursery.

A feeling of neglect surged through his heart: to give *him* a fair start with this programme he should have been plucked from his mother's breast.

Passing through the glass doors, he sat down in the quiet of the Library and mopped his brow.

* * *

Five years have passed. On the same seat, the boy, still a boy though a little more assured, takes stock of his assets to balance his account.

He has the right to add M.B.(Lond) to his name. He has the memory of five years of strenuous work, and of strenuous companionship. The traditions of a great medical school are his. He passes in review the various subjects in which he has satisfied the examiners, and the time he has squandered upon them.

Botany, physics, and chemistry, one whole year's work. What entry could he put on the credit side of his account.

Botany—a confused idea of the structure of plants. (The hedgerows remained to him a closed book.)

Biology—he could credit his account with a reminiscent smell of a dogfish on a hot summer's afternoon, never to be forgotten.

Physics—the translation of degrees Centigrade to degrees Fahrenheit still remained a troublesome process.

Chemistry—could he prepare an $\frac{N}{10}$ solution of soda?

A sketchy foundation, but still, it made subsequent work a little more intelligible.

On the debit side, a year's work.

Anatomy and physiology now he was coming to grips. Physiology, perhaps, was a little shaky. But the anatomy! think of the mental training. Think of the feeling of power, in knowing at least one exact science.

After a hard day's work elusive sleep could be wooed by lightly running over the branches of the brachial plexus, or by trying to fit the appropriate "tip" to each vessel and its branches. Certainly a place must be found for "Pocket Gray" on the credit side.

On the debit side two years' work.

Then the last two years. To the credit side he could faithfully add a thorough grounding in the first principles of his art, thoroughly and efficiently taught. Lacking only one essential, actual practice.

Ere long the truth would be driven into his soul that it is better training to enucleate clumsily one tonsil than to watch another skilfully enucleate hundreds.

Summing up, a little less time spent on preliminaries and a little more actual performance of essentials would have produced him a prettier balance-sheet.

* * *

So much for general training. This particular youth had been blessed with unusual foresight. He determined to study the actual conditions of general practice and if possible to avoid its pitfalls. This is what he saw: the general practitioner emerge from his house appointment with a good general foundation upon which to build up his experience of the ailments of mankind. Then gradually becoming a lonely figure, his relations with his surrounding medical brethren a little strained; depending more and more upon his growing experience in managing the frailties of his patients, than upon his scientific training, which time is gradually obliterating.

Increasing practice and social obligations make greater inroads on his time: opportunities of returning to his medical school for a periodic "refresher" become more difficult.

Bewildered by the changes which follow in the wake of each succeeding generation. Each year the increasing facilities for transport tending to produce a more fluid population around him. The rising generation, with a smattering of doctoring gleaned in the kitchens of Red Cross hospitals, less easily satisfied, prone to rush for advice from doctor to doctor, their faith firmly pinned on anything institutional. Then the steady increase of administrative treatment. The Insurance Act, maternity centres, children's welfare centres, venereal and tubercular clinics, the certified midwife, the tendency of minor accidents to hasten to the matron of the cottage hospital, all gradually but surely eating into the poorer part of the practice—into that part which provides the material and is the foundation of every good general practice—until at last he realised that the general practitioner, the family doctor, was passing away. That the rendering of a service was no longer regarded as a bond, as a tie, between him and that family. How was it possible to enthuse over the beautiful relationship between the family doctor and his patients when the mother was attending the pre-natal clinic, the infants seeking dietetic advice at the Welfare, the younger children approaching him only with adenoidal "chits" from the visiting school doctor, the eldest-born paying regular visits to the venereal clinic in a sufficiently distant town. Obviously public taste had changed. Individualism was in

competition with collective organisation. The public demanded something no one man could offer.

* * *

And so young hopeful grasped the truth—that if one man tries to compete with a team, the one man will surely see the most inspiring part of his work filter away to the team. Each general hospital is a team. Imitation is the sincerest form of flattery.

"I will find me," says he, "three other kindred spirits and form a team. We will no longer train to be all things to all men; one shall be the surgeon, his moments of recreation spent in such a study as diseases of the genito-urinary tract. One *médicin chef* shall study anaesthesia, the other bacteriology; the fourth, the electrician, will cover the neurological field. The last part of our training shall be framed with this object."


So they squandered not their capital in the purchase of a family practice in the midst of a roving population. It was pooled for the taking of a suitable premise, furnished with instruments of precision, without which there can be no hope to compete in diagnosis with the organisations that possess them. This was the advanced trench of their position. Each patient as he passed the entrance door paid a fixed fee, and was waited to the department that dealt with his complaint. If necessary he was banded from room to room. That was no novelty to the patient, whether his previous experience had been gained in hospital or in Harley Street. He paid his money and got his diagnosis. No consuming doubt as to whether his breast pocket could stand the strain confused the story of his complaint.

And so they prospered, and kept the work that brings the greatest reward and keeps men's interest.

There were difficulties from without—plenty; there were difficulties from within. But difficulties are the salt of life.

A good thorough training in the first principles, more practice in hospital routine work, at the expense of the preliminary subjects. A further extended training in one particular subject, and the gift of being able to work with other men—then a chance of success.

ROYAL CHARTER OF INCORPORATION OF THE MEDICAL SCHOOL.

 OUR Medical School has recently entered upon a new phase in its history by the Grant to it of a Royal Charter of Incorporation under the title of "the Medical College of St. Bartholomew's Hospital in the City of London." Space will not permit us to enter into any detailed account of the history of the Medical School, but hitherto its constitution has been somewhat vague and ill defined. Its origin is lost in the past, and the earliest records show that in 1662 students were in the habit of

attending the practice of the Hospital. In 1720 the Governors provided a museum of anatomical and surgical preparations, and in 1734 granted permission to the Surgeons or Assistant Surgeons "to read lectures in Anatomy in the Dissecting Room of the Hospital." In or about the year 1790, John Abernethy and his colleagues having approached the Governors of the Hospital, the Medical School was founded on more formal lines—the buildings being provided by the Governors of the Hospital and the chief lectureships founded. The appointments to lectureships have since then been made by the House Committee of the Governors, whilst the arrangement of the details of the educational course was left to the School Committee, consisting of the Staff and the Lecturers.

The School having grown in importance and prestige, it has been felt for some time that a revision of its constitution and government was highly desirable. The Hospital and staff accordingly petitioned the King in 1913 for a Charter. This, owing to the war, was for a time withheld, but now has become an accomplished fact. Herewith we print the Charter *in extenso*, and we feel sure that it cannot fail to be of the highest interest to all past and present Bart.'s men.

George the Fifth, by the Grace of God of the United Kingdom of Great Britain and Ireland and of the British Dominions beyond the Seas, King, Defender of the Faith, To All to whom these Presents shall come GREETING.

WHEREAS a Petition has been presented to Us by The Mayor and Commonalty and Citizens of the City of London as Governors of the House of the Poor commonly called Saint Bartholomew's Hospital near West Smithfield London of the Foundation of King Henry the Eighth (which Hospital is hereinafter called "St. Bartholomew's Hospital") and by Samuel West, Esq., M.D., F.R.C.P. (since deceased), Sir Anthony Alfred Dowlby, K.C.B., K.C.M.G., F.R.C.S., Sir Wilmot Parker Herringham, K.C.M.G., C.B., M.D., F.R.C.P., Holburt Jacob Waring, Esq., M.S., M.B., F.R.C.S., and Thomas William Shore, Esq., M.D., B.Sc., on behalf of the Medical Officers and Lecturers of St. Bartholomew's Hospital praying Us to grant a Charter of Incorporation for the purpose of constituting the persons named in the First Schedule hereto and their successors and such other persons as to Us might seem fit a Collegiate Corporation with the objects, among others, of acquiring and taking over the property and obligations of the Medical Officers and Lecturers of St. Bartholomew's Hospital and of the Governors of the said Hospital in connection with the education of Students of Medicine, now carried on by them at St. Bartholomew's Hospital, and the property held in trust for or in connection with the same purposes and of carrying on the work of the Medical School of the said Hospital.

AND WHEREAS We have taken the said Petition into Our Royal consideration and are minded to accede thereto.

NOW THEREFORE KNOW YE that We, by virtue of Our Royal Prerogative in that behalf and of all other powers enabling Us so to do, of Our special grace, certain knowledge, and mere motion, by these Presents, do for Us, Our heirs and successors, grant, will, direct and ordain as follows:—

I. The persons, whose names are set forth in the First Schedule hereto, and all such persons as may hereafter become Governors of the Body Corporate hereby constituted pursuant to the provisions of these Presents, or the Powers hereby granted, shall for ever hereafter be one body politic and corporate, by the name and style of "The Medical College of St. Bartholomew's Hospital in the City of London" (hereinafter called "the College"), and by the same name shall have perpetual succession and a Common Seal, with power to break, alter, and make anew the said Seal from time to time at their will and pleasure, and by the same name shall and may sue and be sued in all Courts of Justice of Us and Our heirs and successors and shall have power to do all other matters and things incidental or appertaining to a body corporate.

II. By the same name they or any person or persons on their behalf shall have full power and capacity to accept acquire and hold any personal property whatsoever and shall also without any further authority by virtue of this Our Charter have full power and capacity (notwithstanding the Mortmain and Charitable Uses Act 1888 or any other Statute relating to Mortmain and Charitable uses) to accept acquire and hold in perpetuity or on lease or otherwise lands houses buildings and hereditaments not exceeding at any one time in annual value calculated as at the respective times of acquisition thereof respectively the sum of £10,000.

III. And We do hereby also for Ourselves and Our successors give and grant Our licence to any person or persons and any body politic or corporate to assure in perpetuity or otherwise or to demise to or for the benefit of the College any lands houses buildings or hereditaments whatsoever within Our United Kingdom of Great Britain and Ireland within the limits of value aforesaid, hereby nevertheless declaring that it shall not be incumbent upon any such person or persons or body to inquire as to the annual value of the property which may have been previously acquired by the College.

IV. The College shall be conducted with the following objects and have the following powers:—

(a) To acquire, take over by way of gift or otherwise, and carry on the Medical School at St. Bartholomew's Hospital in connection with the education of Students of Medicine now carried on at the said Hospital by the Medical Officers and Lecturers thereof, and for this purpose to acquire from the said Hospital by lease, license or otherwise the buildings now used by the said Hospital for the purposes of their Medical School

or the right to use the same on such terms as may be arranged, and also to acquire and take over by way of gift or otherwise the contents of the Library and Museum of St. Bartholomew's Hospital and all or any securities, moneys and property both real and personal of every description vested in or belonging to the said Medical Officers and Lecturers or any Trustees or Trustee on their behalf or otherwise held for the purposes of the said Medical School or for the purpose of promoting education in medicine at the said Hospital, and to give valid receipts and discharges for the same, and to act as Trustees of any securities moneys or property held for any of the purposes aforesaid, and to undertake and assume all or any of the liabilities of the said Medical Officers and Lecturers or of the Governors of the said Hospital in respect of the said Medical School;

(b) To carry on the educational work now carried on by the Medical Officers and Lecturers of St. Bartholomew's Hospital at the said Hospital with such extensions, additions, modifications and changes as may from time to time appear advisable, and to provide a complete education for Medical Students, and for these purposes to enter into and make all necessary and proper agreements and arrangements with the Governors of the said Hospital for facilitating the access by Medical Students to the Hospital buildings and premises;

(c) To purchase, take on lease, or license, hire or otherwise acquire any lands, buildings, easements, or hereditaments of any tenure, or any other property real or personal, or any right of user thereof which may from time to time be deemed by the College requisite or convenient for the purposes thereof (subject nevertheless to the restriction as to annual value of lands, houses, buildings and hereditaments hereby imposed), and to erect, construct, build, maintain, repair, renew, enlarge, and alter any buildings or works which may be deemed by the College requisite or convenient for the purposes thereof and to pull down and remove any buildings or works;

(d) To provide opportunity for research so as to advance the knowledge of medicine and surgery and the allied sciences, and to promote the investigation of diseases by lectures and demonstrations, and to publish or assist the publication of such books, pamphlets, journals, and information as may be calculated to advance or assist the purposes of the College;

(e) To invest such moneys of the College as may be thought fit in any of the modes of investment in which trust funds shall for the time being be authorised by law to be invested with power to vary such investments and to place any such moneys on deposit with any Bank or Banks;

(f) To solicit and receive subscriptions, endowments and gifts of all kinds (including moneys lands and securities), whether absolute or conditional, for or in connection with the purposes of the College or any of them, and to act as Trustees for or in relation to any such endowments or gifts;

(g) To borrow and raise money for any of the purposes of the College, and to create and issue securities charged or not charged upon any of the property and assets both present and future of the College, and to sell, exchange, lease, mortgage, dispose of, deal with, or turn to account all or any property or rights of the College. Provided that no sale, mortgage, change or lease of any hereditaments situate or arising in Our United Kingdom shall be made without such consent or approval (if any) as may be required by law;

(h) To establish and support or aid in the establishment and support of institutions superannuation and other funds, trust and conveniences for the benefit of the members and ex-members of the staff of the College, their dependents and connections, and to grant pensions and allowances to any such person;

(i) To apply for and obtain any Supplementary Charter or Act of Parliament which may be deemed by the College expedient for any of the purposes of the College;

(j) To make and carry out any arrangement for joint working or co-operation with any other association or body (whether incorporated or not) carrying on work similar to any work for the time being carried on by the College;

(k) To do all such other lawful things as are incidental or conducive to the above objects.

V. The Government of the College shall be vested in the following authorities:—

The President and Vice-President of the College, the Governors of the College (hereinafter called "the College Governors"), the Council, and the College Committee.

VI. The President of the College shall be the Head and Chief Officer of the College and shall be the person who from time to time holds office as Treasurer of St. Bartholomew's Hospital. The first President shall be Our Right Trusty and well Beloved William Mansfield, Viscount Sandhurst, G.C.S.I., G.C.I.E., G.C.V.O., and he shall hold office from the date of this Our Charter and for so long as he shall continue to be Treasurer of St. Bartholomew's Hospital.

VII. The Vice-President shall be one of the Medical Officers of St. Bartholomew's Hospital. The first Vice-President shall be Our trusty and well beloved Holburt Jacob Waring, M.S., M.B., F.R.C.S. He shall hold office for five years from the date of this Our Charter or until

his previous death, resignation, or retirement from the Hospital Staff. His successors from time to time shall be elected by the College Committee hereinafter constituted, and each of them shall hold office for five years from the date of election or until his previous death, resignation or retirement from the Hospital Staff. The first Vice-President and any succeeding Vice-President going out of office by reason of the expiration of his term of office shall, if remaining one of the Medical Officers of the said Hospital, be eligible for re-election.

VIII. The College Governors shall be:

(1) The persons named in the First Schedule hereto.

(2) Such other Governors for the time being of St. Bartholomew's Hospital as shall from time to time be members of the House Committee of the said Hospital.

(3) Such other persons being Governors of the said Hospital as may from time to time be elected by the Governors of the said Hospital as hereinafter provided.

(4) Such other persons as may from time to time be elected by the College Governors in manner hereinafter provided.

(5) Every person being for the time being a member of the Council.

IX. (1) Every Governor of the said Hospital who is a College Governor by virtue of being a Governor of the said Hospital and a member of the House Committee of the said Hospital shall continue in office as a College Governor so long and so long only as he continues to be a Governor of the said Hospital and a member of the said Committee;

(2) The Governors of the said Hospital may from time to time in general meeting elect from among their own body other persons to be College Governors each of whom shall continue in office as a College Governor so long and so long only as he remains a Governor of the said Hospital;

(3) Every member of the Council shall continue in office as a College Governor so long and so long only as he remains a member of such Council;

(4) Each of the persons named in the First Schedule hereto and every person elected as a College Governor under any of the succeeding provisions of this clause, shall be entitled to continue in that office until he dies or resigns office;

(5) The College Governors may from time to time in general meeting elect other persons to be College Governors on the recommendation of any two College Governors;

(6) Every individual who shall have contributed to the College a donation of £500 or upwards, whether contributed in one sum or in instalments, shall by virtue thereof be eligible for the office of a College Governor;

(7) Every Corporate Body and every Association which shall have contributed to the College a donation of £500 or upwards, whether contributed in one sum or in instal-

ments, shall be entitled to nominate one person who shall be eligible for the office of a College Governor.

X. A general meeting of the College Governors shall be held at the Medical School of the College or within the Hospital precincts once in every year at such time as the Council (subject to any resolution of the College Governors in that behalf) may appoint. The above general meeting shall be called "The Annual General Meeting." All other general meetings shall be called "Special General Meetings." The Council may whenever they think fit, and shall, upon a requisition made in writing and signed by not less than six College Governors, convene a Special General Meeting.

XI. The College Governors in general meeting shall have power subject to the provisions of this Our Charter, to make, revoke, alter, or add to Statutes relating to the government of the College, the appointment and removal of Officers, the Teaching Staff and other persons employed in the College and any other matters whatsoever relating to its administration and management.

PROVIDED ALWAYS that, subject to the next succeeding clause hereof, no Statute or any such revocation, alteration or addition as aforesaid shall be repugnant to any of the provisions of this Our Charter or shall come into operation unless and until the same shall have been approved by Our Privy Council, and a certificate under the hand of the Clerk to Our Privy Council shall be conclusive evidence of such approval.

XII. The First Statutes of the College shall be those contained in the Third Schedule hereto, and it is hereby declared that the same are valid and shall remain in force unless and until they shall be altered by the College Governors in general meeting and such alterations shall have been approved by Our Privy Council.

XIII. There shall be a Council for the College (in this Our Charter called "the Council") to be constituted as follows:—

(1) The President, Vice-President, and Dean for the time being of the College, and the Warden of the Residential College for Students in St. Bartholomew's Hospital ex officio;

(2) Three College Governors being the persons named in the First part of the Second Schedule hereto and persons from time to time elected by and from among the College Governors to fill their places or the places of those appointed in their place as and when vacancies arise;

(3) Three persons to be elected from time to time by and from among the Governors of the said Hospital;

(4) Six members of the Medical Council of St. Bartholomew's Hospital (three of whom shall be Physicians and three Surgeons) to be elected from time to time by the Medical Council of the said Hospital,

by such mode of election as the Governors of the said Hospital shall from time to time prescribe;

(5) The six persons named in the Second part of the Second Schedule hereto and persons from time to time elected by the College Committee from among the members of that body to fill their places or the places of those appointed in their place as and when vacancies arise;

(6) Such number of persons not exceeding six at any one time as may from time to time be elected by the Council on the recommendation and as the representatives of public bodies making or giving donations or endowments to or for the College.

The duties and powers of the Council shall be as follows:—

(a) To conduct the general business of the College, to control and manage its real and personal property, to enter into contracts on behalf of the College, to direct and control the expenditure and finances of the College, to fix in conjunction with the College Committee the fees and charges payable by Students of the College, to appoint (after considering the recommendation of the College Committee) for such periods and on such terms as the Council may think fit and remove Professors, Lecturers, Demonstrators, Treasurers, Officers, Teachers, and Servants of the College, and to determine their respective duties, subject nevertheless to the provisions of this Our Charter and the Statutes for the time being in force thereunder, and to delegate the exercise of any specified powers coming within the scope of the foregoing powers to Committees consisting of one or more members of the Council;

(b) To provide for the safe custody of the Common Seal of the College, which shall only be affixed to any instrument on the express resolution of the Council;

(c) To present to the College Governors an Annual Report on the work and finances of the College, and all other matters affecting the interests of the College.

PROVIDED ALWAYS that the duties and powers aforesaid or any of them may at any time be extended, altered, restricted, enlarged, amended, varied, or abrogated by Statute of the College Governors duly made in General Meeting and approved by Our Privy Council as aforesaid.

Except as herein otherwise provided the mode of election and retirement of members of the Council, the period for which they are to hold office, the procedure of the Council and other matters relating thereto, shall from time to time be prescribed and regulated by the Statutes of the College.

XIV. The following persons shall constitute the College Committee, namely, the Medical Officers for the time being of St. Bartholomew's Hospital who are members of the Medical Council of the said Hospital and the Professors and Lecturers of the College for the time being. The powers and duties of the College Committee shall be as follows:—

(1) The College Committee shall, subject to the Statutes of the College, regulate the education and discipline of the College, and in particular—

(a) Fix, subject to the approval of the Council, the conditions of appointment and duties of Professors, Lecturers and Demonstrators, the hours of the lectures and classes, and the subjects of instruction;

(b) Fix, subject to the approval of the Council, the time and conditions of competitions for scholarships and prizes;

(c) Regulate the admission of students and the record of their work and attendance;

(d) Suspend or dismiss any Student if in their discretion they shall think it necessary or expedient so to do;

(2) The College Committee shall have power to co-opt any member of the teaching staff who is not an ex-officio member of the Committee;

(3) The College Committee shall elect from among themselves future Vice-Presidents of the College and future members of the Council pursuant to Clauses VII. and XIII. (5) hereof and in accordance with the Statutes;

(4) The College Committee shall consider and report to the Council upon the applications of candidates for election to the offices of Professors, Lecturers and Demonstrators, and shall recommend to the Council for election the persons they consider most suitable;

(5) The College Committee shall have power to form sub-Committees or Boards of Studies;

(6) The College Committee shall from time to time make reports to the Council on academic matters.

XV. No decision on any academic matter shall be made by the Council without first receiving a report from the College Committee thereon.

XVI. The income and property of the College, from whatsoever sources it may be derived, shall be applied solely towards the promotion of the objects of the College as set forth in this Our Charter, and no portion thereof shall be paid or transferred directly or indirectly by way of dividend or bonus or otherwise by way of profit to the persons who at any time are or have been College Governors or to any person claiming through any of them. Provided always that this Clause shall not affect the rights of remuneration to which members of the Teaching Staff who may be or have been College Governors would otherwise be entitled, and it shall not prevent the payment of proper remuneration to any College Governor for professional services.

XVII. There shall be an audit of all the Accounts of the College with a report as to its financial position made every year by professional Auditors to be appointed for that year by the College Governors at their Annual General Meeting.

XVIII. It shall be lawful for the Council, with the

sanction of two consecutive special general meetings of the College Governors called for the purpose, to surrender this Our Charter subject to the sanction of Us, Our heirs or successors, and upon such terms as We or they may consider fit, and to wind up or otherwise deal with the affairs of the College in such manner as shall be directed by such general meetings or in default of such directions as the Council shall think expedient having due regard to the liabilities of the College for the time being.

XIX. In this Our Charter words importing the Masculine Gender shall not include females except where such words have reference to College Governors.

XX. In this Our Charter the expressions "Governors of St. Bartholomew's Hospital," "the House Committee" of the said Hospital, and "the Warden of the Residential College for Students" in the said Hospital shall respectively mean and include the person or persons or bodies of persons who for the time being shall hold office in such respective capacities or capacities most nearly corresponding thereto under the Regulations now in force in relation to the said Hospital or under any other Regulations which may hereafter be lawfully substituted for the same.

XXI. Any Supplementary Charter granted by us, Our heirs or successors, whether repealing, amending or adding to the provisions of this Our Charter may be accepted by a general meeting of the College Governors specially called for the purpose and shall be valid and binding upon the College and all the members thereof if accepted by the votes of two-thirds of the College Governors present at such meeting.

XXII. And we do hereby further declare that when the College shall cease to be a College for the purposes aforesaid and the affairs thereof shall have been completely wound up and its debts and obligations fully discharged this Our Charter shall be absolutely void.

XXIII. And lastly, We do by these Presents for Us and Our successors grant and declare that these Our Letters Patent shall be in all things valid and effectual in law according to the true intent and meaning thereof, and shall be taken construed and adjudged in the most favourable and beneficial sense for the best advantage of the College as well in Our Courts of Record, as elsewhere by all judges, justices, officers, ministers, and other subjects whatsoever of Us and Our successors, any non recital, mis recital or other omission, defect or thing to the contrary notwithstanding.

IN WITNESS WHEREOF We have caused these Our Letters to be made Patent.

WITNESS OURSELF at Westminster, the twenty-sixth day of July in the Year of Our Lord 1921 and in the Twelfth Year of Our Reign.

BY WARRANT under the King's Sign Manual.

SCHUSTER.

[The names of the first Governors and of those gentlemen constituting the first Council will be found on page 24.]

PROFESSIONAL OPPORTUNITIES.

(1) THE ROYAL NAVAL MEDICAL SERVICE.

BY SURGEON REAR-ADMIRAL SIR PERCY BASSETT-SMITH, K.C.B., C.M.G., F.R.C.P., F.R.C.S., R.N.

THE Naval Medical Service may be said to have started in the reign of Henry VIII. In 1526 we read that there were rumours of war, so the Company of Barber Surgeons were ordered "to provide sixteen of the best surgeons for His Majesty's Fleet." At this time they were pressed into the Service, for in a letter from the Navy Office to the Admiralty it states: "The Fleet now ready for sea; we have in accordance with ancient custom given orders to the Masters and Wardens of the Barber Company of Surgeons to press surgeons for all the ships of the first fleet." This was dated 1536. In the reign of Charles I there was a rise in pay, each surgeon receiving 30s. instead of 19s. 4d. per month. In 1692 pressing for surgeons ceased and the Company of Barber Surgeons appointed the naval medical officers. Up to 1704 surgeons were rated as common men, but in that year they were given a warrant, ranking them with pilots, gunners, carpenters, etc. Even then they were considered inferior, and only allowed to mess with the warrant officers as a favour. In 1808 surgeons attained wardroom rank—at least the senior surgeon did so, for assistant surgeons had to be content with hammocks and gun-room fare. This was a great grievance as their average age was 30. Up to this time the medical officer in a ship wore an ordinary frock-coat and a tall hat: how quaint this must have been in a ship of that date! Now, however, he was given a uniform and his status was regularised. In 1858 surgeons in ships were given better cabins and better mess accommodation, their pay being also raised, and in 1873 the title of assistant surgeon was abolished.

The Naval Medical Service now offers great inducements for young men; beyond the attraction of seeing the world, generally from a comfortable standpoint, which, since the war, has again become more possible, there is the great advantage of the social intercourse with men of various scientific attainments of a very high order. In the older days it was considered that a naval medical officer had no chance of keeping up his professional work. That is not so at the present day, for a zealous officer can always find work to do in any billet that he is appointed to, whether it is a submarine or a battleship. In the former the results of special atmospheric conditions, can be studied, and in the latter you may have 1000 or more men to deal with, and in 1913 the privilege was given for naval medical officers to carry out private practice in their spare time and thus increase their own knowledge.

Remember that the naval medical officer is practically

the medical officer of health of his unit and the duties of a medical officer of health have to be carried out. He must not only treat cases that require treatment, but, above all, it is his duty to keep the ship's company healthy by taking all possible and necessary preventive measures, and to give frequent lectures on hygiene to officers and men. This leads me to speak of the important fact that under the present *régime* every encouragement is given by the Medical Director-General to officers who wish to obtain higher or special qualifications, which, if obtained, throw open to them, or advances their chances for filling, special billets on shore, at home or abroad, such as naval health officers to various large ports, charge of laboratories, professorships at the R.N. College, and special hospital appointments.

The advantage of keeping the naval medical officer up-to-date and thoroughly efficient is fully recognised, and is met in every way possible by frequent courses of study, for in the naval hospitals and in ships he must be thoroughly competent. Specialists are not only required but are carefully selected and their work paid for. The special subjects are anaesthetics, X rays, ophthalmology, ear and throat diseases, pathology and bacteriology, genito-urinary and venereal diseases, besides which "physical training" is looked upon with great interest, as its importance in keeping a healthy ship's company is well recognised.

The present rates of pay for naval medical officers are:

	Per year.			Per day.			
	£	s.	d.	£	s.	d.	
Surgeon lieutenant	430	0	0	=	1	4	0
Ditto (after three years)	529	5	0	=	1	9	0
Surgeon lieutenant-commander	638	15	0	=	1	15	0
Ditto (after three years)	675	5	0	=	1	17	0
Surgeon commander	821	5	0	=	2	5	0
Ditto (after three years)	894	5	0	=	2	9	0
Ditto (after six years)	907	5	0	=	2	13	0
Ditto (after nine years)	1040	5	0	=	2	17	0
Surgeon captain	1180	5	0	=	3	5	0
Ditto (after three years)	1277	10	0	=	3	10	0
Ditto (after six years)	1368	15	0	=	3	15	0
Ditto (after nine years)	1400	0	0	=	4	0	0
Surgeon rear-admiral	1916	5	0	=	5	5	0

Messing both in ships and barracks is remarkably low in cost as compared with military messes.

Forty-six officers are allowed to draw specialist allowance in the subjects mentioned above if under the rank of surgeon captain and, if as surgeon commander, not appointed solely for that duty.

An extra 5s. a day is granted to the senior medical officer of a flag-ship flying the flag of the Commander-in-Chief, and 2s. 6d. a day to the senior medical officer of other flag-ships.

There is practically no half-pay now.

Lodging, provision, light and servant allowances are given under certain conditions.

The maximum retired pays are:

Surgeon rear-admiral (at 60), £1010 per annum; surgeon-captain (at 55), £900; surgeon-commander (at 50), £800; surgeon lieutenant-commander and surgeon lieutenant (at 45), £450. These amounts are all subject to income tax.

A very good chance is now given for entries for temporary service, this is for a period of three years, with the opportunity of stopping on for another year; or, in the first twelve months, for those who are eligible to be transferred to the permanent list of medical officers. The full pay is 26s. 6d. per day, and gratuities on discharge are provided for.

The advantages therefore are—a certain income with pension at a reasonable age; a comfortable life with pleasant surroundings and interesting companions; opportunity of seeing the world under very favourable conditions, and of studying tropical and other endemic diseases; a magnificent chance of sport of every kind, for after all a good athlete and games man is generally a healthy man, and from that point of view games are encouraged and the *esprit de corps* they produce valued.

From a professional point of view, when young, a short period in the service enables an officer to widen his ideas and to get valuable spade-work done in venereal and tropical diseases. If he elects to remain on, there are, as has been shown, a large number of specialised appointments to be had and heaps of work to be done, with opportunities of getting higher qualifications, medals and distinctions, so that the highest ranks may be attained by anyone who enters early.

There is little need to stagnate, for the kinds of work are so varied in the service. You may have a training ship for boys, training schools and colleges for boys and officers, where an enormous amount of public health work is possible and where clinical opportunities are great. You may be attached to Royal Marine or naval barracks dealing with many thousands of men and including practice among women and children. Then there are dockyard appointments, where accidents and general practice are most important, hospital work at home and abroad, with an abundance of operative work, and service in hospital ships, where much administrative ability and tact are required.

It is now possible for medical officers of ships to do much individual work in diagnosis and treatment, for microscopes and apparatus are supplied to the larger ships and a fair medical library is also given. The medical and surgical equipment of all ships is now in a high state of efficiency.

When serving on a foreign station you will, if you wish, always find work to be done; it is well to attend regularly at the civil hospitals, where soon your assistance will be welcomed and your professional knowledge largely increased. This is certainly the case in the far East and is found also on other stations; besides, there is the opportunity of a

little private practice. A psychological study of the effects of a disease on different races would make an interesting subject for research.

After nearly forty years' experience in the Naval Medical Service I heartily commend it as a profession for young men, and to those who join, let it be as soon as possible if you wish to get to the highest ranks. "Be zealous," do your duty, and more than your duty with all your might. "Never miss an opportunity," whether it be to visit an interesting place or to take a higher examination, and always have a hobby to interest yourself with.

For men of interest who have made their mark in the service I would mention Dr. Beattie with Nelson in the "Victory," Sir James Lind, Sir Gilbert Blane, and of recent years, Sir James Porter.

The record of the past war has shown how great are the opportunities found in a ship of war, and how ably our medical officers have risen to the occasion in all sorts of difficult positions, afloat and on shore, so that we look forward to the same zeal, courage, ability and naval patriotism in all who will in future join this great bulwark of the Empire.

ST. BARTHOLOMEW'S HOSPITAL RUGBY FOOTBALL CLUB.

THE phrase, "The war has changed everything," is somewhat hackneyed, nevertheless it is very true when applied to Hospital rugby.

As regards Bart's two changes are evident: the greatly improved standard of play, and the increasing interest taken by those connected with the Hospital and by the local inhabitants of Winchmore Hill in the fortunes of the Club.

If one compares the pre-war fixture list with the post-war one is struck by the improvement; but even with an improved fixture list, during the past two years the Club has succeeded in winning over 75 per cent. of its matches. The Club, however, is ambitious to achieve greater things, and with this object in view it was decided at the end of last season to erect stand accommodation on the Ground.

The Committee consider that if this can be carried out the following benefits will accrue:

- (1) They will be able to arrange fixtures with the stronger provincial teams, and in consequence the 1st XV will have opportunities, which they now lack, of testing themselves before the cup matches.
- (2) With the vocal encouragements of a crowd of supporters the individual members will play better.
- (3) The Club supporters will be able to watch the match in comfort instead of standing in two inches of mud.
- (4) The Club will be able eventually to contribute to the finances of the Students' Union.

The chief difficulty, however, remains to be surmounted—finance.

The Committee has therefore decided to borrow the necessary capital, £350, by means of an appeal to the generosity of the Hospital staff, old members of the Club and the students of the Hospital.

Circular letters have been sent to all the old members of the Club, but unfortunately there are many whose names and addresses cannot be obtained; to these the Committee now appeal through the columns of the JOURNAL. Estimating from last year's gate receipts they consider that they will be able to pay off the loan in two years. No interest will be paid on the loan.

It is requested that subscribers will forward their contributions to the Hon. Treasurer, Rugby Football Club. Cheques should be crossed "Lloyds Bank, Smithfield." It is hoped to have the stand completed before the matches against the Harlequins and Cambridge University in November.

The Committee wish to express their thanks to Sir A. Bowlby and Dr. Drysdale for allowing their names to be used in connection with the appeal.

THE TREATMENT OF THE COMMON GASTRO-INTESTINAL DISORDERS OF YOUNG CHILDREN.

By ROWLAND J. PERKINS, M.D. (Lond.), M.R.C.P.

THE subject-matter of this paper is based on experience gained in the routine treatment of out-patients for a period of approximately two years at the East London Hospital for Children. It is not pretended in any way that any new treatment has been practised, this being merely an account of the recognised and existing methods which I have found to answer best, and I am recording my experiences so that others may compare them with their own.

Perhaps the commonest form of intestinal disturbance met with in young children is gastro-enteritis, with symptoms of diarrhoea and vomiting, and a varying amount of wasting and collapse according to the severity of the above symptoms. A large proportion of these cases which I had to deal with had been artificially fed on one or other of the patent foods in common use; some had been fed on cow's milk; only a very small proportion had been breast-fed.

Treatment of these cases can be classified under two main headings: (1) Regulation of the diet; (2) administration of drugs with the object of (a) disinfection of the intestinal tract, (b) relief of irritation and quietening down the movements of the tract, (c) removal of excess of mucus.

Regulation of diet.—As a general rule if the child had been breast-fed up to the time of the illness the mother was told to continue the breast-feeding, and in no case was it found necessary to change entirely to artificial feeding. In some patients, however, where the supply of the mother's milk was poor, it was found necessary to supplement the breast-feeding by cow's milk in order that the child might have sufficient nourishment.

The majority of the cases, however, had been fed artificially from birth on one or other of the various brands of dried or condensed milk. In these cases cow's milk suitably diluted and prepared was recommended. The following table was taken as a guide to the amount of dilution usually found necessary, though of course each case varied, and some children could take the milk more concentrated than others of the same age.

Age.	Water.	Milk.
14 days . . .	2.5 parts . . .	1 part . . .
1 month . . .	2 " . . .	1 " . . .
2 months . . .	3 " . . .	2 parts . . .
3 " . . .	1 part . . .	1 part . . .
4 " . . .	1 " . . .	2 parts . . .
5 " . . .	1 " . . .	3 " . . .
6 " . . .	Undiluted milk	

For dilution purposes water which had been previously boiled and allowed to cool was used.

To each fluid ounce of milk used in the preparation of the feed 1 gr. of sodium citrate was added, in order to reduce the bulk of the curd, which it does by forming a double salt with the calcium in the milk. The double salt does not produce free calcium ions. This can conveniently be supplied for out-patient use in the form of a solution containing 1 gr. of sodium citrate per drachm, the mother being told to add a teaspoonful of the liquid to two tablespoonfuls of milk. This solution does not keep longer than a week.

An improvised method of Pasteurisation was used to sterilise the milk as far as possible and this was found to answer well. It is the following.

The mother was told to put the milk as soon as it was obtained from the milkman into a clean bottle or earthenware jam-jar which had been previously washed out with boiling water. The vessel containing the milk is then put into a saucepan containing cold water and the whole put on the fire until the water boils. When the water has boiled for a few minutes the vessel containing the milk is removed from the saucepan and the milk in it allowed to cool. It is then ready to give to the child diluted according to the directions. By this method the milk reaches a temperature of about 80° F., which is sufficient to kill most of the micro-organisms contained in it, and the proteins and vitamins content are not changed to the same extent as if the milk is actually boiled.

Cow's milk has advantages as compared with the

various dried and condensed milks sold: firstly it is much cheaper, and secondly its vitamin content is much higher.

Now many object to the use of cow's milk on the score of the possibility of conveying tuberculosis. This danger undoubtedly exists, but I consider it much overrated, in view of the small proportion of children infected with bovine tuberculosis, as is shown by the work of Canti and others.

Although the bovine bacillus is common in the primary abdominal tuberculosis of children, in by far the larger proportion of tuberculosis in children the primary seat of infection is to be found in the chest; and Canti has shown that in the chest the earliest seat of infection is the lung, and that the glands of the mediastinum become secondarily infected from the lung. Hence it is probable that the majority of tuberculosis in children is air-borne rather than food-borne; and for this reason I decided to ignore the chances of infection with the tubercle bacillus through feeding with cow's milk, especially when the milk had been treated as described.

As regards the amount of the feeds the cases varied considerably. For a child about a month old I was wont to commence with 2 oz. of the mixture. As a rule I found small quantities with small intervals between answer best.

Drug treatment.—As regards drug treatment, in a certain number of cases gastro-intestinal disinfection was attempted with the old, well-tried hydrarg. c. cret. This was prescribed in the case of a child æt. 3 months in doses of $\frac{1}{4}$ gr. night and morning. I am inclined to think, however, that I obtained better results with the following prescription:

℞ Calomel gr. $\frac{1}{4}$
 β-naphthol gr. $\frac{1}{2}$
 Sacch. lact. ad gr. v

Ft. pulv. S.: One powder to be taken three times daily.

Later this was used in the form of compressed tablets to simplify dispensing, the tablet being crushed and administered to the child in a little milk. Of late I have been in the habit of adding to the above a grain of pulv. cretæ aromat., and I am of the opinion that some improvement has been effected.

In cases where fever had been present and the diarrhoea had not been very severe, I found good results were obtained by commencing treatment with an aperient such as the following: half a teaspoonful each of olive oil and castor oil, the single dose given being administered at the dispensary to make certain that the child had it, since some women seemed extraordinarily reluctant to give their infants oil of any description.

In cases where there was profuse diarrhoea with very watery stools an astringent and an intestinal sedative were used, and good results were obtained from the use of the following:

℞ Salol gr. iss
 Bismuthi oxycarb. gr. j
 Tr. opii ℥ $\frac{1}{2}$
 Tr. hyoscyami ℥ v
 Glycerini ℥ x
 Aq. anethi ad ʒj

Ft. mist. Sig.: One teaspoonful three times daily.

This formula is suitable for a child of about 8 to 10 months old.

In cases in which evidence of considerable quantity of mucus in the stools was obtained from the mother's statement that the child passed large quantities of slime, and in a few cases in which the presence of this was actually verified by an inspection of the stool, sodium bicarbonate was found to be of considerable benefit. Since those cases which had a great quantity of mucus in the stool seemed always to be the cases with abdominal distension from flatulence the bicarbonate of soda was usually combined with some carminative.

These cases were usually rather refractory to treatment; and though it was usually comparatively easy to get rid of the flatulence the mucus in the stools continued for some time, and a considerable period usually elapsed before the child began to pick up and gain in weight.

In some of these cases good results were obtained with the use of a prescription such as the following:

℞ Sod. bicarb. gr. iij
 Tr. carminativæ (B.P.C.) ℥j
 Sp. ammon. aromat. ℥j
 Aq. anethi ad ʒj

Ft. mist. Sig.: ʒj t.d.s.

For a child about 12 months old.

In others the Bart's haustulus izar co. was beneficial, and still others improved on substituting creosote for the izar in haustulus izar co.

That some of these cases may have been due to fat-soluble vitamin deficiency seems to be indicated by the fact that marked improvement was obtained after the failure of other methods when the child was put on cod-liver oil. This seemed to be remarkably well tolerated by most of the patients, even those with occasional vomiting. It was given in emulsion as follows:

℞ Ol. morrhui ℥x
 Mucilag. acaciæ ℥xv
 Glycerini ℥v
 Aq. anethi ad ʒj

Ft. mist. Sig.: ʒj t.d.s.

For a child æt. 6 months.

In some cases the dose of cod-liver oil could be increased to 15 minims or half a drachm.

The more severe cases, namely those in which there was collapse, and those showing marked loss of fluid as evidenced by a drawn expression and wrinkled dry skin, low temperature and depressed fontanelle, were admitted

immediately, and so ceased to be under my care as out-patients. Some of the cases, however, were very severe, and many which should have been admitted had to be treated as out-patients owing to lack of in-patient accommodation.

Of the total number of cases seen and treated by the above methods as out-patients (about 60), not one had subsequently to be admitted for in-patient treatment.

In children of about eighteen months to two years of age the gastro-enteritis was found frequently to be associated with symptoms of rickets. In these cases, whatever the other forms of treatment, cod-liver oil was commenced as early as possible, in addition, in order to supply the anti-rachitic vitamin supposed to be contained therein.

Constipation, though not so common as diarrhoea and vomiting, is none the less a very common gastro-intestinal disorder of infancy. It is frequently associated with marasmus, flatulence and screaming fits due to colic. Further I found it fairly common in breast-fed infants. Where it occurred in these it is probable that it was due, at any rate in some cases, to poverty of the mother's milk, and hence insufficient food entering the alimentary canal; since it tended to improve when the breast-feeding was supplemented by feeding with cow's milk.

For treatment a few flakes of manna added to each of the cow's-milk feeds was very useful in the milder cases.

In the average case I found it useful to commence with a mild aperient mixture such as the following:

℞ Syrup sennæ ℥x
 Tr. nuc. vom. ℥ss
 Tr. hyoscyami ℥v
 Aq. anethi ad ʒj

S.: ʒj t.d.s. For a child 2 to 3 months old.

In cases where the indication of constipation was the mother's complaint that the child screamed when it passed its motion and that the stools were very "lumpy," the following formula was frequently successful:

℞ Hydrarg. c. cret. gr. $\frac{1}{4}$
 Pulv. rhei co. gr. ij
 Sodi bicarb. gr. ij

Ft. pulv. S.: One powder three times a day.

For other cases in which the constipation was worse use was made of a formula such as the following, which was used in the case of children æt. 4 months.

℞ Sodi sulph. gr. vij
 Syrup sennæ ℥vij
 Glycerini ℥v
 Aq. anethi ad ʒj

Sig.: t.d.s.

This did not prove sufficient in one of the cases, and so tinct. aloes ℥iv and tinct. nuc. vom. ℥j were added, and finally tinct. podophyli ℥ $\frac{1}{4}$. Then normal motions were obtained.

Tinct. podophyli in small doses up to 1 minim were found to be of very great use in the more obstinate cases. Also

in the more severe cases it was found to be beneficial to commence treatment with ʒj to ʒiiss, of castor oil, and then follow this up with an aperient mixture three times daily for a few days.

In all cases of apertients preparations it was found that the best and most permanent results were obtained by continuing the drug for a few days when the desired effect had been obtained and then gradually reducing its quantity. An effectual way of doing this was found to be as follows: The mixture, which had previously been given thrice daily, was given twice daily for a few days, then once daily for a few days, then continued for a week or ten days every other morning, and finally discontinued. In this way it was found that in many of the cases the bowel could be gradually educated to perform its functions properly and without aid.

One fact which was very evident was the marked difference in the ways in which infants of the same age and build reacted to aperients. In some it was very easy to obtain a good action of the bowels with a small dose of aperient drug; in others it was necessary to give comparatively large doses of powerful purges.

The best index of the success or otherwise of treatment, whether for constipation or for gastro-enteritis, was found to be the weight of the child. A gradual increase in weight was in practically all cases coincident with improvement in the general condition and abatement of the symptoms.

In no case of gastro-enteritis was there any marked improvement in the weight so long as the diarrhoea and vomiting persisted to any extent. On the other hand, however, in a few cases slight gradual increase of weight occurred under treatment in spite of the persistence to some degree of the constipation.

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A NOTE ON THE OPERATIVE TREATMENT OF FRACTURES OF THE NECK OF THE FEMUR.

By E. GERALD STANLEY, M.S. (Lond.), F.R.C.S. (Eng.), M.D. (Paris).

IN recent years, owing to the fact that attention was concentrated on traumatic surgery, great progress has been made in the study of shock, thoracic surgery, and the treatment of fractures: the progress made in the last has been the greatest. Not only has

our knowledge of the treatment of broken bones advanced the furthest, but the advance has been eminently practical.

Fractures are still of every-day occurrence, and there is no doubt but that, even at the present moment, their efficient treatment is in the hands of a few specially skilled persons.

The late C. B. Lockwood, full of worldly wisdom and that cynicism given only to those of imagination, advised his pupils, when practising their art, to "send all cases of fracture to the rival round the corner." He was right then, and there is nothing to falsify his advice now.

Sir Anthony Bowlby, speaking thirteen years ago, and quoting, if my memory serves me right, Clinton Dent, stated that every member of the Metropolitan Police Force who suffered that sinister fracture, Pott's, or its evil brother, Dupuytren's, was invalidated from the force for life.

What the Surgeon to this body would say now I don't know, but I imagine the results might be a little better.

I do know that at the moment of speaking (thirteen years ago) Bowlby's results and those of his pupils were unquestionably better than the best average of others, and why? Because a re-reduction of the displacement was carried out again and again, if necessary, till the operator was satisfied, and the results judged by contemporary standards were not bad, in spite of the fact that our present knowledge tells us that in most of these cases Nature is quite unable, unaided, to reform that essential mortice for the astragalus, in spite of the fact that we now know all about that thin vertical plate of bone quite often wrenched from the back of the tibia—a plate of bone so small, so insignificant, that it has hidden itself beneath the tibio-fibular ligament till to-day, but not too small to render its possessor a cripple for life.

We now know that most cases of Pott's fracture, Dupuytren's fracture and their varieties cry for a reconstruction operation, and if this cry is not heard it will be reinforced by another cry—that of the patient himself and for the same purpose, for patients are very wise in modern surgery nowadays.

We now know a great deal about the biology of bone, thanks to the incessant, laborious and painstaking work of a host of experimentalists: we are fairly well acquainted with the periosteum, and see now the disadvantages of Lane's and others' metal plates.

We have progressed a long way since Lane and others opened the arena to the operative treatment of fractures by such means; they are now largely superseded by others.

This is not a review of the history of bone-surgery, so to the point.

There remains a type of fracture completely disabling, responsible for a high mortality, so badly treated that often and again no treatment whatever is instituted, infinitely worse in its results than the dreaded Pott's, now treated by mechanical operative means, not one fracture, but many

fractures, infinite in its varieties—*fractures of and adjacent to the neck of the femur*.

The only treatment for these fractures is by operation, because, in at least 80 per cent. of cases, Nature fails, or produces a result totally unworthy of her. The results of these fractures are well known.

The aged and advanced in years have the following selection to choose from: Death from pneumonia; death from bed-sores, sepsis and exhaustion; death for no special reason, for these patients just die or "fade away" after such a fracture; or finally a short life, bed-ridden and helpless, a burden to their friends, and an expense to the State.

The middle-aged and a little older, nothing worse occurring, will get out of bed with a pseudarthrosis, cripples for life or with non-union.

Some lucky persons will heal their broken bone, well impacted, with a considerable amount of shortening, an incapacitating limp, and their wage-earning capacity reduced up to 100 per cent., or if rich and idle they even may not be able to dance. Those truly favoured by the gods will recover with impaction and little shortening, and I have seen a man who had fractured and impacted his femoral neck between his condyles without knowing that he had a fracture; he could work immediately after his accident, and not one of the classical signs of fracture was present. Added to this list of misery is the fact that surgeons of experience have recorded gangrene of the leg and injury to the crural nerve (rare, but special to this fracture).

Has surgical imagination travelled far enough, has the progress of bone surgery advanced sufficiently far to do for these fractures what already has been done for fractures around the ankle-joint?

Yes—but recently. I propose to describe for those who may be interested, and who do not already know all about it, Prof. Delbet's work on these fractures, dating from 1919.

The aim and object of his treatment is the early mobilisation not only of the hip-joint and the thigh but also of the patient himself, and these desired results are obtained by screwing the head and neck to the trochanter and diaphysis of the femur. Finding that the correct introduction of a screw from the trochanter along the neck into the head was a blind and hazardous affair, Delbet devised a most ingenious "guide" which imparts to the screw the precise and exact direction automatically.

A previous X-ray and screen examination determines the traction weight necessary to effect complete reduction, the amount of limb abduction to correct displacement, and lastly, the length of screw, so long as just to penetrate into the harder bony tissue of the head of the femur.

A screw of dead beef-bone is used preserved in alcohol in preference to living fibular grafts, as first used by Delbet. The operation may be performed easily with novocaine anaesthesia (a great advantage in elderly patients) if the sensitiveness of the periosteum is not forgotten.

The patient anaesthetised and reduction effected following previous X-ray examination, a preliminary placing of the "guide" is effected by placing its "pointer" on the pulsations of the femoral artery at the inguinal ligament; this gives a definite "lie" to the "guide." The skin is now marked at the point of contact. A straight vertical incision is carried through this mark down to the bone, the periosteum over the base of the trochanter incised for 2 cm., and all bleeding arrested.

The sterilised "guide" is now advanced into the wound, the "pointer" on the artery and the end of the reception gutter for the screw touching the bone. The thigh is steadied by one assistant, the "guide" by another, its base resting firmly on the operating table and its screw "gutter" pointing inwards, upwards and slightly forwards.

A drill is now chosen bearing exactly the same thread as the bone-screw but one size smaller. It is placed in the "gutter" of the "guide," and all that remains is to screw it home to the length previously calculated from the X-ray examination. Its direction is automatically controlled by the "gutter." The drill is replaced in the "gutter" by the bone-screw of determined length and the latter gently screwed home. It is easy to feel the thread being gripped by the harder bone in the external part of the diaphysis and in the head. The incised periosteum is now carefully closed by two or three catgut sutures, the fascia in its turn, and lastly, the skin, and the patient returned to bed with the thigh in abduction extension, or better still, in a bi-valve plaster prepared beforehand.

I have attempted no detailed description of Delbet's "guide," because an account of an instrument without illustration is unconvincing and waste of valuable space. I have no line drawings or blocks to hand.

One point of criticism. From my experience with bone-plates and other recent fractures I should substitute a steel screw for the bone, the former being able to bear the weight of the body without risk of breaking. In this I am in agreement with Basset, who has had a large experience in the operative treatment of these cases.

In conclusion, it will be seen that in theory Delbet's operation of screwing the head and neck to the diaphysis of the femur—

- (1) Is a life-saving operation. The patient is enabled to walk with crutches in a bi-valve plaster immediately.
- (2) Attains a correct anatomical alignment and position without shortening.
- (3) Is applicable not only to recent fractures of the neck, but also pseudarthrosis or non-union following incorrect treatment of these fractures.
- (4) Does not open the hip-joint.
- (5) Is moderately easy of performance and can be done with local anaesthesia.

Practice fully substantiates theory.

A good deal more could be written on this operation;

results could be given, the technique and special instruments described in detail, the fate of the bone-screws in the living bone, etc., but this short communication is to stimulate interest in an operation which I am certain is as great an advance in the treatment of fractures about the neck of the femur as operative treatment was in fractures about the ankle-joint.

Those interested will find an excellent article by Basset, "L'enchevilllement sans arthrotomie des fractures du col du fémur méthode du Professeur Delbet," *Journ. de Chirurgie*, 1921, xvii, 8.

PARIS:
July, 1921.

A CASE OF CONGENITAL ANGIOMA OF THE PIA MATER.*

By R. T. BANNISTER.

RT—, a boy, æt. 7, was admitted to Kenton Ward on July 14th, 1921, on account of a lump on the right side of his head.

At birth a swelling rather less than an inch in length was observed by his parents in his right temporal region.

From the age of 12 months he had fits regularly every three months. In these he became unconscious and his hands and sometimes also his mouth twitched. His mother did not think that the movements were more marked on one side than on the other, or that they began earlier on either side. He had also headaches, apparently of great severity.

At school his intelligence was found so much below that usual at his age that he was transferred to a school for defectives.

At six years old he was taken to the East London Hospital for Children, where he was seen by Mr. Acton Davis, and, at his request, by Mr. Rawling.

At this stage he was a well-nourished child, healthy in other respects but with an asymmetrical face and head, the right side of the face being appreciably smaller than the left. The tumour was a smooth hard swelling continuous with the skull and quite unattached to the skin. The fundi were normal. Mr. Rawling operated to explore, and, if possible, remove the tumour.

The bone, which was found to be very thin, was removed for an area 2 in. by $\frac{3}{4}$ in. over the swelling. The dura did not bulge appreciably. When it was incised, a little blood-stained fluid escaped. The tumour was found to consist of oedematous pia mater, in which were many dilated vessels. The dura was sutured and the skin flap replaced. Just after the operation pulsation of the right eyeball was noted, and the right side of the face was somewhat swollen.

* For his kind permission to publish this case I am indebted to Mr. Bathe Rawling.

From this operation the child made an uninterrupted recovery, and after it his headaches and fits ceased, while his teachers thought him to be becoming brighter.

About June 10th, 1921 however, he came in from play saying that he was tired, and had one of his old fits. He was brought to this Hospital and admitted on July 14th. He was shown at consultations, but differing opinions were expressed as to the advisability of further operation. It was suggested, however, that the vessels might perhaps be controlled with silver clips and the tumour thus prevented from increasing, or at any rate retarded in its development.

The tumour was now an oval swelling 4 in. by 2 in. lying below the superior temporal crest. In the centre it pulsated visibly. Here an oblong deficiency in the bone could be felt, the bony edges being everted by the pressure of the tumour. The child did not seem ill.

Red blood-corpuscles, 5,320,000; white blood-corpuscles, 14,400; hæmoglobin, 70 per cent.; colour index, '68.

The tumour was explored a second time by Mr. Rawling on August 4th.

An incision was made over the swelling in a curve convex downwards. It extended from the tip of the right ear to $\frac{1}{2}$ in. above the outer canthus of the right eye. It did not bleed unusually freely. On reflection of the skin flap the thinned and aponeurotic-looking temporalis muscle was exposed, and incised all round the margins of the gap in the bone. It was raised from the dura in the posterior part of the area, and the bony edges were further cut away with bone-nibbling forceps.

The pia arachnoid thus exposed was full of large tortuous thin-walled bluish veins running more and more together anteriorly, until they seemed to form blood-spaces. Between these vessels the membrane was oedematous; on pressure it sank down and became crumpled and corrugated. The condition was not circumscribed, but extended forwards over the frontal lobes apparently to the middle line.

Two of these dilated veins were injured and bled in a steadily projected stream for some time. Little square pieces of muscle, cut from the reflected part of the temporalis, were flattened out and pressed on to the bleeding points. In this way the hæmorrhage was eventually controlled.

As the condition was obviously too wide-spread to benefit by further surgical interference, the flap was now replaced over a finger-stall for drainage and sutured with salmon-gut.

It was now found that, as after the earlier operation, the right eyeball was pulsating. The next day this sign had gone again. The boy was sleepy, but in no pain. From 103° F. at 10.30 a.m. on the day after the operation the temperature fell to 98° F. in 24 hours, and from then on up to the present his condition has been quite satisfactory.

His blood-pressure is 88 systolic, 78 diastolic; his urine is normal.

Although unintelligent, he is a cheerful and not unlikeable child.

CYCLICAL IRREGULARITIES.

By SIR PORC DE RÔDE, A.A., M.U.

THE following notes are intended rather as a general survey of a few interesting—nay, instructive—pathological conditions than as a catalogue of the writer's personal experiences in practice. It must, however, of course, be remembered that either in his consulting capacity or in his hospital routine he has often been brought face to face with them all.

These disorders are so multifarious, their onset is frequently so insidious, their complications so baffling, that classification is beset with innumerable difficulties for the unwary. It is hoped that the following *résumé* may be of service to the puzzled practitioner. The writer prefers to group these pathological entities under the four following heads:

- I. Structural defects.
- II. Defects of function.
- III. Circulatory disturbances.
- IV. Excretory diseases.

I. STRUCTURAL DEFECTS.

(a) Lesions of the Intestino-respiratory Tract.

The continued accumulation of flatus within the intestinal tract has resulted phylogenetically in a somewhat paradoxical arrangement. This is the fusion with one another for economical purposes of the systems of respiration and digestion. Yet, by an unfortunate prank of Nature, the tubes concerned are by their lowly position peculiarly liable to acute traumatic disorders. The incidence is higher upon the fore-^{*} than upon the hind-gut.[†] The common causes of such accidents are tacks, thorns and nails. These may all or any of them lacerate the outer layer of Palmer and Michelin, and may or may not cause secondary rupture of the internal elastic lamina of Dunlop. This emergency may be accompanied by the faintest respiratory murmur or by a startling explosion. The event may be followed by ejaculations on the part of the rider. Coprolalia is recorded.

(b) Cataclysmal Disruption.

This, in order of frequency, is the next common cause of gross structural defect. Ætiological factors are a face-to-face encounter, usually in mid-chorea, between two coalescing velocipedes; or between a velocipede on the one hand and a *pièce de résistance*, stationary or motile, upon the other. Common sequelæ are karyokinetic figures, fragmentation and collapse. Around the area of disturbance there is an acute inflammatory reaction. The constituents of this are hobhymorphs in small numbers, 'eresascene-ophiles, and

* Or anterocele.
† Or posterocele.

gazophiles in fair numbers, white nasticytes and cryelloblasts fill the interstices. Sir Taffy Clayton insists upon an occasional alcoholic factor in the ætiology of the condition. Complications are telescopic impaction, and the strawberry-ice phenomenon (the earliest recorded example of which is probably that observed and immortalised by Milton in the poignant lines:

"Oh, Mummy darling, what is that, that looks like strawberry jam?"
"Hush, hush, my dear, it is Papa, run over by a tram!"

II. DEFECTS OF FUNCTION.

(a) Total or Subtotal Paralysis.

To obviate this condition certain precautions are necessary. Vigorous shakings from side to side will elicit the Hippocratic succussion splash. This is diagnostic of the presence, in the cœlome, of the nutrient fluid of Shell and Pratt. Inspection of the vitreous cysterna should reveal the flow of oleaginous lymph, as it passes from the Receptaculum Gargoylii to lubricate the articular surfaces of the pericrankal cavity. The rhythmic explosive powers normally inherent in the pace-making node of Lodge and Sphinx should be determined by gently palpating the surface marking of this organ. A sharp but not unpleasant shock will prove normal impulse formation.

(b) Cyclasthenia Gramis.

The diagnosis can only be made by exclusion. Symptomatic treatment affords only temporary relief, during which time sale or exchange should be rapidly effected.

III. CIRCULATORY DISTURBANCES.

The commonest valvular disease is regurgitation. The characteristic feature is a sickening systolic bruit conducted to the anterior mud-guard. Valvular disease, however, is trifling compared with disorders of the piston, for upon the integrity of the piston the motile life of the velocipede depends. The usual piston disorders are:

- (a) Hyperpyrexia: This is diagnosed by the metallic tinkle of Nock and Konc.
- (b) Scizure: This is thought by some to be due to deficiency of the vitamine, oil-soluble T.T.
- (c) Fibrillation: It is now proved that this condition is due to circus movement in the crank case. The refractory period is prolonged.

IV. EXCRETORY DISEASES.

The excretory disorder of greatest importance is uræmia. This is invariably due to obstructive carbonicosis of the exhaust. Signs suggestive of threatening uræmia are the *bruit du diable*, post-tussive suction, and stridor. As palliative treatment, resort can be made to the cut-out.

The following minor maladies are mentioned merely to be dismissed: the Claudel-Hobson syndrome; cast-iron induration of the sella turcica, which may be followed by

the development of piles, strangury, and multiple bursæ in the rider; scoliosis of the saddle, or Brook's complex; and last, but not least, hæmatoporphyrinuria and dengue. Floodings are physiological.

CHRISTIAN UNION.



THE Christian Union will hold a Social in the Library on Friday, October 7th.
T. P. Dunhill, Esq., C.M.G., M.D., Ch.B. (Melb.), and W. H. Hurlley, Esq., D.Sc., will address the meeting.
Tea will be served at 5 p.m.

STUDENTS' UNION.

There are many uncertainties in this world, but for those who have just started at the Hospital the following points may be taken for granted:

- That they have interviewed the Dean and paid their fees.
- That they have paid their subscription to the amalgamated clubs.
- That they have met "Bridle."
- And that he has shown them the "Abernetonian" or Reading Room of the Students' Union.

Many, however, may wish to know a little more of the Students' Union, of which they have automatically become members on registering as a medical student.

Its objects are—

- The promotion of social intercourse and unity of interest among its members.
- The incorporation of the various Hospital clubs and societies.

The constituent institutions are numerous, and should provide every new member with an opportunity not only to enjoy those recreations which he likes best, but at the same time to assist the Hospital in providing the best possible teams for the Inter-Hospital contests, on the results of which the athletic reputation of the Hospital largely depends.

In order to let Freshmen meet the captains and secretaries of the various clubs an informal tea is arranged early in October, so that men may get to know those responsible for running the particular branch of sport in which they are interested. The Hospital ground is close to Winchmore Hill Station on the G.N.R., or is easily reached by bus and tram. All members are urged to make full use of the ground for practice, and if they themselves are not playing they can do much by turning up at matches and giving the team their support from the touch-line.

It is not the brilliant efforts of a few but the determined co-operation of all those who have just joined the Hospital that is needed to make the recreational side of Hospital life a success.

RUGBY FOOTBALL CLUB.

At a General Meeting held last March the following Officers were elected for 1921-22.

President: Dr. DRYSDALE.
Vice-Presidents: Mr. GIRLING BALL, Mr. JUST, Dr. MACPHAIL, Mr. VICK.
Captain: S. ORCHARD.
Vice-Captain: A. E. BEITH.
Hon. Secretary: A. B. COOPER.
Hon. Treasurer: N. G. THOMSON.
Captain, 2nd XV: H. J. HENDLEY.
Hon. Secretary, 2nd XV: D. J. F. STEVENS.
Hon. Secretary, 3rd XV: T. B. THOMAS.
Committee Men: G. W. C. PARKER, T. P. WILLIAMS.
The first match takes place at Winchmore Hill on October 1st, *versus* Old Alleynians.

The fixture list includes United Services, Portsmouth, Cardiff, all away; Harlequins at home on November 12th, Bristol, Cambridge University at home on November 30th.

In the first round of the Inter-Hospital Cup-ties we meet Charing Cross Hospital.

ASSOCIATION FOOTBALL CLUB.

Although, of course, it is still too early to forecast whether the Soccer Club is likely to have a successful season or no, it is not too early to say that among the younger students, at any rate, nothing will be wanting for lack of enthusiasm.

Naturally we are hoping that we shall be successful in winning the Inter-Hospital Cup, and thus go one better than last season, when we were defeated in the final round itself. The personnel of the team itself may not be materially changed, although the defence will be decidedly weakened by the absence of Dr. Braun.

The second team, who, it will be remembered, won the Junior Inter-Hospital Cup last season, should be as strong as ever, although it is very doubtful whether the recently qualified members of the team will be able to "turn out." However, we are hoping that their places will be adequately filled by newly discovered talent from the ranks of the freshmen and others.

The fixtures include H.A.C., R.M.C. (Sandhurst), R.M.A. (Woolwich), Old Carthusians, Old Citizens, Old Malvernians, Old Westminsters, etc.

CORRESPONDENCE.

ETHANESAL.

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

SIR,—In a series of over 100 private dental cases I have used ethanesal preceded by nitrous oxide, and am convinced of its superiority over the ordinary ether which for many years I have used. In all the cases the "Clover" inhaler was utilised. The following I consider are the chief points for advocating ethanesal:

Advantages to the Patient:

- Nausea is reduced to a minimum, 90 per cent. not vomiting at all, and in those who did vomit the cause I consider was due to blood being swallowed.
- The other unpleasant after-effects are not complained of.
- Persons who had previously had ether declared that ether had not been given them when ethanesal was administered, owing to absence of taste of ether.

Advantages to the Dental Surgeon:

- The patient very quickly comes round, and readily responds to what is said.
- The patient is not long kept lying down afterwards, and thus needs little attention, the majority wishing to leave under a quarter of an hour.
- The absence of ether smell in the surgery makes it much more pleasant for those who have to follow.
- Time is saved, and the dentist is able to get through more anæsthetic cases or other requirements.
- Salivation is less.

Advantages to the Doctor:

- All the foregoing points are distinct advantages to the anæsthetist, viz. the saving of time.
- The safety of the anæsthetic. Persons who had morbus cordis took ethanesal well.
- Deeper anæsthesia is produced earlier than one expects to find, even corneal reflexes being present, and slight movement takes place, but teeth can be extracted then without any feeling of pain. Also I find a definite state of analgesia is present when apparently the patient is around from the anæsthetic, when several more teeth may be extracted, yet no pain is felt.
- The colour of the patient remains better than with ordinary ether.

Many were surprised at not vomiting as they did when they had ordinary ether. One lady remarked, "You know, doctor, I was not sick after the ether, because I'm a vegetarian"; to which the reply promptly was given, "No, madam, it is the new ether."

With regard to ethanesal in general surgery I have used it in a number of cases, and I find it acts in the "Clover" inhaler with just as good results, deep anæsthesia with absolute relaxation of muscles

being easily maintained. Absence of vomiting was marked, except in one case of gall-stones, when vomiting persisted for over 1½ hours. One old lady, æt. 72, who was blanched through acute hæmaturia due to a malignant kidney, and whose pulse was in a poor condition, had the kidney removed, and she made an uneventful recovery, with no vomiting nor any after-effects whatever.

The above experiences justify me using ethanesal in preference to ordinary ether.

PLYMOUTH,

S. VOSPER,
Late Capt. R.A.M.C.

REVIEWS.

A MANUAL OF OPERATIVE SURGERY. By J. FAIRBAIRN BINNIE, A.M., C.M.(Aberd.). Eighth Edition. (H. K. Lewis & Co., Ltd.) Pp. 1311 + xvii. Illustrations 1628. Price £3 3s.

This monumental work is written for one special purpose: "The constant endeavour has been to give aid to the surgeon when he is in trouble, hence much greater space has been devoted to some rather rare operations than to many of far greater everyday importance which ought to be familiar to everyone." We believe that the author has succeeded in his aim, for the operations are clearly described in "steps," so that the surgeon, reading these descriptions, has a very clear and ordered grasp of the details of the operation to be performed. But naturally the very success of the undertaking makes this great book of chief value to the surgeon himself, next to the candidate for higher surgical diplomas, and of comparatively small use to the student, save as a very valuable work of reference.

The chief alterations in the present edition are the revision of much of the article on war-surgery and much new matter on thoracic, abdominal and plastic surgery. The format of the book is good, but we think that the illustrations, though copious, might be much improved. The American spelling is used throughout the book.

Binnie's *Operative Surgery* has always had a great name. We believe that the present edition maintains its reputation and is probably the best one-volume book now published on the subject.

GUY'S HOSPITAL REPORTS, January, April and July, 1921. (London: Henry Frowde & Hodder & Stoughton.) Issued quarterly. Single numbers 12s. 6d. net.

With characteristic energy our friend and rival Guy's Hospital has begun to publish a new series of her "Reports." We welcome them as being a sign of complete recovery from war conditions. The January number contains articles, amongst others, on "Richard Bright," by Sir William Hale-White, "Intravenous Quinine in Malaria," "Ulcerative Colitis," "Studies in Gastric Secretion," "Quantitative Estimation of the Vibration Sensation," "Diaphragmatic Hernia," "Alopecia Areata," and "The Relation of Tonsillar Infections to Certain Cutaneous Lesions." The April issue contains articles on "Hour-glass Contraction of the Stomach," by Dr. A. F. Hurst and Mr. R. P. Rowlands, on "Tumour Formation" by Dr. G. W. Nicholson (in which the writer seeks to prove that tumours do not differ essentially from other tissues and are merely less perfect in fact, tumours are malformations), on "Bright's Observations other than those on Renal Disease," by Sir William Hale-White, and several others.

The July number seems to be particularly valuable. To note only a few of the articles we must mention Dr. J. M. H. Campbell's discussion on "Achloric Jaundice," Mr. P. Briggs' "Note on Hour-glass Contraction of the Stomach due to Pressure by the Splenic Flexure dilated with Gas," and Mr. E. G. Slesinger's "Note on a Consecutive Series of 458 Cases of Fracture of the Upper Arm Treated as Out-patients."

MATERIA MEDICA AND THERAPEUTICS. By J. MITCHELL BRUCE, M.D., F.R.C.P., and WALTER J. DILLING, M.B., B.Ch. Twelfth Edition. Fcap.8vo. Pp. 678. (London: Cassell & Co.) Price 10s. 6d. net.

This book, of which we welcome a new edition, is of use to at least three classes of men: to the student preparing for a preliminary examination in materia medica and pharmacy; to the student preparing for his final examination in medicine; and to the qualified

man, who will find it a useful reference work. The book is admirably arranged so that each of these classes of readers can find out what he wants without having to wade through much that he does not want. Its defect lies in aiming at covering too much ground; it is not likely that anyone will turn to one and the same work for information on details of pharmacy, the pathology of diabetes, the physiology of the kidney, the administration of anæsthetics and the principles of vaccine therapy.

The present edition has been thoroughly revised, especially those parts dealing with caffeine, strychnine and alcohol, and details have been added about several new drugs, including ethanesal. New sections have been added on natural mineral waters and baths, and on invalid diet. We have few detailed criticisms. We should have welcomed a reference under "Digitals" to the rapid method of administering that drug, and also to its use in articular flutter; and the reader might well conclude from the account of vaccine therapy on p. 263 that opsonins were the only antibodies whose production was stimulated by vaccination. This is a book which thoroughly deserves its popularity among students and qualified men.

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

ANDREWS, SIR FREDERICK W., and NEAVE, SHEFFIELD. "The Nature and Systematic Position of *B. paratyphosus* C." *British Journal of Experimental Pathology*, August, 1921.

AUDEN, G. A., M.D., F.R.C.P., D.P.H. "The Problem of the Head Louse." *Lancet*, August 13th, 1921.

BRADLEY, E. J., M.C., M.A., M.D., B.Ch. "Idiopathic Purpura." *Practitioner*, September, 1921.

CUMBERBATCH, E. F., B.M.(Oxon.), M.R.C.P. "Discussion on Surgical Diathermy." *British Medical Journal*, August 20th, 1921.

DALE, H. H., M.D., F.R.S., and HILL, LEONARD, M.B., F.R.S. "Anæsthesia with Nitrous Oxide and Oxygen under Pressure." *Lancet*, August 13th, 1921.

DOUGLAS, S. R. "On some Characters of the Cleavage Products of Certain Bacteria, with Special Reference to their Toxicity and Antigenic Properties." *British Journal of Experimental Pathology*, August, 1921.

DUNDAS-GRANT, SIR JAMES, F.R.C.S. "Observations on Ossiculotomy." *British Medical Journal*, September 17th, 1921.

ELMSLIE, R. C., M.S., F.R.C.S. "Discussion on the Early Diagnosis and Treatment of Acute Poliomyelitis." *Ibid.*, August 13th, 1921.

FLETCHER, SIR WALTER M., K.B.E., M.D., D.Sc., F.R.C.P., F.R.S. Presidential Address (abridged) on the Aims and Boundaries of Physiology. Delivered on September 7th before the Section of Physiology of the British Association for the Advancement of Science. *Lancet*, September 10th, 1921.

GOW, A. E., M.D., F.R.C.P. "Discussion on Asthma and Allied Disorders." *British Medical Journal*, August 13th, 1921.

JUST, T. H., F.R.C.S. "Ligature of the Carotid Vessels in Serious Tonsillar Hemorrhage." *Ibid.*, September 17th, 1921.

— "Treatment of Collapse." *Ibid.*

KEYNES, GEOFFREY. "A Case of Tumour of the Carotid Body." *British Journal of Surgery*, July, 1921.

MACKENZIE, MELVILLE D., M.D., D.T.M.&H.(Camb.). "The Practical Prevention of Typhus Fever and Relapsing Fever in Mesopotamia during the War." *Journal of the Royal Army Medical Corps*, August, 1921.

MACKENZIE-WALLIS, R. L., M.D. "Discussion on Asthma and Allied Disorders." *British Medical Journal*, August 13th, 1921.

MOORE, ROBERT FOSTER, O.B.E., M.A., B.Ch., F.R.C.S. "A Case of Cure of Detachment of Retina." *Lancet*, July 23rd, 1921.

MYERS, BERNARD. "A Case of Oxycephaly." *British Journal of Children's Diseases*, July-September, 1921.

PYBUS, FREDERICK C., M.S., F.R.C.S. "Spina Bifida." *Ibid.*, September 17th, 1921.

— "Acute Osteitis." *Clinical Journal*, August 10th, 1921.

— "Some Forms of Pyogenic Arthritis." *Ibid.*, August 17th, 1921.

— "Tuberculosis of the Bones." *Ibid.*, August 24th, 1921.

— "Tuberculosis of Joints." *Ibid.*, September 7th and 14th.

- RAWLING, L. BATHE. "Renal Calculus; Horse-shoe Kidney; Heminephrectomy." *British Journal of Surgery*, July, 1921.
- ROLLESTON, Sir HUMPHREY, K.C.B., M.D. "Discussion on Asthma and Allied Disorders." *British Medical Journal*, August 13th, 1921.
- SLOT, GERALD M., M.D.(Lond.). "Abdominal Pain in Heart Disease." *Clinical Journal*, July 27th, 1921.
- WALKER, KENNETH M., M.A., F.R.C.S. "The Diagnosis and Treatment of Sterility in the Male." *Lancet*, July 30th, 1921.
- WOODMAN, E. M., M.S., F.R.C.S. "Influence of Operative Technique in Prevention of Haemorrhage." *British Medical Journal*, September 17th, 1921.

THE MEDICAL COLLEGE OF ST. BARTHOLOMEW'S HOSPITAL (p. 8).

SCHEDULE I.—THE FIRST GOVERNORS.

Viscount Sandhurst (President), R. B. Jacob, Esq., Sir William Lawrence, Bart., Harry Bird, Esq., F. J. Layton, Esq., H. L. Hopkinson, Esq., Sir Herbert Cohen, Bart., Viscount Cave, Sir Anthony Bowlby, G. Acton Davis, Esq., Sir Charles Hanson, Bart., M.P., Baron Parmoor, Baron Hollenden, Walter Leaf, Esq., Sir Wilmot Herringham, Sir Charles Wakefield, Bart., C. N. Watney, Esq., and all members of the Council of the College.

SCHEDULE II.—THE FIRST COUNCIL.

Viscount Sandhurst (President), H. J. Waring, Esq. (Vice-President), Dr. T. W. Shore (Dean), Reginald M. Vick, Esq. (Warden), G. Acton Davis, Esq., Sir William Lawrence, Bart., Sir Charles Hanson, Bart., Sir Frederick Andrewes, Dr. H. Morley Fletcher, Dr. J. H. Drysdale, G. E. Gask, Esq., W. Girling Ball, Esq., Dr. Williamson, and three others to be appointed by the Governors of the Hospital, and six others to be appointed by the Medical Council of the Hospital.

CHANGES OF ADDRESS.

- AUBREY, G. E., Alexandra Buildings, Hong Kong.
- BOIT, R. H., Major I.M.S., K.E. Medical College, Lahore, India.
- CALES, J., 16, Adelaide Road, Surbiton, Surrey.
- CATFORD, E., Capt. R.A.M.C., R.A.M. College, Millbank, and 8, Elm Park Road, Chelsea.
- COZENS, F. C., Warwickshire and Coventry Hospital, Coventry.
- DOTTBRIDGE, C. A., Forest Gardens, Lyndhurst, Hants. (Tel. 32 Lyndhurst.)
- GEACH, K. N., 33, Chester Terrace, Eaton Square, S.W. 1. (Tel. Vict. 3798.)
- HEWER, J. LANGTON, 18, York Terrace, Regents Park, N.W. 1. (Tel. Padd. 3018.)
- HEWER, C. LANGTON, 18, York Terrace, Regent's Park, N.W. 1. (Tel. Padd. 3018.)
- JOYCE, H. C. C., The Cottage, Rhiw Bina, near Cardiff.
- MCCURRICH, H. J., 77, High Street, W. 1. (Tel. Mayfair 1780.)
- SKAIFE, W. F., Johannesburg Hospital, P.O. Box 1050, Johannesburg.
- STURTON, S. D., C.M.S. Hospital, Hangchow, Chekiang, China.
- WAY, L. F. K., Lt.-Col. R.A.M.C., Roseleigh Park Road, Burgess Hill, Sussex. (Tel. 49 Burgess Hill.)
- WELCH, T. B., The Magadi Soda Company, Ltd., Kenya Colony.
- WILLIAMS, I. G., Dreadnought Hospital, Greenwich, S.E.

CHANGE OF TELEPHONE NUMBER.

CARSON, H. W., (111, Harley Street, W. 1.) Tel. Langham 256.

APPOINTMENTS.

- ARMSTRONG, R. R., M.D.(Cantab.), M.R.C.P., appointed Medical Officer to the Sun Life Insurance Co.
- COZENS, F. C., M.R.C.S., L.R.C.P., appointed House Physician to the Warwickshire and Coventry Hospital, Coventry.
- LANDAU, J. V., M.B.(Lond.), appointed Anaesthetist to the Queen Mary's Hospital for the East End.
- SHARP, B. B., M.B. B.S.(Lond.), appointed Clinical Assistant, Department for Venereal Diseases, to the Great Northern Central Hospital.
- SKAIFE, W. F., M.B.(Oxon.), Appointed a Resident Medical Officer, Johannesburg Hospital, Johannesburg.
- WELCH, T. B., M.B., B.S.(Lond.), appointed Medical Officer to the Magadi Soda Company, Ltd., Kenya Colony.
- WILLIAMS, I. G., M.B., B.S.(Lond.), appointed House Physician to the Dreadnought Hospital, Greenwich.

BIRTHS.

- EVANS.—On August 30th, at 5, Bedford Gardens, W. 8, to Ermine, wife of Geoffrey Evans—a daughter.
- REICHWALD.—On September 10th, at Timber Hill, Ashted, to Dr. and Mrs. M. B. Reichwald—a son.

MARRIAGES.

- MAITLAND—KNIGHT.—On September 1st, at St. Barnabas Church, Hendon, by the Rev. Canon Bains, M.A., assisted by the Rev. C. N. de Vine, M.A., Charles Titterton Maitland, M.B., eldest son of the Rev. C. H. Titterton, M.A., B.D., to Joyce Muriel Ward Knight, youngest daughter of the late Rev. C. F. Knight, M.A., formerly Vicar of All Saints', Sheffield, and Rector of Frinton, and Mrs. Knight, of Tasmoor, Meadway, London, N.W. 11.
- ROSSDAL—WOOLF.—On September 20th, at the New West End Synagogue, by the Very Rev. Chief Rabbi, Dr. Hertz, assisted by the Rev. Joseph Polack, B.A., and Rev. Ephraim Levine, M.A., Dr. George Rossdale, second son of Mr. and Mrs. James Rossdale, of 7, Pembroke Villas, to Kate Alberta, younger daughter of Mr. and Mrs. Albert M. Woolf, of 52, Priory Road, Hampstead.
- STURTON—JELLEY.—On July 26th, at Ruckinge, Kent, S. D. Sturton, M.B., M.R.C.S., to Rose E. Jelley, of Royal Sussex County Hospital, Brighton.

DEATHS.

- VIRET.—On September 16th, 1921, at "Fernleigh," Horton Lane, Bradford, Dr. Benjamin Pope Viret, aged 54.
- FLETCHER.—On July 31st, 1921, in a London nursing home, after a serious operation, W. W. E. Fletcher, of 70, Stamford Brook Road, W., aged 64.

ACKNOWLEDGMENTS.

We have pleasure in acknowledging the receipt of the following publications: *The Magazine of the London School of Medicine for Women*, *The Stethoscope*, *The Guy's Hospital Gazette*, *The Nursing Times*, *The New Zealand Journal of Health and Hospitals*, *The Shield*, *The University College Hospital Magazine*, *The Hospital*, *The Burma Medical Times*, *The British Journal of Nursing*, *The St. Thomas's Hospital Gazette*, *The New York State Journal of Medicine*, *The Sydney University Medical Journal*, *Long Island Medical Journal*, *The Clinical Journal*.

NOTICE.

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

The Annual Subscription to the Journal is 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. XXIX.—No. 2.]

NOVEMBER 1ST, 1921.

[PRICE NINEPENCE.]

CALENDAR.

- Fri., Oct. 28.—Prof. Fraser and Mr. Gask on duty.
- Tues., Nov. 1.—Dr. Morley Fletcher and Mr. Waring on duty.
- Fri., " 4.—Dr. Drysdale and Mr. McAdam Eccles on duty.
- Tues., " 8.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
- Fri., " 11.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
- Tues., " 15.—Prof. Fraser and Mr. Gask on duty.
- Fri., " 18.—Dr. Morley Fletcher and Mr. Waring on duty.
- Tues., " 22.—Dr. Drysdale and Mr. McAdam Eccles on duty.
- Fri., " 25.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
- Tues., " 29.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
- Fri., Dec. 2.—Prof. Fraser and Mr. Gask on duty.

EDITORIAL.

PERHAPS the most interesting event of the last month to Bart's men was the Old Students' Dinner, held in the Great Hall of the Hospital on October 1st. We do not intend to dilate here on the excellence of its management or of its useful function in re-uniting Bart's men representing many decades of Hospital life, but rather to one incident which we believe to be of great importance. One of the brightest and best-delivered speeches of the evening was made by Dr. Darrach, the Dean of the Faculty of Medicine in the University of Columbia, New York. Dr. Darrach expressed his pleasure at being present that evening, and his admiration for this ancient Hospital and for those associated with her name from St. Bartholomew to "St. Anthony." Also he mentioned the British Tommy with his invariably cheerful response, "Not too bad, Sir."

It is always pleasant to have our *alma mater* praised by one not of our school. It is particularly pleasant coming from a distinguished citizen of the United States of America. For long the man in the street has been conscious of a certain feeling of suspicion with regard to the relations between this

country and America. Doubtless there are faults both of omission and commission on both sides of the Atlantic. A mother may get jealous of her grown-up and strapping daughter, specially when the daughter has long ago thrown off the home restraints. The fact remains that the feeling of estrangement is quietly but unmistakably present between the two countries. We who work here with the desire for medical truth as our sole guide can find no reason for hiding these notorious facts. The question we must ask ourselves is how this coolness between the two great countries of the old and the new world may be removed.

Quite recently a number of distinguished Bart's men have visited the States. Sir Wilmot Herringham, Mr. G. E. Gask, Sir Thomas Horder, Mr. Boyle (who will contribute an article of reminiscences to the next number of the JOURNAL), have, amongst others, been to the Republic. We knew that all these would be envoys of friendship in the truest terms. That they would all learn from our cousins over yonder and may perhaps have taught them something is to us a matter of secondary importance. Any visit or expedition which tends to break down suspicion is to be whole-heartedly applauded. This country well remembers how in 1917 the first soldiers sent by the United States of America to help in France were some of her most distinguished physicians and surgeons. We doctors know little of high finance, of political manoeuvres or international intrigues. Whether Britishers or Americans our one object is to lessen the world's pain and disease. We are in the truest sense internationalists. We, more perhaps than any other body of men, may go to a foreign country and say to its citizens: "Our objects and hopes are the same as yours; come, let us help one another."

The influence of one man is necessarily slight, but Dr. Darrach's speech increased not a little the understanding between the two great countries. We congratulate and thank him for his effort.

The whole Hospital will deeply regret the illness of Lord Sandhurst. We tender our deepest sympathy to Lady Sandhurst in her great anxiety.

Lord Stanmore has been appointed to the very responsible and honourable post of Treasurer to the Hospital. We welcome him to the office so recently vacated by Lord Sandhurst.

The jingle "Turn again, Whittington, Lord Mayor of London," may perhaps be altered for us to "Turn again, Nurse, Lady Mayoress to be," for we are very glad to congratulate Lady Baddeley, who is the Lady Mayoress Elect. Lady Baddeley is better known to old Bart.'s men as Nurse Mathews. We wish for her all happiness and success in her year of office.

Dr. F. G. Chandler has been appointed a Casualty Physician to the Hospital. He is Physician with Charge of Out-Patients to the Chest Hospital, City Road, and incidentally an old editor of the JOURNAL.

The Dinner of the 9th Decennial Club was postponed from last May on account of the coal strike. It is now proposed to hold it on Friday, November 25th, 1921, at Oddeno's Imperial Restaurant. A notice will be duly sent to all members.

We understand that the Abernethian and Debating Societies are holding a combined meeting on November 3rd. The debate will deal with the question of "Prophylaxis in Venereal Diseases."

We are happy to commence in this issue a new series of "Medical Notes" by Sir Thomas Horder. Practitioners will realise their value, whilst to students we may perhaps hint that one or more of them factually and judiciously inserted amongst the platitudes of a written paper will electrify any examiner into taking notice.

Major-General Oliver R. A. Julian, C.B., C.M.G., has been created a Knight-Commander of the Order of the British Empire.

For services during the operations in Mesopotamia Col. A. H. Morris and Major (acting Lieut.-Col.) H. W. Illius have been made Companions of the Most Excellent Order of the Indian Empire, and Bt.-Maj. A. MacD. Dick an Officer of the Military Division of the Most Excellent Order of the British Empire.

Maj. and Bt. Lieut.-Col. (Temp. Col.) W. H. Hamilton, Maj. (acting Lieut.-Col.) H. W. Illius, Capt. and Bt.-Maj. MacD. Dick, Capt. J. W. Pigeon (killed in action), all of the I.M.S., have been mentioned in despatches.

We regret to record the death of Sir William Roe Hooper, K.C.S.I., F.R.C.S., K.H.S., Honorary Surgeon to the King, who was born in 1837 and was educated at Merchant Taylors' School, receiving his medical education at

St. Bartholomew's Hospital. He took the M.R.C.S. in 1858 and in 1901 was elected an Honorary Fellow of the College. He entered the Indian Medical Service in 1859, and in 1895 was appointed to succeed the late Sir Joseph Fayrer, Bart., as President of the Medical Board of the India Office.

In the year 1874 he initiated the project for the construction of the civil hospital at Benares known as King Edward's Hospital, the cost being met by the chief members of the native community.

During his later years many honours came to him. He was always recognised as an able and trustworthy officer, and won the regard and esteem of all with whom he came in contact. The key to his character was loyalty. He died at The Red Lodge, Aldeburgh, Suffolk, on September 29th, 1921, and is survived by two sons and four daughters.

ARMISTICE DAY, 1921.

AFTER another hurried and anxious year of mental endeavour we shall, on the eleventh day of this month, pause once more to look back on a period of three years and to reflect.

It is with many conflicting emotions that we regard the dark days of warfare. The thoughts of many of us will be influenced largely by our present positions. We are almost unable to judge now how much it all meant to us, the bitter lesson it has taught us, and in some cases the way in which it made or marred us.

In the mud and filth of Flanders, in the scorching heat of the East, in the nerve-racking experience of modern trench warfare, far away upon the high seas, or in the air, how many of us did not long for it all to end? And how we swore that if ever we came back and resumed our normal lives, how we would put aside all petty considerations, and should live always as the most easy-going and contented of beings on this earth. Trouble would be unknown to us; worry, a stranger.

We thought that and we believed it. We said it to each other every day; we wrote it home; we dreamt it: it became our creed.

Thus believing and hoping we went on, and the war ended. Three years have passed. Around us we observe little change in the outlook of the average person. The ex-soldier is fighting with circumstance and is almost losing. A terrific struggle for existence has set in and perhaps the wrong people are surviving the ordeal. Why? Because that terrifying nightmare, *APATHY*, threatens to come upon us and eat its way into our lives, and make us stop where we should progress.

On this day, then, of mixed sorrow and rejoicing we may well look back and call to mind once more our heartfelt resolutions made under such trying circumstances. It will

revive us and clear our stagnant minds, and will do much to help us to widen our outlooks, to ensure our successes and to share our misfortunes.

It is our custom, also, to give a passing thought to those who "went under." In the rush of modern life, in the haste to gain knowledge, and the greedy clutching at academic and professional distinction, we do not often pause to think of those who were better men than we.

With Courtney we will give them the highest of our thoughts. It is their due:

"Sleep well, heroic souls, in silence sleep,
Lapped in the circling arms of Kindly Death!
No ill can vex your slumbers, no foul breath
Of slander, hate, derision, mar the deep
Repose that holds you close. Your kinsmen reap
The harvest you have sown, while each man saith:
'So would I choose, when danger threateneth,
Let my death be as theirs.' We dare not weep."
"CIVIC."

MEDICAL NOTES.

By SIR THOMAS HORDER.

GRAVES'S DISEASE.

GRAVES'S disease and hyperthyroidism are not synonymous conditions. If they were so, symptoms of Graves's disease and of myxœdema could not co-exist, and in a few cases they do.

Collateral family diseases in exophthalmic goitre are: other affections of the thyroid gland, diabetes, obesity, asthma and insanity.

Patients suffering from Graves's disease complain of the heat; patients suffering from myxœdema complain of the cold. These are the reasons why the former come under observation more often in the summer and the latter in the winter.

Graves's disease is sometimes the cause of considerable and progressive loss of weight when the more cardinal signs of the disease are either absent or ill-marked. Practitioners who are not familiar with the degree at which this symptom of the disease may arrive will often search in vain for tuberculosis or new growth in order to explain it.

The cases of Graves's disease which go undiagnosed most often, and for the longest time, are probably those occurring in men above middle age. This is perhaps because of the sex of the patient, and because the thyroid enlargement is prone to be ill-marked or absent.

In those cases of Graves's disease in which the exophthalmos is unilateral it will be found that the lateral lobe of the thyroid gland is larger on the side on which the eye is affected than upon the other.

Lack of convergence of the eyes is a common sign in Graves's disease; less common is paresis of one or other of the extrinsic ocular muscles; a rare occurrence is complete ophthalmoplegia externa.

Change in the voice is rather common in Graves's disease. It usually rises in pitch and becomes "weak."

Some patients are able to control the exophthalmos in Graves's disease by an effort of will.

The explanation of a hypertrophied heart in an otherwise healthy person sometimes lies in the fact that Graves's disease existed earlier in life.

Patients suffering from Graves's disease often go through acute intercurrent illnesses (e.g. influenza with pneumonia) surprisingly well.

It is important, in every case of Graves's disease, to estimate to what extent the disease is "active." The most certain signs of activity are loss of weight, a high urea output, pyrexia and tachycardia. Less certain signs are vasomotor instability, looseness of the bowels, mental irritability and tremor. Enlargement of the thyroid gland and exophthalmos are no certain indications of activity; they may be residual conditions.

The prognosis for recovery in Graves's disease is, on the whole, better than is generally supposed. The serious element in prognosis is the lengthy course which many of the cases run rather than the liability to permanent disablement or to death.

Death from Graves's disease is rare. When it occurs it has all the characters of an intense toxæmia—pyrexia, vomiting, diarrhoea, delirium and coma.

PROFESSIONAL OPPORTUNITIES.

(2) THE ROYAL ARMY MEDICAL CORPS AS A CAREER.

S. LYLE CUMMINS, COL. A.M.S. (Ret.),
David Davies Professor of Tuberculosis, Welsh National School of Medicine.

IT is with great pleasure that I accept the kind invitation of the Editor of the ST. BARTHOLOMEW'S HOSPITAL JOURNAL to write a short paper on the Royal Army Medical Corps as a career for the young medical man. Such an invitation gives me an opportunity of putting in a plea for the Corps where it may be effective in attracting the kind of officer that is wanted. That is a great matter, because the success of the Corps depends very largely upon the type of man that joins it. And it is pleasant, too, to write with the feeling that my advice may lead some young medico to join a service in which I myself

found so much happiness during twenty-five years spent in its ranks.

These preliminary remarks will show that I am a confirmed advocate of the Army as a career for medical men. To put it in the briefest and most convincing way, if I were once more at the end of my medical curriculum and if I had, by some magic, the memories and the knowledge gained during nearly a quarter of a century of service to guide me, I should, without any hesitation, present myself for the earliest examination and join the Royal Army Medical Corps.

The conditions now are many times better than when I joined. When I entered I went to Netley as a Surgeon-on-probation—that is to say, I got a cadet's pay and had to provide myself with a complete uniform and accessories although I was not yet a commissioned officer, and although I was liable to revert to civil life four months later if I failed to pass the examination at the end of the Netley course. This actually happened to one Surgeon-on-probation in my batch. Nowadays, the candidate becomes a fully-fledged officer at once if successful in the competitive examination, drawing full pay and allowances from the time that he joins at Millbank.

When I went up for the Army examination I had to give up a house appointment. At the present time I should be able to present myself for examination and remain for a year as a house-surgeon or house-physician, thus keeping my Army seniority instead of losing twelve months of service towards promotion and pension. When I joined there was no prospect of any period of post-graduate study except what I might pay for myself during my ordinary leave. So acutely was the need for such study felt that I and many of my brother officers gave up periods of hard-earned leave and paid the necessary fees in order to take courses such as those provided by the West London Hospital. The officer who enters the Army to-day does so with the certainty that he will have a nine-months' post-graduate course at Millbank, including clinical work at one of the teaching hospitals in London, and with a chance of taking up a special line of study under the best conditions; and all this free of charge as a necessary part of his promotion course for the rank of major.

I was commissioned as a surgeon lieutenant in the Army Medical Staff. To-day I should join as a lieutenant in the Royal Army Medical Corps. This is no mere verbal distinction. It is a fundamental difference, as all those with experience of the Army know. The Army doctor of to-day is an officer in one of the great Corps that perform the services essential to sustain the fighting troops. He belongs to a Corps with its own traditions of unsullied honour and willing sacrifice, a Corps that has the distinction, unshared by the other departmental Corps, of having on active service one of its officers with every infantry battalion, cavalry regiment and artillery brigade in the line, and of

furnishing its own "front-line" units, the field ambulances, to every Division. Of all the Corps in the Army, none is more closely associated with the fighting troops in their privations and dangers. While our work is the noble one of succouring the wounded and the sick, it is performed under the same conditions of battle that are held to be the glory of the warrior. We have our proud motto to live up to: "In arduis fidelis."

"Yes," a critic may remark, "this is all very rhetorical, but I did not become a doctor in order to gain military glory. What I want is 'doctoring,' and I can get it better in civil life." That sort of criticism has in it a measure of truth, but it includes some very great fallacies as well. A small percentage of the men in civil life have the ability and vision to get from private practice the full harvest of interest and opportunity that it can furnish to the elect. But is this harvest denied to the Army doctor? By no means. Military practice is unhampered as well as unstimulated by the struggle for a livelihood. To those who will only work hard if they are absolutely obliged to do so, the Army does perhaps offer some few opportunities of doing as little as possible and yet drawing the same pay as the striver. It is impossible to get together a thousand human beings by competitive examination without including some slackers. But, to the serious worker, the freedom from anxiety afforded by a fixed income is a great asset, and the wonderful opportunities that the Army provides for the study of epidemiology and of tropical medicine must be freely admitted. It is the man that matters. The opportunities are there, but they are not always made use of either in the Army or civil life. How many general practitioners have discovered in their daily round the wonders that were so plain to the eye of Sir James McKenzie? How many Army doctors have turned their service to such account as Sir David Bruce, Sir William Leishman, Sir Ronald Ross or Sir Leonard Rogers? But the fact that these great men were able to add lustre to British Medicine while drawing no more than the pay of their rank shows that competitive money-making is not a necessary stimulus to honest work. The British soldier wants good doctors and he gets them. He gets bad ones too; but, then, so does the British civilian. The old idea that the Army doctor is half a soldier and half a doctor and only half-educated in each of these rôles is quite dead for those who know. For the young man who wants to see the world, tackle tropical diseases at first hand, enjoy big game shooting and polo as relaxations to his professional work, and become one of a team of good fellows with the same interests, enjoyments, dangers and triumphs, the Royal Army Medical Corps offers a first-rate opportunity. And for the man who wishes to take up research but who cannot afford to devote himself to poorly paid work at the start, the new openings provided by the Directorates of Pathology and Hygiene are such as should attract the very best workers from our medical schools.

APPENDIX.
EXTRACT FROM THE REGULATIONS FOR ADMISSION TO THE ROYAL ARMY MEDICAL CORPS.*
PAY.

Pay and Allowances of Officers at Home.

26. The rates of pay and allowances for officers are at present as follows, but the allowance rates vary slightly from time to time. In addition, specialist pay and charge pay are given under certain conditions, as noted in paragraphs 27 and 28.

Appointment.	Pay.	Rations.	Servant.	Married.			Unmarried.			Total per annum.	
				Lodging.†	Fuel and light (average).‡	Furniture allowance.	Lodging.†	Fuel and light (average).‡	Married.	Unmarried.	
Director-General.	£2500 a year	—	—	—	—	—	—	—	—	£2500 a year.	
Deputy Director-General	A day	A day.	A day.	A day.	A day.	A day.	A day.	A day.	A day.	£	s. d.
‡ Assistant Director-General	4 15 0	2 5	4 0	11 0	6 10	2 0	11 0	4 10	3 7	1552	0 0
§ Deputy-Asst. Director-General	—	—	—	—	—	—	—	—	3 0	959	0 0
Lieutenant	1 2 0	2 5	2 0	3 6	1 11	2 0	2 3	1 6	6 17	0 0	550 0 0
Captain	1 7 0	2 5	2 0	4 6	3 11	2 0	3 0	2 2	7 02	0 0	608 0 0
Captain after 6 years	1 8 0	2 5	2 0	4 6	3 11	2 0	3 0	2 2	7 81	0 0	684 0 0
Captain after 10 years	1 11 0	2 5	2 0	4 6	3 11	2 0	3 0	2 2	8 36	0 0	741 0 0
Major	1 15 0	2 5	2 0	4 6	3 11	2 0	4 0	3 0	9 09	0 0	847 0 0
Major after 15 years	2 0 0	2 5	2 0	4 6	3 11	2 0	4 0	3 0	10 00	0 0	939 0 0
Lieutenant-Colonel	2 10 0	2 5	2 0	4 6	3 11	2 0	4 6	3 0	11 83	0 0	1130 0 0
Lieutenant-Colonel after 20 years	2 12 6	2 5	2 0	4 6	3 11	2 0	4 6	3 0	12 28	0 0	1176 0 0
Lieutenant-Colonel after 25 years	2 15 0	2 5	2 0	4 6	3 11	2 0	4 6	3 0	12 74	0 0	1221 0 0
Colonel	3 5 0	2 5	2 0	5 6	5 5	2 0	5 6	3 7	15 02	0 0	1433 0 0
Major-General	4 15 0	2 5	4 0	11 0	6 10	2 0	11 0	4 10	22 12	0 0	2139 0 0

* The full text of these Regulations can be obtained from His Majesty's Stationery Office, price *ad.*

† These allowances are not issued when quarters are provided.

‡ Pay and allowance of rank (Colonel or lower) + 2s. 9d. a day.

§ Married officer for the purposes of furniture, lodging, fuel and light allowances is one who is or has been married and is 30 years of age or over.

Additional Pay.

27. A captain holding higher rank by brevet receives 2s. a day in addition to his ordinary pay.

Officer under the rank of lieutenant-colonel holding an appointment as specialist, 2s. 6d. or 5s. a day (according to subjects or groups of subjects).

Charge Pay.

28. (a) Officer in charge of a hospital: If the number of equipped beds, as certified by the Deputy-Director of Medical Services, exceeds:

Daily.	4 s. d.
50 beds	2 0
150 "	5 0
300 "	7 6
500 "	10 0

Officer in charge of a medical or surgical division of the general hospital with not less than 300 beds, half the above rates.

Daily.	4 s. d.
(b) Senior medical officer, Royal Arsenal, not exceeding	10 0
(c) Officer in command of the Dépôt, Royal Army Medical Corps	5 0
(d) The senior officer with an army in the field. A rate to be fixed according to the magnitude of the charge.	
(e) The officer, if under the substantive rank of colonel, holding the appointment of senior medical officer in a command abroad, or of an administrative medical officer if the number of soldiers is 1,500 or upwards	5 0
(f) Adjutant, Royal Army Medical Corps Dépôt	5 0

29. Officers of the Royal Army Medical Corps appointed professors and assistant professors at the Royal Army Medical College receive pay and allowances of their rank, plus 20*l.* and 80*l.* a year respectively.

Pay in India.

	Rupees a month.
Lieutenant	650
Captain	800
Captain after 6 years' service	900
Captain after 10 "	950
Major	1100
Major after 15 years' service	1250
Major after 18 "	1400
Lieutenant-colonel	1550
Lieutenant-colonel after 25 "	1650
Charge pay from 60 rupees to 240 rupees a month according to size of hospital.	1850
Specialist pay	60

RETIREMENT.

31. An officer may be permitted to resign or retire voluntarily at any time with the approval of the Army Council.

32. The retirement of officers is compulsory as follows: Lieutenant-general and major-general on attaining the age of 60 years.

Colonel on attaining the age of 57 years. Other officers on attaining the age of 55 years.

33. If a major has been superseded for promotion he is required to retire on the completion of 25 years' service, or, if he fails to qualify for promotion, on the completion of 20 years' service.

34. A captain who fails to pass the examination for promotion to the rank of major is permitted to present himself for examination at the next succeeding examination, and should he again fail he is retired at once on any gratuity for which he may be eligible, or if not so eligible he is retired as soon as he completes five years' service in the rank of captain. (See rates of gratuity in paragraph 47.)

35. A lieutenant who does not qualify for promotion within 34 years of appointment is required to resign if he fails to qualify at the

next succeeding examination, unless he is eligible for special consideration under paragraph 24.

36. A candidate who has been specially employed in consequence of a national emergency, either as an officer or in a position usually filled by an officer, will be allowed to reckon such service towards retired pay and gratuity.

PENSIONS AND GRATUITIES ON RETIREMENT.

Scale of Retired Pay.

37. Retired pay consists of two parts—(a) a service element based on the officer's total service; (b) a rank element for the rank from which the officer retires.

The scale is as follows:

(a) Service element 300*l.* a year after 20 years' service, with an increment of 15*l.* a year for each completed year over 20.

(b) Rank element:

Rank from which retired.	After completing 1 year's service in the rank	After completing each additional year's service.	Maximum rank element.
	£	£	£
Major	12	12	120
Lieutenant-colonel	150	30	240
Colonel	290	50	390
Major-general	440	50	540
Lieutenant-general	590	50	690

There is no rank element authorised for ranks lower than major.

The retired pay of an officer retiring with less than one complete year's service in the rank from which he retires is assessed as though he had retired from the rank below.

Maximum rates of retired pay (a) and (b) together:

Captain and subaltern	£	300
Major	450	
Lieutenant-colonel	600	
Colonel	800	
Major-general	1000	
Lieutenant-general	1200	

Voluntary retirement on retired pay is not allowed until after 20 years' service.

Earlier retirement on gratuity is allowed as follows:

Major or captain—	Gratuity.
After 8½ years' commissioned service	£
After 3 " " service in the rank of major	1000
After 6 " " " " major	1800
	2500

AN EIGHTEENTH CENTURY OPERATION FOR TORTICOLLIS.

By SIR D'ARCY POWER, K.B.E.

THE following extract from the unpublished Common-place Books of the Rev. John Ward, A.M., Vicar of Stratford-on-Avon from 1663 to his death in 1681, shows how little the method of operating has changed. The time is the spring of the year 1672 and the account is given *verbatim et literatim*. "The Mountebank y^e cutts wrynecks, cutt 3 tendons in one child's-neck and hee did itt thus:

"First by making a small orifice with his Launcet and lifting upp y^e tendon for fear of y^e jugular veins, and cutting y^m upwards, they give a great snapp when cutt.

"Y^e orifice of his wounds are small and scarce any blood follows: some are wry-neckt from y^e womb: they only lay on a melliot-plaister to heal y^e wound: y^e plaister must bee a fresh one every day.

"As for y^e symptoms of this cutting they are only this y^e about a day or 2 after y^e child will bee sickish, some humor falling on y^e stomach of itt, as y^e Mountebank says:

"When hee hath cutt itt, hee bends y^e child's neck y^e other way and puts itt on a Capp and a fillet tied to y^e Capp, and so ties itt under y^e arme-pits, and so by constant bending itt neck y^e waye itt becomes straight and upright."

THE PHARMACOPŒIA OF ST. BARTHOLOMEW'S HOSPITAL, 1921.

THE appearance of the new edition of the Hospital Pharmacopœia has been awaited with interest for some years, and at last, after delays caused by the war and the period of unrest which followed, it is before us a *fait accompli*.

In outward appearance it differs but little from the small black book to which we have been used, and we would have been surprised had it differed more. The coat of arms of the Hospital carried on the front cover gives it a knightly bearing lacking in previous editions—the Pharmacopœia has evidently won its spurs!

The arrangement of the new edition has much to commend it. Formulæ in use in special departments have been separated from those in general use, and grouped together for more convenient reference. Unfortunately this has led to a certain amount of confusion, and cross references have become necessary. For instance, three Inhalations appear in the general section and three among the formulæ for use in the Throat and Nose Department, reference in the latter place being made to the first three. One of these, Coghill's solution, bears the stamp of the special department by the direction that it should be used in an oro-nasal inhaler, but it is probable that this formula is used as much or more in general medical wards.

The Skin Department boasts no lotions of its own, but it would be supposed that many had their origin there; several in the general list of formulæ are repeated by title only in the Skin Department's list.

Again, Injections are, with two exceptions, intended for vaginal use, but no gynaecological section exists to lay claim to them, so they remain as in the last edition in the general list. Had this department drawn up its own list of formulæ Champney's pill would doubtless have been included.

From the Haustus thirteen have been removed, and two inserted to take their place. Most of those removed are worn-out remnants of a past age and "never will be missed," but it is with regrets that we part from certain old friends—

Haust. Flavus (a very present help in time of trouble), Haust. pro Tussi, and the sisters Haust. Ferri Alk. and Haust. Ferri Sal. In their place are two which call for comment. Haust. Digitalis Co. should prove of use among the cardio-renal cases of middle life, but everyone knows that a specified five minims of Tr. Digitalis may be of no use whatever to particular cardiac cases. Henceforth our fibrillation must be standardised to suit our haustus!

Haust. Bismuthi Rubrus sounds attractive, but the closest overhaul of the classical writers has failed to provide an instance, in jest or otherwise, of the use of "rubrus." The composition of the mixture is good, and casts a ray of non-actinic light upon the origin of the name. Tr. Card. Co. provides the colour which has in certain circles suggested a second title, the "ruddy draught."

Haust. Sodii Sal. Co. has been renovated. The dose of Sodii Sal. has been doubled (gr. xx), and Sodii Bicarb. gr. xl added. It is a pity that the flavouring was not improved at the same time; some Syr. Zinziberis would have gone far to allay the nausea this mixture is so apt to produce in a patient none too well.

Where is "Haust. Urotropinæ Co.?" This mixture was unofficially in use more than ten years ago, and has been the I.I.P.'s urinary disinfectant all that time. It might have claimed a place from common usage.

The Department for Diseases of Children now possesses a fair formulary of its own. Haustulus Ferri Aperiens and Haustulus Rhei et Sodæ have long been needed, and Haustulus Ipecac. Opiatus combining expectorant, sedative and diaphoretic properties, though somewhat of a "blunderbuss," has the value of experience behind it. Pulvis Rhei et Sodii (Sodæ) Co. might have been made into a tabella, and the last three of the tabellæ (another innovation) incorporated in this section, for it must be for children that the tabellæ were designed. Pil. Hydrargyri cum Creta et Rhei (the old Rhei seems better than Rheo) is also very suitable for older children, and might well have become a tabella and been transferred to this section.

"Three spirits" are now in the Pharmacopœia under the title Spiritus Cajuputi Co. and Mandl's paint has been adopted from the Codex. Pulvis Amyli Co. is new and was needed, and the same may be said of Linctus Diamorphinæ Hydrochloridi (heroin). A pill containing aloe and belladonna of similar composition to Pil. Aloes et Nucis Vomicae would have been useful.

Numerous other changes and additions will be found, mostly for good, but it is unnecessary to draw attention to them individually. They will doubtless gradually be absorbed into general use, and in time will cease to satisfy and eventually be cast aside. A Pharmacopœia passing through various editions reflects the therapeutic beliefs of succeeding generations, and those who have the last edition should keep it as a memento of the pre-war age.

As in previous editions the preparations of the British Pharmacopœia are set forth, but the divisions of the extracts

and tinctures, so useful in memorising doses, have been abolished. The table for conversion of standard and metric scales is less complete than before, and is now only sufficiently approximate for the calculation of doses. The metric scale has been introduced throughout the book, leading to a rather larger printed page, with consequent reduction of the margin. A table of poisons, their symptoms and appropriate treatment, will be of great service to those called upon to deal with such cases, but it would have been easier of reference had the poisons been set down in strict alphabetical order.

The Hospital is to be congratulated upon the new edition of its Pharmacopœia, and no less Mr. J. Langford Moore, whose name fittingly appears upon the title page in some recognition of the labour the production of this little book must have cost him.

T. H. G. S.

ON THE EARLY DIAGNOSIS OF PULMONARY TUBERCULOSIS.

By F. G. CHANDLER, M.A., M.D., M.R.C.P.,
Casualty Physician, St. Bartholomew's Hospital; Physician to
Out-Patients, City of London Hospital for Diseases
of the Chest.

WHAT the knowledge requisite for the early detection of pulmonary tuberculosis is not sufficiently widespread amongst the members of our profession is indisputable.

If any proof were needed it would be no difficult matter to adduce it. The number of cases of fairly advanced phthisis that have escaped recognition, though the patient has been under treatment for over a year, is large. This must be the experience of the members of the staffs of all chest hospitals.

There is another confirmation of my statement. The life assurance companies throughout the world experience great losses from tuberculosis, even in the first year of assurance.

In the *Statistical Bulletin* of the Metropolitan Life Assurance Company of New York, February, 1921, we read: "More money was disbursed on account of tuberculosis than for any other disease . . . more than six and one-half millions [dollars] were paid for death claims resulting from tuberculosis."

This could be to a great extent remedied, and many patients could be put in a position which would go far to insure recovery if an early diagnosis were made.

This is to be done not by an "opinion" but by investigation, and the following words are written to indicate on what lines the investigation should proceed. The methods I shall advocate are within the reach and the scope of every doctor, and I put forward no ingenious physical signs or complicated laboratory tests which may require an expert or a genius to employ and to interpret. It must be recognised that there are medical men with a touch and a sense

so delicate that the merest shade of departure from the normal can be detected, and that there are others who by percussion could not detect the difference between an inflated balloon and a German sausage, and moreover the early signs of pulmonary tuberculosis are admittedly elusive and often obscure.

There are cases of active pulmonary tuberculosis with no unequivocal physical signs, and there are, on the other hand, cases where the physical signs by percussion and auscultation are exactly similar to those produced by a tuberculous lesion and which yet are not tuberculous. Such, for example, are the conditions sometimes left after broncho-pneumonia, whether influenzal or otherwise, and the non-tuberculous fibroses generally.

If such signs are discovered, or if a suspicious symptom is complained of, a common procedure is this: an opinion is formed by the doctor in charge, or the patient is sent to a consultant; he is expected to, and often does, give an opinion; the opinion may or may not be correct. If it is a doubtful case it is not an opinion that is wanted at all, as I have already said, but an investigation.

Now the public are averse to investigation. They want a dogmatic, knock-me-down yes or no. It is the few only who know enough or care enough to appreciate the difference between scientific medicine and quackery, between the mummery of the Cabbalists and the life-long, infinitely painstaking researches of a genius like Pasteur.

If the public could be enlightened to understand the meaning of scientific medicine, the best spirit in medicine would be fostered and its highest ideals realised, just as learning flourished under the rule of a Haroun Alraschid or a Pericles. The charlatan and the practitioner who was ignorant or too little interested in his work to learn would then cease to exist. Not that I mean to imply that there are many such, for an increasing experience of life tells me that there are not, but apparent ignorance and apparent slackness is due more to confusion and to a faulty education than to any vice.

I cannot but be impressed by the number of cases I see that are diagnosed as tuberculous which are not tuberculous, and the number of cases in which the diagnosis has been missed. There is little excuse for this, for though the early signs of tuberculosis are admittedly elusive, often obscure, and any one or even two taken apart from the others not pathognomonic, there are yet four cardinal symptoms of consumption which should always arouse suspicion, and the conjunction of any three should be a circumstance so grave that every effort should be made, and every modern scientific method employed, to establish a diagnosis definitely one way or the other.

These methods will be discussed later. But firstly let us take the four cardinal symptoms:

- (1) Progressive loss of weight.
- (2) Progressive weakness.

- (3) Evening pyrexia.
- (4) Hæmoptysis.

The conjunction of any three of these in the absence of any obvious cause is almost pathognomonic of tuberculosis, and the diagnosis must be established by sputum examinations, repeated many times if necessary, a careful temperature record and weight record. Simple as these things are, they are over and over again omitted, and omitted with tragic results.

Secondly, let us consider the factors which should point to a possible tuberculous tendency or diathesis—a word which has been quite unnecessarily laughed at. They are:

- (1) A family history of tuberculosis.
- (2) A tall habit of body with light weight.
- (3) Pleurisy, especially pleurisy with effusion.
- (4) A past history of tuberculosis.

It may be taken that every insidious pleural effusion is tuberculous, and convalescence should be thorough and complete. Dry pleurisy, if it is truly pleurisy, has a prognostic significance almost as bad. The term "pleurisy" is used much too loosely. Anyone who uses it as a placebo to cover some vague pain due to indigestion or myalgia is acting immorally. Pleurisy, except of course that accompanying acute underlying inflammation, does, or should, carry a stigma. It does, or should, handicap a man for life assurance for many years.

When one hears of a man having pleurisy which kept him from work only ten days, as one frequently does, one knows one of two things—either that the diagnosis was wrong, or the medical attendant has been guilty of an error of judgment. It is exactly as though a patient with rheumatic fever had been kept in bed only two weeks.

What are the mistakes commonly made, the subterfuge diagnoses that cloak and hide the truth? Bronchitis, unilateral bronchitis, influenzal attacks, debility. These are the commonest, and less commonly anæmia, dyspepsia and asthma.

Now bronchitis, at the ages at which it is likely to be phthisis, is not as a rule a serious disease, and if, therefore, the patient is obviously ill and becoming worse, there must be something more than bronchitis, and this something more it is the doctor's duty to investigate, and if further help is needed it should be asked and suggested to the patient without delay.

I do not believe that unilateral bronchitis occurs in spite of Gee's thirtieth aphorism. If there are unilateral bronchitic signs, *which are persistent*, then they indicate tuberculosis, or an unresolved pneumonia, or slight fibrosis or bronchiectasis, or some obstruction to the main bronchus, etc.

Again, people do not keep on having attacks of influenza; if they are influenzal the very word implies that it is not influenza but something else, and that something else it is that must be looked for.

What are the symptoms that are sometimes allowed to pass uninvestigated? Hæmoptysis, tiredness and cough.

Now hæmoptysis is a symptom which should never be ignored. If a pensioner gets tired we may not attach much importance to the symptom, but if a man of work experiences an unwonted weariness as the day goes on it should be investigated.

If the hæmorrhage is profuse there is little chance of its being slighted; it is the small hæmoptyses that may and do pass unchallenged; if there are small clots followed by streaky sputum for a day or two, if small streaks of blood are intimately mixed with phlegm, then one must assume that the blood has come from the lung.

The commonest causes of these lesser hæmoptyses are, in my experience: phthisis, mitral stenosis, acute pneumonia and certain other acute affections, high blood-pressure and injury, and of these by far the commonest is phthisis.

As an example of the high blood-pressure hæmoptysis I will give the following case: An immense, burly police-sergeant came to me for blood-spitting. He weighed eighteen stone, his blood-pressure was 195 mm. of mercury, he had albumen in his urine, his heart was hypertrophied. He had no signs or symptoms of pulmonary tuberculosis. I concluded that the blood-pressure and associated cardio-vascular degeneration sufficiently explained the blood. On the other hand I saw only recently a man of 63 who complained of blood-spitting; his blood-pressure was 190; he had definite apical signs, however, and tubercle bacilli were found in his sputum.

As an example of injury, thousands of examples of which were of course seen in the war, I will give the following case: A man was sent to medical out-patients for hæmoptysis. He gave a history of a fall. I found a fractured clavicle and transferred him to the surgical side.

What I have written need cause no danger of an epidemic of diagnosis of consumption, for just as there are four great cardinal symptoms of this disease, so there are four negative signs which enable us to exclude active pulmonary tuberculosis. If there are no physical signs of disease in the chest; if there is no loss of weight; if there is no pyrexia, the temperature being taken frequently in the course of the day; if there are no tubercle bacilli in the sputum, and perhaps one may add if the X rays confirm the negative findings, then one can, with some confidence, say that there is no active pulmonary tuberculosis.

It is hardly necessary to say that these four might of course be negative in a patient with very early disease under sanatorium treatment, but such a circumstance must be taken into account.

My critics may accuse me of belonging to one of the old methodistical sects in medicine, calling me a dogmatist, a disciple of Praxagoras, and expect me shortly to be classifying the four humours, the four elements, the four bacteria. But if I should appear so, it is because I feel that teaching

has got to be more precise and practical, because I know many a student who knows all about actinomycosis and pituitary disorders, who cannot diagnose with any degree of certainty many of the common chest diseases. Better had he never heard the word "actinomycosis," but had heard instead the sounds that Laennec heard, and knew how to interpret them, and had the gadgets in his head rather than on the distal end of his stethoscope.

I would suggest the following scheme as a help in dealing with an unenlightened public.

You have certain symptoms and physical signs which are suspicious and which demand further investigation.

It is impossible to give a definite opinion which will be of value to you without these investigations. As the result one way or the other will, of necessity, make a very great difference to you, it is imperative that you should help and co-operate in every way, following out the instructions with the most minute care.

Firstly, unless ordered to rest completely or to take a holiday, you should follow your occupation under the healthiest possible conditions, getting all the fresh air you can day and night and eating well, going to bed early and taking a good deal of rest, avoiding stuffy and crowded places as you would avoid the plague. If you are not at work, continue to take a little exercise, but not so as to exhaust yourself.

Secondly, weigh yourself weekly, in the same clothes on a reliable machine.

Thirdly, take your temperature before getting up and in the evening at 7 o'clock after lying down quietly for an hour, and if possible take it also mid-day after an hour's rest. In some cases it may be necessary to take it every two hours through the day.

Fourthly, your sputum (phlegm) should be tested twice a week. It should be done in doubtful cases for a month at least. I have often known more than six examinations and sometimes many more than this to be necessary before the tubercle bacillus was found. Repeated examination for months may be necessary. It may be necessary for a guinea-pig to be injected. The specimen sent for examination must be genuine phlegm brought up from the lungs, and not merely saliva.

Fifthly, it is desirable to have your chest examined once a week at first, to see if any signs that may be present increase or decrease.

Sixthly, an X-ray may be necessary to confirm positive or negative findings, or to reveal deep-seated disease.

I fully recognise that by my method some cases of early tuberculosis will be sent away for a good holiday without a diagnosis. They will not have been branded as consumptive, thus escaping the stigma that this would give them, and they will come back well and have no recurrence of their trouble. And this is the best thing that can happen to them.

A MEMOIR OF HOWARD MARSH.

A SHORT story of a man greatly beloved." This is the essence of the Memoir.* He was beloved by all; none could be his enemy: he deserves a memoir. And who could have undertaken more fittingly such a labour of love than she who knew him at his well-loved Hospital, and to the end in his "Lodge" at Cambridge.

Not long before his death, the writer of this appreciation of the Memoir urged Mr. Howard Marsh to record some of his recollections of Bart.'s and its staff. His reply was characteristic of the man: "We must all desire to abide in the unwritten memory of our friends after we have gone much more than to have our deeds put on paper." Still, for all that, we are the richer for this delightful recalling of his life and acts.

It is sixty three years since Marsh entered St. Bartholomew's, but the memory of him is still very fresh with many of the generations of students to whom he was friend, teacher and master, and this book will serve to keep that memory ever bright.

The sketch of his early days, his junior years in the Medical School, his connection with the Hospital for Sick Children, where he met his first wife, his gradual rise to fame, his place on the Teaching and the Surgical Staff of St. Bartholomew's, his position as Professor of Surgery in the University of Cambridge, and finally of his success as Master of Downing College, is written so fascinatingly that once taken up the little volume can scarcely be laid down until its last page has been reached.

The chapters contain vivid flashes of the depth of his appreciation of the worth and work of others, and of the care with which he tried to minimise his own; yet withal he was at the foundation of many a most valuable advance, both in purely professional as well as social and municipal schemes.

The frontispiece is a most striking portrait of the never-to-be-forgotten Professor in his cap and gown, and the text is a faithful record of his personality, both to be greatly appreciated by all who look thereon.

* *A Memoir of Howard Marsh.* (John Murray.) Pp. 86. With frontispiece. Price 5s. All proceeds will be devoted to the Hospital for Sick Children, Great Ormond Street.

THE DANGEROUS DRUGS ACT, 1920.

SUMMARY OF REQUIREMENTS FOR HOSPITALS AND INSTITUTIONS.

By J. LANCFORD MOORE, F.C.S.,
Pharmacist to the Hospital.

THE drugs to which these Regulations apply are morphine, cocaine, ecgonine, diamorphine, and their various salts, also medicinal opium, and any preparation containing not less than $\frac{1}{10}$ per cent. (1 part in

500) of anhydrous morphine or $\frac{1}{10}$ per cent. (1 part in 1000) of cocaine, ecgonine or diamorphine.

The Secretary of State, in pursuance of the Regulations made under Section 7 of the Dangerous Drugs Act, 1920, exempts from the operation of these Regulations any hospital or infirmary, asylum, Poor-Law institution or sanatorium supported by any public authority or out of any public funds or by charity or voluntary subscriptions, in which the drugs are dispensed by a duly qualified medical practitioner or by a fully qualified pharmacist, or (in the case of a Poor-Law institution) by a dispenser holding the qualifications recognised by the Minister of Health, whose appointment as dispenser has been approved by the Minister, if and so long as the conditions in Schedule I of this Order are complied with.

He also exempts from the operation of the Regulations any hospital or infirmary, asylum, Poor-Law institution or sanatorium supported as aforesaid to which the foregoing provision does not apply, to the extent indicated in, and subject to compliance with the conditions in Schedule II of this Order.

Provided that either of the foregoing exemptions may be revoked at any time by the Secretary of State, either generally or in respect of a particular hospital or infirmary, asylum, Poor-Law institution or sanatorium.

Provided also that any hospital or infirmary, asylum, Poor-Law institution or sanatorium exempted under the foregoing provisions may be inspected in respect of the observance of the said conditions at any time by any person authorised by the Secretary of State for the purpose.

SCHEDULE I.

1. All orders for supplies of the drugs to which the regulations apply shall be signed by one of the medical practitioners attached to the hospital or other institution, or, if the dispenser is a fully qualified pharmacist, by the dispenser.

2. All supplies of the drugs to which the Regulations apply shall be received by, and kept in the charge of, the person responsible for dispensing medicines. He shall enter in the drug ledger a record of all supplies received containing the particulars specified in Schedule I, Part (a) of the Regulations. A separate record shall be kept in respect of each of the drugs.

3. Any such drug, or any medicine containing any such drug, shall only be dispensed for the use of an individual patient on and in accordance with the prescription of the medical practitioner in charge of the patient. The prescription (which may be given on the patient's bed-card or case-sheet) shall be in writing and shall be dated and signed or initialed by the doctor and shall state either the name of the patient or the number of the case. A fresh prescription must be given on each occasion on which a fresh supply of the drug or medicine is required to be dispensed.

4. The person responsible for dispensing the drugs shall at the time of dispensing any prescription, stamp or otherwise mark the prescription in such a way as to indicate that

the prescription has been dispensed, and he shall keep a record of all cases in which any of the drugs have been dispensed, giving the date, and name of the doctor prescribing and the name of the patient or the number of the case. A separate record shall be kept in respect of each of the drugs.

5. All prescriptions shall be kept for at least two years

6. Stock preparations of the drugs required to be kept in the wards or in the out-patient department shall only be supplied by the dispensary on the written requisition of the sister in charge of the ward, or out-patient department, and shall be kept by her under lock and key, and shall only be used by her in accordance with the directions of one of the medical practitioners in charge of the patients.

7. A requisition shall be marked in the dispensary to show that it has been complied with, and shall be filed in the dispensary, and a copy or note of the requisition shall be kept by the sister in charge.

8. Adequate precautions shall be taken to prevent any theft of the drugs while being conveyed from the dispensary to the wards or out-patient department.

9. Particular preparations of any of the drugs may be prescribed by reference to any conventional name by which they are known in the hospital.

SCHEDULE II.

1. All supplies of the drugs to which the Regulations apply shall be obtained by, or on the written order of, one of the medical practitioners attached to or attending the hospital, who shall certify that the supply is necessary for the treatment of the patients in the hospital.

2. All supplies will be received by the matron or acting matron of the hospital, and shall be kept by her in a locked cupboard of which she alone shall have the key. She shall enter in the drug ledger a record of all supplies received containing the particulars specified in Schedule I, Part (a) of the Regulations. A separate record shall be kept in respect of each of the drugs.

3. The matron or acting matron shall only use or administer the drugs in accordance with the directions of the medical practitioners attached to or attending the hospital.

4. In the application of this Schedule to a poor-house hospital or sick ward in Scotland, the matron shall mean the lady superintendent of nurses, if there is one; or, if not, shall mean the matron if a trained nurse, and otherwise the senior nurse or nurse in charge.

5. Except in so far as they are modified by the foregoing provisions, the requirements of the Regulations shall be observed.

Put briefly, prescriptions for "dangerous" drugs—

(a) Must be in writing, dated and signed with full name and address of prescriber. The usual printed prescription papers and books used in hospitals meet this requirement, and it is sufficient for the prescription to be initialed by the

physician or surgeon to the ward or department, their respective house-physicians or house-surgeons, or other members of the medical or surgical staff of the hospital, and when a *repeat* is required the bed-board, if for an in-patient, or out-patient's order-book if for an out-patient, must be re-dated and re-initialled.

When "ward stock" of these drugs requires to be replenished, the empty tube, bottle or other container must be returned to the dispensary with the *order* book duly dated and signed *in full* by the sister or nurse in charge of the ward, who will receive such supplies and place them in the locked "poison" cupboard of the ward.

(b) Must give the name and address of patient.

(c) Must state the total amount (number of doses) of drug to be supplied (a prescription may be dispensed not more than three times if so required, but the intervals between each occasion must be specified).

(d) Prescriptions containing these drugs must be retained by the pharmacist and kept by him for at least two years.

ABERNETHIAN SOCIETY.

THE Winter Sessional Address of the Abernethian Society was delivered at 8.30 p.m. on Thursday, October 13th, in the Medical and Surgical Theatre, before a large audience of 240 students, visitors and nurses. The speaker was the Rt. Hon. Christopher Addison, M.P., late Lecturer in and Senior Demonstrator of Anatomy at this School, and his subject was "Medical Men and Public Life." Mr. C. H. Andrews was in the Chair.

The lecturer began by telling the story of the candidate who, being asked by the examiner who was the originator of the transpyloric plane, replied that he must have been "some old fossil of the time of Galen." He hoped that his remarks would belie that aspersion. His impressions of the House of Commons were that it was the fairest and kindest assembly that he knew. If there was one thing it could not forgive, that was being lectured to by one who adopted the attitude of an expert before a class of ignorants. The House always suspected faddists and people with fixed ideas. Therefore you should always conceal your aims, and not parade them publicly. Tuft-hunters and political pot-boilers were despised.

Dr. Addison then turned to the advantages of a medical training from the point of view of public life. These advantages he first appreciated when, while at the Board of Education, he was engaged in the work which led to the formation of the Committee of Scientific and Industrial Research. These advantages he appreciated again when he became Minister of Munitions. He referred to the time when the gutter press complained that munitions of war were being supplied by "a Welsh attorney and an East End apothecary." At this time it was essential to realize that in organised production, whether of shells or of sardine tins, the same principles applied. A striking example of the value of organised research was seen in July, 1916, when the supply of soldiers' boots was seriously endangered, owing to the shortage of needles required in their manufacture. The needles could not be made owing to the inability—or unwillingness—of British manufacturers to produce a particular hard porcelain, without which the needles could not be manufactured. A few thousand pounds spent in solving this porcelain problem resulted not only in the saving of the boot supplies, but at the same time opened up new fields for progress, which led to production in this country of optical glass of as good a quality as that which had been manufactured only at Jena before the war. When it came to the organisation of arrangements for ending the war, the lecturer had been chaffed about his numerous sub-committees at the Ministry of Reconstruction. Yet, when this work was put to the test in practice, and war cargoes were switched over to peace cargoes in all the ports of the Kingdom, the arrangements worked so smoothly and well that they never even got into the newspapers.

With regard to the application of medical knowledge to public matters, the medical man was under one disadvantage. This was that, owing to one's title of "Doctor," the House expected one to treat them in the manner of a family physician. It was advisable, therefore, not to pose as a doctor, but to keep one's medical attitude in the background.

Dr. Addison had entered public life for two reasons: Firstly, because he liked it and had always been interested in it; and secondly, because he thought he saw a great public neglect, and, therefore, a great public opportunity. People had tended to lose sight, amid the jargon of the newspapers and the confusions of modern life, of the simple fact that progress depended, not on financial, legal and social arrangements and reforms, but on the capacity and character of individual citizens. The physical efficiency of the individual had been grossly neglected in the past. It was true that medicine was the art of healing, but it was not the art of healing alone. It should be no less the art of prevention of disease. Herein lay a great opportunity. He recalled, sorrowfully, the fact that when he was a student at Bart's the Public Health Course had been known among the students as "sinks"—since it was confined in those days to the study of sewers and drains and water supplies. The ignorance of mothers about the right kind of food to give their children could not be held to be their own fault; they had never been told what they ought or ought not to do. Why were children extensively fed on pickles at the age of five? It was the duty of the medical profession to take up these matters, which had been so pitifully neglected, and to prevent preventable disease. The records obtained under the Insurance Act showed that 1,400,000 weeks were lost a year from sickness; and a loss on this scale had been proceeding for generations. An inquiry into the causes of this loss showed that a trivial amount of it was due to organic disease. It showed that probably at least one-third of it was easily preventable. Two facts clearly emerged from such a position: Firstly, the necessity of obtaining more knowledge. Yet in one year £46,000,000 had been spent in this country in the treatment of disease, while only £150,000 had been spent on the Medical Research Committee. Secondly, it was desirable to get out of our heads any dread of wholesale State measures for the protection of the Public Health. The policy of investigation and prevention had already proved not only effective, but considerably cheaper in the long run than the old way. More had been saved, under the workmen's compensation scheme, than the Medical Research Committee had cost since it was first started.

The lawyers had had a good innings. It was now time that the doctor, in a sensible, practical way, should have his turn. There were but two essentials: The ability to recognise an opportunity and the ability to use it. Only trained and fit men could slow themselves capable of passing over immediate objects in order to attain, in due time, a greater goal. Self denial was necessary for this end. The greatest reward was to be found in the absorbing interest of the work itself, but resolution, discipline, courage and patience were needed to carry it on. The road was fit for the strong and worthy of the best; but, like all roads that were worth travelling, it led upwards all the time.

A hearty vote of thanks to the lecturer was proposed by Dr. Macphail, who fluently paid tribute to Dr. Addison's steadfastness and reliability in times of great anxiety, and his power of inspiring those who were working with him, no less than to the invaluable work he did when Lecturer in Anatomy at this Hospital, which culminated in the all-important discovery of the transyloric plane.

Mr. Vick, who ably seconded the proposal of thanks, spoke of the strenuous days when Dr. Addison was Parliamentary candidate for the Borough of Hoxton.

Dr. Addison, in reply, thanked the two speakers, and expressed the hope that, in giving some of his own impressions of public life, he had not bored his hearers, but had given them some idea of the great work that remained to be done in that sphere.

The following meetings have been arranged for November:
 Tuesday, Nov. 1st, 5.30 p.m.—Address by Dr. P. Hamill. "Hospital Pharmacopoeias Old and New."
 Thursday, Nov. 3rd, 5 p.m.—Joint Meeting of Abernethian and Debating Societies. Discussion on "Venereal Prophylaxis."
 Thursday, Nov. 10th, 5.30 p.m.—Address by Dr. T. H. G. Shore. "The Doctors of Dickens."
 Thursday, Nov. 17th, 5 p.m.—Clinical Evening.
 Thursday, Nov. 24th, 5.30 p.m.—Address by Dr. Geoffrey Evans. "The Nervous Element in Disease (excluding Psycho-Analysis)."

OLD STUDENTS' DINNER.



THE Old Students' Dinner was held in the Great Hall of the Hospital on October 3rd. The chair was taken by Dr. W. S. A. Griffith, Consulting Physician-Accoucheur, and there was a large attendance, which included Sir Norman Moore, President of the Royal College of Physicians, Sir Anthony Bowlby, President of the Royal College of Surgeons, Sir Archibald Garrod, Regius Professor of Medicine at Oxford, and Sir Walter Fletcher, Secretary of the Medical Research Council—all Bart's men; the Vice Chancellors of the Universities of Cambridge and London, the Dean of the Faculty of Medicine in the University of Colombia, New York, the Master of St. John's, and the Master of the Society of Apothecaries.

The CHAIRMAN, in submitting the toast of "St. Bartholomew's Hospital," paid a tribute of affection and respect to the memory of his teacher, James Matthews Duncan, who created the modern obstetrical department at St. Bartholomew's.

The toast was responded to by Sir WM. LAWRENCE, Bart., one of our Almoners, who mentioned his long family association with the Hospital. His great-grandfather was a Bart's man, his grandfather was apprenticed to Abernethy in 1799, and his father was for many years Treasurer. He spoke with regret of the approaching resignation from that office of Lord Sandhurst, and welcomed his successor, Lord Stanmore. He hoped the celebration of the Hospital's 800th year in 1923 would be turned to good account by the raising of funds to meet financial needs.

The CHAIRMAN explained that he proposed separately the toast of "Prosperity to the Medical College" in order to mark the granting of a Royal Charter to the Medical School.

Mr. H. J. WARING, F.R.C.S., the Vice-President of the College, in a brief, bright speech, told the company the reasons for the application which had been successfully made for a Royal Charter of Incorporation. Under the old *regime* it had been impossible to obtain sufficient money for the modern scientific teaching of students. Referring to the opening speech of the Chairman, he intimated that it was hoped to establish a Professorial Unit of Obstetrics.

The health of "The Visitors" was proposed by Dr. H. Morley Fletcher, and replied to by Surgeon Vice-Admiral Sir Robert Hill and by the Dean of the Faculty of Medicine in the University of Colombia, New York. The racy speech of our American visitor had been referred to in our editorial columns.

Dr. HERBERT WILLIAMSON proposed the health of "The Chairman," dwelling affectionately on Dr. Griffith's love for the Hospital, his distinguished career, and his invariable kindness. The speaker alluded to the rumour that Dr. Griffith was leaving Harley Street to reside in the Chorlton Villas. The toast was supported by Lieutenant-Col. J. W. West, who mentioned Dr. Griffith's war services as Consulting Gynaecologist to Queen Alexandra's Military Hospital, Millbank.

Finally the company adjourned to the Library for coffee and talk, according to immemorial custom. The very pleasant evening was due largely to the excellent "staff work" of the two secretaries, Sir Charles Gordon-Watson and Mr. Reginald M. Vick.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. OLD ALLENYIANS.

On October 1st the Hospital Rugby Club opened their fixture list with a visit from the Old Alleanians.

The turf at Winchmore Hill was very hard and a tropical sun prevailed. Dame Fortune did not smile during the first engagement and the Hospital had to admit defeat by a goal kick. On the day's play the Old Alleanians deserved the honours.

In the first half the Old Boys' forwards got possession of the ball more frequently than the home side, but their backs, though often badly tackled, could not turn it to advantage. Amongst the home forwards Orchard, Beith, Parker and Morlock were continually in evidence. Parker being especially noticeable for all-round play. M. G. Thomas, as usual, had two men guarding him, in spite of which his efforts, coupled with those of Moody-Jones, were several

times nearly crowned with success. When ends were changed Schlond broke away and kicked over the home custodian's head. There was an exciting race for possession, but Hicks managed to touch down first. Parker immediately after this was much in evidence for good kicking and saving. There was a marked tendency on the part of one or two backs to run alongside his *vis-à-vis* instead of tackling him low. The Old Boys' forwards were keeping together far better and their heeling was cleaner. The backs, however, received the ball sufficiently often to demonstrate the fact that they did not open out to game. A good kick into touch by Williams and some bustling play by Orchard and Anderson near the line ended in the latter diving on to the ball just before the visitors' custodian. At the other end Blanche got over again after following up his own kick. A good effort by Moody-Jones nearly resulted in a score on the left wing, and a few minutes afterwards followed the prettiest movement of the match. Cockell received from the inside and made a good opening for Thomas to race round the full back with a fine try.

Final score: Old Alleanians, 1 goal 1 try (8 pts.), St. Bart's 2 tries (6 pts.). The following represented the Hospital:

E. V. Frederick, full back; W. Moody-Jones, J. O. Davis, M. G. Thomas, J. B. W. Robertson, three-quarters; T. P. Williams, D. Cokell, halves; S. Orchard (capt.), A. E. Beith, A. B. Cooper, H. V. Morlock, G. V. Parker, E. S. Vergette, H. G. Anderson, J. D. Allen, forwards.

ST. BARTHOLOMEW'S HOSPITAL v. OLD BLUES.

The Hospital sustained their second defeat when they met the Old Blues on the Hospital ground on October 15th.

Messrs. S. Orchard and M. G. Thomas were absentees. The first try was gained by Moody-Jones after a brilliant run from nearly half way. The Old Blues responded with tries by Hare, who scored twice. Both the kicks at goal failed. The latter try was due to the custodian's getting his kick charged down. Williams frequently passed out to his backs, but no openings were made, and attempts at combination always broke down. Moody-Jones, however, was often seen to advantage in both defence and offence.

Poor tackling by the home three-quarters, and skilful play by the opposing three-quarters, placed the home line in continual danger. The Old Blues added two more tries, the latter of which was the outcome of a brilliant passing movement more than half the length of the field. The ball travelled from the base of the scrum through the hands of the entire three-quarter line, ending with Hare, who finished up the prettiest movement of the match by scoring a try. Two free kicks against the Hospital for offside were nearly successful. Moody-Jones was next in evidence with a good run; and the home forwards, led by Beith, Parker and Morlock, were nearly through, after a mistake by Chamberlain, who decided not to take the ball in the air. The Bart's forwards were now playing well together.

A few minutes later Beith made a desperate effort to get through, and after eluding half-a-dozen opponents, was only brought down a few yards outside. Marked inferiority behind the scrum, especially in the matter of well-judged handling, was the chief cause of the Hospital's set-back. Final score: Old Blues, 4 tries (12 points). St. Bart's, 1 try (3 points).

Referee: Commander Hammond.
 Teams.—St. Bart's: W. F. Gaisford, back; W. Moody-Jones, R. Fells, P. O. Davies, J. W. D. Robertson, three-quarters; J. D. Games, T. P. Williams, halves; G. B. Parker, A. E. Beith, A. B. Cooper, H. V. Morlock, H. G. Anderson, E. S. Vergette, H. J. Allen, R. Hunt-Cook, forwards.

ASSOCIATION FOOTBALL CLUB.

The "Soccer" Club of the Hospital has started the season in a most satisfactory manner. The practice matches which were held, whilst not revealing the sparkling talent for which some of us may have hoped, revealed any amount of enthusiasm—which after all is almost as important. The number of soccer-playing freshmen this year is very gratifying, and has enabled us to "turn-out" three elevens quite easily. Naturally, in these opening matches, the *persomonal* of the three elevens has varied considerably, but as soon as the Selection Committee can satisfy themselves as to the most satisfactory composition of their teams, then, barring accidents and the like, the Hospital ought to have a very effective season.

The following matches have been played to date:

ST. BARTHOLOMEW'S HOSPITAL v. OLD WESTMINSTER CITIZENS.

Played at Herne Hill on October 8th. This was the first match of the season, and the Hospital lacked both combination and enter-prise. The forwards were fairly good, but the defence was decidedly weak. The Old W.C.'s were two up in the first ten minutes, and scored again before half-time, after A. E. Ross had reduced their lead. For the first 30 minutes of the second half Bart's played up very well (Savage scoring after excellent wing play by Nicholls and Parrish), but they were unsuccessful in further reducing their opponents' lead.

Team.—R. W. H. Tincker, goal; J. H. Wilson and J. Caiger, backs; H. L. Oldershaw, E. Coldrey, A. E. Lorenzen, half-backs; G. R. Nicholls, A. E. Ross, A. Clark, R. W. Savage, J. Parrish, forwards.

ST. BARTHOLOMEW'S HOSPITAL v. OLD BRADFELD BOYS.

Played at Winchmore Hill on October 15th, a very interesting and even game resulted. A. E. Ross scored early on for the Hospital, and towards the end of the second half A. Clark scored a second after an excellent individual effort, Bart's thereby running out the winners by 2 goals to nil. S. Jenkinson played a very sound game at back, and F. Asker proved himself extremely useful on the left wing; the inside forwards, however, would do better if they were to shoot at goal more frequently.

Team.—R. W. H. Tincker, goal; J. H. Wilson and S. Jenkinson, backs; H. L. Oldershaw, A. C. Dick, A. E. Lorenzen, half-backs; G. R. Nicholls, A. E. Ross, A. Clark, R. W. Savage, F. Asker, forwards.

At a recent meeting it was announced that G. R. Nicholls had been awarded his United Hospital colours for the past season. We offer him our heartiest congratulations.

H. L. OLDESHAW,
Hon. Sec.

ST. BARTHOLOMEW'S HOSPITAL HOCKEY CLUB, 1921-1922.

The prospects of the Hockey Club for the season can be said to be rosy. Two elevens are being run, and a third is under consideration. The secretaries have arranged an excellent fixture list for their respective teams. We welcome to our club several freshmen, and the Captain appeals to those gentlemen who intend playing hockey and who have not yet given their names to the secretaries to do so immediately. Practice games are being arranged for every Wednesday afternoon in order that everybody will have an opportunity of playing. The Hockey Club reached the semi-final in the Inter-Hospital Hockey Cup Competition last year, and it is hoped that this year we will advance a step higher and enter into the final round. This can easily be accomplished if all members will turn out regularly to all matches and practice games. We play St. Mary's Hospital in the 2nd round this year, and if successful meet the winner of U.C.H. and King's Hospital in the semi-final. Fixtures may now be obtained on application to the secretaries. The committee wish to draw the attention of members to the following: as soon as the list of teams for the various matches is posted up on Monday gentlemen are asked to cross their names not later than Wednesday morning, and not to leave it until Friday or even Saturday morning.

The 1st XI entertained King's College in their opening match at Winchmore Hill on Saturday, October 15th. The match ended in a draw, 3 goals each. It was a hard-fought game, and if the Hospital forwards made use of the chances which came their way on more than one occasion we should have won. The backs showed sound defence, and of the forwards C. Shaw played a really good game. The following registered the goals for the Hospital: Moody-Jones, Ness Walker and Harries.

Team.—N. A. Jory, T. H. Attwood, F. H. Watkins, backs; S. M. Coleman, T. S. Goodwin, N. L. Simpson, half-backs; G. E. Harries, T. E. Moody-Jones (Capt.), C. Shaw, Ness Walker, G. Foster, forwards.

The following new officers have been elected: Vice Presidents—Mr. Hume, Mr. Just. Hon. Treasurer—S. M. Coleman.

A WORD FOR THE RIFLE CLUB.

"Exigui numero, sed bello vivida virtus."—*Virgil*.

Such might have been the motto of the Rifle Club last summer. An excellent motto, no doubt, but unfortunately one which reflects no credit on a hospital of 500 odd students, all of whom are nominally members of the Club. Last season, although we could barely raise a team, we managed to lift the United Hospitals Challenge Cup. We have got to keep that cup, and to do so we shall need some help. I know there are men in the Hospital who can shoot if they only would, and there must be quite a number among the new students.

If you have never fired a rifle in your education at Bisley early next summer. If you can use a shot-gun, you can use a rifle. The best rifle shot I ever knew was an old poacher I met in the army; one of the kind who use a sawn-off shot gun. Then, if you've tried with a rifle and failed, try once more. Finally, if you are a good shot you have no excuse at all.

The committee want the miniature range to be a training ground for Bisley, but there are several trophies to be won with the '22, so don't be deterred from going there because we have expressed this ideal.

We can make both the M.R. and Bisley much more interesting if only more people will be keen.

Finally, I would say, a large quantity of ammunition, etc., has been ordered in anticipation of the result of this appeal.

THE SECRETARY.

ST. BARTHOLOMEW'S HOSPITAL RIFLE CLUB.

The following gentlemen have been awarded Honours blazers:

J. Elgood, N. A. Jory, A. H. Bennett, G. B. McMichael, P. Mellows.

The following officers have been elected for the coming season:

President: Mr. Dunhill.

Vice-Presidents: Mr. Maingot and Mr. Hume.

Captain: Mr. Elgood.

Secretary: Mr. Bennett.

Treasurer: Mr. Jory.

Committee: Mr. McMichael (another to be elected later).

DEBATING SOCIETY.

Debate held in the Abernethian Room on October 11th, 1921. Subject: "That this House regards the present tendency to question the principle of medical secrecy as being in the public interest."

Mr. C. H. ANDREWES rose to open the debate. As usual his speech was lucid and persuasive; except at one stage, when he turned, with baleful ogling, to his opponent, Mr. Allen, and instructed him how to conduct the case for the opposition to the best advantage of the supporters of the motion. One's memory of this part of his speech is a mixture of murderers with cut thumbs, smoke bombs, detectives, grocers, crossing sweepers, heresses with very private moles, and an actor with G.P.I.—in fact all the ingredients of a successful revue. He thought the public had a right to question the arrogant claim of the doctor to be sole judge of what should be disclosed. He held no brief for the satisfaction of neighbourly curiosity, but the disclosure of facts in the hard course of justice was a different matter. There had been a great deal of nonsense about the forms supplied to panel doctors; but records were kept in all hospitals and in all L.C.C. institutions and there had never been any reasonable grounds for complaint. If medical men would admit that the time had come to modify and modernise the hackneyed Hippocratic Oath and realise that justice was best served by telling the truth, the whole truth, and nothing but the truth, their high prestige would certainly not suffer.

Mr. F. ALLEN (the Hon. Member for Golden Lane, as Mr. Andrewes thought he might prefer to be called), speaking from his experience of V.D., thought the recent attacks on the right of medical secrecy were having most unfortunate results. Men who had gone to V.D. clinics for treatment, on the understanding that they could rely on absolute secrecy, were now finding out that this guarantee was valueless should their doctor be called to give evidence on the point. Adopting a somewhat cynical attitude, he said that, considering a wrong diagnosis was given in 75 per cent. of death certificates, and that in every branch of medicine opinion changed from day to day, it was doubtful if medical men really knew sufficient to justify their opinions being taken as facts in the law courts. If medical men

adhered to the truth, the whole truth, and nothing but the truth they would not have much evidence to give. He knew of one case in which L.C.C. records had caused most unfortunate complications. He believed that the doctor should not be a detective; and that in matters of secrecy his common-sense and discretion should be relied upon.

Mr. E. H. WEATHERALL seconded Mr. Andrewes. His remarks were confined mainly to V.D., a subject about which he felt convinced he could appeal to the personal experience of his audience. Would it not be far better if secrecy were not maintained in this matter? He felt sure it was one of the causes of the high incidence of the disease. It would be a very powerful deterrent if men knew that their disease was notifiable to the health authorities. He thought it inconsistent of the Hon. Member for Golden Lane to place so little value on the medical man's knowledge, and yet to maintain that the doctor's common sense should be the judge of what ought to be divulged in a law court.

Mr. A. C. MACONIE made an attack on the ambiguous wording of the motion. As all the previous speakers had made uncomplimentary remarks of a similar nature, we were getting quite accustomed to it. Mr. Maconie, however, instead of reproaching the Committee or the Secretary, as the others had done, boldly laid the blame on the supporters of the motion. They were trying to hide the weakness of their case in a "complex bundle of abstract nouns."

Mr. ANDREWES looked extremely pained, and later disclaimed all responsibility for the wording. Mr. MACONIE held that the medical profession was entitled to a right which the legal and clerical professions already enjoyed. Medical secrecy should be legally recognised. He felt sure Mr. Justice Horridge would object most strongly to his past medical history being published. A man might agree in the abstract that "the doctor should tell," but one thing he was always emphatic about was that *his* doctor should never tell about *him*.

Sir THOMAS HORDER rose from the chair to speak in favour of the Opposition. It seemed obvious to him that the greatest reason in favour of medical secrecy was that medical practice simply could not go on without it. At the Newcastle meeting of the Medical Association a debate similar to the present one took place: an overwhelming majority voted against any infringement of the doctor's right to secrecy in professional matters. He quite agreed with the Leader of the Opposition that the knowledge of medical men was not sufficient to justify their opinions being taken as facts in all cases. He then recounted an amusing personal experience. In a certain law case he asked to be excused from giving evidence about a patient. The privilege was not granted, so he strolled leisurely home for his notes on the case and strolled leisurely back again to the Court. Counsel asked him if the accused had visited him on a certain date and told him that he had contracted V.D. He agreed. Counsel preened himself, and continued his cross-examination. At the end Sir Thomas turned to the Judge and asked if what he had stated was to be taken as evidence of fact. If so, he would like to add, that, although the gentleman had told him he had contracted V.D., as a matter of fact he had not.

This story caused considerable amusement in the House; there was something irresistibly reminiscent of the naughty schoolboy in the idea of the Hon. President strolling leisurely home and leisurely back.

Mr. G. B. TAIT reproved a certain member of the committee with no little vigour. Surely, he said, it was bad enough for a certain opposer of the motion not to attend a meeting of the committee when the wording of the present motion was drafted; but that the same member should rise to his feet and call the motion a "complex bundle of abstract nouns" when he had not even taken the trouble to attend was enough to make honest men turn in their graves.

The gentleman, referred to, lay back in his chair and laughed vigorously: *some* say he bushed a little.

Mr. Tait's arguments were concise. The future of medicine lay in prevention, not cure; and to obtain this ideal our present policy of protecting the patient's secrets must be abandoned. The community must come first, and if necessary the individual must be sacrificed.

Mr. P. P. DALTON'S speech was short and to the point. Only his long residence in Ireland can explain the wonderful, pervading calm, with which Mr. Dalton proposed, that we should suffer short terms of imprisonment in this great cause of medical secrecy. It was a serious and really quite a sensible suggestion, but it provoked raucous laughter in at least one corner of the room.

Mr. ANDREWES, in closing the debate, misquoted the Hon. President

and was gently corrected. He then reiterated his main arguments and appealed to the House to support him.

The motion was lost by twenty votes.

For the benefit of those new to the Hospital may we point out that all students are entitled and requested to attend any meeting of the Debating Society. There is no formal admission to membership; all one has to do is to attend. Anyone may speak when the subject is thrown open to discussion; it is one of the objects of the Society to give people, who are not very accustomed to speaking, a chance to practise on a not too critical audience.

CORRESPONDENCE.

GASTRO-INTESTINAL DISORDERS OF CHILDREN.

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

DEAR SIR,—There are three comments I should like to put forward on Dr. Perkins's valuable contribution on the "Gastro-intestinal Disorders of Children."

(1) In criticism of his remarks on cow's milk as being the best and cheapest food for infants, I would venture to suggest that it is in itself one of the most important aetiological factors in producing acute gastro-enteritis. When the conditions under which the milk trade of London is carried on are considered, I do not see how it could be otherwise.

The cows are milked in the country at about three in the afternoon of one day. This milk is brought to London that night, arriving at the London terminus in the small hours of the following morning. It is in the hands of the retailers at 6 a.m. and is distributed to the consumers during the morning. The milk is thus at least twelve hours stale before the baby gets a chance of seeing it! It is true that the milk is comparatively free from tubercle bacilli, but this, to my mind, is not the most dangerous contamination of the milk as distributed. Even the milk supply of this hospital frequently during the hot months of the past summer was found to be curdled by 3 p.m. of the day on which it was received, in spite of ice, sodium bicarbonate, pasteurisation and other devices. Often when the milk appeared to be fit for human consumption the babies refused it, or if they took it suffered from a sharp vomiting attack.

Surely this comparatively mild gastro-enteritis must pave the way for the more serious epidemic (almost pandemic), acute gastro-enteritis.

With these difficulties in a well-equipped hospital, how much more difficult must it be for a mother of six with two rooms, no cooking stove and a husband out of work to obtain a pure milk for her infant.

(2) Although Dr. Perkins is writing from his experience of out-patients, I am surprised he does not mention the value of lavage of the large intestine with a pint of saline. In this hospital this was done for all the in-patients suffering from acute gastro-enteritis, and in those out-patients who ought to have been admitted but for whom no bed could be found. It certainly seemed to aid the patients in their recovery.

(3) This is a very small point. Might not the increase in weight in the constipated babies mentioned in the last paragraph of Dr. Perkins's article be due to the accumulation of faeces?

If I may trespass on your space still further, Mr. Editor, I should like to give a brief *résumé* of the treatment I found useful as a routine in these cases of epidemic acute gastro-enteritis.

First, a dose of castor oil, and instructions to the mother not to give the baby any food for the next twenty-four hours, but only water. Where this was carried out faithfully there was usually an almost immediate cessation of the vomiting and diarrhoea. I saw the baby again in twenty-four hours and either continued the starvation treatment, or if the baby was not breast-fed, gave instructions to the mother to feed the infant with one or other of the humanised milks described by Truby King, which depended on the apparent economic position of the parents, and therefore their chance of getting good milk.

One of the most useful of these mixtures I found to be—

Ideal milk	3 tablespoons
Nestlé's milk	3 "
Cod liver oil	3 "
Water	1½ pints.

For the more chronic cases I use the Haustus izal co. of the Bart's Pharmacopœia.

Yours, etc.,

N. S. B. VINTER, M.B., B.S.

REVIEWS.

MEDICAL SCIENCE ABSTRACTS AND REVIEWS. Vol. IV, Nos. 4, 5 and 6 (July, August and September, 1921). (Published for the Medical Research Council by Humphrey Milford.) Price 2s. net per month. Subscription 30s. per annum.

The value of this journal is already too well recognised to need further emphasis. We are glad to see that it now appears on the Library table in company with other periodicals.

The first review in the July number deals with various aspects of influenza, no less than sixty-six papers on this subject being abstracted. Particularly interesting is the record by certain writers in Germany, Italy and America of a form of chronic lung disease following influenza and simulating tuberculosis; the *Bacillus influenzae* is said to be the causal organism. The subjects of other reviews are "Diseases of the Respiratory System" (including pulmonary spirochætos, streptothricosis and aspergillosis), and the "Carotid and Vertebral Arteries in Relation to Haemorrhage, Aneurysm, Cerebral Thrombosis and Embolism." The last review is of "Neurosyphilis"; eight papers are abstracted. We note that one writer (Pette) has concluded that efficient arsenical treatment in syphilis tends to prevent "neuro-recurrences," not to encourage them, as is alleged.

The August issue contains reviews on "Dysentery"; "Congenital Syphilis" (dealing especially with ante-natal syphilis); "Statistics Relating to Treatment of Cancer of the Breast by Excision Supplemented by Radiation"; "A Case of Arterio-venous Aneurysm," and "The Role of Anoxæmia in the Production of Symptoms in Disease and Injury of the Nervous System." In the dysentery article it is recorded that 80 per cent. of acute cases of ileo-colitis in children (similar to our summer diarrhoea) in parts of America were due to infection with *Bacillus dysenteriae*, sometimes Flexner's and sometimes Shiga's bacillus. An observer in Germany records 60 per cent. of dysentery cases among acute intestinal disorders in children. Various aspects of amoebic and bacillary dysentery (mixed in rather a confusing way) are discussed in the rest of the article. The conclusions as regards the treatment of carcinoma mammae in the third review are these: Prophylactic X-ray treatment after operation increases the percentage of cures in moderately advanced cases; in very early or very late cases it has no effect. We may mention also that a paper on "The Treatment of Multiple Sclerosis by Psycho-analysis" is reviewed (not too kindly) in the abstracts at the end of this volume. We wonder, by the way, why, in the abstracts in this and other numbers, neurology should be the only department of clinical medicine worthy of a place.

In the September number forty-one papers are abstracted for the review on "Diabetes Mellitus," and eighteen for that on "Diseases of the Pancreas." The article on spinal, regional and local anaesthesia consists largely of records of accidents following injections for anæsthetic purposes of various drugs (many new) and after injection by unusual routes (splanchic, paravertebral, sacral, or into the brachial plexus). Good results are recorded from the use of dead tendon grafts. "The Electro-myogram in Nervous Diseases," "Experimental Production of Alterations in Brain Volume," and "Bio-chemistry of Eclampsia" are the subjects of the other reviews. The last subject is considered from the points of view of acidosis, renal and hepatic function tests, and the possibility of primary thrombosis as a cause of the disease.

HEART DISEASE AND PREGNANCY. By Sir JAMES MACKENZIE, F.R.S. (London: Henry Frowde, Hodder & Stoughton.) Pp. xiv + 138. Price 8s. 6d. net.

The object of this book is to teach the obstetrician and general practitioner the principles of modern cardiology, and to show them how to apply these principles to obstetric practice. The first chapters of the book contain a general discussion of the mechanism of heart-failure. The author inveighs at length against the undue attention paid to heart murmurs and to the back-pressure view of cardiac failure; we may say that we thought these battles were already won. In the later chapters a brief account is given of various cardiac

disorders—valvular lesions and forms of irregularity—and at the end of each section is a paragraph dealing with the relation of the disorder to pregnancy. Thus apart altogether from the obstetrical standpoint, the book is a concise account of modern teaching on common heart disorders. If the author is correct in saying that the average obstetrician has not realised "that any advance has been made in the study of the heart during the last forty or fifty years," then this is a book that the average obstetrician cannot possibly afford to leave unread.

DISEASES OF THE NERVOUS SYSTEM. By H. CAMPBELL THOMSON, M.D., F.R.C.P. Third Edition. (London: Cassell & Co.) Pp. xvii + 566. Price 15s. net.

It is rare for the student to purchase a text-book on respiratory diseases or on diseases of metabolism, but a manual of nervous diseases is a work which he may well study. The greater part of this work is devoted to a consideration of diseases one by one, as in a text-book of general medicine. Some sections are very good, such as that on syphilis of the nervous system; others are painfully inadequate: the chapter on tetanus occupies only three and a half pages and there is no reference to local tetanus. Moreover the author states that tetanus "antitoxin is best given by subcutaneous or intramuscular injection; there is no evidence to show that intrathecal or intravenous administration has any advantage"—a statement which we believe to be directly contrary to the fact. The preliminary chapters, though somewhat "patchy," are clear and helpful; the examination of the cerebro-spinal fluid is, however, very meagrely treated for a work of this nature, both in the chapter on lumbar puncture (three pages) and under individual diseases.

In the present edition there is a new chapter on encephalitis lethargica; in the sections on injuria to the cord, aphasia, cortical functions and psychoneuroses there have been considerable revisions and additions. There are many good diagrams and useful photographs.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

Second Examination for Medical Degrees, October, 1921.

B. H. Cole, W. F. Eberlie, J. Ness-Walker, J. A. W. Robertson, G. B. Tait.

CONJOINT BOARD.

First Examination, July, 1921.

Chemistry.—J. D. Allen, J. C. H. Baird, A. T. Bettinson, R. C. Drake, G. W. S. Foster, L. F. A. Harrison, C. H. M. Hicks, B. L. Hodge, D. D. Kenny, E. W. Morgan, C. T. P. Powell, H. L. Roberts, D. P. Simpson, D. Stephens.

Physics.—J. D. Allen, J. C. H. Baird, A. T. Bettinson, H. Cooper, G. W. S. Foster, L. F. A. Harrison, B. L. Hodge, E. W. Morgan, C. T. P. Powell, H. L. Roberts, D. P. Simpson, W. C. Stuart-Low, E. O. Watson.

Elementary Biology.—O. H. Bellerby, A. T. Bettinson, E. F. D. Owen, J. Spencer, H. D. K. Wright.

Second Examination, July, 1921.

Part I. Anatomy and Physiology.—R. N. Aston, H. E. K. Eccles, J. E. Elam, J. C. C. Langford, G. B. McMichael, R. W. Savage, F. E. C. Williams.

Part II. Pharmacology and Materia Medica.—P. H. Diemer, A. J. Enzer, A. W. Gardner, J. B. Lloyd, A. H. Kynaston, K. C. L. Paddle, A. D. H. Simpson, N. Smith, C. H. Wight.

CHANGES OF ADDRESS.

ABRAHAMS, A., 17, Harley Street, W. 1. (Tel. Langham 2752.)
BULL, L. J. F., 44, High Street, Market Harborough, Leicestershire.
COURTIS, A. O., General Hospital, Great Yarmouth.
GRAHAM, J. H. P., Lt.-Col., 7, Tabley Road, Knutsford, Cheshire.
HADFIELD, C. F., 47, Queen Anne Street, Cavendish Square, W. 1. (Tel. Langham 1035, unchanged.)
JONES, E. R., Clent House, 4, Summerfield Road, Wolverhampton.
ROBERTS, W. E., "Jaggscroft," Beverford Road, Rose Bay, Sydney, N.S.W.
STRAHAN, S. S., Alexandra Building, Hong Kong.
SYKES, W. S., "Glenholme," Morley, nr. Leeds.
WILSON, A. C., Union Club, Trafalgar Square, W.C. 2.

CHANGE OF TELEPHONE NUMBER.

CALVERT, J. (113, Harley Street, W. 1.) Tel. Langham 2578.
COLEMAN, F. (131, Harley Street, W. 1.) Tel. Langham 2540.

APPOINTMENTS.

CANE, L. B., M.D. (Cantab.), appointed Hon. Physician, Ditchingham Hospital; also Deputy Medical Officer and Public Vaccinator, Wangford, Depwade, Loddon and Clavering Unions.
COURTIS, A. O., M.R.C.S., L.R.C.P., appointed House Surgeon, General Hospital, Great Yarmouth.
GOW, J., M.B., B.Ch. (Manch.), F.R.C.S., appointed Assistant Surgical Officer, Manchester Royal Infirmary.
PRINGLE, K. D., M.B., B.C. (Cantab.), appointed Medical Officer of Health to the Brecknock Rural District Council.
ROBERTS, W. E., Surg.-Lt.-Comdr., R.A.N., M.R.C.S., L.R.C.P., appointed P.M.O. Naval Wing, Prince of Wales Hospital, Sydney.
TUFROUN, J. R. H., M.B., B.S. (Lond.), F.R.C.S., appointed Assistant Surgeon to the Royal Sussex Co. Hospital, Brighton.
WILSON, A. C., M.R.C.S., L.R.C.P., appointed Neurological Specialist, Ministry of Pensions (April, 1921).

BIRTHS.

NICOLL.—On October 12th, Catherine (*née* Champion Jones), the wife of Dr. Maurice Nicoll, of 146, Harley Street and 36, Chester Terrace, Regent's Park—a daughter (Jane).
PRITCHARD.—On Monday, September 26th, at 6, Wimpole Street, W., the wife of Harold Pritchard—a son.
STANLEY.—On October 11th, at 51, Rue des Belles Feuilles, Paris, to Frances Trenor (*née* Park), the wife of E. Gerald Stanley, M.S., F.R.C.S., M.D. (Paris)—a daughter (Jane Elliot).
WALDO.—On September 26th, at Springfield House, Beechcroft Road, Wandsworth Common, S.W. 17, to Dorothy, wife of H. C. Waldo—a daughter.

MARRIAGES.

STOCKER—STORRS FOX.—On October 12th, at St. Saviour's, Denmark Park, S.E., by Rev. C. J. Morton, cousin of the bride, Captain C. J. Stocker, M.C., I.M.S., son of Dr. and Mrs. Stocker, 8, Cathedral Close, Norwich, to Madeleine, eldest daughter of Mr and Mrs. W. Storrs Fox, Hillside, Bakewell.
SYKES—CLARKE.—On September 28th, at St. Paul's Church, Morley, by the Rev. Godfrey Clarke, M.A., Vicar of Haslingden (uncle of the bride), assisted by the Rev. Edwin Scott, M.A., William Stanley Sykes, M.A., M.B., B.Ch. (Cantab.), D.P.H., son of Mr and Mrs. Arthur S. Sykes, Barfield, Morley, to Ella Barbara Clarke, second daughter of Dr. and Mrs. Travers Clarke, Bank House, Morley.

DEATHS.

HOOPER.—On September 29th, 1921, at the Red Lodge, Aldeburgh, Suffolk, Col. Sir William Roe Hooper, K.C.S.I., I.M.S. (ret.) F.R.C.S., Hon. Surgeon to the King, aged 84 years.
MAYNARD.—On September 30th, 1921, of double pneumonia, at Audlem, Cheshire, Lieut.-Col. F. P. Maynard, F.R.C.S., I.M.S. (ret.).
NORRIS.—On October 10th, 1921, at Langley Lodge, Surbiton, Frank Baker Norris, M.D., aged 55.
WROUGHTON.—On October 7th, 1921, at Leribe, John Henry Wroughton, M.R.C.S., L.R.C.P., Basutoland Medical Service, son of the late Lieut.-Col. F. J. Wroughton and Mrs. Wroughton, Richmond.

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. XXIX.—No. 3.]

DECEMBER 1ST, 1921.

[PRICE NINEPENCE.]

CALENDAR.

Tues., Nov. 29.—Sir T. Horder and Sir C. Gordon-Watson on duty.
Fri., Dec. 2.—Prof. Fraser and Mr. Gask on duty.
Tues., " 6.—Dr. Morley Fletcher and Mr. Waring on duty.
Fri., " 9.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Tues., " 13.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
Fri., " 16.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Tues., " 20.—Prof. Fraser and Mr. Gask on duty.
Fri., " 23.—Dr. Morley Fletcher and Mr. Waring on duty.
Tues., " 27.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Fri., " 30.—Sir P. Horton Smith Hartley and Mr. Rawling on duty.
1922.
Tues., Jan. 3.—Sir T. Horder and Sir C. Gordon-Watson on duty.

EDITORIAL.

RARELY in the history of the Hospital has St. Bartholomew's had to mourn the loss of so many of its friends as at the present time. In Lord Sandhurst we lose a Treasurer of the highest character—a nobleman who was at once a philanthropist, a statesman and a courtier. Through the passing of Prof. Bainbridge the scientific world is the poorer of a distinguished investigator, and the Hospital of one of its two Fellows of the Royal Society. Many old Bart.'s men will regret the death of Dr. John Wickham Legg, once an Assistant Physician; whilst in Henry Spencer Bell the present generation of students have lost one who was deservedly very popular. This is a heavy death-roll. *Requiescant in pace.*

Our notice last month that Lord Stanmore had been chosen to succeed Lord Sandhurst as Treasurer of the Hospital was somewhat of the nature of intelligent anticipation, for it was not until November 24th that a Court of

Governors unanimously elected his Lordship first a Governor and then Treasurer of the Hospital. Lord Stanmore has had a long and distinguished diplomatic and literary career. We can give no greater praise than that he will be a worthy successor to Lord Sandhurst.

The Dean of the Medical School, Dr. T. W. Shore, gave the following details concerning the number of students now at the Hospital and Medical College in his recent report to the Governors:

The total number of students in attendance at the Hospital and Medical College is as follows:

Students of the first year (<i>i.e.</i> students who have entered since the date of the last report, exclusive of those who have completed their special courses and left)	210*
Students of the second year	141
Students of the third year	153
Students of the fourth year	85
Students of the fifth and subsequent years	115

704

These figures seem to show an increasing appreciation of the teaching of the School and Hospital which must be very gratifying to the Dean and the professors and teachers. There are many causes tending to make medicine popular at the moment. We imagine that, at a time in the world's history so unstable that no business man dares to predict the future of his business, a profession as necessary to mankind as medicine appeals powerfully to the level-headed as a career for their sons. But amongst the causes making for the popularity of Bart.'s we can think of none more important than that long-sighted wisdom which, during the war, maintained this ancient School for men only. Other hospitals adopted a different policy. They had their reward. Now we reap ours.

Fortunately those who direct the teaching of the Hospital do not rest on their laurels, but seek always to improve the standard of work. The latest lectureship to be established

* Of whom 121 are full-time students.

is one on Clinical Applied Anatomy. We congratulate Mr. Eccles on his appointment as first lecturer, for we know that this course fulfils a long-felt want. Nothing is more easily forgotten than anatomy. How often have we seen men in the rooms feverishly revising ancient "parts" for the "finals"—a pathetic sight!

Sir Humphry D. Rolleston and Dr. H. M. Fletcher have been appointed members of the committee considering changes in the curriculum and examination for the Conjoint Diploma. Many of our students will hope that these old Bart.'s men may remember that however long art may be, life is undoubtedly short.

Our heartiest congratulations to Mrs. W. B. Paterson upon the success of the Concert which took place in the Great Hall on November 17th, 1921, in aid of the Nurses' Home. A large and distinguished audience vigorously applauded the efforts of the artistes, who so generously gave their services for the benefit of the Hospital.

The Lord Mayor's Show was particularly interesting this year in that it contained two Bart.'s tableaux. These were skilfully done and were noticeable features of the procession. The Hospital has, of course, always had a very intimate connection with the City. It was, for instance, the impetuosity of the citizens of London which materially helped our noble-hearted patron, Henry VIII, to give back to us certain property for which he had other uses. And on one or two occasions when the procession has passed the Hospital a shower of hot pennies has not added to the dignity of the proceedings. We respectfully give our best wishes to the new Lord Mayor and Lady Mayoress.

The Rugby Football Club is to be congratulated on the completion of its stand at Winchmore Hill. Spectators can now watch the game in much greater comfort than has ever been possible before. We are glad to hear that the financial return is encouraging, though donations are still required. The enterprise has meant much hard work for a small group of men. Grand-stands unfortunately—or perhaps fortunately—do not drop from Heaven. We congratulate those whose pertinacity and labour have achieved their aim. They have done lasting service to the Hospital.

The Professorial Units have recently combined in arranging a series of lectures on tuberculosis. Many experts on the subject have lectured at the Hospital. Sir George Newman opened the series with a lecture on the "Natural Aspects of Tuberculosis."

Lectures for December, all beginning at 3.45, are—
December 1st: "Clinical Features Generalised," by Prof. Fraser.

December 8th: "Principles of Prevention of Tuberculosis," by Dr. Howarth.

December 15th: "Principles of Treatment of Tuberculosis," by Dr. Drysdale.

Hospital men were interested to see in the *Observer* of November 13th an article on the chirruping of the starlings which frequent the plane trees in the Square. Hospital nurses were even more intrigued with the following sentence: "The nuisance became so great two or three years ago that it interfered with the sleep of some of the nurses on night duty and of the patients, who were also roused early next morning when the inconsiderate birds set about the day's business at sunrise."

We know that the chirruping of the birds never disturbs the peaceful slumber of the night-nurse at night, and we believe that an earthquake would be barely sufficient to wake a night-nurse during the day.

We understand that to the date of going to press well over £7000 has been collected in the recent Fleet Street Week for Bart.'s. An account of the effort will be published in our next number.

Resident appointments from November, 1921, to May, 1922:

Physicians.	House-Physicians.
Dr. H. Morley Fletcher.	Mr. N. Gray Thomson.
Dr. W. Langdon Brown.	Mr. E. W. C. Thomas.
Dr. J. H. Drysdale.	Mr. C. H. Andrewes.
Dr. H. Thursfield.	Mr. J. G. Johnstone.
Sir P. H. S. Hartley.	Mr. T. I. Ormerod.
Dr. Hinds Howell.	Mr. F. Allen.
Sir T. Horder.	Mr. J. S. White.
Dr. A. E. Gow.	Mr. D. M. Lloyd-Jones.
Surgeons.	House-Surgeons.
Mr. Waring.	Mr. J. L. Potts.
Mr. H. Wilson.	Mr. F. C. W. Capps.
Mr. W. McA. Eccles.	Mr. H. L. Sackett.
Mr. W. Girling Ball.	Mr. C. A. Horder.
Mr. L. B. Rawling.	Mr. C. S. C. Prance.
Mr. J. E. H. Roberts.	Mr. D. L. Jeaffreson.
Sir C. Gordon-Watson.	Mr. S. Orchard.
Mr. R. M. Vick.	Mr. H. Newton Andrews.

Professorial Clinics.
Prof. F. R. Fraser.
Dr. G. Evans.
Prof. G. E. Gask.
Mr. T. P. Dunhill.
Dr. H. Williamson.
Dr. J. D. Barris.
Dr. M. Donaldson.
Mr. Holmes Spicer }
Mr. Foster Moore }
Mr. W. D. Harmer }
Mr. F. A. Rose }
Mr. S. R. Scott }
Mr. R. C. Elmshie }
Dr. Adamson }
Mr. K. M. Walker }
Resident Anesthetists
Mr. D. W. Winnicott.
Mr. W. E. Lloyd.
Mr. H. J. Hendley.
Mr. R. W. P. Hosford.
Mr. W. Shaw.
Mr. W. B. Jepson.
Mr. L. S. Morgan (3 months).
Mr. Campbell Shaw.
Mr. A. D. Wall.
Mr. J. H. le Brasseur.
Mr. C. W. Narbeth (3 months).
Mr. L. S. Morgan (3 months).
Mr. F. de Caux, Mr. F. T. Evans, Mr. B. W. Thompson.

The Bart.'s Jazz Band has become a recognised institution

amongst us, and renders specially good service to the Hospital at Christmas.

Will anyone wishing any particulars of it communicate with Mr. B. H. Gibson?

Christmas is surely approaching, for already sisters are wondering whether or not little Tommy may perhaps be kept in till then, and what scheme of decoration will suit their particular ward.

We keep Christmas here in a fashion which gives pleasure to very many who otherwise would have little enough happiness. It is our privilege at this season to relax a little the rigorous round necessary for the cure of the maximum numbers in the least time, and become for a day or two the genial host.

We hope that all students will do their utmost to give the patients a good time. To them, and particularly to the sisters and nurses, it will mean much hard work. But it is work which always gives particular pleasure at the time and in retrospect, so we would end by wishing our readers

A VERY HAPPY XMAS.

OBITUARY.

Benjamin Poulton was born in Geelong, Victoria. He graduated as a Bachelor of Medicine of the University of Melbourne in 1874 and afterwards came to St. Bartholomew's Hospital. In 1880 he became a member of the Royal College of Surgeons of England. Returning to Australia he shortly became an Honorary Surgeon to the Adelaide Hospital. In 1883 he was elected a Fellow of the Royal Society of South Australia; in 1886 he was one of the prime movers in the establishment of the first Intercolonial Medical Congress, held in Adelaide in 1887.

For many years he was a most successful teacher and was known by very many as a good friend. In 1920 he retired from nearly all his professional offices.

Dr. Benjamin Pope Viret, who died on September 16th, bore the name of his father, a well-known civil servant, and was educated at St. Paul's School and St. Bartholomew's Hospital. He became M.R.C.S.(Eng.), L.R.C.P.(Lond.), in 1890, and graduated M.B.(Lond.) in 1893. He entered private practice in Bradford, where he remained for the last twenty-four years of his life.

Whilst engaged in his professional duties he contracted an infected wound, which set up septic pneumonia, from which he died with tragic suddenness. A cultured man of wide reading and fond of his profession, Dr. Viret did not seek publicity. He was 54 years of age and leaves a widow and three children.

MEDICAL NOTES.

By Sir THOMAS HORDER.

SOME GENERAL RULES IN THE USE OF VACCINES.

(1) Use every effort to establish an accurate diagnosis, not only in regard to the nature of the infecting micro-organism, but also in regard to the duration, the course, and the degree of the disease-process.

(2) The mere isolation of a micro-organism from the body is not to be considered a sufficient reason for embarking upon a course of vaccine therapy. Some definite evidence that the body is infected, and not merely invaded, by the micro-organism, should be forthcoming before such a decision is made.

(3) In the case of mixed infections endeavour to get some close approximation to the actual condition in respect of the chief, as against the secondary, infecting agents.

(4) In the treatment by vaccines of a prolonged case of infection revise the bacteriological findings from time to time: the flora may change, necessitating the use of a different vaccine; and there are reasons for thinking that a micro-organism gets "acclimatised" to its corresponding vaccine, and that a vaccine prepared from a new culture of the same micro-organism then becomes more helpful.

(5) Begin a course of vaccines by small doses until the patient's response is ascertained. No harm is done if the initial dose is sub-minimal. It is easy to waste time by beginning with an overdose; it is difficult to gain time by an attempt to ensure that the first dose is really effective.

(6) Do not "flog" the patient's immunity mechanism by too frequent repetition of the inoculations. On the other hand, endeavour to follow up any advantage gained by a consistent programme calculated to secure summation of effects.

(7) Do not conclude that a vaccine is useless because a miracle does not follow its initial application. If you decide to try it, the reasons guiding you should be such as to justify a thorough, and not a casual, trial of the remedy. Especially is this important in chronic cases, in which results may not be apparent until the inoculations have been steadily continued over a lengthy period.

(8) There is a time to inoculate and there is a time to refrain from inoculating. If in doubt as to whether a dose of vaccine should be given or should be deferred, defer it. An operation, an intercurrent illness, a long journey, a menstrual period, the anticipation of a fatiguing or exciting time immediately after the inoculation—any one of these should lead to postponement of the injection.

(9) Relax no single adjunct in the general treatment of the patient because vaccines are being employed. The immune process is extremely complex in its operation, and is open to assistance in divers way—non-specific as well as specific.

(10) Know what it is you are trying to do, and, so far as is possible, understand the nature of the material with which you are trying to do it. Control your remedy; do not let it control you.

OBITUARY.

THE RIGHT HON. VISCOUNT SANDHURST,
P.C., G.C.S.I., G.C.I.E., G.C.V.O.

An Appreciation by EDWIN J. LAYTON, an Almoner.

IHAVE been asked to write a few words about our much esteemed and beloved Treasurer, whose loss by death we have been deploring at the Hospital these last days. I have accepted the invitation, not because I feel specially fitted to do so, but simply because I have worked in very close touch with Lord Sandhurst since he became Treasurer, and yield to none in my respect, admiration, and love of his striking and engaging character.

Only the few know what a large amount of work Lord Sandhurst did for the Hospital. In addition to the weekly meetings of the Almoners, the monthly meetings of the House Committee, and the Quarterly Courts, he attended sometimes two Special Committees in a week, and often made personal visits to the Hospital besides. All the while he had the very onerous responsibility of obtaining funds to carry on the work of the Hospital. In the early days of his administration he had a yearly deficit to deal with of about £7000; lately it rose to many times that amount, but his confidence never failed him and he always firmly believed that the public would provide sufficient funds to maintain the beneficent activities of the Hospital. In 1911 and for the three subsequent years I had the pleasure of helping him as Hon. Secretary in his successful appeal for £50,000 to discharge the then debt of the Hospital to the Bank of England. When I retired at the end of that period he wrote me one of those charming letters which he knew so well how to pen, in which he seemed to wish to give me the credit due to his invaluable share in the work. This only illustrates what was such a notable feature in his dealings with anyone with whom he acted, namely his generous appreciation, his single-minded loyalty and unselfishness.

To the meetings already referred to Lord Sandhurst brought a ripe experience of business matters gathered as Chairman of the Middlesex Hospital, in India as Governor of Bombay, in the office of Under Secretary of State for War, as Lord Chamberlain, and in the House of Lords,

and he presided with dignity, courtesy and geniality. He had an exhaustive knowledge of the affairs of the Hospital, and one often felt that he knew a little more about the matter under discussion than the best-informed member present. It was impossible not to be impressed with his intelligence, energy, even temper and earnestness.

When addressing the members of the junior staff on their appointment Lord Sandhurst always urged the cultivation of habits of punctuality, and he certainly practised that necessary business qualification himself.

His indomitable courage and perseverance was shown in a remarkable manner by his action with regard to the new Nurses' Home, to which his thoughts and sympathy were ever flowing. In the face of difficulties which would have appalled most men he "carried on" in spite of political disturbances arising out of the war, strikes, high wages, and a decline in the benevolence of the public, and he lived to see the foundation-stone laid by Her Most Gracious Majesty the Queen and a sum of money in hand which will enable an important section of the work to be put in hand very shortly. Nothing in his work was more characteristic of his energy and determination than this.

Those who worked with him as Almoners had the fullest opportunity of observing and experiencing his great qualities. Until quite lately he was seldom absent from any important meeting. He was thoroughly conversant with all matters discussed, and formed a careful opinion on all questions where difference was possible. He had a keen sense of humour, which often served him when difficulties arose, but at other times his strong character revealed itself and came to the front. He quickly arrived at a decision and freely took responsibility. No more delightful colleague could be imagined, and the Almoners and members of his committees will feel that they have lost a true and steadfast friend.

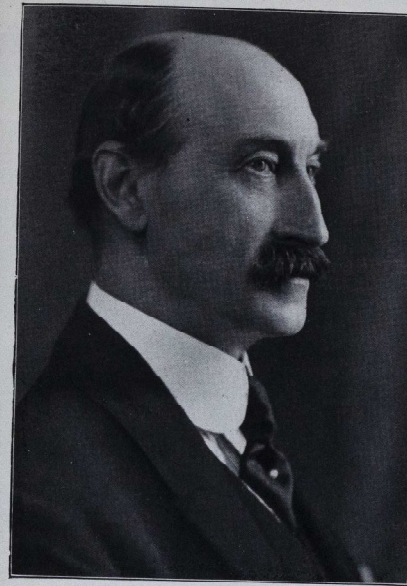
During the last thirteen of the years it has been my privilege to serve this great Hospital I have had wide opportunities of meeting with members of the several committees, of the Medical, Nursing and Civil staffs, and it is somewhat remarkable and intensely gratifying to be able to state that never during that long term of years have I heard a single disparaging remark about our beloved Treasurer. I think it was because he had the art of winning and keeping friends.

The Hospital has lost a most able administrator whose memory will be held in lasting and affectionate regard.

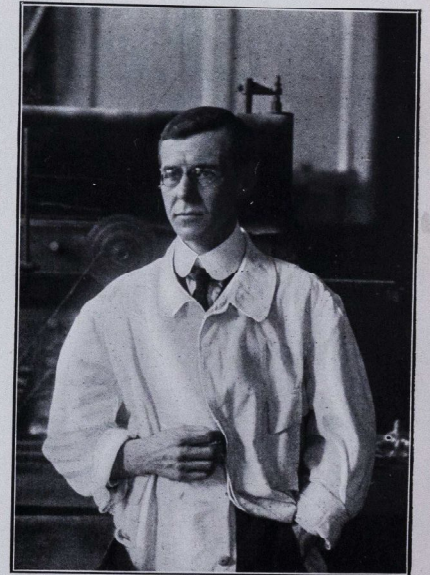
ST. BARTHOLOMEW'S HOSPITAL.

At a General Court of Governors held on Friday, November 4th, 1921.

RESOLVED,—“That the Governors of this Hospital in General Court assembled hereby record their deep regret at the lamented death of the Right Honourable Viscount



THE RIGHT HON. VISCOUNT SANDHURST,
P.C., G.C.S.I., G.C.I.E., G.C.V.O.



PROFESSOR F. A. BAINBRIDGE,
M.A., M.D., D.Sc., F.R.C.P., F.R.S.

Photo by Edward Cohen

Sandhurst, P.C., G.C.S.I., G.C.I.E., G.C.V.O., and their sincerest sympathy with the Viscountess Sandhurst in her bereavement.

"The Governors are keenly sensible of the great benefits that have accrued to the Hospital under Lord Sandhurst's Treasurership, and sorrowfully recognise that by his death the Hospital has lost a devoted friend and a most able administrator."

THOMAS HAYES,
Clerk to the Governors.

PROF. BAINBRIDGE.

THE news of Bainbridge's death on October 27th, coming as a sad surprise to many of his friends who had not even heard of his illness, must have awakened many memories in the minds of those who had watched and admired his brilliant career. To me came first one of those indelible mental pictures as clear as when seen some thirty-four years ago. A small boy dressed entirely in black, with large round spectacles and a clever face, standing near the entrance at The Leys School with the somewhat disconsolate and lost expression of the new boy. I suppose it was the fact that he was then in mourning that earned for him in the earlier part of his school life much the same nickname as Kipling had at Westward Ho! Soon, however, this was replaced by the more affectionate name by which he was known to most of us to the end of his life.

He came to the School, of which he afterwards was a Governor, with an Entrance Scholarship, and left it five years later with an Exhibition (later a Major Scholarship) at Trinity College, Cambridge, after having been Head of the School during his last three terms. It so happened that his year of office was a particularly trying one, and first called forth that strength of purpose which was always a marked characteristic.

The record of his scientific attainments may be found elsewhere, especially in the sympathetic notices in the *British Medical Journal* and the *Lancet*, written by Prof. Starling and his almost life-long friend Prof. Dale respectively. The purpose of these notes is purely personal. It was at The Leys that he instituted a small coterie of friends, amplified later at Cambridge, which has outlasted most such school-boy associations. With one unavoidable exception all the surviving members watched his coffin lowered into its resting-place at Finchley in the rainy gloom of November 1st.

Colleagues at the Hospital seem to have thought that his was a poor physique, and that an active mind was ever at war with a weakly body. This was far from being the case. Although always short and spare he was muscularly strong—he had a grip of iron—and until two years ago he hardly ever had a day's illness. At School, although he never obtained his first colours, he was in the second team at cricket, lacrosse and football. At football he excelled as a fearless and dashing half, and that particular team never

lost a match, and was little inferior to the 1st XV. He would certainly have obtained his place in the senior team had not most of the matches been against heavy college clubs.

He was also devoted to outdoor life, and especially to tramping over Yorkshire Moors, or better still, the Fells of Cumberland and Westmorland. Many happy recollections crowd my mind of long days on Cumbrian hills, sometimes in warm sunshine, but as often in pouring rain or driving snowstorms. Never a keen rock climber, he loved certain climbs, notably the "Doctor's Chimney" on Gable Crag, into which he fitted as if it had been made for him, or, more exciting, the Arrow Head Ridge, where his stature made it necessary for him to jump for one hand-hold, trusting to the rope if he missed it. Of later years, probably as work became more strenuous, he ceased to join in these expeditions, preferring to take his holidays in conditions of greater rest and comfort.

His work was everything to him. Never content with teaching alone, his keenest ambition was to advance the science of physiology. True, at one period, he had dreams of clinical medicine, but he soon found that pure science had greater claims upon him. His research work was carried out with painstaking care, and he was almost morbidly afraid lest any inaccuracy should creep in. Nothing pleased him more than genuine appreciation of his work—for it was his work that counted more than anything else—and so his election to the Fellowship of the Royal Society some two years ago afforded him the greatest satisfaction as a recognition of the scientific value of his researches.

As a teacher also he had gained an assured position. His book, *The Essentials of Physiology* (written in conjunction with his friend the late Dr. Menzies), has met with a most popular reception. When he first went to Durham University as Professor one wondered how he would be received by the critical northern medical student. But the northern student quickly recognised the value of the northern blood of the Professor, and accorded him appreciation and affection. Since his return to his old Hospital he has won the esteem of the student in London as he did in the North, and in spite of the interruptions caused by war, and latterly his poor health, he has given his very best to the School of the Hospital of his choice.

But in spite of his great scientific attainments it is, after all, rather as a friend that he will live in the memories of many of us—old school-fellows, old Cambridge friends, and old Hospital colleagues, and most of all, of those who were all three. Always reticent—I had almost written secretive—in expressions of friendship, his was of the quality that could be relied on whatever might be the call made upon it. Perhaps his life can be summed up best by saying that it was one devoted, on the one hand, to scientific work, and on the other, to loyalty to his friends, his old School and to his Hospital.

DR. WICKHAM LEGG.

WE regret to announce the death of Dr. John Wickham Legg at the age of 78. Dr. Legg was at one time Assistant Physician and Lecturer on Pathological Anatomy to St. Bartholomew's Hospital. He was appointed by Queen Victoria first tutor, and later physician to her fourth son, Prince Leopold. His special subject was hæmophilia; he contributed many papers on this and allied subjects to medical journals, including the *St. Bartholomew's Hospital Reports*. A breakdown in health compelled him to resign from the Staff of this Hospital, and his later years were largely devoted to the study of liturgy, on which subject his opinion was often invited by high authorities in the church.

HENRY SPENCER BELL, M.C.

IT is with the deepest regret that we have to announce the accidental death of Henry Spencer Bell at the age of 30.

He was the youngest son of T. S. Bell, Esq., of Earl's Colne, Essex, where he was well known and respected.

He was educated at the Earl's Colne Grammar School, which he left to take up training in agriculture. However, in 1913 he decided to adopt medicine as a career, and entered this Hospital that year.

On the outbreak of war he joined the Artillery Unit of the London University Officers Training Corps, from which he obtained a commission in the Royal Field Artillery. In April, 1916, he proceeded overseas and joined the 176 Brigade, R.F.A., 34th Division, on the Western Front. Later he was transferred to the Trench Mortars of that Division and rose to the rank of Battery Commander. At the end of 1916 he was awarded the Military Cross for "conspicuous gallantry in the field."

In March, 1918, he was demobilised to return to his studies at the Hospital. Although since his return he had rarely enjoyed good health, he maintained an active interest in all affairs connected with this Hospital, and was a member of the Students' Union Council.

His loss will be deeply felt by his many friends, with whom we join in extending our deepest sympathy to his family.

A FEW IMPRESSIONS.

By H. EDMUND G. BOYLE, O.B.E., M.R.C.S., L.R.C.P.,
Anæsthetist and Lecturer on Anæsthetics to St. Bartholomew's
Hospital, etc.

IT has been suggested that a brief description of my recent short trip to U.S.A. and Canada, where I went as the representative of the Anæsthetic Section of the Royal Society of Medicine to the first meeting of the Canadian Society of Anæsthetists, might be of some interest to the readers of the JOURNAL.

Accompanied by my wife we left England on May 14th

in the "Aquitania" on a voyage that, on account of the strike, will probably be memorable. We certainly had a more or less scratch lot of stewards, but as far as I could see it was rather less than more, and after the first thirty-six hours everything seemed to work quite smoothly, and we did, I believe, a record run, arriving at New York on the following Friday evening. The voyage was delightful, and a welcome rest after months of toil in London. Despite my openly confessed little knowledge of rashes and medical ailments generally, I was called into consultation by the ship's doctors to see a three months' child with a curious rash, and to get to this I was taken into the bowels of the ship, and there found a well-equipped hospital of, I think, 40 beds. Here I saw the rash, and as the child had been vaccinated only a few days before I plumped for what I thought was most likely—vaccination rash. The child had then had three lumbar punctures under ether, and they were still in doubt. On arrival at New York we were kept in quarantine for about four hours, and as the mother and child were taken off to the quarantine station one concludes that it was probably something akin to typhus, for which the doctors were on the *qui vive*.

On arrival at New York one found the customs splendidly arranged, and got our luggage through with the greatest ease, due perhaps to some flattery on my part, or perhaps because I was a medical man on tour. And so to the Biltmore Hotel, where we found we were "located on the seventeenth floor." From this, to me, dizzy height, the traffic and people looked small, but the noise and clatter reminded one of Paris.

Next morning at 8.30 a.m. I was in a private hospital with my friend Dr. Gwathmey, and saw some of his work. Gwathmey is a very able and advanced anæsthetist, and right ahead of most anæsthetists, even in America. His synergistic analgesia, and his method of giving a subcutaneous injection of 300 c.c. of 4 per cent. magnesium sulphate combined with morphia, are right in advance of anyone.

During my stay in New York I saw the work of several anæsthetists, including Drs. Bennett and Lombard; the former appears to use gas ether chloroform much in the way that the late Sir Frederick Hewitt taught, and it is worthy of note that he was the only man that I saw giving chloroform during the whole of my trip. Dr. Lombard gave me a demonstration at a tonsil clinic of ethyl chloride followed by ether with excellent results. One noted that it appeared to be the custom both in America and Canada to use an electrically driven pump and suction apparatus in tonsil operations; this materially assists the surgeon, for there is no need for sponging as the blood is removed by the sucker and he has a dry field to work in, with the added advantage of less sore throat afterwards from the sponging. The ether is also delivered into the mouth from the same machine. I promptly bought one. In and around New York the thing that impressed me most was the enormous

number of motor-cars: indeed a run out of New York for a few miles reminded one of driving to Ascot on Cup Day, a procession of cars all the way.

From New York we went to Niagara. The first part of the journey along the banks of the Hudson river was delightful, the scenery was beautiful and in parts reminded one of our own Lake District; later on, towards Syracuse, it changed and became flatter, but all the while it looked fertile and vigorous in the extreme. The falls at Niagara were rather disappointing: one had conceived them as far grander, and although they are very wonderful and beautiful, yet the factories and buildings that are in the immediate vicinity rather spoil the effect.

Here one met for the first time the men who were running the Congress, and in Dr. McMechan, who is the Secretary and Iodestone, as it were, of anæsthetic matters in America, they have a most charming man with a wonderful brain; but unfortunately he is a martyr to osteo-arthritis and has to be taken about in a chair, which considerably hampers his activities. In his wife, however, he has a most charming and helpful partner, who tends to his every want and assists him in all his work. I feel sure that a great deal of the success of the two congresses that I attended was due to the untiring and tactful work of Mrs. McMechan.

At the first available moment we were taken on a round trip by tram to see the Whirlpool and Rapids. Never shall I forget the sight of these Rapids: the great river is here narrowed up to a comparatively narrow space shut in by walls of rock, and through this the mighty mass of water rushes, leaping, foaming, boiling, dashing against rocks, and for all the world like a wild, untamed animal dashing along to freedom, heedless of the knocks and bumps encountered on the way. Great waves there are that rise angrily with a hiss and burst of foam, only to give way to others, twisting and hurtling along—truly a scene of superb grandeur!

Of the actual Congress little need be said here, as I hope to report fully on this to the Anæsthetic Section. Suffice it to say that the papers were mostly of a very high order, and the men evinced a keenness that was indeed refreshing.

One found that the consensus of opinion was that gas oxygen, or gas oxygen ether, was the anæsthetic of choice, and failing that, open ether.

The importance of blood-pressure charts during operations was ably dealt with by McKerson, of Toledo, and his secondary saturation with nitrous oxide to produce relaxation was also amongst the topics dealt with.

The Canadian Society of Anæsthetists honoured me by making me an Honorary Chairman of the Session and in my remarks I was glad to be able to tell them something about ethanesal, and the work of Dr. Wallis and Dr. Hewer.

During the Conference I found that I also had to address the Nose and Throat Section, and as I had only taken out one paper, I had to give an extempore address to these gentlemen.

And so to Boston to another conference and demonstration of cases, including a secondary saturation by McKerson.

I arrived in Boston at 2 p.m. on Monday, and left at 10.30 p.m. on Wednesday, and during that time I realised what hustling meant. Papers and demonstrations all day and dinners and speeches each evening! It was here that I was given the biggest reception of my life, when I was to speak at the Anæsthetists' Dinner. It has never before fallen to my lot to have the whole room rise and cheer when I got up to speak, and it is a most embarrassing situation. However, a drink of iced water removed the "lump in my throat" and I was able to speak.

On the next evening, at the dinner of the American Medical Editors, I had the pleasure of meeting Dr. Henry O. Marcy, who told me that he had given the first ether anaesthesia at St. Bartholomew's for Mr. Paget in 1870. Dr. Marcy was a delightful "boy" of 86, and there were at least two other members of the Editors' Association who were over 90.

From Boston to Toronto about twenty hours' train journey. The sleeping arrangements are not comfortable, unless one takes a "drawing room."

At Toronto we were the guests of Dr. and Mrs. Johnston, and here it was that one saw private anæsthetics *de luxe*.

The Toronto General Hospital has a block of 150 beds set apart for private cases, and here in the two theatres one saw quite a lot of anæsthetic work, and very good anæsthetic work it was. The anæsthetist has a delightful time: he comes to the hospital, everything is ready to hand, and he has none of the taking around of material as we do in this country. Indeed, from what I saw of the Toronto General Hospital, I think that it should serve as a model to anyone building a hospital in future.

After some days in Toronto, where we were entertained in a most hospitable manner by Dr. Johnston and many others, we journeyed to Montreal by boat down the St. Lawrence, and past the Thousand Islands—a most beautiful trip and exciting withal, seeing that we went down through several rapids. The last rapid, La Chine, is quite the most exciting, as we went through a 65-foot channel and could see the rocks on either side, but as we were travelling at about thirty miles an hour it was all over and past before one could really take in the beauty and grandeur of the situation.

I thought that after Boston I knew something of hustle, but it was nothing to our stay in Montreal, where we arrived on a Sunday evening, and were met by Dr. and Mrs. Bourne, who constituted themselves our hosts.

Next morning we began at 8 a.m., and what with watching anæsthetics, and being interviewed by the Press, the time soon came for a brief lurch at the Club; thence to a very good golf course for a round, thence at breakfast speed back to Bourne's for a dinner party; after which we again boarded the cars, and again at wonderful speed to a

country club for a dance. *En route* we were arrested by a policeman on a motor-bike for exceeding the speed limit, and my boat, who had left his license at home, looked like having to pay a heavy fine; but he explained to the constable that he was driving "a very distinguished London—England—doctor to visit one of the show places, etc., and had he read his afternoon paper with the interview with this noted doctor?" The constable stepped back a pace: "Drive on." For a piece of consummate bluff I have never met the like. I have since heard from Bourne and he was not fined. To bed at 2 a.m., and back to Victoria Hospital at 8 a.m., thence to other hospitals and back for a reception at 1.30 p.m., and off to New York about 5 p.m. Truly a good hustle! The anæsthetic work in Montreal is good, especially Bourne's work on gas oxygen for midwifery.

Taken as a whole the anæsthetic work that I saw was of a high order. One found that almost everywhere some form of combined blowing and suction apparatus was used for tonsil work, and as the value of this was obvious I brought back a portable machine, which has already proved the value of the method.

One cannot close this brief article without mentioning the wonderful open-handed hospitality that we received wherever we went; indeed, so great is the hospitality that it makes one ashamed of how little we do for visitors over from U.S.A. and Canada.

With regard to the States and parts of Canada being "dry," my experience was that prohibition was rather a farce, for if one knew the right people drink of all sorts was always to be had. Admittedly the price is high, but money seems to be plentiful "over there." My own opinion is that prohibition is leading a lot of men to drink who never drank before—they resent the restriction, and are determined to have drink at any cost.

I shall always look back on this trip, hurried though it was, with the greatest pleasure, for it has enabled me to get to know many anæsthetists on the other side, and to make friendships which I shall always value.

PROFESSIONAL OPPORTUNITIES.

(3) PUBLIC HEALTH AS A CAREER.

By W. H. HAMER, M.D., F.R.C.P.,

Medical Officer of Health and School Medical Officer (County of London).

READERS of this Journal will remember how, in an issue of a few months back, they were intrigued by a paper in which, as in a dream, the St. Bartholomew's Hospital Medical School of the future was bodied forth to view. There was a flat-iron building of sorts, with floors and lifts galore; there were arma-

mentaria for the surgeon and bacteriologist; there were medical and gynecological weapons of precision; there was even a small space appropriately allotted to the tendance of Montessori-trained amoebæ—all was described, save that there was no reference to public health and to the study of disease as a "mass phenomenon." And yet the reduction of the death-rate during the last fifty years means a saving of 15,000 lives per million living per annum, or for the population of England and Wales a saving of 600,000 lives a year! If, then, curative medicine, surgery and gynecology be credited with 100,000 of these, a truly liberal allowance, the half million—none too much—remains for public health; that is to say, for the saving of lives formerly lost from smallpox, typhus, typhoid, cholera, scarlet fever, diphtheria, tuberculosis, and the rest of the list. Where, then, in the flat-iron building, is the odd corner or cupboard allotted for "Kultur" relating to public health?

Of course the fact of the matter is, public health, like Topsy, has just "grewed," and (the trouble is) goes on growing. The story of this growth can be read in Sir John Simon's *English Sanitary Institutions*. Now the question is, Where is it going to stop? Bernard Shaw says we are harking back to Methusalem; and some pessimists see looming in the distance an extension of the course of medical study from five years to—say for a beginning—twenty, and the prospect that no one will be considered sufficiently experienced to "see out-patients" until he or she is over 100 or 120 years of age, whilst the physician or surgeon in charge of beds will be, at any rate, a middle-aged man or woman of some 200 or 250 summers. The vista has induced some leaders of thought to advocate a return to the land. Chemical apologists for the preparation and use of super mustard gas are, moreover, openly declaring that where poison gas has hitherto only slain its thousands, preventive medicine has slain its ten thousands, by permitting the close aggregation of persons under urban conditions, and so increasing the virulence of epidemic diseases. Another recent critic, while admitting that the abolition of acute infections "can only be beneficial," begs for the lives of the "chronic infections," which he holds "favour mental activity"; and he expresses the fear that their disappearance might result in "the curtailment of human achievement, and in the sacrifice of short-lived brilliancy to long-lived mediocrity." Most of us would probably consider the risk worth taking.

But as my instructions are to be "chatty but concise," it is necessary to pause here and say a word about the Medical Officer of Health. He was for a long time understood to be a man animated by an insatiable desire to tear up drains; nowadays he is generally expected to send out questionnaires, and to cherish the hope that they will be filled up just for the love of the thing. Neither of these definitions covers the entire ground. There is the M.O.H. who is the official adviser on public health questions

of the local sanitary authority; there are the medical officers of administrative counties, whose functions are somewhat similar, but cover a wider area, and are more supervisory in character; over-all there is the Medical Department of the Ministry of Health at Whitehall.

Furthermore, during the last fifteen years or so there has grown up a school medical service, and this service is now concerned with some forms of treatment, as well as with inspection. Later still in origin there are the tuberculosis, venereal diseases, and maternity and child welfare services. As a rule the school and other services are co-ordinated with general public health work under one chief medical officer in the counties and large urban areas.

Here, then, is a bird's-eye view of the prospect—plenty of work, a fair share of criticism, a discipline calculated to win, perhaps, even the vacant and the vain to noble rapture. But what of the emoluments? A minimum commencing salary of from £400 to £500 a year (pre-war), with nowadays something like the Civil Service war bonus, or corresponding addition to a salary on the pre-war scale, with "prospects of a rise." 'Tis not in mortals to command success, they can do more—deserve it. If a man decides for neck or nothing he must risk a whole-time appointment. If he be more cautious and need not decide on the spur of the moment, why not a part-time appointment, with the rest of his energies devoted to hospital work, bacteriology, or general practice? The school, tuberculosis and venereal disease appointments are almost as often as not part-time appointments, and give greater freedom, and obviate the need of a man's "burning all his boats." On the other hand, the whole-time appointment often has the added advantages of security of tenure and of being associated with pension facilities.

In any case, a diploma in public health is a *sine qua non* for anyone who means to make his way in the public health services. This means nine months' study, including four months' laboratory work, six months' practical study of the duties of public health administration, and attendance at least twice weekly for three months at an infectious disease hospital. The requirements as to detail of the various examining bodies differ slightly one from another, and an intending candidate should obtain and carefully scrutinise the schedule of the particular examining body before which he elects to present himself.

Thirty years ago the student was told that there were probable advantages in taking a D.P.H. Having regard to the growth of public health work in the interim, and to the likelihood of further developments in the future, that advice has even more to be said for it at the present time.

OPERATING AT REDUCED PRESSURES.

By C. O. S. BLVTH BROOKE.

WHEN opening the pleural cavity many surgeons still prefer to maintain a difference of pressure between the inside and outside of the lung, in order to hamper as little as possible the expansion of the lung on the affected side during the operation, and as I recently was shown over one of the best equipped of German hospitals I thought that a short account of the theatre, built for operating at a reduced pressure, and which greatly interested me at the time, might not be out of place. This was about the size of one of the boxes in the Surgery, and arranged so that it could be made perfectly air-tight, the door being padded with rubber and the drains provided with plugs. The head of the patient, when lying on the table, can be thrust through a window capable of closing like a diaphragm on a rubber girdle, which is wrapped round the neck, thus leaving the head in a kind of semicircular cupboard, just large enough for the anæsthetist to work in and opening into an outer corridor; in the wall of the cupboard were a few small panes of thick glass, to enable the anæsthetist and surgeon to signal to each other. The pressure of the air in the theatre was regulated by either sucking or pumping air through a large pipe (about a foot in diameter), which opened at one end into the theatre; a water manometer indicated the difference in pressure between the theatre and the adjacent anæsthetising room.

The operation is commenced at the atmospheric pressure, and air is then very gradually sucked out until the water on the one side stands from 6 to 8 cm. lower than on the other side; this is maintained until the pleural cavity is again closed, and then slowly the pressure is raised to normal. The senior surgeon, who showed me round, said that he personally felt no discomfort at the lowered pressure, but that others sometimes complained of a slight buzzing in the ear.

In spite of the fact that the greatest difference in pressure employed is only 8 cm. of water (*i.e.* about 6 mm. of mercury), this represents a pressure of 80 kgm. per square metre of surface, and therefore the roof and walls of the theatre must be of particularly strong material. At first this fact was not sufficiently appreciated at the hospital of which I speak, and at the first operation, when the negative pressure reached about 6 cm. of water, the ceiling and the walls began to give way and crack, and the pressure had at once to be raised to prevent them actually falling in; after this experience the theatre was rebuilt with solid iron, supported by large iron girders.

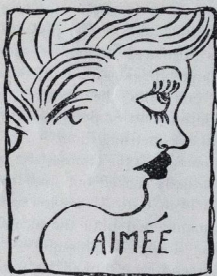
OUR HOME PAGE.

DEAR SIR,

As an old and constant reader of your valuable paper may I be allowed to express an opinion? The JOURNAL lacks what one may call in the expressive vernacular of our American cousins PEP. Said PEP might be applied in several directions. Do you not realise, dear old Son, that every doctor who reads your rag has a mother, wife or other female appendage, that a not inconsiderable number of students are deeply engaged. Do you cater for these ladies? Do you fondly imagine that they care a button about diphtheria (except when the baby gets it)? Do they cherish a passion for vaccines? Not a bit of it. Why not cater for them and so become successful? Start a Home Page. Why not run a feuilleton? Why not a bridge column? Respected Sir, life teems with opportunities. Pull your socks up.

I am,
A DISAPPOINTED READER.

Our Feuilleton.



LOVE TRIUMPHANT.

BY

ESMÉ DOLORES.

BEGIN HERE:

Aimée Desmonde is one of the most fascinating heroines in fiction: A golden-haired brunette, petite, chic, jolie, ravissante, with wonderful eyes the colour of wet and crumpled violets, with scarlet rose-bud lips and a furred tongue, she is as good as she is beautiful. Born of poor but honest parents, she had, as a mere child, entered Pitty Ward suffering from shingles, and there, struck by the devotion of the Night Super and the Junior House-Physician, she determined that she, too, would be a nurse. Shortly afterwards she met and married Sir Jasper Tooky, who died mysteriously and somewhat unexpectedly in the cab after the wedding. Aimée thus becomes the possessor of the Tooky millions and soon enters St. Smithfield's as a probationer. From time to time, however, she receives messages written in purple ink, "Remember Jasper." This is nearly enough about Aimée, except that she had a curious ivory complexion and a cast in the left eye. On the whole, she was one of those nice attractive plain girls. Now to business. Aimée is in love with

Sir Philip Dashwood, one of the surgeons to the Hospital and the Darling of Downing Street. Tall, broad, well-built, prognathous, with kind grave eyes into whose deep cool depths little children and old ladies might look without fear, he is one of the most fascinating heroes of fiction. Death fled at his approach—unless he approached too near. Those kind eyes looked every day—often twice a day, for he was a zealous operator—on inexpressibly awful sights.

After reading this epistle the Editorial Staff sat down heavily and adjusted its suspenders. Then it became deeply affected. For days our friends thought we had a cold; we hadn't. We were only considering how to bring our poor Journal up-to-date; how to infuse PEP (whatever, in the great name of Rahere, that may be) into our paper. After deep consideration we determined to follow our esteemed contributor's advice and produce a Home Page. We do not claim that we have been entirely successful. Our feuilleton, for instance, lacks that particular degree of sentimental slobber that a really first-rate feuilleton should possess. We are not quite sure what would happen if anyone tried to reproduce our model jumper. It might turn out to be—oh, almost anything. Give us time, reader. We are but young to edit a Home Page. We shall improve.

He had seen mothers bereft of sons, husbands of wives, and even (once) a bladder of a prostate. He held his scalpel much as our Tommies hold the bayonet—every movement told its tale. Sir Philip is thought to return Aimée's affection. He is married to Lady Henrietta, who has recently become mysteriously ill. Every physician in town has seen her and still the pain continues.

Priscilla Prudens is Lady Henrietta's maid. There is some strange connection between Aimée and Priscilla. This is suspected by *Dorothy Deareyes*, also in love with Sir Philip. Also beautiful. But a cat.

Charlie Hastings is a student at St. Smithfield's. In love with everybody. In the last chapter the Tooky millions have mysteriously disappeared.

BEGIN HERE:

CHAPTER LVIII (continued).

Sir Philip took his wife's hand and felt her pulse. "Say ninety-nine," he said. "Ninety-nine" came back the feeble whisper. "That settles it," said the surgeon, not a muscle of his face betraying his emotion; "Nothing but an operation can save her. Get the theatre ready."

CHAPTER LIX.

All was prepared in Theatre K at St. Smithfield's. All were ready, standing at attention, the anaesthetist by his gas-and-ketone engine; Aimée, the probationer, by her dirty-dressings bowl; Daisy Deareyes, the bluebelt, by the ligatures; Henrietta on the table; the Sister all over the theatre. There was a deep hush. Then the clock struck—Boom! One! Again—boom! Two! It was three o'clock (the clock was an hour slow). The awful hush was broken by a peal of demoniacal laughter; but it was only the effect of the nitrous oxide on Henrietta. And then Sir Philip strode in, scalpel in hand, and mounted the stage; he was clad from head to foot in spotless white. Standing on the right of the patient, his assistant opposite him, he made a median incision 4 inches long from the xiphisternum to the umbilicus. After dividing skin and superficial fascia, he—oh, sorry! I forgot. This is a feuilleton, isn't it? Well, anyway, he eventually found the stomach. The atmosphere was electric. Aimée trembled all over. But Sir Philip was cool as ice; not a ripple could be detected on the surface of those calm grave eyes as he incised the stomach-wall. But then even his restraint broke down, for he put his hand in and drew from the stomach—the missing Tooky millions. "Crikey!" he muttered, and sobbed like a child. Then he mastered himself. "Silk-worm gut, straight needle," was his next command. Daisy, who had been surreptitiously powdering her nose with a (sterile) powder puff, took up a curved needle and some No. 00 silk. But before she passed it to Sir Philip she acted in a strange way, dipping the point of the needle into a phial of violet fluid which had lain concealed in her back hair. Our hero took the needle from her; it had barely pricked Lady Henrietta's skin when that unfortunate lady was thrown into violent opisthotonos. Her jaw was clenched, her conjunctivae foamed and an impetiginous rash broke out over her arms and legs. Aimée shivered like a young aspen when the warm zephyrs blow from the north-east. But on Sir Philip's face not an eyebrow twitched. "Nothing," he said—and all hung upon his words—"Nothing can save her but heart massage." Telephone at once for a heart-masseuse.

With one sweep of his lion forceps the chest was laid open; with another sweep the parietal pericardium was incised. And what a sight met his eyes—those eyes which before were merely slightly cool and which were now frozen solid! Aimée had another rigor. The anaesthetist had another (sterile) whisky-and-soda. And no wonder, for traced in purple ink on Lady Henrietta's visceral pericardium were the words "Remember Jasper." "Ah!" shrieked Aimée, "Now I remember. Poor dear Jasper died in opisthotonos," and she fainted in the anaesthetist's arms.

(Whatever happens, don't miss our next number. Worth a guinea a time.)

HOME HINTS AND WARD WHISPERS

OUR COLUMN FOR THE NURSES. NOT TO BE READ BY STUDENTS.

No. 72.—How to make a Linseed Poultice.

Every nurse ought to know how to make this useful article, which may be used for practically any purpose. Ingredients required:

9 oz. Scotch fingering wool, 2 oz. linseed, one teaspoonful baking powder, 3 No. 27 celluloid knitting needles, a pat of butter, pepper and salt to taste.

Take two of the knitting-needles. Take the two ounces of linseed and mix with the baking-powder, stirring briskly. Cast on 27. Purl 2, plain 2. Add a little warm water to the linseed. Now take the Scotch fingering wool and the other knitting-needle. Also take number 17's pulse, temperature and respiration if you have forgotten to do so. And do not forget that the baby has to be fed at 11. Cast off 28. Purl 2. Parboil the linseed until it is of a jelly-like consistency. Decrease to 35. The next step is almost impossible to explain without a paper pattern, but the Editor says he can find no precedent for including paper patterns in this Journal and I've got to do without one. Anyway, what you do is this: you grease a dish with the pat of butter, coat it with bread-crumbs, knit the fourth and fifteenth rows together and the poultice is complete. If Sister doesn't like the look of the finished article, a very little

modification will turn it into a very pretty jumper; or it would be quite harmless to give to a diabetic patient, as it contains no carbohydrates.

AUNTIE JENNY.

YULE TIDE GIFTS.

At this festive season all thoughts turn to Diddle's wonderful Gee Street Emporium, where colossal bargains at colossal prices may be picked up. Every Sister should possess a Round-the-Corner-scope. Keep your eye on the New Pro. In the back ward whilst propelling the New Houseman round the front! And no present will warm that Houseman's heart more than a lump of really inflammable coal. A Night-nurse might well give him a pair of felt slippers, warm, cosy and comfortable, and guaranteed never to disturb her slumbers. But perhaps in the case of the Night Super a pair of sensible wooden clogs might be advisable.

We understand that Messrs. Hatch, Patch & Thatch have a new line of out-size hats. Give one to your Chief Assistant! Present the hat-boxes together with plasticine, cotton and a Meccano outfit to your Anatomy Demonstrator. It may keep him quiet for hours. For Clerks and Dressers in Professional Units Messrs. Softer & Softer's swan-s-down cushions will mitigate the cruel hardness of those wooden stools.

For Surgeons a temper-cooler. A box of refills provided for delicate operations.

For Physicians, Noall's diognostometer. No more leg-pulling in the autopsy chamber.

OUR TINY TOTS' COLUMN.

FOR FIRST YEAR STUDENTS.

THE ADVENTURES OF MR. TOWSER.

No. 479.



Oh! dear! Look what is hap-pen-ing to poor Mr. Tow-ser, the Bow-bow-fish. Naught-y Marm-a-duke, the nast-y med-i-co, is go-ing to dis-ssect out his met-a-neph-ros. His friends, Freddy the Frog, Percy the Pa-ra-mœ-ci-um and Hil-da the Hyd-ra, are all en-joy-ing the fun. Look at Percy's smile! Don't miss next month's num-ber, which shows what hap-pen-ed when the Ca-ter-ing Com-pa-ny got hold of poor Tow-ser.

ABERNETHIAN SOCIETY.

Following the Sessional Address delivered by the Right Hon. C. Addison on October 13th, an account of which appeared in the last issue of the JOURNAL, the Society has held weekly meetings. Much interest has been shown in the activities of the Society, and the meetings have been well attended by from thirty-eight to sixty members.

On October 20th a Clinical Evening was held. Cases were shown by Messrs. Coldrey, Holmes, Jory and Laptain. Forty-two members were present.

On November 1st an address was given by Dr. P. Hamill on "Hospital Pharmacopoeias, Old and New." Fifty-five members present.

On November 3rd a joint debate was held with the Debating Society, an account of which appears below. Over sixty members present.

On November 10th an address was given by Dr. T. H. G. Shore on "The Doctors of Dickens." Fifty members present.

On November 17th a Clinical Evening was held. Cases were shown by Messrs. Capener, Gordon, Maxwell and Moulson. Thirty-eight members present.

On November 24th an address was given by Dr. Geoffrey Evans on "The Nervous Element in Disease (excluding Psycho-Analysis)." The following meetings have been arranged for December:

December 1st. Discussion on "Constipation." Mr. A. C. Maconie will open from the medical aspect. Mr. E. Liston will follow from the surgical aspect.

December 8th: Clinical Evening.

December 15th: Address by Mr. Kenneth Walker on "The Diagnosis and Treatment of Ureteral Calculi."

INTER-HOSPITAL HARE AND HOUNDS.

We all know only too well that Guy's hold most of the Inter-Hospital Challenge Cups, among them being the cup for cross-country running which they won by only a few points last season. Why not decorate our Library with it next year? We can do so if only a team will turn out to run for it. At present there is only one representative from our Hospital who runs with the Club; surely there are many more long-distance runners among us.

Our Club Head-quarters are at the "Green Man," Blackheath, which is easily reached in about thirty minutes by tram from London Bridge, where there are excellent bathing and changing accommodations, with tea provided. A run is held every Wednesday during the winter months, that day being chosen in order that Saturday's games may not be interfered with. Matches are held at intervals and the Cup is run for in March.

Will any gentleman willing to run for his Hospital turn up at Blackheath on the next possible Wednesday?

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. LONDON IRISH.

At Winchmore Hill, on October 22nd, the Hospital proved too good for the London Irish. Though playing without M. G. Thomas, the three-quarters demonstrated dash and pace, but the defence of the Irish backs was lamentably uncertain.

The Irish never looked dangerous, except for the initial ten minutes in the second half. Cockell ably led the forwards, but the attempts of the three-quarters at the passing game were poor. The Bart.'s three-quarters, on the other hand, were continually on the move, Williams and Moody-Jones initiated several clever manoeuvres. The forwards played a hard game and frequently heeled well.

The scorers were Robertson, who showed a good turn of speed, (3), Moody-Jones (2), Cockell (2), Davies (2), Anderson (1); Orchard converted once and Gordon twice.

St. Bart.'s: 3 goals, 7 tries (36 pts.). London Irish: 0.
St. Bart.'s: W. F. Gaisford, back; W. Moody-Jones, P. O. Davies,

H. Royle, J. B. W. Robertson, three-quarters; T. P. Williams, D. H. Cockell, halves; S. Orchard, A. R. Cooper, H. V. Morlock, E. S. Vergette, H. G. Anderson, J. D. Allen, H. S. Gordon, R. Hunt-Cooke, forwards.

ST. BARTHOLOMEW'S HOSPITAL v. CARDIFF.

On October 26th the Hospital XV journeyed down to Wales to vie in contest with the Cardiff team.

The Hospital showed great promise at the outset, and play settled down in the home side's territory for about twenty minutes. The forwards during this period played a great game, the backs, however, as a line could not produce the same finish to their movements. Williams, at the base of the scrum, gave Dean—who is frequently mentioned as the prospective Welsh scrum half—very close attention, and demonstrated that he is in no department of the game inferior to him. M. G. Thomas was very closely watched as usual, but though he got very few chances he demonstrated his great defensive powers.

At the interval Cardiff led by 8 points through tries by Dangerfield and Dalrymple. In the second half the Cardiff three-quarters displayed brilliant passing. The Hospital forwards frequently made rushes on the Cardiff line, but the passing of the backs invariably went wrong. Two tries at least were thrown away through neglect of the wing three-quarters. Parker demonstrated himself to be one of the best forwards on the field. His kicking and falling back to assist the three-quarters repeatedly staved off danger. Further tries, however, were added by Dalrymple, Grant, Lewis and Dangerfield. The preliminary passing leading up to these tries was brilliant. Keener tackling by the backs would have minimised the score. Thomas received very few chances. The Bart.'s left centre made two very fine individual efforts to break through on his own, but it was not the Hospital's lucky day. Cardiff 25 points, St. Bart.'s 0.

The Cardiff medical students turned up in battle order and repeatedly incited "Play up Bart.'s."

After the match both teams were entertained to dinner by the Cardiff R.U.F.C. The President, Dr. J. Buis—an old Bart.'s student—paid glowing references and compliments to his old Alma Mater, and sincerely hoped the Bart.'s and Cardiff encounter would become an annual fixture. Messrs. Orchard and M. G. Thomas responded suitably on behalf of the Hospital. Before parting the Cardiff team entertained with "war-cries," "solos" and anecdotes.

Cardiff: Wallace, back; Johnson, Cornish, C. Lewis, Dangerfield, three-quarters; Dean, Davies, halves; Richards, Grant, Hopkins, Llewellyn, Jones, Rees, Rowlands, Dalrymple, forwards.

St. Bart.'s: W. F. Gaisford, back; W. M. Jones, McGregor, P. O. Davies, M. G. Thomas, three-quarters; T. P. Williams, D. H. Cockell, halves; S. Orchard, A. E. Beith, A. B. Cooper, G. W. Parker, H. V. Morlock, E. S. Vergette, H. G. Anderson, H. S. Gordon forwards.

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

On October 29th the Hospital invaded Woolwich, meeting the R.M.A. on their own ground. The Hospital were without their captain, and Messrs. M. G. Thomas and G. W. Parker.

At the outset the forwards immediately carried the ball to the home side's territory, where, mainly owing to superior speed and open passing, the Hospital soon put on two tries, Williams and Cockell gave the three-quarters many opportunities. Robertson was responsible for the first two tries, during which he showed a fine turn of speed. Royle also showed fine opportunism in a "corkscrew" run through three or four defenders. Gordon converted one try and kicked a penalty goal from an oblique angle.

After the interval the Hospital forwards, though ably led by Beith, slackened down a little. After a little pressing by the Military forwards, who were now much improved in the open, Tennant, the outside half, burst through and scored a brilliant try. A few minutes later the Hospital increased their lead through Morlock, who took advantage of a loose pass near their line. Davies increased the Hospital's lead by a fine burst, and Beith was nearly over after a long spurt. The Military forwards again pressed, Thompson finishing with a try. Tennant converted both the R.M.A. tries and kicked a penalty goal. Gordon converted twice for the Hospital.

St. Bart.'s: 3 goals (1 penalty), 3 tries (22 pts.). R.M.A.: 3 goals (1 penalty) (13 pts.).

St. Bart.'s: W. F. Gaisford, back; J. W. B. Robertson, P. O. Davies, A. B. Coyte, H. Royle, three-quarters; T. P. Williams, D. H. Cockell, halves; A. E. Beith, A. B. Cooper, H. V. Morlock, E. S. Vergette, H. S. Gordon, R. Hunt-Cooke, J. D. Allen, B. D. Wall, forwards.

ST. BARTHOLOMEW'S HOSPITAL v. BEDFORD.

On Guy Fawkes' Day the Hospital played Bedford R.U.F.C. on the latter's ground. G. W. Parkes was absent owing to a facial injury.

During the initial stages the Bedford forwards started in a very businesslike manner and made several onslaughts on the Hospital's line. When the Hospital forwards, however, began to assert themselves the issue did not seem in doubt.

The passing of the three-quarters was very indifferent at first, but eventually the spectators were treated to some exhilarating passing. Ably led by Williams and Cockell, the three-quarters ran with pace and skill. Davies opened the scoring after receiving from the inside and giving the home custodian the "dummy." Soon afterwards Thomas scored a fine try, the ball travelling from Williams to Cockell, then Cowley and Davies handled in turn, Thomas terminating the effort with a fine running swerve past two or three defenders. Tries then followed in quick succession.

During the second half Moody-Jones was in rare form, being well looked after by Davies—whose dummies seemed to demoralise the Bedford backs—and Cowley. Thomas was practically a spectator after the interval. The forwards heeled well and showed greater resource than usual in opening out the game.

Orchard finished the Hospital scoring, after a clever run past several defenders. Beith, Vergette, Cooper and Anderson were continually in the picture. Gaisford at back kicked with judgment.

Millward and Saunders obtained tries for Bedford, the former during a forward rush and the latter from a line-out.

Gordon demonstrated his abilities as a goal kicker.

The Hospital tries were scored by Moody-Jones (4), Davies (2), Orchard (2), Thomas (1).

Bart.'s: 5 goals, 4 tries, 37 pts. Bedford: 1 goal, 1 try, 8 pts.
Bart.'s: W. F. Gaisford, back; W. Moody-Jones, M. G. Thomas, A. B. Cowley, P. O. Davies, three-quarters; T. P. Williams, D. H. Cockell, halves; S. Orchard, A. E. Beith, A. B. Cooper, E. S. Vergette, H. S. Gordon, H. V. Morlock, H. G. Anderson, R. Hunt-Cooke, forwards.

ST. BARTHOLOMEW'S HOSPITAL v. HARLEQUINS.

This match was played at Winchmore Hill on Saturday, November 12th.

Wakelam opened the scoring for the Quins after a fine opening by Gracie. Cockell equalised for Bart.'s, picking up in the loose near a line-out. Then followed one of the prettiest movements of the match by Gracie, who short-punted, caught it on the full, and swerved round the full back to score between the posts. Prior to this King kicked a fine penalty goal from forty yards' range.

The second half was teeming with interest. Orchard scored a nice try for the Hospital, after picking up in the loose. Gracie, Pitman and Webster showed superior combination behind the scrum. When the ball is lost in the scrum each back is responsible for his *vis-à-vis*. On several occasions Thomas was confronted with two or three men. The last line of defence should stand in a favourable position to get across to the wings in time. It is better policy to dive for a man than to try and "tilt" him. The forwards at any rate showed it was possible to pass with confidence, and Parker, receiving from Beith, scored the Hospital's third try.

Further tries for the Harlequins were added by Pitman (2), Webster (1), Wakelam (1). Gracie was the outstanding figure in the Harlequins' side. Davies finished the scoring by running through the Harlequin backs, selling his dummy and cutting inwards to score a fine try.

T. P. Williams was the most outstanding figure in defence and offence on the Hospital side. Over and over again he was on his *vis-à-vis* before he had parted with the ball. M. G. Thomas, who had few chances to break through, saved repeatedly by good tackling. To the forwards, however, must be given the palm. Orchard, Beith, Parker, Shaw, Cooper and Co. showed they were equal to, and probably superior to, the opposing forwards. The better team won through their superiority behind the scrums.

Bart.'s: 2 goals, 2 tries (16 pts.). Harlequins: 5 goals (1 penalty), 2 tries (20 pts.).

St. Bart.'s: W. F. Gaisford, back; W. Moody-Jones, M. G. Thomas, P. O. Davies, P. H. Wells, three-quarters; T. P. Williams, D. H. Cockell, halves; S. Orchard, A. E. Beith, A. B. Cooper, G. W. Parker, C. Shaw, E. S. Vergette, H. S. Gordon, H. G. Anderson, forwards.

ASSOCIATION FOOTBALL CLUB.

Since the daily papers announced that "Bart.'s Lose at Last" the again v. The Old Westminsters, on Saturday next, something better may be expected. The 2nd XI have done quite well, losing only one match during the last month, whilst the 3rd XI, to date, have won 4 and lost 3.

ST. BARTHOLOMEW'S HOSPITAL v. R.M.C. (SANDHURST).

Played at Winchmore Hill on October 30th. Result: 1st XI 2, R.M.C. 1. The visitors found the home team in great form, and in consequence a very keen and particularly interesting game ensued. The reappearance of Lloyd at centre-forward was very welcome, who, besides scoring two excellent goals, was successful in keeping the whole forward line "going" throughout the match. The first goal scored in the first half was the result of a break-away, whilst the second goal was the result of a perfect centre from the left wing, after the R.M.C. goal-keeper had brought off really clever saves from both Ross and Savage. Coldrey was very sure at back, whilst the whole forward line worked well and successfully.

Team.—R. W. H. Tincker, goal; E. Coldrey and G. H. Caiger, backs; H. L. Oldershaw, A. C. Dick, A. E. Lorenzen, half-backs; G. R. Nicholls, A. E. Ross, E. I. Lloyd, R. W. Savage, F. Asker, forwards.

ST. BARTHOLOMEW'S HOSPITAL 2ND XI v. WINCHMORE HILL 2ND XI.

Played away on October 30th. Result: 2nd XI 1, Winchmore Hill 2nd XI 0. Although there is an annual fixture between the Hospital Cricket Club and the local side, it was not until this season, that a soccer encounter was arranged. Evan Morgan scored the only goal of the match, so the Hospital can be said to have "commenced well."

Team.—L. B. Ward, goal; J. G. McMenamin (Capt.) and D. Diamond, backs; Lloyd-Davies, E. W. C. Thomas, R. S. Anderson, half-backs; J. D. Crabtree, Evan Morgan, J. A. Morton, E. W. P. Davies, G. D. Drury, forwards.

ST. BARTHOLOMEW'S HOSPITAL v. OLD CITIZENS.

Played at Spartan Club, Bellingham, on November 5th. Result: 1st XI 0, Old Citizens 2. The Hospital forward line was minus E. I. Lloyd and G. R. Nicholls. The excellent short passing of the forwards of the Old Citizens was a marked feature of the game. Their first goal resulted from a corner, the second from an indifferent shot which Tincker just failed to turn round the post. In the second half Bart.'s had the better of the exchanges, and should have equalised had an "open goal" and a penalty kick been taken advantage of. As it was the better team won.

Team.—R. W. H. Tincker, goal; E. Coldrey and G. H. Caiger, backs; H. L. Oldershaw, A. C. Dick, A. E. Lorenzen (Capt.), half-backs; B. L. Jeaffreson, A. E. Ross, J. A. Morton, R. W. Savage, F. Asker, forwards.

ST. BARTHOLOMEW'S HOSPITAL v. KING'S COLLEGE.

Played at Mitcham on November 12th. Result: 1st XI 0, King's College 4. The Hospital fared badly in their encounter with the holders of the London University Challenge Cup. For King's, their defence tackled strongly, and kicked cleanly, their attack was quick upon the ball, and seized all opportunities presented to them; on the other hand, all movements of the Hospital were inclined to be sluggish. Bart.'s were still without Lloyd and Nicholls, and A. S. Edwards kept goal. J. A. Morton at centre-forward played a hard game, but received no support from the right wing.

Team.—A. S. Edwards, goal; E. Coldrey and G. H. Caiger, backs; H. L. Oldershaw, A. C. Dick, A. E. Lorenzen, half-backs; J. B. Crabtree, A. E. Ross, J. A. Morton, R. W. Savage, F. Asker, forwards.

DEBATING SOCIETY.

JOINT MEETING OF THE ABERNETHIAN SOCIETY AND THE DEBATING SOCIETY.

Held on November 3rd, 1921, in the Abernethian Room. Subject: "That, in the opinion of this House, official propaganda in favour of prophylaxis in venereal disease and the public provision of preventatives is desirable."

Mr. H. G. ANDERSON, opening the debate, quoted well known statistics to drive home the seriousness of the venereal problem.

These facts should be made known to the public by propaganda, and propaganda could only be efficient if it were official. He rather took the wind out of the sails of the opposition by advocating other means of combating V.D. besides prophylaxis, e.g. education, recreation and Scripture lessons. Fear was no deterrent; two-thirds of cases of gonorrhoea came up to Golden Lane suffering from a second attack. There must be a great deal of delay and inefficiency in treatment due to a natural dislike of visiting a special clinic for V.D. only. The risk of infection was almost negligible if treated within an hour. Therefore it seemed to him that the proper place for disinfectants and such like was the pocket of him who ran the risk, not the shell of the V.D. clinic. Some argued that the method of prophylaxis was so much more complicated than the act itself that the average man would not bother to carry it out efficiently. Personally, after reading the instructions, he thought it was fairly simple. It was argued that the public provision of preventatives would increase illicit sexual intercourse. In his opinion, anyone, liable to be stimulated to sexuality by the sight of a prophylactic packet, should only walk the streets under care of an asylum attendant. Finally he appealed for frankness in these matters; it was stupid to encourage one's fellow ostiches to hide their heads in the sands of prudence.

Mr. R. S. COLDFREY made a vigorous speech for the Opposition. He accused Mr. Anderson of poaching on his preserves by advocating education, recreation, raising the national conscience, frankness in sexual matters, encouragement of continence, Scripture lessons, etc. These were not prophylactics in the accepted sense of the term. "What would be the result of the public provision of preventatives? An immediate and enormous increase in vice." People would argue: "The Government tells us how to be immoral. Shall we? Let's." Who could forget the notorious immorality of the Colonial troops, upon whom this system was tried? He advocated raising the moral tone of the nation, which at present was on the upgrade. (Groans of doubt from the House.) A nation which is immoral, whether it is diseased or not, cannot be a great nation. "These prophylactic packet ideas don't hold any water." Carelessness and a false sense of security would inevitably creep in. At best you only give a man the chance to be immoral with less risk to his skin, while if you teach him to irrigate himself he may be damaged for life. (Sympathetic murmurs from the back.) The normal child was asexual (dissent from the Freudians) and early instruction was bad because it caused "premature stimulation and precocity of sexual function." He inveighed against "the promiscuity of domestic relationships in the overcrowded tenements of the slums—the utter absence of decency and privacy, which make it impossible to nurture those delicate principles of modesty and chastity in the children, who grow up like flowers only to wither in the acid air of their sordid surroundings."

Mr. R. HUNT COOKE gave statistics which he had hunted up (and cooked, so a little bird whispers). There were a great number of people who had passed the age when school baths were available to give them an outward sign of inward grace. Early treatment was essential, and every hour increased the probability of infection. Mr. Hunt Cooke, as a man of the world, confided in the House that infection was usually risked at night, therefore people rarely received treatment earlier than the morning after.

Mr. W. E. M. MITCHELL said there were two methods of prophylaxis: one was to avoid risk, the other to avoid infection. He believed in the first. The second removed the barrier of fear, lowered moral tone, and meant undermining the stability of the family. He doubted if people would bother to use prophylactic measures efficiently, especially as both parties were usually under the influence of Bacchus; even if they were not, did "the blood of youth run so cold and icy"? Laymen did not know V.D. as we did, and perhaps that accounted for the military conviction that a man was no soldier till he'd had it three times.

Mr. G. F. ABERCROMBIE disapproved of this "moral tone business"; it did not enter into the question. Nothing would give him greater joy than to walk along Piccadilly one night and see the bright lights of advertisement flash out a parodied version (unprintable) of "Veno's Lightning Cough Cure."

Mr. P. P. DALTON proclaimed that in spite of his Irish nationality, which had so amused the committee last time he spoke, they might be interested to know (of course we were) that he was going to speak for the Opposition. It was respect for the rules of debate, no doubt, that caused him to speak for only one side in the debate when, as he confessed, he could see no difference between the views of the opposing parties; the more natural outlet for his Irish generosity of spirit would have been to oppose both sides at once. In a very fatherly spirit he liked to listen to Mr. Coldfrey's youthful idealism, but he could not endorse it. One gathers that Mr. Dalton has seen

too much of idealism in various guises in "the most distressful country, sure, that ever yet was seen."

Mr. A. C. MACONIE made an excellent speech for the motion. He pointed out that that fear was no deterrent, and prophylaxis would not therefore greatly increase the number of departures from that straight and narrow path so warmly recommended by the Opposition. In any case, this increase would be outweighed by the decrease in incidence, which even the Opposition admitted. He agreed that the best prophylactic was the interposition of air between the prospective donor and recipient of infection, but mechanical and chemical methods were very valuable; the majority could and would use the latter, and they should be taught to use them efficiently. Mr. Maconie ended with one of his aphorisms, which may some day rival those written by that gentleman of equine cognomen, whom we have all learnt to respect and admire. "Prophylaxis is nothing more than a simpler, safer, earlier and more efficient form of treatment."

Mr. E. COLDFREY rose, zealously, to "hold the bridge." Quoting the numbers of sailors who went through the dockyard at Portsmouth was a piece of irrelevance on the part of the supporters of the motion. Even with the discipline of the Army prophylaxis had failed, how could it succeed in an undisciplined civil population? He thought the sympathetic attitude of the staff at Golden Lane was deplorable and uncalled for. He remembered a case of a young man of twenty he had seen there. Like a true son of Bart.'s Mr. Coldfrey noted the man's respectable outward appearance: "he had a clean face, and there seemed to be nothing wrong with him." But these facial diagnoses are so unreliable, for, lo! a primary sore and a urethral discharge. When asked for the probable date of infection, this promiscuous sexual athlete "hadn't the foggiest idea." But instead of righteous anger and firm and strong warnings, the naughty man was patted on the back and told, "Well, you've been rather unfortunate, haven't you?" This sort of thing, he thought, was appalling, and utterly subversive of the morals and hygiene should be dissociated.

Mr. A. WALK thought morals and hygiene should be dissociated. The moral crusade of the Opposition would be as harmful as it would be futile. Catching a spirochete was no more disgraceful than catching a cold. Mr. Walk made some amusing remarks about Puritans, "Carro" and "flu." Both public and players suffer from exposure in this show, but his meaning was not at all clear.

Mr. N. S. B. VINTER agreed with Mr. Walk. He thought education in hygiene should be carried out by the State.

Mr. F. F. IMANITOFF pointed out that by adopting prophylaxis in the Army in 1916 the incidence of V.D. was reduced by 25 per cent. in three months. No amount of religion, morals or Scripture lessons would stop promiscuous intercourse.

Mr. H. K. DENHAM was in the Navy, not in the Colonial Forces. Otherwise he would have afforded the opposition a living example of the demoralising effects of the policy of prophylaxis—that is, if one is to judge by his speech. It consisted of a terse statement on promiscuous sexual intercourse, which he has bribed the Hon. Secretary not to report.

Mr. R. S. COLDFREY was allowed to re-address the House. Undeterred by Mr. Denham's statement, which should have prevented him from assuming that his audience was not pagan, he reiterated his previous arguments and appealed to the House for support.

Mr. H. G. ANDERSON, in closing the debate, waxed algebraical. The opposition advocated x methods, he advocated $x + 1$, therefore the House should vote for him, and he hoped they would do so.

The motion was passed by 18 votes.

REVIEWS.

THE HEART: OLD AND NEW VIEWS. By H. L. FLINT, M.D. (H. K. Lewis & Co., Ltd.) Pp. xii + 177; 66 illustrations. Price 15s.

The history on medicine can no longer be regarded merely as a hobby of literary and leisured doctors, but is also worthy of consideration as a means of intensifying interest and of stimulating the habit of research.

In the first part of this fascinating book are traced the various views on the circulation through the periods of Hippocrates, Galen and Vesalius, down to Harvey. In the second part comes an account of the development of instruments and instrumental methods.

The last 100 pages contain short and clear explanations of the use and meaning of venous tracings and the electro-cardiograph and an account of irregular and abnormal rhythms.

Though it is debatable whether the general practitioner should be

expected to employ an instrument of precision such as the polygraph, yet there is no doubt that to the proper understanding of cardiac disorders its use and interpretation should be taught to all students.

This book is recommended chiefly to those doing their "second clerking," and also to advanced physiology students. It certainly contains in its latter part no information, even in electro-cardiography, which might not reasonably be expected from an honours candidate.

LECTURES ON THE SURGERY OF THE STOMACH AND DUODENUM. By J. SHERREN, F.R.C.S. (H. K. Lewis & Co., Ltd.) Pp. 96. 4s. 6d. net.

This little book is composed of lectures delivered by Mr. Sherren to the students of the London Hospital, and if the London Hospital get many such lectures as these they are particularly fortunate. The chief value of the work lies in the great experience, usually retches continually, moves about the bed and often shivers. In perforated ulcer he does not usually vomit more than once, and lies quiet at all. If rigidity is present in biliary colic it is confined to the upper part of the right rectus, where there is deep tenderness." Such a paragraph as this may contain nothing new, but it is very helpful to the student and young practitioner. "You may diagnose appendix dyspepsia: you should never act on that diagnosis. I am frequently seeing cases in which the appendix has been removed for gastric ulcer or carcinoma" is another typically wise piece of advice.

An excellent book from—may we add?—an Examiner in Surgery at the College.

THE SURGICAL EXPOSURE OF THE DEEP-SEATED BLOOD-VESSELS. By J. FIOLE, M.D., and J. DELMAS, M.D. (Wm. Heinemann [Medical Books], Ltd.) Pp. 87. Price 8s. 6d.

In his preface to the book Sir D'Arcey Power remarks: "The book is not intended for students or for daily use; it is a monograph to be consulted in those difficult cases which are occasionally met with in the practice of every surgeon even in civil life." On this basis we can recommend the book, which it would be unwise for the student to read till he has completely mastered the standard methods of exposure of the blood-vessels. Free exposure has been the consistent aim of the authors, who served with the 21st Motor Ambulance during the war. As an example of the methods of exposure advocated may be given that of the axillo-subclavian trunk, in which the clavicle is always split by the writers. The illustrations demand a special word of praise.

TRAINING AND HOW TO KEEP ALWAYS FIT. By CHARLES W. CATHCART, C.M.G., M.R., F.R.C.S. (Edinburgh: E. & S. Livingstone.) Pp. 52. Price 2s. net.

The articles appearing in this brochure were addressed to the students of Edinburgh through the columns of their University magazine. The author is well qualified for the work he has undertaken, for, besides being a distinguished surgeon, he has represented his University in several events in the Scottish Inter-University Sports, has played forward for Scotland against England three times in Rugby International games, and was captain of the University Rugby Team for several years. Now out of ripe experience he advises the present generation.

He advocates Müller's system of exercises and any amount of fresh air. With regard to food he discusses the experiments of Chittenden and others, and lays much stress on mastication and reliance upon instinct in the choice of food during training. With regard to alcohol—don't touch it.

Upon smoking he gives a much more guarded opinion. The last chapter, on economy of nerve power, is especially stimulating of thought.

We can confidently recommend this little book to our athletes.

CORRESPONDENCE.

GASTRO-INTESTINAL DISORDERS OF CHILDREN.

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

DEAR SIR,—I have read with interest Mr. Vinter's comments on my article concerning the above subject in the November issue of the JOURNAL.

Under his first heading Mr. Vinter makes the sweeping suggestion that cow's milk is "one of the most important aetiological factors in producing acute gastro-enteritis" with no evidence to support it other than a time-table of the milk's journey from cow to baby. The

various dried and condensed milks have, as far as I can see, an equally adventurous journey. Surely if this suggestion is in accord with fact, it is very strange that so many of my cases did well while this very article was being administered. Further, if cow's milk is productive of gastro-enteritis, according to my cases the various dried and condensed milks must be more so, since in my series the dried and condensed milk-fed cases were in the majority.

Mr. Vinter also speaks of the difficulty of "a mother of six with two rooms, no cooking-stove and a husband out of work" in obtaining pure milk for her infant. Surely most of these dried milks are much more expensive than that untreated from the cow, and the mixture of Nestlé's, Ideal milk and cod-liver oil recommended by Mr. Vinter would be difficult for her to make; also to do this she has to buy three separate lots of ingredients.

For the sake of interest I mixed a quantity of food, and utterly failed to make the cod-liver oil mix with the other ingredients. It simply floated about in big drops, and on standing about five minutes settled out as a layer on the top of the liquid. The expert pharmacist from whom I sought advice informed me that the ingredients could only be mixed with the aid of pestle and mortar by one expert in making emulsions. Hence, as far as I can see, the "mother of six" has got to employ an expert dispenser each time she wants to feed the baby if this method of feeding is to be employed.

As regards Mr. Vinter's second point, I did not mention lavage of the large intestine, because I did not make use of this method of treatment. I admit it is one of considerable value.

Regarding Mr. Vinter's third point, I am much surprised that he should think that I should allow a child I was treating for constipation actually to gain in weight by accumulation of faeces. In my opinion it is practically impossible for this to occur (except in Hirschsprung's disease), since before any appreciable increase had been obtained symptoms of obstruction would occur, and then weight would actually be lost by vomiting.

Further, constipation disturbs the general absorption and metabolism to such an extent as to be a fertile cause of marasmus. Mr. Vinter will find support for this statement of mine in Still's *Common Disorders and Diseases of Children*. I believe the only condition in which it is possible to get increase in weight from faecal accumulation is Hirschsprung's disease.

Much regretting trespassing on your space so much,

I am, Yours faithfully,
ROWLAND J. PERKINS.

CITY OF LONDON CHEST HOSPITAL.

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

DEAR MR. EDITOR,—In your kind notice of my appointment as Casualty Physician in your "Editorial" last month you have made a slight error. I am not physician to the "Chest Hospital, City Road," but to the City of London Chest Hospital, Victoria Park.

It may be asked, "What's in a name?" to which I am willing to reply, "Not much, although Mr. Shandy thought otherwise," but I am venturing thus upon your space not so much from egotistical motives as from altruistic ones, for I should like to take this opportunity of pointing out that we have had recently few applications for the appointments of house-physicians, etc., from Bart's men.

Now to do a job at a hospital such as the City of London Chest Hospital gives an unrivalled opportunity for the study of diseases of the chest. The hospitals in the East End are notorious for the richness of their clinical material. Almost every kind of chest disease will be met with frequently. Surely in these days of M.O.H.'s and tuberculosis officers such appointments as I have mentioned would be invaluable, and they would be a strong asset in any application.

Moreover, there is a strong Bart's tradition at Victoria Park, and I should be loth to see this die out.

I am, Dear Sir,
86, HARLEY ST., W. 1; Yours truly,
November 12th, 1921. F. G. CHANDLER.

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

ABERDEEN, ANDERSON, O.B.E., M.D. (Canthab.), M.R.C.P. (Lond.), and MORSON, A. CLIFFORD, O.B.E., F.R.C.S. (Eng.). *A Guide to Urinary Diseases*. (London: Edward Arnold & Co.)

ANDREWS, C. H., M.B., B.S. "A Case of Poisoning by Cantharidin." *Lancet*, September 24th, 1921.

ATKINSON, E. M. "Hereditary Polydactylism." *British Journal of Surgery*, October, 1921.

BARTLING, SIR GILBERT. "One Hundred Operations for Gall-stones, with Special Reference to Recurrence." *Ibid.*

- BERRY, JAMES, F.R.C.S. "Discussion on the Diagnosis and Treatment of Injuries of the Intestines" (opening paper). *British Medical Journal*, October 22nd, 1921.
- BOYLE, H. EDWARD G., O.B.E., M.R.C.S., L.R.C.P. "Anesthesia for Nose, Throat, and Abdominal Surgery by the Nitrous-oxide-oxygen-C.F. Combination." *Ibid.*, October 15th, 1921.
- CAMMIDGE, P. I., M.D., with J. A. CAIRNS FORSYTH, F.R.C.S., and H. A. H. HOWARD, B.Sc. "A Study of some Factors Controlling the Normal Sugar Content of the Blood." *Ibid.*
- CHRISTOPHERSON, J. B., C.B.E., M.D., F.R.C.P., F.R.C.S. "Intravenous Injection of Antimony Tartrate in Japanese Bilharzia Disease." *Ibid.*, October 8th, 1921.
- DAVIES, IVOR J., M.D., M.R.C.P. "Hair-balls or Hair-casts of the Stomach and Gastro-intestinal Tract. A Report of Two Cases of Hair-cast of the Stomach with an Abstract of 108 cases." *Lancet*, October 15th, 1921.
- DOUTRIDGE, C. A., J. W. MCLEOD, A. G. KIEBER and C. A. D. "Incidence of Infections with Pfeiffer's Bacillus before, during, and after the 1918 Epidemic." *Quarterly Journal of Medicine*, July, 1921.
- ECCLES, W. McADAM, M.S., F.R.C.S., and G. D. FRASER, M.B., D.P.H. "Enlargement of a Splenicus to the Size of a Normal Spleen after Removal of a Ruptured Spleen Ten Years Previously." *British Medical Journal*, October 15th, 1921.
- EVANS, GEOFFREY. "A Contribution to the Study of Arterio-sclerosis, with Special Reference to its Relation to Chronic Renal Disease." *Quarterly Journal of Medicine*, April, 1921.
- HAMILL, P., M.D., D.Sc., F.R.C.P. "Oral Administration of Pituitary Extract." *Proceedings of the Royal Society of Medicine*.
- "What to do in Cases of Poisoning." By William Marrell. Revised by P. H. (London: H. K. Lewis & Co.)
- HUGHES, F. E. "Fracture of the Humerus in an Individual with Obscure Bone Lesions." *British Journal of Surgery*, October, 1921.
- HUTT, G. W. *Hygiene for Domestic Workers, School Nurses and Social Workers*. (London: Methuen & Co.)
- JAGO, W. J., M.R.C.S., L.R.C.P. "Anxiety." *Practitioner*, October, 1921.
- MACMURDO, CORLANDE, M.A. "The Physical Treatment of Entropion." *Ibid.*
- POWER, SIR D'ARCY, K.D.E. "Eponyms: Baker's Cyst, and Baker's Tracheo-omy Tubes." *British Journal of Surgery*, October, 1921.
- PEYER, FREDERICK C., M.S., F.R.C.S. "Empyema in Childhood." *Practitioner*, October, 1921.
- "A Lecture on Poliomyelitis and its Deformities." *Clinical Journal*, October 14th, 1921.
- "Some Congenital Malformations." *Ibid.*, October 19th, 1921.
- ROLLESTON, SIR HUMPHRY, K.C.H., M.D., F.R.C.P. "The Role of the Medical Profession in the Prevention of Tuberculosis." *International Journal of Public Health*, September to October, 1921.
- SCOTT, THOS. BODLEY, M.R.C.S., L.R.C.P., and F. W. BRODBRICK, M.R.C.S.; L.R.C.P., L.D.S. "The Therapeutic Uses of the Anterior Pituitary Gland." *Practitioner*, October, 1921.
- SPENCER, W. G. "Occipital Encephalocoele." *British Journal of Surgery*, October, 1921.
- STANLEY, E. G., and J. GATELLIER. "Closed Fractures of Long Bones, Treatment by Metal Bands." *Ibid.*
- WATSON, SIR C. GORDON, K.B.E., C.M.G., F.R.C.S. "Discussion on Operative Treatment of Hemorrhoids" (opening paper). *British Medical Journal*, October 15th, 1921.
- WEBER, F. PARRIS. *Polychaetids, Erythraetids and Erythraetia (Vaques-Oiler Disease)*.
- WHEAT, CHAS. POWELL, M.A., M.D., F.R.C.S. "Copper in Tumours and in Normal Tissues." *Lancet*, October 15th, 1921.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

At a Congregation held on October 21st, the degree of *B.M.* was conferred on—

W. E. Hayes, C. L. Wells.

UNIVERSITY OF CAMBRIDGE.

At a Congregation held on October 28th, 1921, the following degree was conferred:

M.B.—L. P. Garrod.

At the examination in Sanitary Science held in October the following candidate was approved:

R. French.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

At a Comitia held on October 27th, 1921, the following were admitted *Members*:

G. C. Linder, P. H. Wells.

CONJOINT EXAMINATION BOARD.

First Examination, September, 1921.

Chemistry.—J. V. Bannehr, J. L. T. Davies, J. D. Hunt, P. B. Mellows, L. C. Neville, P. R. Rainey, W. B. Webster.

Physics.—J. V. Bannehr, O. H. Bellerby, R. A. P. Corkery, R. C. Drake, N. F. Kendall, P. R. Rainey, J. L. Reeve, W. B. Webster.

Elementary Biology.—R. A. P. Corkery.

Second Examination.

Part I. Anatomy and Physiology.—C. F. Ashby, F. Asker, S. Brest, E. Buchler, R. E. D. Cargill, S. W. Cuff, C. L. Elgood, F. Heckford, W. A. Hervey, D. V. Hubble, E. J. H. Roth, C. R. Steel, R. W. H. Tincker, T. J. Wilson.

Part II. Pharmacology and Materia Medica.—G. H. Buncombe, F. E. C. Williams.

The following have completed the examination for the Diplomas of M.R.C.S., L.R.C.P.:

T. J. D. Atteridge, W. E. Cody, E. Gallop, J. E. Gardner, C. M. Gwillim, G. Kinner, W. E. Lloyd.

CHANGES OF ADDRESS.

ATKINSON, E. M., 47, Queen Anne Street, W. 1. (Tel. Mayfair, 4132.)

BOURNE, G., 150, Harley Street, W. 1. (Tel. Langham 1440.)

KEMP, C. GORDON, c/o Dr. J. H. Kemp, 33, Constable Street, Wellington, New Zealand.

LONGFORD, W. U. D., c/o Messrs. Holt & Co., 3, Whitehall Place, S.W. 1.

MAINGOT, R., 1, Hallam Street, Portland Place, W. 1. (Tel. Langham 2962.)

OLDFIELD, JOSIAH, Lieut.-Col. R.A.M.C., 9, Lancaster Gate, W. (Tel. Padd. 415.)

PERKINS, R., 72, Wimpole Street, W. 1. (Tel. Langham 2098.)

SMITH, SIR T. RUDOLPH H., Bt., 9, Higher Terrace, Torquay.

VERRALL, P. J., 1A, Portland Place, W. 1. (Tel. Langham 2202.)

WOODFORD, A. W. G., 30, Maidstone Road, Rochester. (Tel. Chatham 443.)

CHANGE OF TELEPHONE NUMBER.

FETCHER, H. MORLEV, 98, Harley Street, W. 1. Tel. Langham 2414.

APPOINTMENTS.

DIGGLE, F. H., F.R.C.S., appointed Assistant Honorary Surgeon to the Manchester Ear Hospital (All Saints).

GEMMILL, W., M.B., B.Ch. (Edin.), F.R.C.S. (Eng.), appointed Hon. Surgeon to Out-Patients, Queen's Hospital, Birmingham.

WATKYN-THOMAS, F. W., B.Ch. (Cantab.), F.R.C.S. (Eng.), appointed Assistant Surgeon to the Central London Throat and Ear Hospital, Gray's Inn Road, W.C.

WOODFORD, A. W. G., M.B., B.S. (Lond.), appointed Surgical Specialist, Military Hospital, Chatham; also Surgeon-in-Charge, Special Surgical Clinic, Ministry of Pensions, Rochester, Kent.

BIRTHS.

BODY.—On October 22nd, at Dowlais House, Middlesbrough, wife of T. M. Body—a daughter.

DIXEY.—On November 15th, at 38, Morpeth Terrace, S.W. 1, to Dr. and Mrs. J. C. Dixey—a son.

HAINES.—On October 31st, at St. Luke's House, Gloucester, to Mr. and Mrs. Rupert I. Haines—a son.

HARVEY.—On October 29th, at Barclay House, Yateley, Hants, to Mr. and Mrs. Frank Harvey—a son.

MORSON.—On November 13th, at 16, Elsworth Road, N.W., the wife of Clifford Morson, O.R.E., F.R.C.S.—a son.

ORR-EWING.—On October 21st, at Broadclyst, Devon, the wife of Archd. Orr-Ewing, M.A., M.B. (Cantab.), of a son.

DEATHS.

BAINBRIDGE.—On October 27th, 1921, at 37, Clarence Gate Gardens, Regent's Park, Dr. Francis Arthur Bainbridge, F.R.S., F.R.C.P., aged 47.

LEGG, J. WICKHAM.—On October 28th, 1921, at 82, Woodstock Road, Oxford, John Wickham Legg, Hon. D.Lit. (Oxon.), F.R.C.P. (Lond.), formerly Assistant Physician to St. Bartholomew's Hospital and Lecturer on Pathological Anatomy in the Medical School, aged 77.

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. F. 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. XXIX.—No. 4.]

JANUARY 1ST, 1922.

[PRICE NINEPENCE.]

CALENDAR.

- 1921.
- Fri., " 30.—Sir Percival Horton-Smith Hartley and Mr. Rawling on duty.
- 1922.
- Tues. Jan. 3.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.
- Thurs., " 5.—First Examination, Conjoint Board, begins.
- Second Examination, Conjoint Board, begins.
- Christmas Entertainment for the Resident Staff.
- Fri., " 6.—Prof. Fraser and Mr. Gask on duty.
- Christmas Entertainment for the Resident Staff.
- Sat., " 7.—Rugby Football Match v. Old Leysians (home).
- Mon., " 9.—Clinical Lecture (special subject), Mr. Elmslie.
- Tues., " 10.—Dr. Morley Fletcher and Mr. Waring on duty.
- Final Examination, Conjoint Board, begins.
- Thurs., " 12.—Abernethian Society: Clinical Evening, 5 p.m.
- Fri., " 13.—Dr. Drysdale and Mr. McAdam Eccles on duty.
- Sat., " 14.—Rugby Football Match v. U.C.S. Old Boys (home).
- Association Football Match v. Old Carthusians (home).
- Mon., " 16.—Clinical Lecture (special subject), Mr. Rose.
- Tues., " 17.—Sir Percival Horton-Smith Hartley and Mr. Rawling on duty.
- Thurs., " 19.—Professional Unit Lecture: Sir Humphry Rolleston on "The Functions of the Liver."
- Abernethian Society: Discussion on Hæmatemesis, 5.30 p.m.
- Fri., " 20.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.
- Last day for sending in matter for the February issue of the Journal.
- Sat., " 21.—Rugby Football Match v. London Welsh (home).
- Association Football Match v. Old Citizens (home).
- Mon., " 23.—Clinical Lecture (special subject), Mr. Elmslie.
- Tues., " 24.—Prof. Fraser and Mr. Gask on duty.
- Wed., " 25.—Association Football Match v. Westminster School (away).
- Thurs., " 26.—Professional Unit Lecture: Dr. T. H. G. Shore on "The Pathology of Acute Degeneration."
- Abernethian Society Mid-Sessional Address: Sir Thomas Horder on "The Private Clinic in Great Britain," 8.30 p.m.
- Fri., " 27.—Dr. Morley Fletcher and Mr. Waring on duty.
- Sat., " 28.—Rugby Football Match v. R.E. Chatham (home).
- Association Football Match v. H.A.C. (home).
- Mon., " 30.—Clinical Lecture (special subject), Dr. Cumberbatch.
- Tues., " 31.—Dr. Drysdale and Mr. McAdam Eccles on duty.

EDITORIAL.

It is inevitable that from time to time Bart's news should be of sufficient general interest to be of importance in the daily press, but seldom can the name of the Hospital have been associated with a more deplorable or fantastic scheme than when public announcement was made that Bart's men were going to collect in America for the Hospital. How the Press obtained this information we do not know. Certainly, from the first moment when the project was announced here—the preliminary arrangements being already, unfortunately, carried through—it was manifest that the good taste and good sense of the Hospital would never allow the enterprise to be completed. The Students' Union Council stepped in and was able to put a summary end to the proceedings.

We do not propose to argue here the impropriety and "bad form" of taking our domestic appeals to another country. That is fortunately apparent to most men. But we do direct attention to the ill-effects upon the reputation of the Hospital that such private proceedings, improperly associated with the name of Bart's, may do. We are fortunate in having at the Hospital a system of government which has gradually grown through the centuries, and which has been moulded and changed and perfected by the passing years; and it is very necessary that each member of the Hospital should keep within the rules and "play the game." Had this been done in this instance an unpleasant situation would have been avoided. We may congratulate the Students' Union upon the growing strength of its position, and on the sensible and prompt way, in this and other instances, with which it has acted.

If we may judge by the recent House Appointments and by other signs, the rule made some time ago that candidates for the Resident Staff should have served, except in exceptional cases, three months on one of the Professional units is not likely to be strictly enforced. We may say at once

that we are very glad of the apparent change. If any unit, Professorial or otherwise, makes itself a particularly efficient teaching team, the best men will crowd to it.

If, in order to gain a coveted post, men are compelled to join a particular clinic, a spurious popularity may easily be given to the unit in question. Moreover, through the lack of the salt of competition, the teaching savour may readily depart. We whole-heartedly believe in the system of Professorial units, but we believe that, untrammelled by the rule in question, they will become even more popular than their present excellence merits.

* * *

The Annual Xmas Dinner of the staff and teachers of St. Bartholomew's was held on December 21st, at the Werncliffe Rooms, when some eighty were present.

Mr. W. McAdam Eccles was in the Chair. After the toast of the Patron of the Hospital, His Majesty the King, had been loyally drunk, Mr. Eccles proposed that of "our worthy selves." He stated that it was just upon a hundred years since Abernethy initiated the Dinner, and that this was a historic occasion, since this was the first Dinner after the granting of the Royal Charter to the School, which had become a College. He alluded sympathetically to the death of Lord Sandhurst, first President of the College, and accorded best thanks to Mr. Waring, the first Vice-President, upon guiding the Charter into its haven of rest. To Dr. Thomas Shore must be accredited the lion's share of the hard work of reading, marking, learning and inwardly digesting the tough matter of the contents of the Charter.

At the present time there were two vacant professorships in the College, the one occasioned by the transfer of Dr. Macphail to his present important post, and the other by the untimely death of Prof. Bainbridge. He hoped that two worthy men might be found to fill these chairs as their successors. Never had the School or the College been in more prosperous times. All departments were full of keen and energetic students. The heads of the two Professorial units were now full-blown professors. Long might they live!

The urgent needs of the School were a thorough re-housing of the Physiology Department, some adjustments in the Anatomical Department, better laboratories for the Clinical Professorial units, and skilled help in the Museum for re-cataloguing. Mr. Eccles stated that he would like to see constituted in our College a series of lectures on general practice delivered by selected general practitioners, as he considered such would not only prove attractive, but would maintain the deservedly high reputation of the College. Finally he said we lived upon a glorious tradition of the past, but we must remember that we have to thrive upon the energy of the present, and for these reasons he proposed "our very good health."

Mr. Eccles concluded his speech by including in the toast the President of the Royal College of Physicians of London, who sat on his right, and the President of the

Royal College of Surgeons of England, who sat on his left. Sir Norman Moore and Sir Anthony Bowlby replied in most happily chosen words.

Dr. Drysdale then proposed the new-comers to the festive board in his own excellent manner, including in the list Dr. Geoffrey Evans, Dr. Porter Phillips, Dr. George, Dr. Dudley Stone, Dr. Chandler, Mr. Coyte, Mr. Lloyd and Mr. Linder, all of whom replied, some in longer and some in shorter perfect speeches for the occasion.

The health of the Chairman was proposed by Mr. Rawling, and responded to with musical honours, to which Mr. Eccles replied, and proposed the health of the "Venerable Dean" and the "Youthful Warden." This toast was drunk with enthusiasm worthy of the men, and responded to in the most suitable terms.

* * *

We are glad to hear that Mr. R. Ogier Ward, D.S.O., M.Ch., F.R.C.S., has been appointed Assistant Surgeon to St. Peter's Hospital.

* * *

Mr. Kenneth Walker has been appointed Surgeon-in-Charge of Out-Patients at the Great Northern Hospital.

* * *

Our heartiest congratulations to those newly appointed as Surgical Registrars. Mr. Rodney H. Maingot, F.R.C.S., has been appointed to this post at the West London Hospital, and Mr. E. M. Atkinson, F.R.C.S., to the Prince of Wales's Hospital.

* * *

Our congratulations to Dr. E. Elliot on receiving Palm Leaves in Gold of the Order of the Cross (Belgium) for services during the war.

* * *

Heartiest congratulations to Dr. E. P. Hicks on his winning the Duncan Medal in the examination of the London School of Tropical Medicine, and Dr. C. T. Maitland on winning the Gold Medal at the examination for the Degree of M.D. (Tropical Medicine) of the University of London.

* * *

We may heartily congratulate Miss McKechnie, the Resident Staff and the College on Miss McKechnie's appointment as Lady Superintendent. We know that she is admirably suited to fill this responsible post.

But is it necessary for all our Lady Superintendents to wear a costume suitable, becoming, and possibly even elegant in a Dowager Duchess of, say, sixty-five?

* * *

There is an old story of a first-night performance in which the author was called to the curtain. Suddenly he

was seen to turn and scuttle from the stage. In a moment he returned dragging with him a protesting, ruffled individual who turned out to be the fellow whom the audience hardly knew, he who remained behind the scenes during the play, managing and controlling in a hundred ways the small points which had made the play successful.

With this number the JOURNAL loses one of its best helpers. During the time of many editors Miss Mead has been behind the scenes, collecting facts, helping with advertisements, and in many ways making for the prosperity of the JOURNAL. The courtesy and promptitude with which many of our letters have been answered is due, we admit, largely to her. We thank her for her work, and are glad that, although leaving the JOURNAL, she is not leaving the "Office."

At a meeting of the Publication Committee on December 2nd it was resolved: "That the hearty thanks of the Publication Committee be given to Miss Mead for her excellent, long-continued and loyal work on behalf of the ST. BARTHOLOMEW'S HOSPITAL JOURNAL, which services have greatly contributed to its success."

* * *

All men at the Hospital should make certain of seeing the case of leprosy now in Mark Ward, choosing well the time and hour. An account of the patient's disease written by himself will appear in the next issue of the JOURNAL.

* * *

It is hardly too much to say that the whole medical profession in London was shocked to hear of the tragic death, through a street accident, of Sir Sydney Beauchamp.

Sir Sydney Beauchamp, who was æt. 60, was the son of the late Mr. Henry H. Beauchamp, of Bexley, Kent. He graduated at Cambridge, taking his M.B. and B.Ch., and was afterwards attached to St. Bartholomew's Hospital. During 1919-20 he acted as Medical Officer to the British Delegation at the Paris Peace Conference, and received his knighthood in the latter year. Sir Sydney married in 1891 a daughter of Mr. Henry Morton Sharp.

He was a man particularly beloved. His death leaves a gap hard indeed to fill.

* * *

On December 19th there was unveiled in Bath Abbey a tablet to the memory of Dr. George Hely-Hutchinson Almond, R.A.M.C., who was killed in action in France on August 9th, 1918. The memorial was erected by his medical brethren in the city. Dr. Almond was an old Bart's man, and was house physician to Dr. Tooth. He served in the South African war and joined up again in 1915. He was killed in August 1918 by a bomb dropped by a hostile aeroplane.

When these notes are read Christmas, 1921, will be only a pleasant memory, and the routine of work for 1922 will be begun.

The Wards were, according to the old custom, very beautifully decorated. Wherever in the Hospital a visitor stepped he certainly found some charming colour-effects well repaying the labour spent upon their preparation, and better and pleasanter to watch than the twinkling lights and the green of the foliage were the happy faces of the patients. And the children! But who can describe a child's excitement at Christmas? Fortunately we have all experienced that pleasure, and back through the years can faintly catch some of the perfect delight of Christmas morning.

With Christmas Day on a Sunday the customary troupes performed on the Monday, though the turkeys and plum puddings and presents appeared on the day itself.

But Monday was unquestionably the star occasion. Early in the morning children, dirty and clean, began to collect in the Surgery, and later each in turn, to the number of 100, received a present from the very hand of Father Christmas or his faithful cat. Later a conjurer did some capital tricks, and not only was the conjuring good, but, as one of the nurses remarked, "Wasn't his manner with the children nice?" Soon after lunch troupes and visitors began to arrive. There were this year many more performers than usual, and nearly everywhere there were plenty of entertainers. The jazz band performed everywhere with its usual popularity. We believe that the Wards especially appreciated those troupes which caricatured in a genial fashion the little eccentricities of their chiefs. Surely once a year the teachers may well, for a short hour, receive a little instruction and very valuable information.

It was at the end of Boxing Day that a corpulent member of the London Fire Brigade burst his air-ring in Sitwell.

Whilst speaking of the troupes it is impossible to forget the debt which many of them owed to Sister Theatres and her staff for the care and talent they displayed in the manufacture of the costumes and the wigs. Who would have thought that such beauty was just—taw!

So the long Boxing Day came to a close. The patients, tired but happy, were wheeled back to their accustomed places, and the Day Staff, tired and happier, handed over for the night.

FLEET STREET WEEK FOR BART'S

GREAT SUCCESS OF NEWSPAPERDOM'S EFFORT.

FLEET Street Week for Bart's was held from Monday, October 24th, to Saturday, October 29th, and proved an unparalleled financial and social success. The origin of this worthy effort is of more than usual interest as showing what big results sometimes develop from quite small beginnings. Mr. Jack Hobbs, of the Surrey XI, who is also in business in Fleet Street, was approached by our Appeals Committee with the suggestion that Fleet Street might be persuaded to combine, with the object of raising the necessary £100 to keep the Hospital for a day. He was very enthusiastic, and the Fleet Street Club at once took up the scheme. A preliminary meeting was held, at which it was decided that invitations should be sent out to all the various clubs and associations connected with the Street of Ink, inviting their co-operation. There was a splendid response, and a very strong organising committee was formed under the chairmanship of Mr. Matt Blythe, consisting of representatives of the Fleet Street Club, Publicity Club of London, the Blackfriars Club, Advertisement Managers' Association, Press Club, and the Bart's Students' Union. The Committee immediately put their backs into it, and all the details were arranged, and the work allotted for the various functions, large and small, that were held during the week.

Notable events of the Week were: the chain of Whist Drives all around London.

The Grand Concert at the Albert Hall, with an all-star programme.

A Draw for sports' trophies, such as a cricket-bat autographed by the English and Australian Test Teams.

A Great Ball and Gala Night at the Cricklewood Dance Hall.

The Big Theatrical Matinée at the Palace Theatre by the Co-optimists, and many of the leading Stars in Town. The Souvenir Programme illustrated by many well-known artists and containing £900 of advertisements was acknowledged by all to be the best ever produced. A very remunerative Auction Sale was conducted by Mr. Davy Burnaby during the interval.

Both at the Albert Hall and the Palace the N.C.Os. and Trumpeters of the 2nd Life Guards turned out in full force to sell programmes. The fanfare of trumpets and spectacular display lent originality to both shows.

The Flag and Charm Day in the City proved to be a most phenomenal success, over £3000 being raised. A small army of Flag Girls and Students, the latter manning lozies, barrel-organs, spinal-carriages, etc., endeavoured all the day to cope with the seemingly endless flow of notes,

silver and coppers, and eventually such weird collecting boxes as dust-bins, pails, umbrellas, etc., had to be commandeered to accommodate it.

There were many incidents typical of the sporting spirit which possessed all and sundry during the Day and the Week:

The taxi-driver who took a dustbin full of cash from the Hospital to the bank put the fare and tip into the bin.

The two aviators who volunteered to stunt over Fleet Street in an aeroplane, first to do a short-arm balance on the fuselage and then hang from the under-carriage by the teeth.

The head of a city business who, when approached for a contribution, emptied into a collecting box, first, all the money from his pockets, then the contents of the petty cash-box, followed up by some notes from the safe.

The two girls outside the Palace Theatre!

Since the Week a great Draw has been held for over 300 gifts presented by advertisers, which varied from sheep and ladies' furs to tins of custard powder and bags of poultry food.

All engraving, printing, advertising, etc., in connection with the week was done free of cost; thus every penny raised went to Bart's. A cheque for £7022, the result of this magnificent effort, was presented to Sir William Lawrence, for the Treasurer, by the Fleet Street Week for Bart's Committee in the Great Hall on Monday, December 19th.

The following gentlemen formed the Executive Committee: Messrs. M. Blythe, A. H. Paine, F. Osborne, S. M. Idiens, S. G. Coram, C. Crane, H. S. Gordon, H. Grover, F. A. Hardy, R. Hardy, J. Hobbs, R. A. Lyons, H. J. Lees, A. Milne, F. Simon, G. B. Tait, E. A. Walker, and the two apparently inexhaustible Secretaries, Messrs. F. H. Wilkinson and S. A. Willmott. Great credit and thanks are due to them for their Trojan service, and also to all the other individuals and clubs who came forward and helped in various ways to make the Week such a great success, notably amongst whom must be mentioned Messrs. H. Lane, J. T. Skinner, A. B. Ward, J. Meredith, Cpl. Major Peel, and the Anglo-French Society.

Last, but by no means least, we must mention the students themselves, who entered whole-heartedly into the spirit of the proceedings, displaying such *esprit de corps* as can only be found amongst the men of Bart's.

Who dare say in the face of this that the Students' Union is a dead body?

THE DEBT OF FLEET STREET TO THE HOSPITAL.

By Sir D'ARCY POWER, K.B.E.

"FAST thy bread upon the waters, for thou shalt find it after many days" was rarely better illustrated than on the present occasion. You come bringing a rich gift to our great Hospital in the time of her need, and we thank you for it most heartily. We look upon it as a debt incurred in past ages by many generations of the inhabitants of Fleet Street, which is discharged by you in the same way that worthy sons, as in honour bound, pay the lawful debts of their fathers. We have served you faithfully for very many years. Fleet Street—the lower road from the City to Westminster—from the time it was first traced has been one of the most turbulent streets, I was going to say, in Europe, but certainly in London. A main thoroughfare, with shops and apprentices at one end, the Temple and Inns of Court with young lawyers at the other, it is no wonder that Town and Gown rows were as frequent as in the older universities, whilst the precincts of Whitefriars were always ready to pour out the scum of the great town on any pretext for looting. From no other part of the City have so many wounded men been brought to us as have come across the Fleet Bridge and up the Old Bailey.

Let me recall to you for a few moments some of these events that you may see I speak by the book. In 1228—when our Hospital had already been working for more than a hundred years—Henry de Buke murdered Ircis le Tylor at the Fleet Bridge and fled for sanctuary with a great multitude after him to St. Mary's at Southwark. You may be sure that le Tylor was brought dying to the Hospital. There was the great burglary in 1311, when five Welshmen—the King's servants—were arrested in Fleet Street with hue and cry, and in 1381 Wat Tyler's rabble came down Fleet Street, after sacking the Savoy, burnt part of the Temple, and destroyed the forge by the side of St. Dunstan's, for the rent of which forge the City Solicitor still counts out annually six horse-shoes and sixty-one nails. A few years later no less a person than Chaucer, the poet, was fined 2s. for beating a Franciscan in Fleet Street. Where do you think that monk got his bruises dressed if it was not in the Hospital?

During the Wars of the Roses in 1441 there was a fierce fight, lasting two days, between the law students and the citizens, and in 1458 the archers were called out and drove back the law students from Shoe Lane, even to Clifford's Inn, killing many, and amongst them the Queen's Attorney. And so the tale goes on with a constant procession of the wounded from Fleet Street to the Hospital. In 1621 three apprentices jeered Gondomar, the Spanish Ambassador, as he passed their master's door in Fenchurch Street, and King James ordered them to be whipped from Aldgate to

Temple Bar, but in Fleet Street the apprentices rose in force, released the lads and cudgelled the marshmen. Still later came the Mobocks, who stood the women on their heads, and with the points of their swords continuously pricked forward any citizen whom they met in Fleet Street after dark. Improved manners and an efficient police have relieved Fleet Street of such ruffians and us of their victims. But we still draw many patients from Fleet Street and its neighbourhood, for the great printing works, the numerous lifts and the accelerated traffic furnish their daily quota of accidents. Many we mend and return whole to their labour; others beyond our skill we nurse tenderly until death ends their sufferings. For all we do our best, and your offering to-day shows how greatly you appreciate our efforts, and for it, as well as for your good feeling towards us, we thank you from the bottom of our hearts.

PROFESSIONAL OPPORTUNITIES.

(4) THE STUDY OF MENTAL DISEASES.

By Sir ROBERT ARMSTRONG-JONES, C.B.E., M.D.,
D.Sc.(Wales), F.R.C.P., F.R.C.S.,
F.S.A., D.L., J.P.,

The Lord Chancellor's Visitor in Lunacy and Lecturer on Mental Diseases to St. Bartholomew's Hospital.

NEVER before have mental problems kindled so much popular interest or stimulated so many earnest workers to try to unravel their mysteries, and in the field of mental investigation and research it is a truism and an axiom—as it is in the physical sciences and even in political and social life—that the first essential for progress is the correct observation and record of phenomena, by means of which new laws or principles may be discovered or old ones verified and extended.

During the last few years there have been so many efforts made to analyse the underlying motives for action and conduct and to correct undesirable and unhealthy mental tendencies that this field of study has become crowded with "researchers," few of whom are suitably equipped for the purpose and fewer still have gained the necessary experience, yet it is difficult to imagine any prospect more fruitful for investigation, nor any sphere more promising of reward than the study of the origin, the development and the growth of the human mind; its varieties through heredity and environment; its departures and lapses through disease, and the means that are applicable and suitable for its restoration when so affected.

It is for this reason that the Editor of the ST. BARTHOLOMEW'S HOSPITAL JOURNAL has asked me to state the prospects that can be held out to the successful student of mental diseases, and he has placed before me three questions to be answered:

(1) Hints for the men who desire to work on these lines with suggestions as to exams. they should prepare for.

(2) The remuneration for asylum or mental hospital appointments and the prospects of promotion to higher posts, specifying the latter.

(3) The possibilities of a settled career in this department and the encouragement for scientific work.

The intimate relation of the mind and the body is so complex, and therefore difficult and elusive for discussion, that this matter has long since become the province of the philosopher. Three views have been propounded as to their essential relationship: Firstly the material aspect, which has few supporters to-day, for materialism assumes that consciousness can never determine external action, the sole cause of mind being some modification of the nervous system so that no volition can ever be due to a motive. Materialism interferes with free will, because to will is thus only to respond to some chemical explosion in a nerve-cell, which is preposterous. The converse is also equally illogical, *viz.* that consciousness is the CAUSE of change in matter. Although we speak of psycho-physical parallelism as the relationship between the mind and the body, the view of philosophers to-day is that there is "interaction" between the two, and that nervous processes are correlated with conscious processes, but are not caused by them. Such problems as these in philosophy, research into the biochemical changes which occur as the result of nervous activity and the investigation of conscious processes are great fields for research, and are most attractive for certain types of mind. Apart from theory, there is a very full and adequate scope for the physiologist, biologist and the pathologist in this specialty. For the last few years also there have been many earnest students of the "psychic" causes of insanity and of other nervous disorders and this affords a wide scope to the psychiatrist.

The different universities now grant diplomas in the study of mental diseases, and it is essential that those who take up this work should endeavour to get these diplomas, but service in an asylum or a mental hospital is necessary as a preliminary, and many of the authorities grant "study leave" to prepare for these special examinations. The syllabus of the subjects can be obtained from any of the universities, and special classes are held to prepare for them at the Bethlem Royal Hospital, S.E., the Maudsley Hospital, Denmark Hill, S.E., and the Cambridge University.

For asylum appointments the highest university qualifications help immensely, as public bodies often confer their best posts upon those candidates who appear to them to be the best qualified.

There are 67 county asylums, 24 borough asylums, 13 registered hospitals (such as Bethlem in London, Virginia Water in Surrey and St. Andrew's Hospital in Northampton); there are also 19 metropolitan licensed houses and 39 in the

provinces for the care of the insane in England and Wales, the chief medical officers who administer these institutions receiving salaries varying from about £800 to £2500 a year, with unfurnished or partly furnished residences rate-free and tax-free, and in many instances there are other emoluments, but there is no certainty that a junior medical officer may ever attain the post of medical superintendent, and this is a serious drawback to the service. The junior posts vary in payment from about £300 to £800 with board and residence frequently in addition. A great satisfaction to all asylum officials is that they are all eligible for pensions at the rate of one-fiftieth of the salary and emoluments for each year of service, and retirement is possible at the age of 55 years with a pension then equal to about two-thirds of the average salary for the previous ten years.

It must be remembered that asylums are often situated in remote country districts, where "society" to the gregarious individual is a negligible quantity, but to the person who lives for his patients and who is devoted to their interest, and cares for their comfort and helps in their recovery, the life is congenial. It is most often the wife and the family (who rely so much upon the propinquity of neighbours) that complain of the isolation, the separation from friends and the absence of the stimulating interchange of acquaintances, and they find the "asylum atmosphere" a difficult and abnormal life.

In "official lunacy" there are a few good appointments such as the Lord Chancellor's Visitors in Lunacy and members of the Board of Control (formerly the Lunacy Commissioners), these appointments being of the value of £1500 a year. The Mental Deficiency Act of 1913 has in addition to the above opened out about 130 certified and approved institutions and homes for the 12,000 persons now under care in them, and medical posts are attached to many of these.

As compared to general practice, the work of a mental specialist is to many attractive in itself as a study, and although the responsibility of the asylum medical officer is a constant one, there is an opportunity for some leisure, which can be taken up either with country pursuits such as are enjoyed by the so-called country gentleman (now extinct), *e.g.* farming, gardening and stock-raising. Golf, hunting and fishing with occasional shooting may also be enjoyed, and there is always the yearly holiday of six weeks or longer in association with the family, but these pleasures and diversions apply mainly to the chief medical officer, who has secured his post by faithful and continued hard work as a junior medical officer, and the duties before the final promotion is reached have been carried out under most trying conditions, but to be a success it must be reached by about the age of thirty years.

MODERN WORK IN THE PREVENTION OF DIPHTHERIA.

By C. C. OKELL, M.B. (Cantab.), M.R.C.P. (Lond.).

HERE is probably no other infectious condition in which the aetiology has been so completely worked out as it has been in diphtheria, and certainly no other disease of microbial origin the therapeutics of which are founded on such a secure basis.

With the discovery of the antitoxin treatment of diphtheria by Behring it was not unreasonably hoped that the worst phases of the struggle with diphtheria were at an end.

The use of antitoxin, much as it has diminished the mortality of the disease, has not, however, led to the reduction in the number of cases of diphtheria that was expected. Indeed, the mortality and morbidity rates of the disease present one of the most disconcerting problems of public health administration.

The statistics of two large cities will illustrate this point. During the years 1919-20, 28,000 cases of diphtheria occurred in New York City; of these, 2284 persons died, 90 per cent. being children. In 1919 there were 9459 cases in London and 775 deaths, and in 1920, 13,780 cases, with 1023 deaths.* These figures have unfortunately remained at about the same level for fifteen years past.

What, then, are we to regard as the cause of the large numbers of cases with so high a rate of mortality?

Probably the "carrier," *i.e.* the person who, though himself healthy, carries virulent bacilli in his throat or nose, and when talking or coughing sprays them in his neighbour's face.

How to rid the carrier of his infection is as yet an unsolved problem of hygiene. It is obvious that early diagnosis and the segregation of cases will not in themselves banish diphtheria from a community.

Probably every patient with diphtheria would recover if antitoxin were administered sufficiently early and in adequate amounts. Early treatment perforce depends upon early diagnosis, and there is yet ample room for improving the co-ordination of the work of the public health laboratory with that of the practitioner, who, in the great majority of cases, is the first to see the patient.

In spite of a huge accumulation of sound knowledge on the problems of the disease, up to quite lately it has been impossible to look upon diphtheria as a preventable disease in the practical sense that smallpox is preventable. Prophylactic inoculation of contacts with antitoxic serum is, of course, a highly important measure, and one that has recovered its popularity since "anaphylaxis" in the human being has proved to be a much-exaggerated danger. But passive immunity can obviously only be conferred on a small scale and under favourable conditions; its duration,

* *Brit. Med. Journ.*, September 17th, 1921, p. 481.

moreover, is short, and it does not render the carrier non-infectious.

Obviously a very desirable method of dealing with an infectious disease is by immunising the whole of the susceptible population. This is the method that has proved so successful against smallpox. In a community which has been rendered completely or nearly completely immune an infectious disease loses most of its terrors.

Many attempts at producing active immunity against diphtheria on a practical scale have been made in recent years.

If we examine the blood-sera of a number of adults and children we find that the majority contain a certain amount of diphtheria antitoxin. The explanation of this curious fact is not yet quite clear.

Schick has found that the immune, *i.e.* people with sufficient antitoxin in their blood to prevent infection, can be distinguished from the non-immune by a comparatively simple and harmless test.

The Schick test.—The principle of the test depends on the fact that a correlation may be made between three things: (1) The antitoxin content of the blood; (2) the local reaction caused by the injection of a certain quantity of toxin into the skin; and (3) the susceptibility to infection with diphtheria.

The injection of the toxin into the skin of those subjects with no antitoxin in their blood is followed in twenty-four to forty-eight hours by the development of a red, circumscribed and tender patch from 15 to 40 mm. in diameter.

If there is sufficient quantity of antitoxin in the subject's blood neutralisation of the toxin takes place and no reaction occurs.

As a result of prolonged investigation a more or less arbitrary amount of antitoxin in the blood has been taken as a safe guide as to whether the patient is immune or susceptible, and the skin reaction or Schick test has been worked out to correspond. Persons containing more than $\frac{3}{10}$ of a unit of antitoxin per c.c. of serum may be taken as being immune, those with less as susceptible. The Schick test is worked out on this basis.

It was found, however, that certain subjects are susceptible to certain adventitious products present in a preparation of crude toxin, quite apart from being susceptible to the toxin itself. These persons also gave a reaction with the Schick injection, and it became necessary to devise a control to the test which would eliminate as far as possible this source of error.

Technique of the Schick test.—The test is simple, but a certain amount of practice is requisite if dependable results are to be obtained. 0.2 c.c. of a properly tested dilution of toxin is given into the skin in the front of the forearm. An ordinary all-glass syringe, fitted with a short, sharp, and rigid needle is used. The needle is introduced, not "subcutaneously," but into the most superficial layers of the skin.

A successful injection produces a small rounded wheal marked with depressed points corresponding to the openings of the hair-follicles. This constitutes the Schick test proper, and is usually done on the skin on the front of the left forearm.

On the right forearm is similarly injected 0.2 c.c. of the same toxin dilution, which has previously been heated to 75° C. for ten minutes. By this treatment practically all the true toxin is destroyed, while the other substances capable of producing a reaction in a sensitive subject remain active. This is the control to the Schick test.

The reactions are read on the third day, preferably also on the second and fourth days after injection. In difficult cases a reading should be taken several days after injection, and desquamation should be sought for.

The following types of reaction may occur:

(1) *The positive reaction.*—A circumscribed red flush 15-40 mm. in diameter appears at the site of injection of the unheated toxin. It is tender and may be slightly indurated. In the course of several days a slight desquamation occurs. There is no reaction at the site of injection of the heated toxin. This indicates that the subject is susceptible to diphtheria.

(2) *The negative reaction.*—There is no reaction at the site of either injection. This indicates that the subject is not susceptible to diphtheria.

(3) *The "positive combined" reaction.*—There is a reaction at the site of injection of the unheated toxin, and also a reaction, but usually more slight, at the site of injection of the heated toxin. The true positive reaction appears somewhat later than the reaction of the control test; it is longer in fading away, and is followed by desquamation. The positive combined reaction, if properly read, indicates susceptibility to diphtheria.

(4) *The negative "pseudo" reaction.*—There is reaction at the site of both injections and of practically equal amount. Desquamation does not usually follow the test. This indicates immunity to diphtheria.

It is the reading of pseudo negative and positive combined reactions which give rise to the greatest difficulty. Careful consideration of all the phenomena will, however, usually enable one to make a decision.

It is fortunate, however, that positive combined reactions are rare, and that a reaction on the control arm is usually associated with immunity.

If the test cannot be satisfactorily read—and this should be seldom—the amount of antitoxin in the subject's blood must be estimated by the more complicated methods which are at the service of the immunologist.

Certain general facts have been elicited by a study of the Schick test, and these must be referred to here (Zingher):*

(1) Negative pseudo-reactions were found in 20-25 per

* Zingher, A., *Arch. of Ped.*, June, 1921, p. 358.

cent. of children, hence the importance of the control test of heated toxin.

(2) Children under six months are in 85-90 per cent. of cases immune. This is probably due to passive immunity, maternally conferred.

(3) A majority of children from six months to five years are susceptible.

Needless to state cases have been reported where subjects alleged to be negative to the Schick reaction have subsequently developed diphtheria. Such errors may have been due to a faulty injection, to the use of a bad toxin preparation, or to a mistaken reading of the reactions. Exceedingly few of such cases have been recorded, and they have been critically examined by Park.* During the last eight years Park has carefully investigated every case of suspected diphtheria occurring in children or adults who had given a negative Schick test. In all there were eighteen such cases. Six of these he believed were due to errors; he has, however, met with four cases which appeared to be true diphtheria and where there had been previously a negative Schick test. So few such cases occurring in tens of thousands of tests submitted to examination may be considered a true case of the exception proving the rule.

Given that the susceptible may be separated from the immune by means of the Schick test, the second great theorem may be stated:

By means of immunisation with toxin-antitoxin mixtures it is possible to render the susceptible immune, and by means of a repeated Schick test to be sure that this change has taken place.

Many attempts at producing immunity against diphtheria on a practical scale have been made in recent years.

Theobald-Smith had used toxin-antitoxin mixtures in his earlier work on diphtheria immunisation. Ten years ago Von Behring commenced the extensive use of these mixtures, and soon afterwards Park and his colleagues commenced their long inquiry into the subject that has recently borne such brilliant results.

The theoretical and technical points in the preparation of toxin-antitoxin mixtures are problems of the immunologist rather than the clinician, and will not be referred to here.

Three subcutaneous or intra-muscular injections of 1 c.c. of the toxin-antitoxin mixture we have used, with an interval of a week between each dose, are sufficient to produce the required immunity. At present it is usual to give a preliminary injection of $\frac{1}{10}$ c.c. with a view to testing the sensitiveness of the patient to the injection.

The reaction produced by the immunising injection varies with the individual. Immense series of figures showing the results of such injections are now available, and we know of no fatal result and exceedingly few serious reactions. On the whole the result is about similar to the result of the

* Park, W. H., *ibid.*, p. 331.

injection of the Army T.A.B. vaccine. Large numbers escape without any reaction at all.

Small children in particular show little reaction—in fact it may be said that the younger the patient the less the reaction. Park, in 10,000 immunisations reported in 1918, had but four reactions which were severe. Zingher, in his immense series of immunisations, had no reaction which he regarded as severe. Earle, in 2700 immunisations, had only one unpleasant result. This was in a nurse, who developed a somewhat indolent septic arm, but recovered without any permanent damage. Patients who gave combined reactions may show more or less severe local and general reactions, and their immunisation must be conducted with special care. Fortunately they constitute only a very small group in any population. Beyond this there seems to be no contra-indication to immunisation except acute ill-health.

Speaking generally, those that are positive to the Schick reaction should be immunised, remembering, of course, the special liability to reaction in the positive combined cases.

Children under six months, being nearly all immune, need not be Schick-tested or immunised. Children six months to two years of age, being mostly susceptible, should be immunised. In these cases a preliminary Schick test is almost superfluous and may be omitted. Above the age of two years it is only necessary to immunise those showing a positive or positive combined Schick reaction.

(To be continued.)

THE BLAST: THE SURGEON EXPLAINED.



HAVE often wondered and often sought enlightenment from my fellows why the art of surgery should exercise its fascination on one man and pass another by, why the medical student should be irresistibly attracted in one case by surgery and in another by medicine. Obviously it must be something fundamental in the character or temperament of the individual. But my inquiries resulted too often in setting loose invectives and cheap sneers from the protagonists of either party, and until recently the explanation has remained a mystery. Now, however, I know. *The Times Literary Supplement* has added a further title to my esteem by an authoritative statement on this very point. "Surgery," I read, "prefers men with non-elaborate minds, even with narrow minds, into whom it can enter as the one purpose of their existence, and enjoy their undivided allegiance as the one great interest of their life, the one thing which they really care for. . . . It has no great liking for young men of culture, with minds elegantly furnished; it would rather take empty rooms and furnish them gradually to please itself. 'Give me for my disciples,' it says, 'not expensive and complex-minded young men from old universities, but young men simple enough to be whole-time drudges, plodding and

grinding and waiting, with nothing to take their thoughts off the one consummate prize of my approval."

Well, there's the problem solved, and now we have only to mark down the man with "a narrow mind" and devote him to surgery; tell him that it is his lot to be a drudge, and that the more empty he can keep his mind the greater his chance of becoming a surgeon. Though the *Literary Supplement* does not say so directly, it is obviously unsafe for the surgeon ever to allow his mind to occupy itself with any process of thought; he must keep it free for the mere storing up of the mechanical details of his trade, his handicraft, his art. Unlike other artists, who are to be allowed to have some ideas, nothing must distract his attention from technique. Quite obviously no surgeon ought to play golf or bridge, or do anything except keep life in him for the performance of the mechanical labour in which his plodding, grinding life is to be passed.

I suppose that it's all true, for the *Times* has said it, but—well, I have known narrow-minded men who said they were surgeons, but I don't remember a "simple-minded" surgeon. On the contrary the mind of the surgeon is so complex that the physician rarely can trust him to see a simple argument. No! on consideration the *Times* thesis won't wash, and I am still left with my problem unsolved: What is the peculiar mental twist which turns a man to the art of surgery? All the same it is interesting to realise that in the eyes of the *Times* the surgeon is such a simple fellow!

MEDICUS.

THE COUNTER-BLAST: MEDICUS ASSISTED (?).



HY does a man who takes up a medical career aspire to become a surgeon? That is the question. Methought that "Medicus" had found an answer, but alas! disappointment awaited me, for later on he reports that the explanation "won't wash." Such is the phrasology and such is the argument of the complex brain of "Medicus," who must surely be a physician. It is, indeed, sad to think that his admiration for the *Literary Supplement* of the *Times* should have met with such a serious blow. I have been wondering whether the attributes opposite to those ascribed to the surgeon might not be applicable to the physician. "An elaborate mind, his allegiance to his art being of minor consideration, coming from the older University, where his mind has become elegantly furnished and cultured, each attribute tending to cause its owner to lead a life of leisure and to apply his brain as infrequently as possible to the aid of his fellow-man." But, alas! this will not do, and glad am I for it, for then the student of medicine would have no doubts as to which was the better calling. Yet the *Times*

correspondent seems to suggest that the description would suffice, and would encourage the simple-minded surgeon to look on with envy. Why is it, then, that the student still persists in the tendency to become a drudge? He is in most matters a discriminating fellow! Is it that he looks back and has watched the attacks of the surgeon on the physician's art, and realised that action has led to more profitable results than theory? Is it that he conceives the idea that the physician is resting on his laurels as the result of his triumphs in the past, and remains watching the efforts of his pupil, the surgeon, who has taken on for himself the art of diagnosis, which he has improved by methods of his own? Or is it because he has become intoxicated by the rapid strides which surgery has made in dealing with those diseases with the knife which were hitherto untouched by the use of herbs? May it not be that the student, after all, regards the life of a surgeon as one of action, demanding quick decisions, which cannot come out of a complex mind? It may also be the sporting element which appeals to him, whereby the surgeon has to face his critic in the open places, when his faults are demonstrated, rather than in that upper chamber where few but the pathologists will criticise. I can hear him say, even though he has been trained in that older University, "I must cast away my complex training and assume the simple mind on which to build so magnificent an edifice. Drudgery be damned, and if it be not, it is an honour to be a drudge."

SIMPLICISSIMUS.

EUSTACE.

"The hours I've spent with thee, dear heart!"

DO you know Eustace? The answer is not "Eustachian tube" as you might have guessed. Oh dear no! that would be far too easy. The question is merely rhetorical. How could you know Eustace? (That question also is rhetorical.)

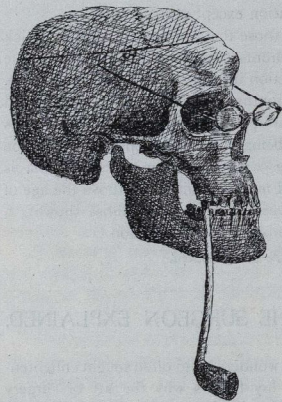
Eustace is mine—my thing, my chattel. Day by day you may see me sitting quietly with Eustace in the Library. At noon you may see me walking with Eustace in an Hallettian direction. After lunch we retrace our steps, and we may be seen at any time before 5 o'clock (by presentation of visiting card) sitting quietly in the Library.

Eustace is a great friend of mine. I know the heights of his ambition, the pinnacles of his pride, the depth of his depravity. I know the hardness of his heart and the hollowness of some of his interior life. After prolonged acquaintance the splendour of his architecture has grown upon me. His sardonic smile oftentimes cheers the tedious hours of an unending afternoon. Though he is sightless, speechless and brainless I still love him. I have learned to value his basic solidarity.

I say to him, "Eustace, shall we stop work?" Eustace sets his teeth and grins earnestly. I work on.

Often I dream of him. Once I dreamed that I dug him up in the Foro Romano with a label attached to his zygomatic arch bearing the legend, "Julius Caesar, Ides of March, B.C. 32." For days my anatomical studies suffered an hiatus.

I love to speculate on the facts of Eustace's past life. Despite his smile I refuse to think that he ever acted for the screen. Despite his present brainlessness, in real life he was no fool. Despite the size of his cephalic index (73.8) I refuse to consider him as other than a Britisher. The contour of frontal bone assures me that he was a great thinker; the strong muscle-markings of his mandible convince me that he was an orator of no mean order; the depth of his orbit leaves no doubt in my mind as to the keenness of his powers of observation. A distinct transverse groove across the nasal bones shows that spectacles were used and therefore indicates the student. The perfect symmetry of the nasal septum points to ambidexterity. With one exception the teeth are regularity itself. The rule indicates cleanliness and a painstaking attention to detail. The



exception shows clearly that Eustace was a pipe-smoker.

With these indubitable facts as a basis how tempting is the elaboration of a superstructure! Eustace was an eminent politician who could sign papers with both hands at once. He was editor of a newspaper. He was a cricketer—bowling right-handed and batting left. He was a super Sherlock! An ancestral Einstein!

Once an awful thought seized me. Perhaps Eustace was a lady—Eustina forsooth. Had I treated her as became her sex. I remembered—oh, how sadly—that one day after recounting a spicy anecdote to F—I had been struck by the fact that supra-orbital ridges seemed to have risen to a higher level and that mandible and maxilla had parted company, but I consoled myself by my conviction of his being a pipe-smoker, and recollected the masculine proportions of his mastoid process.

I always connect Eustace with a date, not too far distant, when an accurate acquaintance with him may prove of

inestimable value. How sad that so real a friendship should have so rankly utilitarian a basis.

Nevertheless I fancy that I shall never regret this intimacy. On one point I am decided. Should a kind examiner say to me next March, "Bring me a bone," I shall choose out a sparkling, well-marked occipital, and turning to him I shall say, "This bone, sir, formed the basis of one of my dearest friendships."

ST. BARTHOLOMEW'S HOSPITAL CAMBRIDGE GRADUATES' CLUB.

THE Forty-First Annual Dinner of the St. Bartholomew's Hospital Cambridge Graduates' Club was held at Frascati's Restaurant on Wednesday, November 30th, 1921. Sir Humphry Rolleston was in the Chair, and 94 members were present.

The arrangements were in the hands of the two Secretaries, Dr. Henry Burroughes and Mr. Reginald Vick, who are to be congratulated on the excellence of the menu and success of the evening.

In proposing the toast of "The Club," SIR HUMPHRY ROLLESTON spoke of its flourishing state, there being 26 new members. He laid emphasis on the wisdom of graduating at Cambridge and Bart's. He mentioned the great loss the Club had sustained by the death of Prof. Bainbridge and Sir Sydney Beauchamp.

DR. FRASER proposed the toast of "The Visitors." He was glad to see so many people from Oxford.

SIR ARCHIBALD GARROD replied. He said how sad he felt at leaving Bart's for his new work at Oxford. Several Oxford undergraduates had asked him which hospital was the best to go to, and he felt rather diffident about recommending Bart's, but hoped that we should get some of the best men from Oxford.

In seconding Sir Archibald Garrod, MR. H. G. WARING told us that he was an original guest of the Club. He gave his experiences of the dressers from the three Universities.

SIR WALTER FLETCHER proposed "The Chairman," who had been a member of the Club for 40 years. Sir Walter was astonished to see how youthful he still looked. Sir Humphry Rolleston was in the last Bart's Rugby team that won the Hospital Cup.

The CHAIRMAN replied, and alluded to the fact that one-tenth of the medical profession came from Bart's, and that there were more strangers in other medical schools from Bart's than from any other hospital. He spoke of the excellent arrangements made by the Secretaries and proposed their healths.

In replying for the Secretaries, DR. BURROUGHES said that the Club had nearly 700 members, all of whom had been written to, but that he had only received 200 answers to his notice of the Dinner.

MR. VICK supported Dr. Burroughes, and told us how amusing some of the answers to the notices were. He did not think that Dr. H. Morley Fletcher had been properly thanked for his kind hospitality following the Dinner on so many occasions. He deeply regretted that Oxford had cancelled their football appointment with the Hospital and hoped the fixture would be resumed.

During the evening Mr. Neville and Mr. Morrison amused the Club with songs.

After the dinner several members were entertained by Dr. H. Morley Fletcher at 98, Harley Street. Mr. Just, Dr. Burroughes, Mr. Morrison and Mr. Neville provided the musical numbers. Dr. Burroughes' "Mrs. Cooper" was much appreciated. Dr. Nunn told some amusing Cornish tales.

The "Twelve Apostles" was sung with great vigour.

ABERNETHIAN SOCIETY.

MEETINGS of the Society were held on November 24th, December 2nd, 8th and 15th.

On November 24th an address was given by Dr. Geoffrey Evans on "The Mental Aspect of Disease without reference to Psycho-Analysis" before an audience of over 40 members.

Dr. Evans said that the appraisal of the patient's mental factor was important both in the earlier and the later stages of disease. A doctor could not limit his interest either to psychology, or to organic disease. If he were a pure psychologist, organic disease would escape his notice, and if, on the other hand, his interest was limited to organic disease, he would fail in the practice of his art.

Since the war the mental aspect of disease had become more prominent. But the use of methods of psycho-analysis and suggestion was in part the result of a reaction to the main trend of other medicine. In the earliest infancy of medicine, "disease" meant simply a lack of ease, from which it is clear that the mental aspect was predominant. Followed a phase in which the study of pathology sought for changes in structure to explain disorders of function; and nowadays, if we find no evidence of organic disease, we are still apt to deny that there is any disease present. More recently interest had centred on the study of the causation of disease. This had led to a tendency to forget the patient in his disease: we treated the disease with serum, and the patient with contempt. Besides this, interest tended to fade in the treatment of those conditions in which no organic disease could be demonstrated, and in progressive diseases, like cancer or Bright's, the cause being unknown, there was a tendency to despise symptomatic treatment.

It was a reaction against the extreme of this attitude which drove the public to Christian science, quack medicines, osteopathy and faith-healing. It was largely due to the constant narrowing of our field of vision that the demand for psychotherapy had arisen. But in sound practice, the separation of psychotherapy and medicine was no more justifiable than the separation of the functional and organic aspects of disease in any one patient. It was the object of medicine in the future to correlate these two aspects of disease, and to bring them again into the same union in the mind of medicine as they exist at present in the case of every patient.

This object could be attained by the study of the common factor in organic and functional disease—that is, by the close study of symptomatology. There is no essential distinction between the symptoms of functional and organic states. The more exact and faithful study of symptoms would never fail to throw new light on the study of disease.

But there was a new field open for study in the understanding of the mechanism by which symptoms are produced. Disease in a clinical sense is largely an expression of change in the activity of the mechanisms which integrate the complex processes of the body. It is, in its signs and symptoms, largely a variation in physiological activity, exceeding or falling short of the normal, and the understanding of it, as it affects a patient and not as it affects his separate organs, must depend on our understanding of the activities of the chemical and nervous mechanisms by which the several parts of the body are welded into one.

Analysis of the nervous system, which is the rapid integrating mechanism, showed that there were two main divisions—the psychomotor and vegetative systems; the former concerned with the voluntary muscles and the external environment of the individual, the latter with the involuntary muscles and glands and the individual's internal economy. In disease the vegetative system played the greater part, its balanced action being controlled by the opposing activity of sympathetic and parasympathetic systems. Of these, the former was largely concerned with katabolic, the latter with anabolic processes. Differences in the reaction of young and old to disease largely depended on a varying balance between these two parts of the vegetative system at different ages.

The activities of the vegetative system were largely unconscious, but it was now established that one form of visceral sensibility, namely pain, is directly reflected in the cerebral cortex. Sherrington defined pain as the psychological adjunct of a protective reflex. Besides sensibility for pain, the gut could appreciate and localise a sensation of fulness.

Concerning visceral sensibility in disease not much was accurately known. A slight disorder may gradually make its way into consciousness by the constant repetition of subliminal stimuli, as a man is waked from sleep by an off-rung telephone bell. The study of patients with an abnormally sensitive receptive mechanism, lightly termed neurotics, would throw light on the obtuser sensations of more normal men. We need to understand symptomatology in terms of physiological reaction, and in so far as this activity is reflected in consciousness we touch the mental aspect of disease.

Time forbade a discussion of such interesting mental aspects of disease as the optimism of disseminated sclerosis, the spes phthisica, the phobias, and cerebral intoxications.

In conclusion, the other side of the picture, the influence of the mind on the body, was referred to. The mind has no direct control over the two main integrating mechanisms of bodily function, the endocrine glands and the vegetative nervous system. A conscious mental effort will not add a cubit to a man's stature, but if imagination leads the way there is a controlled activity of involuntary muscle-fibres and glandular secretion. It is in its influence, through the imagination, on vegetative nervous activity, that the mind may under circumstances call forth the very picture of organic disease.

At the present time we cultivate, by games and intellectual effort, the psychomotor side of our nervous system; yet the feeling of health and vigour depends as much on the vegetative system as on the psychomotor. The study of the mechanism of vegetative activity and internal integration will gradually erect a material basis of observation that will go far to link the mental and organic aspects of disease.

On December 2nd a discussion was held on "Constipation." The discussion was opened by Mr. A. C. Maconie, who dealt with the medical aspect. The surgical aspect of the subject was treated by Mr. E. Liston, and a brisk discussion followed, in which a dozen members took part. Forty members were present.

On December 8th a clinical evening was held. A case of fragilitas ossium in a girl, *æt.* 7, was shown by Mr. Le. Brasseur, by kind permission of Mr. Elmslie; a case of exophthalmic goitre with obscure oedema by Mr. Morgan; a case of pnyepnephrosis by Mr. Burt-White; and a case of atypical disseminated sclerosis by Mr. Hunt-Cooke.

On December 15th Mr. Kenneth Walker gave an address on "The Diagnosis and Treatment of Ureteral Calculi," illustrated by diagrams and X-ray photographs.

STUDENTS' UNION.

ST. BARTHOLOMEW'S HOSPITAL RUGBY FOOTBALL CLUB.

STAND AT WINCHMORE HILL.

Statement of Receipts and Payments to date of Completion of Stand, December 6th, 1921.

RECEIPTS.		£	s.	d.
To Donations		41	17	0
„ Rugby Football Club—Grant		20	0	0
„ Sundry loans, without interest		206	1	0
		£267	18	0
EXPENDITURE.		£	s.	d.
By Cost of Stand:				
Contractor's account	245	9	0	
Architect's fees, drawing up plans and supervising work	17	0	0	
„ Printing, stationery, etc.		262	9	0
„ Postages, stamps, etc.		2	5	0
„ Cheque book		1	18	6
		0	5	0
„ Cash at Bank and in hand		266	17	6
		1	0	6
		£267	18	0

We have examined the above account, with the counterfoil, receipt books and vouchers produced to us, together with the list of donations and loans, and certify the same to be correct in accordance therewith.

HILTON, SHARP & CLARKE,
Incorporated Accountants
and Auditors.
LUDGATE CIRCUS,
LONDON, E.C. 4;
December 21st, 1921.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. BRISTOL.

St. Bart.'s paid their first visit to Bristol City on November 19th. St. Bart.'s kicked off at 3 o'clock and some neat passing by the backs saved a Bristol rush. The Hospital three-quarters followed up a punt by Thomas over the line, but Pickles found touch well. After

a good burst by Spoons, Gaisford picked up, but after gaining ground, kicked across into Corbett's hands, who earned applause by a fine kick into touch.

Almost immediately afterwards, Davis, after smart passing, got in a good kick to touch. The dribbling of the Bart.'s forwards, headed by Parker, was at this period especially fine. Up to this stage the Hospital had dominated the game.

Tucker made one brilliant run for Bristol, but he was well tackled by Johnstone.

When the Bristol backs got the ball the Hospital three-quarters tackled well, and did not accept kind offers of many "dummies."

Corbett made a fine save by intercepting when the forwards made a big onslaught on the Bristol line. A few moments afterwards Thomas made a burst and was only just stopped, but Davis, picking up well, eluded two opponents and scored between the posts, for Gordon to add the extra points. Just before half-time Corbett dropped a splendid goal from thirty yards' range. Bristol again were on the defensive, brilliant efforts by Pickles, Budd and Spoons only just keeping the Hospital out.

Half-time: Bristol, 4 pts. Bart.'s, 5 pts.

After the interval Budd changed places with Jones on the Bristol side.

After some desultory play in midfield the Bristol forwards put in a great rush. They heeled from the next scrum, and a fine bout of passing ended with Spoons rushing past the custodian to score a try. Pickles added the extra points. Within a few minutes Wring was over in the corner again. The Bart.'s custodian, who frequently kicked well, was making bad attempts at tackling. The Hospital pressed hard after this, and a great effort by Thomas was nearly rewarded. On another occasion Moody-Jones made a great sprint on the right wing after a good opening by Williams and Cockell. A few minutes later Spoons gathered well, and kicking forward the custodian, instead of taking it in the air, met it at half volley and missed it—followed up and caught it again to run in unopposed. Pickles kicked a goal. Bart.'s again pressed, and Thomas put in some fine runs and tackled well. The score might easily have been reversed. Territorially Bart.'s easily had the better of the first half, and only weak tackling for a period of ten minutes led to the score, which by no means represents the trend of the game.

Bristol: 17 pts. Bart.'s: 5 pts.

Bart.'s: W. F. Gaisford, back; M. G. Thomas, P. O. Davis, J. G. Johnstone, W. Moody-Jones, three-quarters; T. P. Williams, D. H. Cockell, halves; S. Orchard (Capt.), A. E. Beith, A. B. Cooper, G. C. Parker, H. S. Gordon, E. S. Vergette, H. G. Anderson, H. V. Morlock, forwards.

ST. BARTHOLOMEW'S HOSPITAL v. RICHMOND.

On November 26th the Hospital met Richmond on the latter's ground. (G. C. Parker and M. G. Thomas were notable absentees from the Hospital side.) During the game Bart.'s showed better all-round form than they have done this season. The forwards worked as a pack and the outsides combined and ran straight. The vanguard, especially during the second half, completely outplayed the Richmond octette both in the loose and in the scrums.

This resulted in numerous opportunities for the three-quarters, who combined very well, giving and taking their passes on the run—essentials often neglected by the three-quarters—D. H. Cockell, ably led by Williams, continually set his line in motion. The best try of the match, and, indeed, of this season, was one in which the ball travelled from the base of the scrum through all the three-quarters' hands for Moody-Jones to terminate a most spectacular effort with a fine try. The forwards were prominent to a man, Beith scoring a fine try after a twenty-five-yard run. Gordon majorised four out of the five tries. Richmond were served well by the full-back and Housden, the left wing, who scored their solitary try. Moody-Jones (2), Davies (1), Coyte (1), Beith (1) scored for the Hospital.

Bart.'s: 4 goals, 1 try (23 pts.). Richmond: 1 try (3 pts.).

Bart.'s: E. V. Frederick, back; W. Moody-Jones, P. O. Davis, J. G. Johnstone, A. B. Coyte, three-quarters; T. P. Williams, D. H. Cockell, halves; S. Orchard, A. E. Beith, G. C. Shaw, H. S. Gordon, E. S. Vergette, H. G. Anderson, H. Morlock, J. D. Allen, forwards.

ST. BARTHOLOMEW'S HOSPITAL v. CAMBRIDGE.

Cambridge University were the visitors at Winchmore Hill on November 30th. The Light Blues fielded a full side, with the exception that R. Seddon deputised for Stanley Cook at left centre. The Hospital lacked the services of M. G. Thomas, the Welsh International.

The Hospital opened well, and determined forward play kept the visitors in their own "twenty-five." On more than one occasion the Cambridge line was in danger—but Williams and Cockell, who were playing well, were operating behind a basteen scrum. Parker was held up just outside and Orchard essayed a drop at goal. The heavier Cambridge octette was not to be denied, and after a spirited rush into their opponent's half they keeled out well. The ball travelled along the line to Saxon, who left the home custodian standing still. Though beaten in the tight, Orchard and his men were by no means inferior in open and spirited play. Before the interval Saxon again scored for the Varsity after a bout of passing, which displayed good speed without extraordinary trickiness.

Previous to this Moody-Jones scored for the Hospital by following up a kick by Johnstone. Gardner, the custodian, was at fault, failing to return to his position after kicking into the open.

Just before half-time Davis was responsible for a very fine tackle, bringing Wakefield down with the ball as he was about to score.

In the second half training told its tale. Cove-Smith finished off some handling by Wicks and Saxon by getting a try. This was followed by a try by hand-to-hand passing of the forwards.

The Bart.'s forwards, undaunted, though beaten badly in the scrums, made several desperate attempts. During one of these rushes by Orchard, Shaw, Beith, Parker and Anderson, the light blue three-quarters displayed a great dexterity to falling on the ball. A few moments later Anderson was very unfortunate to be called back for a knock-on after crossing the line. The "knock-on" was merely a rebound off his chest.

Cambridge again returned to the attack and tries were scored by Jones and Stokes. The try by the latter was due to a risky—but brilliant, as it proved successful—intercepted pass by Threes in his own "twenty-five."

The feature of the game was the solid cohesion of the Cambridge pack. Eight pushed in the scrum, the same number followed up. At times it appeared as though the Hospital octette carried a few "wingers." Another noticeable point was the fact that the Cambridge front rank got down much sooner. The score is hardly a fair criterion of the trend of the game. Harder tackling (and in some cases attempts at tackling) would have greatly minimised the score. Final score:

Bart.'s: 3 pts. Cambridge: 26 pts.

Bart.'s: W. F. Gaisford, back; W. Moody-Jones, J. G. Johnstone, J. O. Davis, W. A. B. Coyte, three-quarters; T. P. Williams, D. H. Cockell, halves; S. Orchard (Capt.), A. E. Beith, G. C. Parker, C. Shaw, H. S. Gordon, E. S. Vergette, H. G. Anderson, J. D. Allen, forwards.

ST. BARTHOLOMEW'S HOSPITAL v. H.A.C.

This match was played at Winchmore Hill on December 3rd. The Hospital, though below full strength, outplayed the H.A.C. to the extent of 24 points to 8. Owing to the recurrence of an old knee injury Coyte changed places with Royle. The superiority of the Bart.'s forwards—ably led by Beith, Shaw and Parker—soon evinced the fact that it was only a question of points. The forwards heeled well at times, but the backs were too prone to squeeze their wings into touch. Anderson was continuously conspicuous for fine following-up and determinedly low tackles. Nevertheless the H.A.C. played a gruelling game and fought every inch of the ground. They were served most ably by the left wing—who kept constant "guard" on Moody-Jones—and the full-back. K. May had the misfortune to sustain a Pott's fracture and is likely to spend his Xmas in Stanley Ward.

At times it appeared as if the Hospital were playing more than the customary number of scrum-halves. This often resulted in delay in getting the ball out to the three-quarters. Davis frequently tackled well, and Johnstone was in a scoring vein. He gathered 10 points by individual efforts.

For the Hospital tries were scored by Moody-Jones (1), J. G. Johnstone (2), Morlock (1), Campbell Shaw (1). T. P. Williams and Johnstone dropped a goal each; the former's goal was a penalty. Shaw added the extra points to his own try.

Bart.'s: 3 goals, 4 tries (24 pts.). H.A.C.: 1 goal, 1 try (8 pts.).
Bart.'s: H. Royle, back; A. B. Coyte, J. G. Johnstone, J. O. Davis, W. Moody-Jones, three-quarters; T. P. Williams, D. H. Cockell, halves; A. E. Beith (Capt.), G. C. Parker, C. Shaw, E. S. Vergette, H. G. Anderson, J. D. Allen, H. V. Morlock, A. D. Wall, forwards. Absentees: S. Orchard and M. G. Thomas.

ST. BARTHOLOMEW'S HOSPITAL v. OLD PAULINES.

On December 10th the Old Paulines were the visitors at Winchmore Hill. The Hospital were far below their usual strength. H. D.

Llewelyn was tried at full-back, and on the whole gave a satisfactory account of himself.

Though the Hospital were below their full strength they gave possibly the worst display they have done this season. They lacked cohesion in practically all departments. Llewelyn was sound at back. Cockell and Williams at half were the redeeming features on the Bart.'s side. Cockell made opening after opening, but the backs could never get going. Johnstone was inclined to distrust his wing, Nicholls, determined enough at times, has played better his wing. The forwards tired visibly long before the end. Enthusiasm and dash were absent to a very great degree—possibly the Hospital Dance had had dire effects!

After twenty minutes' play Orchard opened the scoring after running round to support the right wing. The Old Paulines did the remainder of the scoring. Tries were scored by Kit Atkinson and Whitehorn. Farrell, at three quarters, and Whitehorn, at forward, were the most conspicuous in the Old Paulines' team, who deserved their victory for, at any rate, showing more dash and spirit.

Old Paulines: 13 pts. St. Bart.'s: 3 pts.
Bart.'s: H. D. Llewelyn, back; R. R. Foote, J. G. Johnstone, P. O. Davis, H. Nicholls, three-quarters; T. P. Williams, D. H. Cockell, halves; S. Orchard (Capt.), A. F. Beith, G. C. Parker, E. S. Vergette, H. G. Anderson, H. V. Morlock, J. D. Allen, A. D. Wall, forwards.

ASSOCIATION FOOTBALL.

INTER-COLLEGIATE CUP, 2ND ROUND.

ST. BARTHOLOMEW'S HOSPITAL v. GUY'S HOSPITAL.

Played on December 17th. A keen and fast game resulted in our defeat by Guy's to the tune of 3—0.

Guy's won the toss and elected to play with the wind and sun; they started off by sending in a fine shot, which was just turned round the post by the home goalie. Couch opened the score for the visitors with a quite "unsavable" shot. The game then proceeded on more equal lines, Bart.'s being unfortunate not to equalise. For the first twenty minutes of the second half there was nothing to choose between the two teams until the visitors forced a corner. From this the ball found the net off one of our own backs.

Bart.'s then seemed to give up hope and allowed Williams to record a third goal against them.

The home weakness lay in the forward line, which showed a sad lack of combination and an insufficient feeding of the wings, though individual play was good. They want to get on the ball quicker.

Oldershaw and Caiger were the outstanding features of a defence that played well and concertedly.

Guy's played a good and consistent game and undoubtedly deserved their victory, though with more combination in the Bart.'s attack this result should be reversed in the Inter-Hospital Cup Tie.

Teams:
Bart.'s: Ward, goal; E. Coldrey, Caiger, backs; Oldershaw, Dick, Lorenzen, half-backs; G. Nicholls, Stuart-Low, W. E. Lloyd, A. E. Ross, Asker, forwards.

Guy's: Hardy, goal; Wakeford, Sennitt, backs; Painter, O'mera, Paris, half-backs; Walters, Van Geuns, Williams, Couch, Morgan, forwards.

DEBATING SOCIETY.

Debate held on December 6th, 1921, in the Abernethian Room. Subject, "That, in the opinion of this House, co-education of the sexes is desirable."

Mr. E. R. CULLINAN, opening the debate, made a serious and excellent attempt to win support for the motion. The word "co-education," he said, was anathema to conventionalists, because they had been brought up and educated to dislike it. He was not going to deal with co-education of quite young children, because even the opposers of the motion would admit its utility and desirability; nor was he going to deal with higher education, because that affected only a very small proportion of the population. He would confine his remarks to education in ordinary school life, from ages of 10 to 18, when character was being moulded and built up. At this age it was practical, natural and economical. It would do away with that absurd shyness and mutual embarrassment of the sexes, which was the cause at present of our degrading secrecy with regard to natural functions, and in many instances the cause of hysteria and unnatural practices. It would foster a deep and real chivalry and a proper

knowledge of the opposite sex, which would make marriages happier. Increased competition in the class-room would raise the standard of education for both sexes. As economy did not allow large families nowadays, co-education would give a child a chance to adopt a few brothers or sisters, whichever it happened to be short of. Finally co-education would open up a large field for research into matters of education and sex.

Mr. E. B. BROOKS opposed. He first paid a small tribute to the eloquence of his opponent, which, alas! might have been so much more profitably employed. To see a young man, of utmost integrity and upright character, demeaning himself by upholding a policy which would ruin our nation was indeed a pitiful sight. Co-education did not only mean boy and girl sitting side by side in the classroom, it must surely mean close and frequent contact of the sexes during their early years. Was it fair to ask boys to try to cope with the female mentality? How many grown men can do it? "I have tried and I have failed." Was it fair to ask young girls to compete with the superior intelligence of boys? To too great a stress would be thrown upon them. The co-educationists say it is natural. "Yes! it is; but natural appetites must be subjected to the exigencies of civilisation." Chivalry on the Underground was diminishing because, as women become emancipated, men are losing respect for them. What would happen if we started intimate relationships at an early age? What form was juvenile chivalry going to take? Would Jack carry Jill's school-books for her? Would boys and girls mix together properly? He thought healthy-minded boys would form cliques and hold aloof. Only the unhealthy would mix and a wrong sort of feeling would result. Co-education would make the sexes blasé; the lemon would be squeezed dry; and there would be a loss of that love romance, which is now only destroyed by matrimony. Women should be educated to be complementary to man, not to be a similar being. Who would marry a similar being? No one here, I hope. The poet who wrote, "Woman in our hour of ease," would disapprove of a loud-voiced, unmannerly, co-educated hoyden during working hours. Had co-education improved marital relationships in America, where a divorce was as easy to procure as a hair-cut? His personal experience of co-educated men was that they became either vegetarians or bolsheviks. It was a constant source of remorse to him that he had dissected an abdomen with a woman at Cambridge. "Furtively, as our hands met through the foramen of Winslow, her levatores palpebræ would slowly relax and a gentle hyperemic suffusion would spread over her comely cheeks—but how could I," he asked, in broken tones, "in such unromantic surroundings?"

Mr. E. J. H. ROTH: "Mr. Brooke is obviously a woman hater." (Loud cries of "No!") Women are now taking a more prominent part in public life, therefore they should not be separated from men with whom they will have to work. In the Colonies, co-education is regarded as the vanguard of educational progress. He welcomed the suggestion that men were made more effeminate by co-education, because that implied that they became more humane and more considerate for their fellow creatures. Co-education does not mean "close and frequent contact of the sexes," in spite of the fact that "co" anything else usually does. As regards the lemon squeezed dry, one could look at fruit without squeezing or bruising it.

Mr. B. M. TRACY denied the superiority of girls who have brothers and "fellows who have girls." He meant "fellows who have sisters," but *Larynx Inguinalis* a symptom of his complaint, diagnosed by his friends as "dyslogorrhagia." He dealt, mainly, with practical difficulties of co-education. An American lady had told him that immorality was rife in American mixed schools; he thought it a very real and terrible danger. Discipline was a serious difficulty. Should a boy be made to smart doubly under corporal punishment and the injustice of seeing his girl companion in sin merely being sent to bed? At Cambridge the best men kept to themselves, and those who did have the misfortune to dissect with a woman were constantly disturbed by fatuous remarks from the co-educated. "Women are excellent in moderation."

Mr. A. ABRAHAM appealed to the supporters of the motion to give him a real argument for co-education. He was in the unfortunate position, occasionally, of having to eulogise the smaller medical schools; this entailed supporting co-education, because women were, and always would be, amongst the "leavings" which the smaller schools had to accept, with as good a grace as they could. He had concocted a few specious arguments, but it would ease his conscience if he could discover a single real argument for future use.

Mr. G. B. TAIT advanced psychological reasons against co-education. Boys brought up in this way would never have that natural

respect for women which marks a gentleman. The presence of women students would spoil all the best features of the surgical teaching in the Hospital. How could such indelible impressions as he had received from a dissertation on lipomatia, as assets to husband-hunting Hottentots, be imparted to a mixed class?

Mr. T. M. MARCUSSE primly suggested that knowledge could be imparted without vulgarity. At another medical school he had been thwarted, in an ever intense desire to slake his thirst at the fountain of knowledge, by women occupying front seats at lectures, flirting with physiology demonstrators, and monopolising anatomical models.

Mr. E. LISTON said the medieval explanation that the membrane separating twins was to prevent immorality in utero was not scientific; he thought it an argument against co-education.

Mr. R. S. COLDREY has either an immense sense of humour or a very bad memory for his previous speeches. Whichever it may be, he was very amusing when he said "What I complain of, in this House, is that too much stress is laid on morals; it's nothing but 'immorality,' 'immorality,' 'immorality.' Well, we are immoral, let's admit it!" But, he argued, it was mostly on the male side, and he feared co-education might lead the fair sex into evil ways. Women should be educated for motherhood and home life.

Mr. C. F. FOWELL, after a little talk on logic and etymology, proceeded to split his infinitives. Boys and girls, like his metaphors, should be mixed and thoroughly mixed. He advocated cookery for boys, though he had not learnt it himself; in fact, he had not learnt geography, or chemistry, either. It was not chivalry, but fear, that made us give up our seats in tubes.

Mr. N. MOULSON: "We're all afraid of the women; they'd get all the prizes."

Mr. F. F. IMIANITOFF made remarks on the practical difficulties of co-education which were rather unnecessary, in quantity and quality. "Chivalry is only possible with a very great ignorance of the true nature of women."

Mr. R. KLAEER thought co-education would not make much change in men; some would always be embarrassed by women, others would still take to them like a duck to water.

Mr. E. R. CULLINAN briefly replied.

The motion was lost by twenty-seven votes.

REVIEWS.

PATHOLOGY OF THE NERVOUS SYSTEM. By E. FARQUHAR BUZZARD, M.A., M.D., F.R.C.P., and J. GODWIN GREENFIELD. (London: Constable & Co.) Pp. xv + 334. Price 30s.

In the preface to this book the authors state their belief that they are meeting a real need. They are right: we know of no other book in which the student or practitioner can find such an accurate and up-to-date account of the pathology of the nervous system. Perhaps of necessity the book deals almost entirely with morbid anatomy and histology. Morbid physiology is hardly touched upon except in the chapter on circulatory disturbances; is it too much to hope that in a future edition we may have chapters dealing with the morbid physiology of such things as fits, coma and alterations in reflexes? The work is well and freely illustrated with photographs, macroscopical and microscopical; but we still hold that good drawings of microscopical sections are infinitely preferable to photographs, especially where the histology is as difficult to the beginner as it is in the central nervous system. The book is attractively got up, and there is a bibliography at the end of each chapter.

TECHNIQUE OF THE TREAT AND CAPILLARY GLASS TUBE. By Sir A. E. WRIGHT, M.D., F.R.S., and LEONARD COLEBROOK, M.B., B.S. Second Edition. (London: Constable & Co.) Pp. xxvi + 384. Price 42s.

This book is a guide to the technique, mainly bacteriological, employed by Sir Almoth Wright and his co-workers. Every detail onwards from the preliminary glass-blowing (in Chapter II) is described so minutely that the volume should prove invaluable to the student beginning to learn technique, as well as to the advanced worker anxious to perfect himself in new and more accurate methods. The varieties of methods and pieces of apparatus described are many and terrifying, and not many readers are likely to wish to master all of them. The book has been considerably expanded since the first

edition in 1912, and several new refinements in technique have been introduced. The author has added a preface in which he seeks to prove that "clinical experience . . . unaided by apparatus and technique, is, for the purposes of research, of infinitely little account." Even if this be true, we feel that the clinician will retort—quite justifiably—that apparatus and technique, unaided by clinical experience, are equally valueless. There are in the book large numbers of very clear diagrams; there is a misprint in spacing of a heading on p. 180.

A TEXT-BOOK OF SPECIAL PATHOLOGY. By J. M. MARTIN BEATTIE, M.A., M.D., and W. E. CARNEGIE DICKSON, M.D., B.Sc. Second Edition. (London: William Heinemann [Medical Books], Ltd.) Pp. 572. Illustrations 271. Price 31s. 6d.

This volume is the second of two text-books written by the authors. The first dealt with general pathology, and this continues the subject in the realm of special pathology. We think that it is a pity for pathological teaching to be thus split up. There is a danger of a student reading this book and being entirely unlearned and untaught as essentials without which pathological investigations of special organs and systems become to him mere parrot-work. So it seems to us, but perhaps the excellence of other text books has made us unduly hard to please.

The material in the work is particularly uneven in its merits. We find, for instance, an exceedingly able though short article on the supra renal bodies, a comparatively unimportant sub-section amongst the ductless glands, whilst the much larger section on the conditions of bone is very inadequate. Nine lines disposes of the myelomata—surely important both in practice and for examinations. Cysts of bone are unmentioned save for one line given to hydatids. The section on osteomyelitis and periostitis is longer, but again does not emphasise sufficiently a very important subject.

The chapter on the nervous system deserves special praise. It is sufficient, up-to-date and well written. The pathology of the urogenital system is on the whole well done, though we are surprised that no reference is made, to the prostate as a primary source of tuberculous infection.

The work is profusely illustrated, but many of the photographs are very poor. A feature which is of considerable value is the frequent addition of references at the foot of the page.

CORRESPONDENCE.

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

DEAR SIR,—Please find enclosed P.O.O. for £1 11s. 6d. As my expectation of life according to insurance tables is only another thirteen years I think I will compromise on that, instead of a life subscription. I still notice that when the English mail arrives, the BART'S JOURNAL is the one that invariably is opened first, and for this I beg to make my compliments to the Editor.

I have often felt it on my conscience that I have never helped the JOURNAL, except by reading it; but here is a story for which I can vouch, if the Editor thinks it is good enough. We have just lost our Senior Surgeon, dear Ben Poulton, kindly, shrewd and straight, who also was a student at Bart's for a short time in the early eighties.

Some time previously he received a letter from a former H.S., the type of man who was not disposed to hide his light under a bushel, about some case, who concluded his epistle thus: "Yours faithfully,

"P.S.—I am going to do two cataracts to-morrow!"

To whom presently came the reply, subscribed:

"Yours faithfully,
"Ben Poulton."

"P.S.—Are you?"

Isn't that neat? One can almost feel the touch of a dead and gone Sir Wm. Savory.

I am,
Yours, etc.,
J. W. YEATMAN.
Auburn,
S. Australia;
August 6th, 1921.

MR. BOYLE'S AMERICAN TOUR: A PUMP AND SUCTION APPARATUS FOR TONSIL OPERATIONS.

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

DEAR SIR,—Mr. H. Edmund G. Boyle, in his interesting account of a recent visit to America, appearing in your issue of this month, notes, as have several recent visitors, the almost universal adoption by anaesthetists of a pump and suction apparatus for tonsil operations. In America, at any rate, this apparatus appears to be of comparatively recent origin: the writer saw nothing of it when visiting the chief American clinics in 1906.

The pump part of the apparatus is of quite respectable antiquity, in the form of the well-known Junker bottle.

The suction principle was adopted by the writer some twenty years ago and embodied in an apparatus described as "a combined Junker and blood evacuator."

It was employed for cleft palate operations, enucleation of tonsils at that time being rarely practised.

The suction was obtained from a reversed enema syringe, and the blowing for the anaesthetic, chiefly ether, from a foot bellows.

The apparatus has the advantage of being independent of the electricity supply, and is described in the *Medical Annual* of the year 1902.

I am, Sir,
Faithfully yours,
C. HAMILTON WHITEFORD.

Plymouth;

December 3rd, 1921.

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

DEAR SIR,—We have read with much interest Mr. Boyle's account of his American visit and that he was pressed on all hands to try the anaesthetic value of alcohol. It hardly, however, seems justifiable to make a general statement upon the success of prohibition as the result of such experience. Sir Arthur Newsholme, ex-medical officer of the Local Government Board, has just been over in the States studying the matter for two years, and, as everyone knows, he is a most careful and dispassionate critic. The verdict he has given is that the general result is extraordinarily good. I suggest that it is quite time that this matter receive careful treatment whatever one's individual bias may be.

Yours sincerely,
NORMAN MACFADYEN.
Letchworth;
December 10th, 1921.

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

- ARMSTRONG-JONES, SIR ROBERT, C.B.E., M.D. "Epilepsy and some Kindred Attacks," *Practitioner*, December, 1921.
- BRADSON, W. P. S., C.B.E., M.D., F.R.C.P. "On Forecasting: A Contribution to the Prognostics of some Anomalies of the Heart and of the Urine," *British Medical Journal*, December 3rd, 1921.
- CAMBERG, HARRY, M.D., F.R.C.P. "The Blood and the Nervous Diathesis," *Ibid.*, November 19th, 1921.
- CARVER, ALFRED, M.A., M.D., D.P.H. "Epilepsy from the Psychological Standpoint," *Ibid.*
- COLE, G. H., F.R.C.S. (J. ROSS MACKENZIE, M.D., and G. H. C.). "General Anaesthesia and the Atmosphere in the Operation Theatre," *Ibid.*, December 3rd, 1921.
- DALL, H. H., C.B.E., M.D., F.R.S., "Anaphylatoxin," *Ibid.*, October 29th, 1921.
- FLETCHER, H. MORLEY, M.D., F.R.C.P. "Diurnal Somnolence and Nocturnal Wakefulness as Manifestations of Lethargic Encephalitis. With comments by J. D. ROLLESTON, M.D.," *The British Journal of Children's Diseases*, April-June, 1921.
- GAUVAIN, SIR HENRY, M.A., M.D., M.Ch. "Discussion on Treatment in Tuberculous Disease of the Bones and Joints in Children." (Opening paper.) *British Medical Journal*, November 20th, 1921.
- HENDERSON, SIR THOMAS, M.D. "Presidential Address on the Medical Aspects of some Urinary Diseases." Delivered before the Section of Urology of the Royal Society of Medicine. *Lancet*, November 12th, 1921.
- HUBSON, BERNARD, M.D., M.R.C.P. *Aids to Medicine*, 3rd Edition. (London: Baillière, Tindall & Cox.)
- HUMS, D. W., M.B., B.S., F.R.C.S. "Histo-biobal Band-grafts for the Radical Cure of Large Inguinal Hernia." *British Medical Journal*, November 10th, 1921.
- NEWMAN, SIR GEORGE, K.C.B., M.D., F.R.C.P. "State Action in the Prevention of Tuberculosis." *International Journal of Public Health*, November-December, 1921.

- O'CONNOR, F. W., M.R.C.S., L.R.C.P. (CLIFFORD DOBELL, M.A., F.R.S., and F. W. O.C.) *The Intestinal Protozoa of Man.* (London: John Bale, Sons & Danielsson, Ltd.)
- PARSONS, R. H., F.R.C.S. "Eclampsia and Its Incidence." *Lancet*, December 3rd, 1921.
- PYBUS, FREDERICK C., M.S., F.R.C.S. "Some Congenital Malformations of the Lower Extremity." *Clinical Journal*, October 23rd and November 2nd, 1921.
- "Some Affections of the Rectum in Childhood." *Ibid.*, November 23rd, 1921.
- SHURLOCK, A. G., M.A., M.B. "Pulmonary Tuberculosis in an Infant." *British Medical Journal*, November 12th, 1921.
- THURSFIELD, J. HUGH, M.A., M.D., F.R.C.P. "Discussion on Blood Diseases in Children." (Opening Paper.) *Ibid.*, November 10th, 1921.
- VINES, H. W. C., M.B. (W. R. GROVE, M.D.), and H. W. C. V. J. "The Aetiology and Treatment of Varicose Ulcers." *Ibid.*, October 29th, 1921.
- WEBER, F. PARKES, M.A., M.D., F.R.C.P. "Mitchell Lecture on Tuberculosis: Its Relations to General Bodily Conditions and to other Diseases." Delivered before the Royal College of Physicians, London. *Lancet*, November 5th, 1921.
- WHALE, H. LAWSON, M.D., F.R.C.S. "An Unusual Case of Injury to the Petrous Bone." *Ibid.*, November 12th, 1921.
- "Esophageal Tumour of Thyroid Tissue." *British Medical Journal*, December 10th, 1921.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

The following degrees have been conferred:
M.D.—W. H. Butcher.
B.M., B.Ch.—D. G. T. K. Cross.

First Examination for Medical Degrees.

Anatomy and Physiology.—R. E. D. Cargill, C. L. Elgood.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:
M.D.—C. J. Stocker.

M.B., B.Ch.—W. H. Blackburn, L. Cunningham, R. S. Scott, G. W. Theobald.
M.B.—J. Whittingdale.

Examination for the Degree of M.Ch.

Passed.—R. StL. Brockman.

First Examination for Medical Degrees.

Part I. Chemistry.—P. E. T. Hancock.
Part III. Elementary Biology.—P. E. T. Hancock.

Second Examination for Medical Degrees.

Part I. Human Anatomy and Physiology.—C. W. Brook, J. E. Elam, A. C. de B. Helme, J. B. W. Robertson.

Third Examination for Medical Degrees.

Part I. Surgery, Midwifery and Gynaecology.—L. H. Bartram, S. P. Castell, R. S. Corbett, E. Donaldson, W. F. Eberle, W. B. A. Lewis, R. F. Powell, A. E. Roche.
Part II. Medicine, Pathology and Pharmacology.—G. F. Abercrombie, R. S. Corbett, D. Crawford, C. Dunscombe, W. F. Eberle, D. D. Evans, W. B. A. Lewis, N. G. Thomson.

UNIVERSITY OF LONDON.

M.D. Examination.

Branch I. Medicine.—L. I. Braum.
Branch IV. Midwifery and Diseases of Women. S. M. Cohen.
Branch VI. Tropical Medicine.—C. T. Maitland (University Medal).

Third (M.B., B.S.) Examination for Medical Degrees.

Pass.—P. N. Cook, G. Day, R. W. P. Hosford, B. I. Jeaffreson,
*D. M. Lloyd Jones, †E. W. C. Thomas.
* Honours: Dist. in Medicine. † Honours: Dist. in Forensic Medicine, and Surgery.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following have been admitted Fellows:
G. G. Bruce, M.B., Ch.B. (Aberd.), R. C. Davenport, M.B., B.S. (Lond.), E. I. Lloyd, M.R.C.S., A. J. McNair, M.B., B.Ch. (Lond.), R. Y. Paton, M.B. (Cantab.), D. M. Sutherland, M.D. (Vict., Manch.), A. D. Wall, M.B., B.S. (Lond.).

CHANGES OF ADDRESS.

- ANDERSON, M. J. B., 176, London Road, Twickenham.
BOUSFIELD, S., 10, Albion Street, W. 2.
CLARK, W. ADAMS, 44, High Street, Penze, S.E. 20.
DOWLING, S. M., 87, Snakes Lane, Woodford Green, Essex. (Tel. [unchanged] Woodford 125.)
GREEN, S. F. STD., C.B.E., Col. A.M.S., D.D.M.S., Scottish Command, Headquarters, Edinburgh.
HEKINGTON, C. E. E., 212, London Road, Twickenham.
HUME, J. B., 47, Queen Anne Street, W. 1. (Tel. Mayfair 4132.)
LEVY, H. J., 18, Awellfryn Terrace, Penydarren, Merthyr Tydfil.
LISTER, A. E. J., Lt.-Col. I.M.S., 88, Harley Street, W. 1. (Tel. Langham 1874.)
VERNEY, E. B., 4, Colosseum Terrace, Regent's Park, N.W. 1. (Tel. Museum 5980.)

APPOINTMENTS.

- ATKINSON, E. M., F.R.C.S., appointed Surgical Registrar to Prince of Wales Hospital.
ELLIOT, E., M.R.C.S., L.R.C.P., appointed Surgeon and Agent to the Admiralty at Dover.
MANSOFT, RODNEY H., F.R.C.S., appointed Surgical Registrar to West London Hospital.
MAITLAND, C. TITTERTON, M.D. (Lond.), D.P.H., R.C.P.S., appointed Demonstrator in Pathology, London School of Tropical Medicine (since October).
SREGGS, B. L., M.R.C.S., L.R.C.P., appointed Certifying Surgeon under the Factory and Workshop Acts (Stevenage).
URWICK, W. D., M.R.C.S., L.R.C.P., appointed Junior Medical Officer, Surgical Side, Cannon Chase Ministry of Pensions Hospital (Birmingham).
WARD, R. OGLE, M.Ch. (Oxon.), F.R.C.S., appointed Assistant Surgeon to St. Peter's Hospital.

BIRTHS.

- BRADFIELD.—On November 1st, at Moorats Gardens, Madras, the wife of Major E. W. C. Bradfield, I.M.S., of a daughter.
CRIPPS.—On December 7th, at 29, Lower Seymour Street, W., the wife of W. Lawrence Cripps, F.R.C.S.—a son.
LOVEDAY.—On December 18th, at Spring Lodge, Fallowfield, Manchester, the wife of Dr. G. E. Loveday, of a son.
MACKENZIE.—On December 9th, at 1, Camden Terrace, Manningham Lane, Bradford, the wife of Colin Mackenzie, F.R.C.S., O.B.E.—a son.
PRIDHAM.—On November 29th, at Hillfield, Broadway, Dorset, to Margaret, wife of Dr. J. A. Pridham, M.C.—a daughter.

DEATHS.

- BEAUCHAMP.—On November 22nd, 1921, suddenly, the result of an accident, Sir Sydney Beauchamp, of 8, William Street, Lowndes Square, aged 60.
ELLIOTT.—On December 19th, 1921, at his residence, after an operation, John Elliott, F.R.C.P., O.B.E.
FEARNLEY.—On September 29th, 1921, Elizabeth Barbara, only daughter of Dr. and Mrs. Fearnley, 88, The Avenue, West Ealing, aged 11.
HOGG.—On December 3rd, 1921, Arthur John Hogg, M.R.C.S., L.R.C.P., of Leslie Lodge, Ealing, aged 72 years.
LE QUEBNE.—On November 18th, 1921, at Southampton, after a short illness, Claude Philip Le Quebne, M.R.C.S., L.R.C.P., aged 55.

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. XXIX.—No. 5.]

FEBRUARY 1ST, 1922.

PRICE NINEPENCE.

CALENDAR.

- Tues., Jan. 31.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Wed., Feb. 1.—Clinical Lecture (Surgery), Mr. Rawling.
Thurs., " 2.—Professorial Lecture: Dr. T. H. G. Shore on "Pathology of Acute Degeneration."
Fri., " 3.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
Sat., " 4.—Association Football Match v. Old Cholmeleians (home).
Mon., " 6.—Clinical Lecture (special subject), Mr. Scott.
Tues., " 7.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.
Wed., " 8.—Clinical Lecture (Surgery), Mr. McAdam Eccles.
Thurs., " 9.—Professorial Lecture: Sir Frederick Andrewes on "Pathology of Jaundice."
Fri., " 10.—Prof. Fraser and Prof. Gask on duty.
Sat., " 11.—Rugby Football Match v. Rugby (away).
Mon., " 13.—Clinical Lecture (special subject), Mr. Elmslie.
Tues., " 14.—Dr. Morley Fletcher and Mr. Waring on duty.
Wed., " 15.—Clinical Lecture (Surgery), Mr. Rawling.
Thurs., " 16.—Professorial Lecture: Dr. Spilsbury on "Pathology of Chronic Degeneration."
Fri., " 17.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Sat., " 18.—Rugby Football Match v. Old Merchant Taylors (away).
Mon., " 20.—Clinical Lecture (special subject), Mr. Elmslie.
Tues., " 21.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
Wed., " 22.—Clinical Lecture (Surgery), Sir Charles Gordon-Watson.
Thurs., " 23.—Professorial Lecture: Prof. Fraser on "Enlargement of the Liver as a Symptom."
Fri., " 24.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.
Sat., " 25.—Rugby Football Match v. Old Alneyians (away).
Mon., " 27.—Clinical Lecture (special subject), Mr. Harmer.
Tues., " 28.—Prof. Fraser and Prof. Gask on duty.

EDITORIAL.

THE very large number of empty beds, especially on the surgical side of the Hospital, during January might have led a casual visitor to suppose that the battle against disease in the London area had been almost won and that we were resting on our laurels. Unfortunately the empty beds were due to a temporary defeat and not a victory; for the very large number of nurses who went sick with 'flu made it impossible to carry on the full service of the Hospital. House-men were requested not to write for any save very urgent cases, and beds were allowed to remain empty—to us a gloomy sight. We believe that no less than sixty-two of the nursing staff suffered during the epidemic. A great strain, splendidly met, was thrown upon the Matron and her Staff. Rarely has the dependence of the Hospital and the "sick poor" of this City upon the long hours and highly trained self-sacrificing work of the nurses been more strikingly demonstrated. As we go to press we are happy to learn that the epidemic is abating. There has of course been the usual light relief. The following post-card was received:

"PRESSING.

"HOUSE DOCTOR,

"BART'S HOSPITAL, LONDON, E.C.

"Seeing in to-day's paper 70 nurses sick with 'flu, in your and Middlesex Hospital, please tell all the following SURE CURE—

- (1) $\frac{1}{4}$ or $\frac{1}{2}$ teaspoonful red pepper well stirred in a glass ($\frac{1}{2}$ pint) hot boiled milk, drunk as hot as possible. Boil milk in vessel it was drawn in—that is very important.
(2) A famous north country cure for cold and influenza: Soak 1 tablespoonful oatmeal well stirred in a saucepan into a pint new milk 10 minutes. Simmer very gently, stirring all the time. Add 1 wineglassful Jamaica rum. Boil a few seconds and drink very hot. Send this card to nurses in Middlesex Hospital. Always boil milk in vessel it was drawn in; this is very important."

However, we understand that there is a wide belief that the recent change in the dietary from margarine to butter (which change, as a matter of fact, had nothing to do with the epidemic) is a much better prophylactic against disease than anything contained in the above communication.

We are glad to hear, as we go to press, that a new tender has been received for the new Nurses' Home, and that work upon it is to be begun at once. Many must have wondered why, after the laying of the foundation stone by Her Majesty the Queen, the Home seemed to subside into the background and no builders appeared upon the scene. The reason was, of course, that the enormous prices of both materials and labour necessitated delay. We are indeed glad that difficulties have so far been overcome that a start can be made on this important work.

We hear that Sir Wilmot Herringham has been appointed President of the First Nurses' Council.

77, WIMPOLE STREET, W.
24th December, 1921.

Re SIR ANTHONY BOWLBY'S PORTRAIT.

The Editor, St. Bartholomew's Hospital Journal.

DEAR SIR,

The portrait of Sir Anthony Bowlby has been reproduced in the form of a photogravure, which will be distributed to each subscriber. A certain number of photogravures in excess of those required have been printed.

I thought it possible that there might be some old Bart's men who had not subscribed but who might like to have a copy of the picture. If that is so I shall be glad if they would send their subscription to me as soon as possible.

The money subscribed is not quite sufficient to pay for the distribution of these pictures, each of which costs 2s. for packing and postage. Additional subscribers would help to defray this expense. The Committee, at the same time, would be glad if those who have already subscribed would send 2s. to me for this item of expenditure.

Yours truly,

W. GIRLING BALL,
Hon. Sec. Bowlby Portrait Fund.

Two particularly interesting lectures have recently been delivered at the Hospital under the auspices of the Professional Units. Sir Leonard Rogers and Sir Humphry Rolleston both succeeded in impressing the fascination of their subject upon their audience and demonstrated not only what is known but what there is yet to know. It seems to us that it is in such ways as this that the unit system can do unique work in the service of the Hospital. They cannot compete, they can never wish to compete with the other firms. Theirs is a different and a vitally important work. This is to teach

not facts alone but principles and ideas—the principles of medicine and the idea of scientific research. If it is true, as Plato says, that the direction in which education starts a man will determine his future life, it is well that the idea of earnest, scientific inquiry pervading and stimulating all clinical work should be taught as early as possible to as many students as possible.

A meeting of the Tenth Decennial Club was held in 1914, at which Dr. A. W. Stott and Mr. Vick were appointed as Secretaries.

The war came, and no attempt has yet been made to inaugurate the Club, the formation of which is now long overdue.

Men who joined the Hospital in the years 1905-1915, and who have subsequently qualified, are eligible for membership.

It is hoped that all those who wish to join will communicate with one or other of the Secretaries, giving their permanent addresses. All such communications should be sent to the Hospital.

The first Dinner of the Club will take place later in the year. Notices of this event will be sent to all whom it may concern.

We may very heartily congratulate the Amateur Dramatic Society on their successful entertainment. It is high praise to say that it was considerably better than last year's show. Amongst a competent team, obviously working harmoniously, we should like to mention Mr. F. C. W. Capp's excellent stage management and Mr. Prance's finished acting.

THE SYDNEY BEAUCHAMP MEMORIAL FUND.

To the Editor of the Times.

Sir,—We have been approached by a very large number of friends and patients of the late Sir Sydney Beauchamp, the well-known physician, who was Medical Adviser to the British Delegation at the Peace Conference, on the subject of a lasting tribute to his memory. Various sums of money having already been received, it is now proposed to open a fund for the endowment of one or more beds at his own hospital, St. Bartholomew's, as this would doubtless have been his own desire. Cheques and postal-orders should be made payable either to Mrs. Denison Pender, 65, Eaton Place, S.W. 1, or to Mrs. Foster Parsons, 9, Halsey Street, S.W. 3, hon. treasurers, and crossed Barclays Bank Limited.

Yours, etc.,

DAWSON OF PENN.
W. R. INGE.

32, Wimpole Street, W. 1.

Men from this Hospital figure as usual in the New Year's Honours List. Knighthoods have been bestowed upon Dr. G. S. Buchanan, C.B., M.D., B.Sc., the Senior Medical

Officer of the Ministry of Health and Government Representative on the League of Nations Conference; and upon Mr. J. H. Parsons, D.Sc., F.R.C.S., F.R.S., Surgeon to the Royal London Ophthalmic Hospital. We note also the following:

To be C.I.E.—Lt.-Col. R. F. Standage, I.M.S., Residency Surgeon in Mysore, Bangalore.

To be K.C.B. (Mil. Div.)—Group-Capt. (Acting Air Commodore) M. H. G. Fell, C.B., C.M.G., R.A.F.M.S.

Promotion.—Squadron-Leader H. W. Scott, M.B., R.A.F.M.S., to be Wing-Commander.

We congratulate Dr. C. T. T. Comber on his election as President of the West Kent Medico-Chirurgical Society.

UNIVERSITY OF CAMBRIDGE.

The State Medicine Syndicate has appointed Dr. G. H. Orton to be a Member of the Committee on Medical Radiology and Electrology for a period of three years; also Dr. L. E. Shore, Dr. C. S. Myers, F.R.S., Members of the Managing Committee for the Diploma in Psychological Medicine for the same period.

OBITUARY.

The Ministry of Health has received news of the death of Dr. Reginald Farrar, which took place recently at Moscow, whither he had gone to assist Dr. Nansen in organising arrangements for famine relief in Russia under the auspices of the League of Nations and the League of Red Cross Societies. Dr. Farrar, who was a well-known and popular member of the Savage Club, was a man of indefatigable energy and enthusiasm. Though he possessed full knowledge of the danger and risks associated with his mission, it was his human sympathy which took him to Russia.

The son of Dean Farrar, Dr. Farrar was born in 1861, and was educated at Harrow and at Oxford, where he took the M.A. and M.D. degrees. He studied medicine at St. Bartholomew's Hospital, where he served as house surgeon, and was for a few years in general practice. In 1890-1900 he was engaged in plague and famine work in India, and in 1903 was appointed a medical inspector under the Local Government Board.

In the first year of the War, Dr. Farrar was actively engaged in the examination of refugees in Belgium, and he only left Ostend when the German army entered the town. He served in the army (temporary Major, R.A.M.C.) as Specialist Sanitary Officer at Malta in 1915-1916, and was later transferred to the Colonial Office for special work. Dr. Farrar in 1920 visited Austria and Hungary in connection with the reception into England of children from the famine area of those countries. He retired at the end of last July from his appointment as a Medical Officer of the Ministry of Health.

Dr. Farrar was a man wholly given up to the relief of suffering and to the help of humanity. It is hardly too much to say that he never considered his own comfort when by sacrificing it the slightest gain could come to another. By those who knew him and therefore loved him he will be very greatly missed.

Another Bart's man and a life-long friend of Dr. Farrar's has just died in Lt.-Col. Mansel Symson. He was house physician to Dr. Gee in 1887 and later house surgeon to Mr. (later Sir William) Savory. Since 1888 he had practised in the City of Lincoln, where he was well known and generally beloved. He was an authority on the antiquities and archaeology of Lincolnshire.

Dr. John Elliott, O.B.E., who had a large consulting practice in Cheshire and North Wales, died at Chester on December 19th.

Last July, in a divorce case heard before Mr. Justice Horridge, Dr. Elliott, who was superintendent of the Chester Venereal Clinic, objected to answering questions on a matter of confidence between a patient and himself, and cited regulations of the Ministry of Health enjoining absolute secrecy in such cases. The Judge, however, held that, in the absence of any statutory authority to the contrary, the questions must be answered, and Dr. Elliott obeyed under protest. A week later the matter was debated by the British Medical Association at Newcastle, and referred to the next representative meeting.

Born in 1861, Dr. Elliott was educated at Queen's College, Taunton, Owens College, Manchester, and St. Bartholomew's Hospital. He obtained the qualifications of M.D., B.S., and B.Sc. (Lond.), and F.R.C.S., F.R.C.P. He was Hon. Physician to Chester Royal Infirmary. During the war he was Hon. Consulting Physician to the Eaton Hall Hospital for Officers, and to the military hospitals at Kimmel Park, Park Hall, and Prees Heath Camps, and Consulting Physician to the Chester War Hospital.

The death of Major-General Sir Walter George Augustus Bedford took place on January 8th at Eynsham, Oxfordshire. He was the youngest son of the late Vice-Admiral G. A. Bedford, of Sydenham, and was born in 1858. He studied medicine at St. Bartholomew's Hospital and at Durham University, entered the Army in 1881, and retired in 1918. Sir Walter saw service in the South African War, when his work earned him mention in despatches and the C.M.G., while in the Great War his work as Director of Medical Services of the Forces in the Dardanelles and Egypt gained him a further mention and the C.B. He had held many other important posts, among them being those of Principal Medical Officer at Hong Kong, Director of Medical Services in South Africa, and of the Southern Command and the Northern Command. Sir Walter was created a K.C.M.G. in 1918.

A SHORT NOTE ON SUN, SEA, SAND AND SNOW IN THE TREATMENT OF SURGICAL TUBERCULOSIS.

By Sir HENRY GAUVAIN, M.A., M.D., M.C. (Cantab.),
Medical Superintendent of the Treloar Cripples' Hospital, Alton
and Hayling Island; Consultant in Surgical Tuberculosis
to the Essex and Hampshire County Councils, etc.

HOSPITALS, situated, as they commonly are, in the centre of our great cities, are too frequently unable to utilise the most useful, least expensive and most efficient natural aids to both the prevention and cure of chronic disease.

To the majority of medical men entrusted with the care of the sick, there seems something incongruous in the sight of recumbent children suffering from active tuberculous disease with acute lesions, with abscesses and sinuses, with paraplegia and severe deformity, playing and working in a perfectly natural manner in the open air, and of ambulant patients bathing, paddling, snowballing, or gathering wild flowers, and looking robust and healthy. To the lay observer it appears unnatural and sometimes inhuman. When it is added that the sole garment of these patients consists of bathing drawers and essential orthopaedic appliances our sense of the fitness of things is outraged. Yet even in this chill November weather, in our fickle English climate, my little patients at Alton and Hayling Island so live and contrive to have a thoroughly happy time. Colds are never contracted unless introduced by some infected visitor.

The ancient Briton is reputed to have wandered about as a savage, his skin stained with woad, and little other clothing obstructing his movements. I used to regard that as a myth; now I know that there is no reason whatever why that story should not be true. The Tierra del Fuegians in their bleak, inhospitable climate exist to this day with little or no clothing. Had they the intelligence of our ancient ancestors they would have discovered that the woad—a natural pigment sparer—was quite a useful addition to their wardrobe, and they would be of a finer and happier race by its employment. Perhaps some day we may even hope that medical men will discover that something may be learnt from the primitive Tierra del Fuegian—that a stuffy, ill-ventilated hospital ward is not necessarily the best place for the sick, and that sun, fresh cold air and pure sea water are not without therapeutic value.

It is so against preconceived notions that it takes time to digest these truths; the lesson must be learned slowly, these aids to cure applied gradually and with meticulous care. The tender skins of delicate children cannot be suddenly exposed to the sun and air. The cachectic product of an unnatural civilisation needs careful handling. He must first be acclimatised, and only gradually may superfluous

[Figs. 1, 2, 5, 6, 7 are here reproduced through the courtesy of the *British Medical Journal*, which paper we desire to thank.]

clothing be removed, the skin hardened and very gradually exposed to the genial warmth of the sun and the tonic effect of cold pure air. The variability of reaction of different individuals is extreme. Those whose skin pigments best are the most suitable subjects for helio- and aërotherapy. Pigment induced by exposure has a protective rôle, and the sun-browned child, clad in pigment he has produced himself, is able to withstand extremes of heat and cold much better than his pale-skinned fellow. Equal exposure to the same source of light in varying patients has very varying effects. Some pigment well, others indifferently, and others again seem almost devoid of pigmenting power. Pigment in the skin is said to be produced by the action of the ultra-violet rays of the sunlight on the exposed skin, but some other factor, inherent in the patient and differing widely in degree in different individuals, is essential. Red-haired and freckled individuals are often defective in pigmenting power, but difficulty in inducing pigmentation is by no means necessarily confined to these.

As a general rule the patient who pigments well has better resisting power to tuberculous infection, and is better able to overcome the disease, if contracted, than the non-pigmenter. Pigmenting power, therefore, becomes of prognostic significance as well as of practical therapeutic value.

The evil results of centuries of clad ancestors cannot be suddenly rectified; in some cases they can probably be never overcome. Presumably clothing was first adopted for ornament, later was continued to conserve warmth, to save our own bodies from the effort of generating additional heat. But that very effort to generate additional heat, to stimulate metabolism, to promote oxygenation and tissue change, if carefully provoked in suitable subjects, is wholly beneficial. In the very young or old, in the very feeble or debilitated, this increased metabolic activity cannot be safely elicited. The engine is too feeble to do the work, the call on the resources of the organism is too severe; there would be no adequate response and disaster would follow. For these, then, real open-air exposure is physically impossible and should not be attempted. In the majority of cases, however, there is surplus power waiting to be utilised, and, as it is gradually evoked, so the general condition of the patient improves, more energy in the form of heat becomes available, a beneficent circle is established, metabolic activity increases, the appetite improves, there is greater resistance to infection, greater ability to overcome infection present, toxins are more readily eliminated, and with the resulting improvement in the general health so there is diminution and finally eradication of the disease.

The importance of the skin as a barrier against infection is not sufficiently appreciated; the possibility of reinforcing that barrier has not been adequately realised. The skin of individuals is often swarming with pathogenic organisms, which, if they could but penetrate, would cause disease or even death. Is it not therefore essentially reasonable to

improve the condition of the skin to strengthen this barrier? Graduated exposure to the sun, air and sea-water has this effect. Even ichthyotic patients may acquire a healthy skin

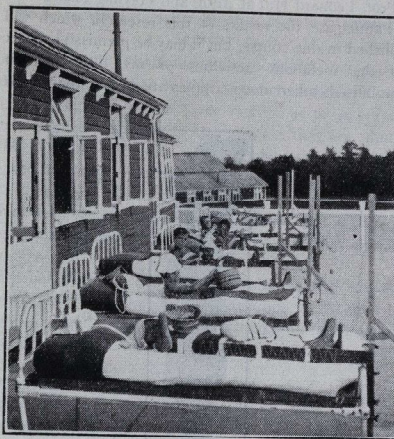


FIG. 1.—SUN: A SOLARIUM AT ALTON.

by these simple means. Rivers has shown that ichthyotics are especially liable to tuberculous infection; I have been able to confirm his observation. A. Stanley Griffith has



FIG. 2.—SAND: AMBULANT PATIENTS GARDENING AT HAYLING. From left to right the patients are suffering from—(1) Knee tubercle; (2) multiple tuberculous lesions; (3) knee tubercle; (4) shoulder tubercle; (5) spinal caries; (6) multiple tuberculous lesions; (7) double spinal caries with double psoas abscess and tuberculous lesions of both hips with numerous infected sinuses; (8) tubercle of right hip; (9) spinal caries; (10) knee tubercle. All these patients had abscesses or sinuses, very bad both. Note excellent general condition and muscular development.

shown that tubercle bacilli in lupus are frequently attenuated, and have diminished virulence. That is true, even when the lesion is not exposed. One may, I think, then make a reasonable inference. The skin possesses some property antagonistic to the tubercle bacillus.

It is not possible in this short paper to discuss the significance and value of these simple aids to cure, so universally applicable, so generally ignored. Suffice to say

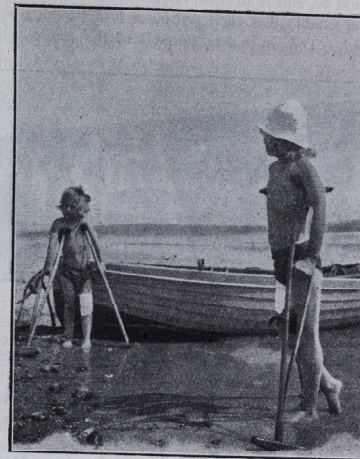


FIG. 3.—SEA: PADDLING AT HAYLING.

that in sun treatment, open air, sea water, we possess therapeutic aids, which, if skilfully utilised, are of the highest value and of the greatest importance. In surgical tuberculosis



FIG. 4.—SNOW: IN THE SNOW AT ALTON.

they constitute adjuvants in treatment of extreme value. They accelerate and consolidate the cure. Recognition of their value has been too long delayed. Sunshine stimulates and invigorates; why not therefore make intensive use of its aid? Cold air tones up our muscles and increases our metabolism. It does not hurt our face; why not make our patient all face?

Sea-bathing stimulates, invigorates, tones up the muscles,

increases our metabolic activity; why not apply this aid to cases where such aid is indicated? Intensive use of such natural therapy is of the greatest value in surgical tuberculosis; it should be, and is, of equal value in many other conditions. It is regrettable that such assistance is not more generally invoked. The up-to-date hospital of the future will be



FIG. 5.—AMBULANT CASES ABOUT TO BATHE.

compelled to utilise such aids to cure. Even more are they needed in preventive medicine. The child educated to use the sun, fresh air and sea rationally and intensively will be a very different object to the miserable creature who so often haunts our schools to-day.

The great French cure station at Berck-sur-Mer was founded because it was ascertained that an old fish-wife was obtaining marvellous cures with tuberculous children. She simply put the children on the sands and let them play there



FIG. 6.—PATIENT SUFFERING FROM TUBERCULOUS DISEASE OF THE SPINE WITH EXTREME DEFORMITY AND DOUBLE PSOAS AND DORSAL ABSCESS—ALL INTERCURRENTLY. BEFORE TREATMENT.

all day. She got better results than the best French surgeons, and probably better results than the founders of the early hospitals at Berck-sur-mer, because they thought there was some virtue in the place and did not adequately realise it was the combined effect of sun and sea breezes. Their patients were kept in stuffy wards, hers lived in the open air.

For some months past an extensive investigation on these methods of cure has been undertaken and is being continued by the Medical Research Council and under the direction of Prof. Leonard Hill at Alton and Hayling Island. I may not anticipate the results of this research, which will be published in due course, but it may be permissible to record that the metabolic activities of my little recumbent, immobilised, tuberculous cripples are higher than those of



FIG. 7.—SAME PATIENT AFTER TREATMENT.

ordinary normal public school boys. Those are facts we may not ignore.

To those interested in the subject further reference to these aids to recovery in surgical tuberculosis will be found in the following papers I have recently published:

"The Role of Heliotherapy in Surgical Tuberculosis," *Tubercle*, June, 1920.

Opening Address on the Non-Operative Treatment of Surgical Tuberculosis, *Lancet*, 1921, i, p. 1065.

Opening Address at the last Annual Meeting of the British Medical Association, Newcastle on, "The Principles of Treatment of Tuberculous Disease of the Bones and Joints in Children," *British Medical Journal*, November 26th, 1921.

MODERN WORK IN THE PREVENTION OF DIPHTHERIA.

By C. C. OKELL, M.B.(Cantab.), M.R.C.P.(Lond.).

(Continued from p. 65.)

Immunity as judged by the Schick test begins to show itself in a month, within three months go to 95 per cent. give a negative response to the test, *i. e.* they are immune. How long the immunity lasts sufficient time has not yet elapsed to know. Probably it is for life. Immunity cannot with security be looked upon as established until a repeated Schick test has proved negative. Those that still remain Schick positive should be subjected to a further course of immunisation.

By means of the Schick test combined with active immunisation many schools and institutions in America have been successfully cleared of the disease, and in a number of municipalities the attempt has been made to render the whole population immune.

A powerful propaganda has been inaugurated—on the one hand to convince medical opinion of the value of the methods, and, on the other hand, to educate lay opinion to the desirability of being immunised.

Already in France, Germany, Italy and Holland active immunisation is being tried on an extensive scale.

In Great Britain the medical profession has been somewhat dilatory in recognising the importance of the advance and its enormous practical scope. As yet the results of no large series of immunisations have been published in this country.

It is highly desirable that British practitioners make themselves familiar with the work, and make use of this new and hopeful weapon against disease and death.

Lay opinion must also be educated if the necessary co-operation of practitioner and public is to be attained.

The applicability of the new method is comparable with the prophylaxis of smallpox by vaccination, and if the medical profession and the public co-operate on a sufficiently large scale, there seems no reason why in a few years diphtheria should not be practically stamped out in a community even of the magnitude of a kingdom.

Above all, it is the general practitioner upon whom the fate of the campaign depends. Without his help the work of the immunologist and public health authority can have but partial success.

It is essential that the wealthier have the same advantages as the poorer classes—those who come under national or municipal schemes of medical aid. To organise municipal schemes is comparatively simple; to complete the work by an equal consideration of the private patient will call for labour and enthusiasm on the part of the already overburdened general practitioner.

Finally, let it be said that the principles and practice of diphtheria immunisation should be as much the subject of serious study by the medical student as the principles of vaccination against smallpox.

It may be asked, What is the best procedure in the face of a violent epidemic in the restricted population of a school or institution? Clearly active immunisation has here no place. One cannot afford in the face of danger of infection to commence to immunise susceptible patients, for they do not develop much immunity for at least a few weeks, and during that time they would be exposed to infection. One cannot have it both ways, and, while waiting for their active immunity to develop, protect them passively with antitoxin, for in that case the antigenic power of the toxin-antitoxin mixture is immediately neutralised and rendered inert.

On the other hand, if we secure the lives of the exposed individuals by injecting them immediately with a prophylactic dose of antitoxin, we find ourselves at the end of two to three weeks with individuals who have got rid of the antitoxin and are no longer protected, but may be actively immune or not. We can, of course, go on re-injecting them with antitoxin, but this is a very unsatisfactory procedure.

The solution of the difficulty has been suggested by O'Brien and Glenny, who advise that the population should be tested by the Schick method as soon as the practitioner is called in to deal with the outbreak. If the Schick toxin dose is put into the skin in the morning, the results can be read next morning as positive or negative in from 80 to 90 per cent. of the cases. The "Schick-negative" people can go on with their work, while the "Schick-positive," *i. e.* susceptible people, can be protected with antitoxin to carry them over the immediate danger. Later, when carriers have been detected, etc., active immunisation can be begun.

It is possible that the work of Glenny and Allen (as yet unpublished) with guinea-pigs indicates a better way still. If their results prove to be true for human beings—and they most probably will—then it is possible to do the Schick test and inject antitoxin six hours later without interfering with the Schick result: in other words, the toxin of the Schick test gets bound to the cells of the skin, and produces its results (which develop later) before the antitoxin can reach or neutralise it.

Adopting this point of view, there are two procedures available to the practitioner faced with a violent outbreak in a unit of population:

- (a) He can inject everybody with antitoxin at once.
- (b) A much better way is to "Schick-test" the whole population at once, and six hours after the Schick test inject the whole population with antitoxin. In this way he protects everybody. Next morning he gets further information, and can divide his population into positive and negative. The latter—negative—can be dismissed and can go on with their ordinary routine.


It is, however, wise to examine swabs from the throats

of both the Schick-positive and the Schick-negative groups, and isolate any carriers.

At the end of a fortnight or so the passively conferred antitoxin disappears from the blood of the positive subjects, their Schick reaction, which was temporarily negative, becomes positive again and the first of their three injections for a course of active immunisation can be given.

CÆSAREAN SECTION FOR PREGNANCY TOXÆMIA; CONTRACTED PELVIS; ALBUMINURIA; HYDRAMNIOS; TRIPLETS.

By C. HUBERT ROBERTS, M.D. (Lond.), F.R.C.S., F.R.C.P.,
Obstetric Surgeon, Queen Charlotte's Hospital, Samaritan Free
Hospital for Women; Examiner, Conjoint Board, and
Central Midwives Board; late "Midwifery Tutor,"
St. Bartholomew's Hospital.

UTE recently I was called to see a lady who was very ill with vomiting, headache, and suppression of urine at the thirty-seventh to thirty-eighth week of her pregnancy.

I had seen her a month previously and had diagnosed twins. She was *æt.* 39, and had a sad history with her previous pregnancies—the first child born dead after a long "forceps" labour, the second born also with great difficulty by instruments. This child, now *æt.* 6, is, I fear, an idiot.

When I saw the patient at about the thirtieth to thirty-second week, besides twins, it was evident that the pelvis was contracted, the diagonal conjugate measuring $3\frac{3}{4}$ in. (+), the promontory of the sacrum could be easily felt, and the whole skeleton was undersized.

At that time there was no albumen in the urine but some excess of liquor amnii.

I was to have seen the case again, but in the meantime, about the thirty-eighth week, the patient became suddenly ill with severe vomiting, headache, and general oedema. The abdomen was "very large" and the urine almost solid with albumen.

A few days later she was much worse and was removed to a nursing home, and I was then asked to see her urgently one night as "the membranes had ruptured."

When I saw her it was evident that she was in a "pre-eclamptic state," with serious vomiting, headache, dizziness, and almost complete suppression of urine. The last catheter specimen of urine tested, about half an ounce, was solid with albumen. There was also great oedema of the legs, face and abdominal wall. The patient was "dazed," and said "she could not see."

In spite of the history of membranes "rupturing" the abdomen was still very large.

The patient was having slight labour pains but practically no dilatation of the cervix. I thought I could make out a vertex presentation and foetal movements.

The matron at the nursing home said that the gush of waters passed when the membranes ruptured was "enormous."

I was now up against a serious problem: toxæmia, with almost complete suppression of urine, multiple pregnancy, contracted pelvis, and a very bad previous obstetric history.

Considering all things I decided that it would be best to do a Cæsarean section—*re* (a) the renal toxæmia, (b) the pelvic contraction, (c) her previous history.

I may or may not have been right in coming to this conclusion, but after consultation with her doctors and relations I decided that Cæsarean section gave her the "best chance."

This was done at once. The operation was simple except for the large amount of liquor amnii and the great size of the uterus. I used a 6-in. incision half-way above and half-way below the umbilicus. The hæmorrhage was not severe and the uterus contracted fairly well. I expected to meet with twin babies, but to our astonishment *there were TRIPLETS.*

All the babies were delivered alive, one boy 3 lb. 8 oz., two girls, 3 lb. $7\frac{1}{2}$ oz. and 3 lb. $4\frac{1}{2}$ oz. The placentas were then removed, and the uterine incision was rapidly sutured by deep and superficial silk-worm-gut sutures.

I prefer silk-worm-gut to either silk, linen thread, or cat-gut, after a somewhat long experience of Cæsarean sections at Queen Charlotte's Hospital, but this is a much-discussed point. Possibly it matters little what suture is used provided the case is "non-suspect" (*i.e.* aseptic), no previous examinations or interference, and that the patient is under the most suitable surroundings. Anyhow, whatever suture is used it is most important to get exact apposition of the uterine wound, *re* the question of a future pregnancy. *I did not sterilise the patient.

The patient has done very well: within twenty-four hours she was "conscious" and had passed "quite a lot of urine," the vomiting and headache had ceased and the pulse tension diminished. I regard a high-tension pulse in these cases (with pyrexia) as a bad sign if continuous.

Examination of the urine on fourteenth day showed only a cloud of albumen, no acetone, diacetic acid or renal casts, and the general oedema was much less.

The triplet placenta was interesting: it is now preserved in St. Bartholomew's Hospital Museum. There were three children: (1) a large male with a single amnion, a large cord, and a single placenta; (2) a fused placenta with female twins, I think uni-ovular, with placental anastomosis. These had two amniotic sacs, one of which had ruptured before I saw the case at the nursing home.

I am not sure as to the future of the triplets: most of these cases are so premature that the children do not often

survive. The mother nursed all her babies, with the addition of bottles of whey and cream (1 in 12, 1 in 8, 1 in 4) "tri-alternately" from the first day onwards during the first ten to fifteen days.

I know quite well that I am open to a great deal of criticism on this case, *i.e.* that in plural births the children are small and premature, and that ordinary labour is usual and, may be easy.

I deliberately performed Cæsarean section in this case, not for multiple pregnancy, but for the acute toxæmia of pregnancy at the thirty-seventh to thirty-eighth week in a case of contracted pelvis in a patient, *æt.* 39, with a previously bad obstetric history.

The triplets were a surprise, and I am not aware of a similar case delivered by Cæsarean section.

I know of many cases at Queen Charlotte's Hospital associated with twins and toxæmia in which Cæsarean section has been necessary for eclampsia or pre-eclamptic conditions.

Plural birth, twins or triplets, with pregnancy toxæmia points to the foetal origin of the poison rather than to a maternal source, but this is a subject still non-proven.

The danger of Cæsarean section in such cases is the failure of contraction and retraction of the uterus after removal of the children and placentas, since inertia is common with an over-distended uterus. Pituitrin helps contraction if given at the time that the uterine incision is made, but rapid suture of the wound will stop the hæmorrhage in most cases. Personally I do not like vaginal Cæsarean section.

If there is no contraction or retraction of the uterus after it has been completely emptied hysterectomy may have to be performed for hæmorrhage, but this is very rarely indicated.


The latest report—*i.e.* one month from the operation—is that the mother and children are well; the babies now weigh 4 lb. $9\frac{1}{2}$ oz., 4 lb. 4 oz. and 3 lb. $15\frac{1}{2}$ oz. respectively.

I want it to be clearly understood that I performed the operation for pregnancy toxæmia only.

PROFESSIONAL OPPORTUNITIES.

(5) ANÆSTHETICS.

By C. LANGTON HEWER, M.B., B.S. (Lond.),
Assistant Anæsthetist to St. Bartholomew's and St. Andrew's
Hospitals; Anæsthetist to the Queen's Hospital for Children.

T has been said that an anæsthetist's life is an honourable and an honorary one. Unfortunately there is a certain amount of truth in this statement, but, at the same time, anæsthetics do undoubtedly offer a good opening to anyone who is sufficiently keen, and who does not expect a large income for a considerable time—if ever.

Before deciding that this branch of medicine is to become one's life work, it is essential to become a resident anæsthetist at a large hospital. If an average of twenty anæsthetics a day for a year has produced no diminution in enthusiasm or ill-effects on health, it is fairly safe to consider the question of a permanent post. By this time the aspirant should be thoroughly *au fait* with all the recognised methods of inducing and maintaining anæsthesia, including the less common ones such as endo-tracheal insufflation, and spinal analgesia. He should also pay special attention to dental and throat anæsthetics, as these require very considerable practice.

He is now in a position to think of private work, and to attain this desirable but elusive end, he will have to obtain a position on the staff of at least one hospital as visiting anæsthetist. Assuming that this has been accomplished, the next step is to decide where to live. Here we come to one great advantage over the novice in medicine and surgery. No pretentious house or consulting rooms are necessary; the smallest flat is quite sufficient, provided it is situated near his work and is on the telephone. On the other hand, he will have to find the necessary cash for all his anæsthetic apparatus, including endo-tracheal, and gas and oxygen machines, and if possible for some sort of a car. With regard to the latter item, although efficiency in the chassis is essential, the external appearance should not be forgotten. It does not look well for the surgeon to arrive at a large mansion in a Kolls-Royce and for the anæsthetist to follow in a dilapidated Ford.

We will suppose that our friend has now settled in, and is beginning to collect a practice. He at once discovers that anæsthetics in private and in hospital are two very different propositions. In hospital one has only to ask for an instrument to get it, whereas in private one has to carry every appliance that may conceivably be wanted. He will also find that the anæsthetist is required to do far more than merely give anæsthetics. For instance, at a throat operation where there is no assistant, the anæsthetist may be expected (a) to keep the patient anæsthetised, (b) to endeavour to preserve an efficient airway (sometimes against enormous odds), (c) to manipulate gags, tongue forceps and other instruments, (d) to swab, and (e) to keep the patient's head in the most favourable position for the surgeon. All this must usually be carried out in semi-darkness. An additional complication is that every surgeon has his own peculiarities, and it is well worth while to study these carefully and thus to avoid much unnecessary friction.

For the first year or two our anæsthetist will probably not be able to pay his way, but by getting on the staff of more hospitals and gradually getting known he should by degrees collect an increasing amount of private work. He will find that, far from being monotonous, his profession is full of interest, and even occasional excitement, calling for considerable quickness of decision. For instance, if one is

giving a gas and oxygen for a difficult abdominal case in a cottage kitchen, and one's machine suddenly bursts into flames, immediate action is essential. Again, when one is inducing a child with his parents looking on, and the said child stops breathing with every sign of collapse, a calm mind is very necessary.

At the end of some years our friend will discover that it is possible to specialise even in his speciality. Suppose, for example, that he gets a large proportion of dental gas cases, and that he likes this branch of his subject, he may find that it is feasible to refuse all but this class of work. If so, many advantages at once become apparent. He will have no night emergencies, he will have regular hours, and he will be able to get away for week-ends whenever he likes.

From the above it will be seen that anaesthetics do offer a reasonably bright prospect as a career, although in London competition is as keen as in every other branch of medicine, and for some years the motto of the budding anaesthetist may have to be *nil desperandum*.

DISEASE AT FIRST HAND.

By A BLIND LEPER.



LITTLE boy, a hot climate, unwise feeding and clothing conditions, and disease in others knocking round—was the result in time blind leprosy? I do not know, but I do know that those conditions played a great part in bringing about the undesired fact.

My country is the finest in the world—tropical, but with a bearable climate, because tempered by almost constant breezes. Its people are amongst the wisest, but they dinna ca' canny with their health. They are under British rule, I'm glad to say, but they have paid a price for the boon by providing a market for goods made in England. Suits and outer garments made of dark tweed and serge were the chief wear among the men, and undergarments of wool, flannel and similar material for both sexes. This in a day-and-night climate of between 80° and 95° F.—that of a hot English summer. Doesn't it make you feel hot, just hearing about it?

When in a country eat the food that grows in that country. It's generally a wise rule to follow. Though my country grew bountifully most of the delicious tropical fruits and vegetables and a few more thrown in, again the English goods came into play, staple articles of diet among many of the people being imported—hams and salt pork from England and other cold countries, salted cod from Newfoundland; local pastry and cakes were made of wheat and flour instead of maize meal from the maize which could be grown locally, and an abundance of tinned and preserved goods was gone in for.

Cold countries encourage exercise, which assists in the

digestion of food. In tropical countries much exercise loses its attraction. Nature takes her place by providing in them indigenous foods like tapioca, arrow-root and so on, easy of digestion; also many spices, ginger and pepper, and sweet and acid fruits to stimulate the flow of saliva and replace the missed exercise.

I think my infection came from contact long continued with many cases when I was a growing child.

When I was about thirteen a brownish-red discoloration appeared patchily and in various places, chiefly on my forearms, legs and calves. I had only got up some months ago from a year and a half of flat lying on my back to avert threatened curvature of the spine. During this time I was generally well and strong, and quite able to get up and run about had it been wise, and for months after regaining freedom and getting back to school and outdoor life I was teeming with energy. Then the rash appeared. The doctor prescribed lime-water and boracic to be applied externally, accompanied by a tonic and magnesium mixture to build me up and clean me out. After some months of this the discolorations completely disappeared, to return again about a year later in greater force than ever. Soon after their return the lobes of the ears thickened. The new prescription was carbolic lotion and boracic ointment to be rubbed in externally—a similar medicine to the first lot. I used this for about three years, and it stayed the progress of the evil. My greatest objection to it was the cold grease it put upon my pyjamas and underwear, but I think it was a good treatment. Some time during these three years a coldness in my hands began to be remarked on by others, and I experienced an occasional awkwardness which made me a butter-fingers at cricket, much to my disgust. At the end of these three years friend Chaulmoogra loomed on my horizon, to be rubbed in locally and taken internally, first in drops, capsules being obtained later.

When nearly twenty I arrived in England. At that time my eyesight was very good, my general health and strength splendid, and the slight unusualness of my hands hardly noticeable. I spent six months in London, and went to live in the country, continuing fairly steadily with the standard Chaulmoogra treatment for the disease, and with the help of homoeopathic medicines, common sense and lots of outdoor exercise keeping my general health very fit. My eyesight began to go seriously when I was nearly twenty-three, the trouble starting first in the left eye. This was diagnosed as iritis, and boracic lotion has been used chiefly for them with atropin and other drops to try to dissolve the adhesions. A few months of hard manual labour made me realise the awkwardness of my hands more than had been done before. Inability to grasp round things when using them as tools made the pressure of the tool come on the tips of my fingers. This ulcerated them, and being continued for nearly two years, eventually made the top joints rocky. The top joints of some of the toes also

ulcerated from the working in the wet and the continued pressure of the stiff boots upon them. They had to get some of these joints removed. Ulcerations on my fingers and toes have nearly always been caused by external injuries, which take a long time to heal.

I stayed the course of the gentle kind of muscular atrophy that had been going on in my hands when I was twenty-four, and since then their condition has been more or less stationary. In appearance they are like claw-hands, a contraction of the fingers taking place progressively, and starting with the little finger of the right hand. The left thumb has heroically remained normal, and has to do a lot of work in consequence.

Eyes went seriously on my reaching 26, and six months later all sight except the difference between light and darkness disappeared. This was caused, I think, by a film of ulcerations which obscured the sight.

My blood was tested when I was 24, and the test showed some species of cocci but no traces of bacilli whatsoever. The possibility of the appearance and presence of these being incipient stages in the development of the bacilli of leprosy I leave to wiser people than myself. Another test taken similarly two years later proved me a leper.

Since then I have taken the Chaulmoogra oil mixed with malt in the capsules, thus making them vastly more digestible and preventing the horrible retching and sickness the others used to produce. I have also had that oil injected intravenously.

Some months before reaching the 28th birthday the treatment generally known as E.E.C.O., from its initials of an ethyl-ester of Chaulmoogra oil, was tried on me intramuscularly.

This is a preparation made after first analysing and disintegrating the Chaulmoogra oil into its specific salts and fatty acids. I hope they have analysed away the particular part that produced the sickness the oil caused. The treatment resulted after eight injections—starting at $\frac{1}{2}$ c.c. and continued weekly in $\frac{1}{4}$ c.c. increases up to 2 c.c. and then by $\frac{1}{2}$ c.c. increase to $2\frac{1}{2}$ c.c.—in strengthening of the nervous system and an increase of bodily power. The reaction feared for my general health because of the injections did not take place as they were only accompanied by slight increases in temperature and greater prominence of face nodules, but I still think that treatment to be one of the best, ranking with sodium morrhuate and sodium gynocardate (also obtained from Chaulmoogra oil) in the beneficial results that have been obtained in Honolulu, India and elsewhere.

Injections are more suitable for anaesthetic than for healing work, but sodium combinations are not so open to this objection for they seem to be used harmoniously by the blood elements without much affecting their vitality, and may thus prove useful in fighting other diseases besides leprosy, especially tuberculosis.

Some six months before becoming 28, I noticed the latest attack of the leprosy delivered with army corps of ulceration, chiefly on the roof of my mouth. This soon affected my voice, making it often husky and lowering its tone, the vocal cords not coming together properly when producing different sounds. This last attack added the last of the four chief types of present-day leprosy to my stock-in-trade, namely the anaesthetic, the neuritic, the nodular and the internal organ type—the last being also the worst.

Soon after passing the 28 milestone, however, the last type began to vanish, the worst of all being thus most easily put to flight, for about that time the voice began to regain more strength and speaking to be less difficult. This attack greatly increased in frequency and intensity the occasional febrile bouts I used to suffer from, but with the beginning of the voice recovery these bouts started to take longer in coming. The checking of this virulent type I attribute mainly to a resumption of smoking, even as I had noticed moderate smoking helping others similarly affected. Had it not been checked the frequent unavoidable swallowing of the "critters" into my stomach would have lodged them there and then the other internal organs would have been infected and corrupted. Cleanliness, fresh air, and exercise are extremely valuable in the fight against this disease.

Danger from contagion is chiefly possible in circumstances of long-continued intimacy with sufferers, under suitable conditions for the living passage of the bacilli from one person to another. The bacilli die instantly on exposure to light, air and cold, and for lack of moisture, and this explains the difficulty of obtaining living specimens that laboratories have experienced. Granted conditions of a sore on a leprosy person pressed against a sore or wound on some other person in such a manner that the air is completely excluded, and the contact continued long enough for the bacilli to lodge under the surface of their new home before the air gets to that surface, danger is likely. Even so favourable a passage leaves them weakened and easy for the soldiers to deal with. But a time may come when the person in danger is weakened in health and may fall a victim.

Milk, under conditions of requisite warmth and darkness, can act as a carrier of the bacilli. Children are the most likely to contract leprosy, men—especially full-blooded ones—coming next in order, and women the least in danger for they are generally more abstemious than men.

A right knowledge of psychology is a help in this disease as in many others. Part of the present-day medical world seems to have achieved a callousness to suffering among their patients. This is partly a result of the war and may have been necessary then, but is not so necessary now.

An interest in the psychology of patients soon results in acquirement of sympathy and tact. It does not, for instance,

do seriously ill persons much good to have the painful details of their own and other cases discussed many times by their bedsides, with oft-repeated questions hurled at their heads to impress "I AM ILL, I AM ILL" on their minds. So please, doctors, get your best "chestnuts" ready—and think what a grand opportunity a patient in bed offers for their being listened to.

EX SCRIPTIS.

The following answers to examination questions have been kindly sent to us by Dr. F. Womack, M.B., B.Sc. We have read them with intense interest, thinking perchance that something from our own pen might be found herein, and wondering sometimes if the examiner and not the examinee was being mildly chaffed.

There are amongst us many of those mighty upon the earth who sit in judgment upon others. Perhaps these excellent replies will stimulate them to send us some of their own experiences.

I.

Q. If you walk on a dry path between two walls a few feet apart you hear a musical note or "ring" at each footstep. Whence comes this?

A. This is similar to phosphorescent pain. Once any sound gets between two parallel reflectors or walls, it bounces from one to the other, and never stops for a long time. Hence it is persistent, and when you walk between the walls you hear the sounds made by those who walked there before you.

Q. Explain how to determine the time of vibration of a given tuning fork, and state what apparatus you would require for the purpose.

A. For this determination I should require an accurate watch beating seconds and a sensitive ear. I mount the fork on a suitable stand, and then as the second hand of my watch passes the figure 60, on the dial, I draw the bow neatly across one of its prongs; I wait; I listen intently. The throbbing air particles are receiving the pulsations; the beating prongs are giving up their original force, and slowly yet surely the sound dies away. Still I can hear it, but faintly, and with close attention; and now only by pressing the bones of my head against its prongs. Finally the last trace disappears. I look at the time and leave the room, having determined the time of vibration of the common "pitch" fork.

V.B.—This process deteriorates the fork considerably, hence a different operation must be performed on a fork which is only lent.

Q. A hollow india-rubber ball full of air is suspended on one arm of a balance and weighed in air. The whole is

then covered by the receiver of an air pump. Explain what happens as the air in the receiver is exhausted.

A. The ball would expand and entirely fill the vessel, driving out all before it. The balance, being of greater density than the rest, would be the last to go, but in the end its inertia would be overcome and all would be expelled, and there would be a perfect vacuum. The ball would then burst, but you would not be aware of the fact on account of the loudness of a sound varying with the density of the place in which it is generated, and not on that in which it is heard.

Q. Account for the delicate shades of colour sometimes seen on the inside of an oyster shell.

A. The delicate shades are due to putrefaction; the colours always show best when the oyster has been a bad one. Hence they are considered a defect, and are called chromatic aberration.

Q. Sound is said to travel about four times as fast in water as in air. How has this been proved? State your reasons for thinking whether sounds travel faster or slower in oil than in water.

A. Mr. Colladon, a gentleman who happened to have a boat, wrote to a friend, Mr. Sturm, to borrow another boat, and row out on the other side of the lake, first providing himself with a large ear trumpet. Mr. Colladon took a large bell, weighing some tons, which he put under water and hit furiously. Every time he hit the bell he lit a fusee, and Mr. Sturm looked at his watch. In this way it was found out as in the question. It was also done by Mr. Dyott, who sang at one end of the water pipes of Paris, and a friend of his at the other end (on whom he could rely) heard the song as if it were a chorus, part coming through the water and part through the air.

Q. Describe any way in which the velocity of light has been measured.

A. 1. A distinguished but heathen philosopher, Homer, was the first to discover this. He was standing one day at one side of the earth looking at Jupiter, when he conjectured that he would take 16 minutes to get to the other side. This conjecture he then verified by careful experiment. Now the whole way across the earth is 3,072,000 miles, and dividing this by 16 we get the velocity 192,000 miles a second. This is so great that it would take an express train 40 years to do it, and the bullet from a cannon over 5000 years.

P.S.—I think the gentleman's name was Komer, not Homer, but anyway he was 20 per cent. wrong, and Mr. Fahrenheit and Mr. Celsius afterwards made more careful determinations.

A. 2. An atheistic scientist (falsely so-called) tried experiments on the satellites of Jupiter. He found that he could delay the eclipse 16 minutes by going to the other side of the earth's orbit; in fact he could make the eclipse

ABERNETHIAN SOCIETY.

At a meeting held on Thursday, January 19th, members of the Society discussed the diagnosis and treatment of hæmatemesis. The discussion was opened by Messrs. C. H. Andrewes and H. L. Sackett, who made a clear and able exposition of a difficult subject.

Mr. Andrewes, after describing a "series" of three cases, two of which had died without and one despite surgical intervention, dealt with the differential diagnosis of the cause of hæmatemesis, the general treatment applicable to any case, and the special treatment of the cause, with particular reference to the treatment of peptic ulcer.

Mr. Sackett described the chief types of hæmatemesis from the surgical standpoint, the indications for surgical treatment, and the different methods of procedure in the operative treatment of ulcer. The discussion which followed, in which a dozen members took part, showed a noteworthy absence of the partisan spirit which so frequently marks a discussion in which the relative merits of medical and surgical lines of treatment are debated.

STUDENTS' UNION.

DRAMATIC SOCIETY.

The St. Bartholomew's Hospital Amateur Dramatic Society, relieved of all financial difficulties by the generosity of the Governors, presented their Annual Christmas Entertainment for the Nursing Staff in the Great Hall of the Hospital on January 5th and 6th, preceded as usual by a full-dress rehearsal on January 4th. The Bart.'s Jazz Band, under the able direction of Mr. Gibson, provided the musical items.

A farce, "Chiselling," opened the programme. Mr. Hunter had a part which fitted him like a glove, and making the most of his opportunities scored a great success. Mr. Green as an eccentric old fellow and Mr. Holdsworth as a landlady were excellent, but it might have been better if Miss Capps' part had been played by a male member of the Club. We are bound to add that the play had not been quite sufficiently rehearsed and there were some palpable mistakes; still, it met with a very good reception. The Stage Manager made a hit as a slaver.

The other play selected was Sir James Barrie's "The Will," and all concerned in its production are to be heartily congratulated. It was felt that the Club had been, to say the least, somewhat ambitious to attempt a play in which there is so little action, so much atmosphere, but the result as given on the last night reached a high standard. The first scene was perhaps the best; the young couple, Miss Capps and Mr. Cullinan, were good, Mr. Prance was well suited as the senior partner in a firm of lawyers, Mr. Capps was in fine form as his son, while Mr. Lloyd (W. E.), in the difficult part of Surtees, the old clerk, was most effective without in the least overdoing it or striking a false note. In the second scene we saw Miss Capps at her best—a splendidly acted vixen! Mr. Cullinan was a little too gentlemanly and gave the impression that it was all her fault—not quite the true interpretation of his part. The years sat lightly on Mr. Capps, and indeed it is doubtful whether he is the right man for a middle-aged character. The last scene was a personal triumph for Mr. Prance. He gave a very beautiful study of a most lovable old gentleman, whose repetition of the words of his clerk make the most touching moment of the play. It will be a long time before we see anything so polished and yet so natural as Mr. Prance's performance as Mr. Devizes, senior. The acting and the attention to detail in this play were far ahead of everything else this year or last.

The Barts. and Baronesses wound up the evening with a number of songs, of which the most successful were Mr. Neville's first solo and the male trio. Some of the topical verses in the latter were positively brilliant. Mr. Morison had a great deal to do and did it very well. Nevertheless, a judicious cut here and there and a little variety—song followed song steadily for an hour or so—would undoubtedly have improved the concert party.

In conclusion, it remains to thank the Club for a thoroughly enjoyable show, and particularly the Stage Manager, Mr. Capps, who must have put in an enormous amount of work for many weeks. May we suggest that he be awarded the order of the White Hart, to be bestowed on every possible occasion?

happen when he liked by simply shifting his position. Finding that credit was given him for determining the velocity of light by this means he repeated it so often that the calendar began to get seriously wrong, and there were riots, and Pope Gregory had to set things right.

Q. What is the difference between a "real" and a "virtual" image? Give a drawing showing the formation of one of each kind.

A. You see a real image every morning when you shave. You do not see virtual images at all. The only people who see virtual images are those people who are not quite right, like Mrs. A.—. Virtual images are things that don't exist. I can't give a reliable drawing of a virtual image, because I never saw one.

[The "Mrs. A.—" here spoken of is the lady quoted in Huxley's *Physiology*, who was subject to hallucinatory visions.]

Q. How would you disprove, experimentally, the assertion that white light passing through a piece of coloured glass acquires colour from the glass? What is it that really happens?

A. To disprove the assertion (so repeatedly made) that "white light passing through a piece of coloured glass acquires colour from the glass," I would ask the gentleman to observe that the glass has just as much colour after the light has gone through it as it had before. That is what would really happen.

Q. State what are the conditions favourable for the formation of dew. Describe an instrument for determining the dew point, and the method of using it.

A. This is easily proved from Question 1. A body of gas as it ascends expands, cools and deposits moisture; so if you walk up a hill the body of gas inside you expands, gives up its heat to you, and deposits its moisture in the form of dew or common sweat. Hence these favourable conditions; and moreover it explains why you get warm by ascending a hill in opposition to the well-known law of the conservation of energy.

Q. State the relations existing between the pressure, temperature and density of a given gas. How is it proved that when a gas expands its temperature is diminished?

A. Now the answer to the first part of the question is that the square root of the pressure increases, the square root of the density increases, and the absolute temperature remains about the same; but as to the last part of the question about a gas expanding when its temperature is diminished, I expect I am intended to say that I don't believe a word of it, for a bladder in front of a fire expands, but its temperature is not at all diminished.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. R.M.C. (SANDHURST).

On December 14th the Hospital fifteen journeyed to Sandhurst to play the Royal Military College. Both sides were below full strength. During the first fifteen minutes the play was of a scrambling nature. The Hospital scored first. Cockell, receiving from a forward, cut out an opening and passed out to his three-quarters for Foote to terminate the effort with a try in the corner.

The Hospital forwards have played better games; still, when they got the ball, the three-quarters gained little ground, though ably served by the half-backs. Just before half-time the Sandhurst left wing, receiving from a wild kick in the open, rushed up to the full back and kicked over his head, to gather again and score behind the posts. The extra points were added.

After the interval the contest became more stubborn. Indeed at times it appeared excessively vigorous. The fair-haired lad should try to curb the spirit bellicose; perhaps the khaki-clad gathering had some psychological effect.

The Hospital literally presented the cadets with their second try by not playing to the whistle. The left wing made a beautiful catch, claimed an obvious mark, and ran forward to score a try. After this the Hospital made continual incursions on the Sandhurst line. During one of these Cockell cut out a beautiful opening, with the result that Moody-Jones got over with a try.

Shortly afterwards the forwards made another onslaught, and Morlock crossed with the third try. Shaw very nearly converted from an awkward angle. Thus the Hospital, who crossed the line thrice to their opponents' two efforts, were unlucky to be beaten by a goal kick after having had more of the game. For Bart's the halves were the most outstanding success.

Sandhurst: 2 goals (10 pts.) Bart's: 3 tries (9 pts.)

Bart's: H. D. Lowly, *back*, R. R. Foote, J. O. Davies, J. G. Johnstone, W. Moody-Jones, *three-quarters*; T. P. Williams, D. H. Cockell, *halves*; A. E. Beith (Capt.), G. C. W. Parker, C. Shaw, H. S. Gordon, E. S. Vergette, H. G. Anderson, H. V. Morlock, J. D. Allen, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL v. CATFORD BRIDGE.

On December 17th the Hospital gained an easy victory over Catford Bridge at Bellingham. The Hospital were not at full strength.

The forwards heeled out from nearly every scrum, and when it was heeled out by the home side Williams generally robbed his *vis-à-vis* of the ball. The first try was due to a finely-executed opening by Shaw and Cockell, for Davies to terminate the effort. Cockell was in wonderful form. His "dummies," side-steps and corkscrew runs completely outwitted the Catford defence over and over again. In Williams and Cockell Bart's are indeed gifted with a pair of halves much above the average first-class club form. Davies obtained two tries in the first half, one of which was a very fine effort—running half the length of the field.

He was not taking his passes, however, as well as usual. Johnstone also was in good form and fed his wing very well. Neville, who scored three tries, has all the natural requirements of a wing. More will be heard of him if he puts more determination in his sprint for the line and maintains closer touch with his centre. Tal, but one or two are still apt to get off-side. Foote was sound at back. It is passing strange how some men can put so much dash in their play when they are on duty day and night. This is a disadvantage which some of the other hospitals do not meet with; perhaps the authorities will one day remedy the defect. It is certain that it would bring forth great fruit. The Catford Bridge forwards bore the brunt of the battle for their side. The full back kicked well. His tackling was good at times, but on the whole indifferent.

Final score: St. Bart's, 2 goals, 4 tries (22 pts.); Catford, *nil*. Team—R. R. Foote, *back*; H. J. Hendley, J. O. Davies, J. G. Johnstone, L. Neville, *three-quarters*; T. P. Williams, D. H. Cockell, *halves*; S. Orchard (Capt.), A. E. Beith, G. C. Parker, C. Shaw, H. G. Anderson, H. V. Morlock, A. D. Wall, F. C. W. Capps, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL v. U.C.S. OLD BOYS.

The Hospital met the U.C.S. Old Boys at Winchmore Hill on January 14th. The Old Boys have made distinct progress this season. During the first half the Bart's forwards showed great superiority. The Hospital backs, however, could not get going. J. O. Davies was

often prominent with fine bursts, but the finishing movements did not accrue. Gordon opened the scoring with a great penalty goal—a drop from forty yards' range. Later, Davies intercepted nicely for Carnegie-Brown and Cockell to demonstrate a fine bout of passing, which resulted in a try. Gordon kicked a goal. The game underwent a striking change after the interval. The Old Boys appeared to be in better training and were very good in the loose.

Farmer and Benhard added tries, one of which was converted. The left wing failed to hold the ball after crossing the U.C.S. line. Moody-Jones received very few chances during the game. For the Hospital the forwards heeled well at times. The wheeling—with two exceptions—was very bad. Carnegie-Brown was the most conspicuous forward on the field. The Bart's forwards showed lack of training in the second half. The wing three-quarters will probably score more often when they see more of the ball.

Final score: St. Bart's, 1 goal, 1 penalty goal (8 pts.); U.C.S. 1 goal, 1 try (8 pts.).

Bart's: E. V. Frederick, *back*; W. Moody-Jones, J. G. Johnstone, J. O. Davies, A. Coyte, *three-quarters*; T. P. Williams, D. H. Cockell, *halves*; A. E. Beith, A. B. Cooper, A. Carnegie-Brown, H. S. Gordon, F. S. Vergette, H. G. Anderson, H. V. Morlock, R. Hunt-Cooke, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL v. LONDON WELSH.

A sternly fought game at Winchmore Hill on January 21st resulted in the Hospital defeating the London Welsh by a goal and a try (8 pts.) to a dropped goal (4 pts.). All the points were scored in the first half, and the second portion was a long-drawn-out fight, with the Welsh forwards over-kicking and mulling good efforts. The Hospital defence was good, and Johnstone saved well with a mark on one occasion. Both the Hospital tries were scored by Moody-Jones.

The first was due to a good individual run, and the second to a magnificent cut through by Johnstone. Williams converted the first try. Glyn Williams dropped the goal for the Welsh.

Bart's: W. P. Gaisford, *back*; W. Moody-Jones, J. G. Johnstone, J. O. Davies, L. C. Neville, *three-quarters*; T. P. Williams, D. H. Cockell, *halves*; A. E. Beith, A. B. Cooper, G. C. Parker, A. Carnegie-Brown, E. S. Vergette, H. G. Anderson, H. V. Morlock, R. Hunt-Cooke *forwards*.

ASSOCIATION FOOTBALL.

ST. BARTHOLOMEW'S HOSPITAL 2ND XI v. ST. JOHN'S.

1ST ROUND MIDDLESEX JUNIOR CUP.

Played at Winchmore Hill on January 7th. St. Bart's 4. St. John's 2.

The Hospital immediately took up the attack, and within the first five minutes Morton burst through to find the roof of the net with a fast rising shot. Encouraged by this early success the Hospital forwards played splendid football, and Clark added another goal following a movement in which both Crabtree and Ross were prominent. St. John's then took up the running, and but for the splendid defensive work of E. W. C. Thomas and McMenamin certainly would have reduced the lead. As it was it was not until close on time that following slips by the home defenders, St. John's were allowed to equalise. In the extra time Bart's had matters much their own way, and Ross and Crabtree both scored. R. S. Anderson, B. L. Jeaffreson and A. C. Dick were noticeable absentees.

ST. BARTHOLOMEW'S HOSPITAL v. OLD CARTHUSIANS.

This match, fixed for January 14th, unfortunately, had to be scratched owing to the fact that the Old Carthusians had to play in the "Arthur Dunn" v. Old Reptonians.

Towards the end of this month the Hospital is due to meet St. Thomas's Hospital in the Inter-Hospital competition. The soccer enthusiasts have great hopes of going further in the competition, but they are hoping to receive sound backing from the touch line in this their first obstacle. Last season we reached the final; this season can we go just one better and — ?

DEBATING SOCIETY.

Debate held in Abernethian Room on January 17th, at 5.0 p.m. Dr. J. H. DRYSDALE in the Chair.

Subject: "That, in the opinion of this House, legislative powers should be sought to prevent the marriage of the unfit."

Mr. S. S. CRUDEN opened the debate. With the evolution of the

cerebral hemispheres, social conscience came into being; humanitarianism followed and increased, until, at the apex of the evolutionary tide, the medical profession arose in response to the loftiest demands of the human race. At one time in evolution, our existence had been threatened by the necessity for occlusion or stenosis of the upper end of the alimentary canal—which would have caused starvation and death. Once again Nature was tending to defeat her own most highly developed product—the medical profession. But, just as Nature had solved the former crisis by developing a second alimentary canal, so now she would surely solve the latter crisis by deflecting Bernard Shaw from his avowed intention to "draw the whole damned crew." In spite of modern enlightenment, and Dr. Marie Stopes, marriage does still result in the production of a certain number of children. Unfortunately, the tuberculous and the insane were the most prolific; they were an enormous burden to the taxpayers and should come under the Geddes axe. "I happen to be the legitimate child of my parents; but I would rather be congenitally illegitimate than congenitally syphilitic." He was talking to one of the sisters about this subject and she expressed amazement; such hounds, yet man's breeding was so sadly neglected. He advocated compulsory medical certification before matrimony, and the American practice of sterilisation.

Mr. E. GALLOP made an excellent speech and one cannot do justice, in this small space, to all his cogent arguments. He dealt very ably with the question of the tuberculous and the insane, but admitted that the problem of syphilis was a more difficult matter. He reminded the supporters of the motion that some men sought gratification elsewhere, even after marriage, and asked them how they proposed to cope with that difficulty. (At this juncture, Mr. J. Mackay Ross, unable to contain himself any longer, cried "Hear! Hear!" No report would be complete without this reference to his brief interposition, for which the Opposition must have felt duly grateful when their overwhelming victory was announced.) Without wishing to shock the delicate susceptibilities of the House, Mr. Gallop felt bound to point out that marriage was not for procreation only. There were other factors: companionship for instance; or, more potent still, the satisfaction of sexual instincts: it was as impossible to regulate men in this respect as it would be to prevent them from performing their other natural functions by passing prohibitive legislation. He then dealt tenderly with the romance of marriage—being particularly careful to impress on the House, not once but many times, that he had no personal experience of the business—and poured scorn on the impossible kind of romance his opponents would like to impose on mankind: their ideas and views could not be considered as a question of practical politics.

Mr. A. J. DURDEN SMITH, under the spell of Mr. Gallop's hypnotic eye, seemed unable to throw himself very heartily into his task. He presented the eugenic view and said it was our duty to think of the welfare of unborn generations. It was no good sneering at the eugenicists because they wished to run the human race like a stud farm; you must refute their arguments. "Because you could not stop people from getting syphilis after marriage that was no reason for not preventing those who had it from getting married in the first instance. I ask you in the name of posterity to vote for the motion."

Mr. R. T. PAYNE defined the term "matrimony," and dealt with the practical effects of the motion. Marriage was extraordinarily complex. "Marriages may be parasitic, symbiotic, or commensalistic." (This was the only sentence Mr. Payne appeared to have prepared at all carefully. Abraham Lincoln wrote his greatest speech on the back of an envelope; but such an example is a dangerous one to follow.) Prevent legitimate marriages and you breed of shrewd neurotics; irregular alliances would increase and the children of such parents would necessarily be ill cared for and unhealthy.

Mr. R. S. COLDFREY came to the debate "knowing nothing of the matter"; but the proposer's arguments alone had convinced him that the opposition was right. Congenital syphilis was extremely rare; congenital tuberculosis was unknown. The extremely mentally inefficient, or deficient, were in asylums. The moderately mentally inefficient, by marriage with the more mentally efficient, would become less mentally inefficient, that is, more mentally efficient. (Applause.)

Mr. C. J. BLAIR: "Genius is the result of chronic disease. I don't mean to suggest that the opposers of the motion are more

diseased than the proposers; though it is quite on the cards. We owe quite a lot to Robert Louis Stevenson and Ben Jonson. If their parents had not married each other we would never have had them." (Sensation.)

Mr. R. V. GODDLIFFE suggested that if the proposers thought it a splendid idea to draw the human race (which they did not, as Mr. Cruden afterwards pointed out) the more unfit babies they allowed on earth the sooner "the whole damned crew" would be abolished.

Mr. R. KLABER said he could only look at the matter from one point of view, that of mental deficiency. Sterilisation and annulment of marriage were the only remedies.

Mr. F. R. L. MILLER, shy as a maiden of bashful fifteen, was prodded into speech-making by the olecranon of his neighbour. Leaning over the edge of the back bench, he talked quietly in the ear of the man in front. The House rudely overheard parts of the conversation; how he had merely drifted in to get his coat and had never intended to make a speech; how it was a just punishment for breaking the rules of the Union; how it illustrated the fact that we proved the proposers were wrong in trying to prevent the unfit from marrying. With regard to the question of immorality, he knew a man who had been fed on roast partridge for six months and had lost his taste for it. It was our job to make the unfit fit to marry. Apologising for occupying our time, Mr. Miller sank blushing to his seat.

Mr. S. S. CRUDEN briefly replied.

The motion was lost by 26 votes.

A vote of thanks was passed to Dr. J. H. Drysdale for so kindly consenting to take the chair at this meeting.

REVIEWS.

SURGICAL TREATMENT OF NON-MALIGNANT AFFECTIONS OF THE STOMACH. By CHARLES GREENE CUMSTON, M.D., and GEORGE PARRY, M.D. (London: William Heinemann [Medical Book Co. Ltd.], 1921. Pp. 349. Price 15s. net.)

This work is said in the preface to present the combined experience of an American surgeon well versed in Continental methods and a Continental surgeon fully conversant with Anglo-Saxon surgery and practice. It therefore contains team-work of an original kind. Its aim is to study the operative indications in the various non-malignant diseases of the stomach. Little differential diagnosis is given and no attempt has been made to consider details of operative technique. But what has been done has been done thoroughly—witness the forty-seven pages on the indications for operation in hemorrhagic ulcer. Necessarily in a work such as this there are many points which do not coincide with the views of the English surgical school: such a sentence as "exclusion of the pylorus or even the entire prepyloric region should, we believe, always accompany gastro-enterostomy, except in complete and permanent stenosis of the pylorus," calls for comment. The work is not written in a particularly interesting manner. It needs pruning; there is considerable repetition; it is poorly indexed. But it is very stimulating to thought.

PHYSIC AND FICTION. By Sir S. SQUIRE SPRIGGE. (London: Hodder & Stoughton, Ltd.) Pp. 307. Price 12s. 6d. net.

The group of medical essayists who maintain the pursuit of medicine as their chief life's object and who do not pass entirely into the realm of general literature is so small that any volume published by one of them must provide wide-spread interest in the profession. Sir Squire Sprigge, the accomplished editor of the *Lancet*, has written a particularly interesting book. Not only are well-worn subjects such as the medicine of Dickens discussed, but such problems as—Should a medical certificate be necessary before marriage? Do the academic successes of the student reflect the probabilities of his ultimate success? Is secret poisoning increasing? This sort of topic is constantly recurring in the intimate talk of medical men, and on it Sir Squire Sprigge writes pleasantly and smoothly with a saving vein of quiet humour. This is a book which should be read by all doctors. Eminently quotable, we have space only to repeat two of the phrases frequently used by Dr. Lloyd Roberts: "If you want to be on the staff of a hospital, lad, pretend you're a fool till you're on it." "There are two ways of getting on; you can be clever or you can be kind; now, you can always be kind."

DIAGNOSIS AND TREATMENT OF VENEREAL DISEASES IN GENERAL PRACTICE. By Lieut.-Col. L. W. HARRISON, D.S.O., K.P.H. Third Edition. (Oxford Medical Publications.) Pp. 525. Price 28s.

We believe this book to be admirable for its intended purpose. In these days it is essential for every general practitioner to have an up-to-date knowledge of venereal disease, and the means at hand to treat syphilis, gonorrhoea and chancroid adequately. Be he unable to do this his patients and eventually he himself will suffer.

This work will tell him all that he should know. Especially good are the "Medico-Legal" and "The Interpretation of Laboratory Reports" chapters. The practical side of treatment is never forgotten. We earnestly commend the book to old Bart.'s men.

MEDICAL SCIENCE: ABSTRACTS AND REVIEWS. Vol. V. Nos. 1, 2, 3, 4. October, 1921, to January, 1922. (Humphrey Milford.) Price 3s. net per month.

As this publication may now be read by all in the Library, we feel it unnecessary to do more than draw attention to the subjects dealt with. Diseases of the blood, syphilis, pulmonary embolism, gangli-neuromata and the clinical picture of complete transverse division of the spinal cord are dealt with in the October issue. The reviews in the November number deal with pneumonia, malaria, relapsing fever, congenital dilatation with hypertrophy of the colon, and the cerebellum symptom-complex. In December lethargic encephalitis and the nervous control of micturition are the subjects treated. In the January number there are comprehensive reviews of typhoid and paratyphoid fevers, diseases of the ductless glands, and experimental avian polyneuritis.

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

- ABRAHAM, A., M.D. (and A. CLIFFORD MORSON, F.R.C.S.). *A Guide to Urinary Disease*. (London: Edward Arnold & Co.)
- ADAMS, JOHN, F.R.C.S. "The Ante-Natal Treatment of Congenital Syphilis with Salvarsan and Mercury." *British Medical Journal*, January 14th, 1922.
- ADAMS, J. WILMOT, M.B., F.R.C.S. "Anastomotic Ulcer." *Lancet*, January 27th, 1922.
- CAMPBELL, HARRY, M.D. (and Sir CHARLES BALLANCE, F.R.C.S.). "Venous Angioma of the Cerebral Cortex." *Ibid.*
- CUTLERY, EDMUND, M.D., F.R.C.P. "Coliæ Disease." *Clinical Journal*, January 18th, 1922.
- DALE, H. H., C.B.E., M.D., F.R.S. "Specific Sensitiveness and Anaphylaxis." A British Medical Association Lecture. *British Medical Journal*, January 14th, 1922.
- EVANS, GEOFREY, M.D., M.R.C.P. "Arterio-Sclerosis." *Practitioner*, January, 1922.
- HORNER, SIR THOMAS, M.D., F.R.C.P. "Medical Notes." *Clinical Journal*, December 14th, 1921.
- MCDONAGH, J. E.R., F.R.C.S. "The Rationale of the Wassermann Reaction." *Lancet*, December 24th, 1921.
- MEVENS, BERNARD, C.M.G., M.D., M.R.C.P. "Some Points on Certain Gastro-Intestinal Affections in Infants." *Clinical Journal*, December 28th, 1921.
- "Case of Adipos Dolorosa." *Proc. Roy. Soc. Med.*, January, 1922.
- PYBIS, FREDERICK C., M.S., F.R.C.S. "Some Commoner Birth Injuries." *Ibid.*, January 4th, 1922.
- WHALEY, H. LAWSON, M.D., F.R.C.S. "Gastropharyngeal Tumour of Thyroid Tissue." *British Medical Journal*, December 10th, 1921.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:

M.B., B.Ch.—R. L. Williams.

B.Ch.—G. F. Abercrombie, D. Crawford, C. Dunscombe.

UNIVERSITY OF LONDON.

First Examination for Medical Degrees, December, 1921.

Chemistry, Physics and Biology.—G. E. Burgess, H. D. F. Fraser, F. P. Gullfoyle, A. W. Hobbs, W. C. Munro, E. H. Roberts, G. L. Simpson, E. S. Vergette.

CONJOINT BOARD.

The following diplomas have been conferred:

Diploma in Public Health.—C. W. Narbeth, A. K. H. Pollock.

Diploma in Tropical Medicine and Hygiene.—E. P. Hicks.

Diploma in Psychological Medicine.—M. A. Cholmeley, E. S. Rose.

LONDON SCHOOL OF TROPICAL MEDICINE.

At the examination held in December, 1921, the following students were successful:

With Distinction.—E. P. Hicks (Winner of Duncan Medal),

E. A. C. Langton.

Passed.—J. A. A. Kernahan.

CHANGES OF ADDRESS.

BATTEN, R. D., 81, Harley Street, W. 1.

BELLWOOD, K. B., 8, Harpur Place, Bedford. (Tel. Bedford 295.)

DALE, W. CHALMERS, E. P. Mission, Shanghang, by Swatow, China.

DAMER-PRIEST, J., Ashburton, 3, Prideaux Road, Eastbourne.

LINDER, G. C., The Rockefeller Institute for Medical Research, 66th Street and Avenue A, New York City, U.S.A.

MACAULAY, H. M. C., 49, Park Avenue, Dover.

RICHARDSON, G. B., Dilkhusha, Newquay, Cornwall. (Young and Richardson.)

SMITH, E. B., Health Department, Guildhall, Nottingham.

APPOINTMENTS.

DUPRE, W. H., M.B., B.S.(Lond.), appointed Assistant Medical Officer of Health for the County Borough of Oldham, Lancs.

MACAULAY, H. M. CAMERON, M.D., B.Sc., B.S.(Lond.), D.P.H. (Camb.), appointed Assistant Medical Officer of Health for the Borough of Dover and Medical Inspector under the Aliens Order for the Port of Dover.

MACKENZIE, COLIN, O.B.E., F.R.C.S., appointed Junior Surgeon to Bradford Municipal Hospital (St. Luke's).

RUSSELL, H. B., B.Ch.(Camb.), F.R.C.S., appointed Assistant Physician, Queen's Hospital for Children, Hackney Road.

SMITH, SIR RUDOLPH HAMPTON, Bart., C.B.E., F.R.C.S., re-elected Hon. Surgeon to the Torbay Hospital; elected Hon. Surgeon to the Rosehill Children's Hospital, Torquay.

WRANGHAM, W., O.B.E., M.D.(Lond.), appointed Senior Physician to the Bradford Municipal Hospital (St. Luke's).

MARRIAGES.

BELLWOOD—COOPER.—On December 15th, 1921, at St. Alban's, Golders Green, by the Rev. H. T. Trundle, M.A., Kenneth B. Bellwood, O.B.E., F.R.C.S., to Florence Violet Cooper.

CAMERON—HIGGS.—On January 12th, at Betchworth Parish Church, by the Vicar, the Rev. T. G. Longley, M.A., uncle of the bride, assisted by the Rev. G. K. Cooke, M.A., Vicar of Weston Turville, uncle of the bridegroom, Dr. Donald Cameron, of Cranleigh, Surrey, son of the late Dr. Sinclair Cameron, to Lottie L., daughter of John L. and the late Florence A. Higgs, of Purley.

DEATHS.

BEDFORD.—On January 8th, 1922, at Eynsham, Oxford, Major-General Sir Walter G. A. Bedford, C.B., K.C.M.G.

FARRAR.—In December, 1921, at Moscow, Reginald Farrar, M.D.(Oxon.).

SYMPSON.—On January 15th, 1922, at Deloraine Court, Lincoln, Edward Mansel Symptom, M.A., M.D., F.S.A., J.P., Lt.-Col. R.A.M.C.(T.), aged 61.

THORNE.—On October 16th, 1921, at Adderbury East, Banbury, Frederick Thorne, M.D., aged 75.

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. XXIX.—No. 6.]

MARCH 1ST, 1922.

PRICE NINEPENCE.

CALENDAR.

- Wed., Mar. 1.—Prof. Fraser and Prof. Gask on duty.
Clinical Lecture, Sir Charles Gordon-Watson.
Examination for Iitichius Prize.
- Thurs., „ 2.—Professorial Lecture: "The Enlargement of the Gall-Bladder," by Prof. G. E. Gask.
Rugby: Cup-Tie Semi-Final, Bart.'s v. Guy's (Richmond, 3 p.m.).
Abernethian Society: Clinical Evening, 5 p.m.
- Fri., „ 3.—Dr. Morley Fletcher and Mr. Waring on duty.
Clinical Lecture, Sir P. Horton-Smith Hartley.
- Sat., „ 4.—Rugby: Bart.'s v. Rosslyn Park (home).
Hockey: Bart.'s v. Harlesden (home).
- Tues., „ 7.—Dr. Drysdale and Mr. McAdam Eccles on duty.
United Hospitals Boxing Contest: National Sporting Club, 7.30 p.m.
- Thurs., „ 9.—Abernethian Society: Dr. John Adams on "Treatment of Ante-Natal and Post-Natal Syphilis," 5.30 p.m.
- Fri., „ 10.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
Clinical Lecture, Sir Thomas Horder.
Annual General Meeting of Students' Union: Abernethian Room, 1 p.m.
- Sat., „ 11.—Hockey: Bart.'s v. Rayleigh (home).
- Mon., „ 13.—Examination for Kirkes Scholarship begins.
- Tues., „ 14.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.
Examination for Junior Scholarship begins.
- Wed., „ 15.—Examination for Senior Scholarship begins.
- Thurs., „ 16.—Abernethian Society: Annual General Meeting, 5.30 p.m.
- Fri., „ 17.—Prof. Fraser and Prof. Gask on duty.
- Sat., „ 18.—Rugby: Bart.'s v. Civil Service (away).
Hockey: Bart.'s v. Hendon (home).
- Mon., „ 20.—Last day for sending copy to the JOURNAL.
- Tues., „ 21.—Dr. Morley Fletcher and Mr. Waring on duty.
- Fri., „ 24.—Dr. Drysdale and Mr. McAdam Eccles on duty.
- Sat., „ 25.—Hockey: Bart.'s v. Greenwich Naval College (home).
- Tues., „ 28.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
- Fri., „ 31.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.
Last day for entries for the Bentley and Wix Prizes.

EDITORIAL.

HERE has been recently held at the Mansion House a meeting, presided over by the Lord Mayor, of the utmost importance to the Hospital. In March, 1923, the eight hundredth anniversary of the founding of the Hospital will be celebrated and it was to form a Grand Committee to carry out the necessary arrangements, and to elect the necessary sub-committees that the meeting was held. A large and very distinguished gathering representative of many diverse interests whose common bond was a desire to honour the Hospital—was present. The Lord Mayor was elected Chairman, Sir Anthony Bowlby and Sir Edward Stern, Honorary Treasurers, and Mr. Thomas Hayes and Dr. T. W. Shore, Honorary Secretaries.

We cannot yet give any particulars of the exact form, the celebrations are likely to take. There cannot be many of the older schools of medicine founded since 1123 that do not directly owe something to Bart.'s for the training of their early personnel. There is no medical school which is not indirectly indebted to the work of those trained within these walls. It is to be hoped, therefore, that the great schools of medicine of the Empire, Europe and America, will find it possible to send their representatives to the centenary gathering. An historical exhibition, scientific demonstrations, and possibly a pageant will be arranged. We are glad those in authority have decided that the celebrations are to be conducted on a wide and generous basis. Only thus can we adequately commemorate the past.

* * *

The many friends of the Hospital, the Rev. R. Moseley, will be sorry to hear of his retirement in the near future. For a long time now, and particularly during the dark days of the war, he has been one of the familiar figures of the Hospital. Fortunately the time has not yet come to say "Good-bye," but readers may be interested to know that the Governors of the Hospital have appointed as his successor the Rev. Ernest Hale Dunkley, M.A.(Oxon.).

Mr. Dunkley has had a various and distinguished career—first as Assistant Curate at St. Jude's, Hanley, later as Riverine Chaplain in Upper Burma. When the war came he served first as a Lieutenant with the 91st Punjabis in Mesopotamia, and later became a Chaplain with the Egyptian Expeditionary Force. Since the war he has served as a Chaplain with the Waziristan Field Force in the North-West Frontier of India.

St. Bartholomew's was originally founded by Rahere as an act of piety. It was fundamentally a religious institution. Times changed, and gradually the medical side became the dominating factor; not, however, without a struggle, for the fine old priests of those days seem to have been, like some of their successors, surprisingly good fighting men. Science and theology have through the ages had their little differences. Charity has not always been found where it should be most expected. But Mr. Dunkley will find in the Hospital not only a magnificent sphere of usefulness in his high and sacred office, but we know also many a good friend.

May we, in conclusion, congratulate him upon his recently announced engagement, whether *post hoc* or *propter hoc* to his appointment we dare not surmise.

So the boys are to leave the College for a year, and the haunt of many a gay bachelor evening will be given over to gentler voices, and, probably, quieter ways. We hope the nurses will like their new accommodation. Often have we abused it in the past, but we are glad to know that this will only be a temporary home for the Nursing Staff whilst their palatial new residence, replete with every modern convenience, is being erected. They will appreciate the modern conveniences, when they get them, after the College.

It is to be hoped, however, that some place will be found near Bart.'s to serve as residential quarters for the men. The lack of opportunities for social life amongst students has long been a weak point in the University of London and its Colleges. The building now being vacated has to some extent—though only to a limited extent—saved Bart.'s from the stigma. We believe that if some other building could be found near Bart.'s where a large number of men could live, the venture would not only do untold good to the Medical School, but, properly managed, could be made a financial success. Such a college would definitely attract men to the Hospital.

We have expressed above our gladness that the centenary celebrations are to be conducted on generous lines. We hope that men of wide vision will see the urgent necessity for a residential college and will not rest till it is established. We know well how keenly such an action would be appreciated by the students of the Hospital.

Our very heartiest congratulations to Mr. and Mrs. Vick

on the advent of their little daughter, Miss Sarah Douglas Vick. The baby has indeed been born into the medical purple, and we wish for her a long and very happy life.

It may be of interest to recall that the last baby born in the Warden's House is now "in Blue."

Our congratulations to Mr. Sydney Scott, M.S., F.R.C.S., on his appointment as Surgeon, and to Mr. T. H. Just on his appointment as Assistant Surgeon to the Aural Department of the Hospital.

We congratulate the following on their appointments in connection with the Royal College of Physicians of London: Dr. Arnold Chaplin appointed to deliver the Harveian Oration on St. Luke's Day, October 18th, and Dr. J. B. Christopherson to be the representative of the College on a section devoted to tropical diseases in connection with the British Empire Exhibition of 1923. Dr. A. Feiling will deliver the Goulstonian Lectures on "The Interpretation of Symptoms in Disease of the Central Nervous System" on March 21st, 23rd and 28th. Sir Francis Champneys has been appointed to represent the College on the Central Midwives Board, and Sir Norman Moore on the Conjoint Board of Scientific Studies.

We congratulate the Lady Mayoress on the success of her Sale of Work contributed by City firms and recently held at the Mansion House. £1,284 has been sent to the Hospital.

Mr. Bedford Russell wishes us to correct a statement made in our last issue that he has been elected Assistant Physician to the Queen's Hospital for Children, Hackney Road. Mr. Russell has not given up surgical work, and was recently appointed to the post of Assistant Surgeon to the Hospital for Diseases of the Throat, Golden Square. We are sorry for any inconvenience the error may have caused him.

During the last few weeks two of our most senior Sisters have retired from the Hospital—Miss Birch, and Miss H. M. Smith (Sister Martha).

We are glad indeed that Miss Birch has so far recovered from her illness, and are sorry to miss her from the Hospital. She possessed an unrivalled tact in dealing with her Staff.

In Sister Martha we lose one who, well knowing the best traditions and customs of the Hospital, has exemplified them herself and constantly taught them to those around her. She had a remarkable memory for her cases and helped them in very many ways. We hope that she will soon recover from her illness to enjoy the rest to which she is so well entitled.

The Raleigh Cycle Company have given a most useful

AN "INSPIRATION."

As on the heath one sunny day
In Burnham Beeches I did play,
With boyhood's high exuberance gay,
And blithe went singing on my way,
Sudden, as I drew in my breath,
There rushed into the jaws of death
A monstrous blue and buzzing fly,
Darting upon me from on high.
One fleeting glimpse of him I caught
And closed my mouth as quick as thought.
Too late! already past my palate
I felt him buzzing down my gullet.
I gasp'd and splutter'd, cough'd and chok'd;
Alas! he could not be revok'd.
But, as the swan, ere last he breathe,
Does to the air a song bequeath,
So he went singing to his doom
Into the stomach's joyless gloom.
Poor insect! what domestic trouble
Did make thee prick thy life's frail bubble,
And drive thee into suicide
Through my mouth's cavern gaping wide?
Or else wert thou impell'd to me
By fatal curiosity
To see what treasures new, untold,
That yawning orifice could hold?
Well, when shall come my turn to die,
May death appear as suddenly;
And, craving for no longer grace,
So may I meet him, face to face.

A. E. ROCHE.

THE PRIVATE CLINIC IN GREAT BRITAIN.

*The Mid-Sessional Address to the Abernethian Society,
Delivered on January 26th, 1922.*

By SIR THOMAS HORDER, M.D.,
Physician to St. Bartholomew's Hospital.

WHEN the late Mr. Lockwood was confronted by the solicitous wife of a rich patient whose case he was about to undertake, and when she implored him to do all that was possible on her husband's behalf, he was prone to remark, "Madam, your husband

bicycle to the Hospital for the use of the Extern. We can foresee a time when Gee Street will run to its doors as one woman when it hears the resounding tinkle of our Extern's bell.

We wish to acknowledge the courtesy of the *British Medical Journal* in allowing us to reproduce in our last issue some of their photographs to illustrate Sir Henry Gauvain's article. Dr. N. G. Horner, assistant editor of the *British Medical Journal*, is a Bart.'s man and an old editor of the Journal.

An attempt has been made in the Hospital recently to popularise the following:

BART'S WAR CRY.

Sh - - whistle (down) . . . (Verey lights going up).
Sh - - whistle (scale) . . . (Prelude to battle).
Sh - - whistle . . .
Kazi barraki baka mibo . . . (Challenge).
Kari barraki be . . . (Acceptance).
Humph! Humph! . . . (Exultation).
Beeee - - ump (up scale crescendo) . . . (A shell arrives; suggested disaster to opponents).
Dalafa. Dalafa . . . (Catch them).
Forte. Forte . . .
Baa - Baa - Baa . . . *BART'S!*
Hipry. Hipry. Hipry. . . *HOORAY!*

The last time we heard anything of this sort was when we witnessed the sanguinary and historic encounter between the Chicago Toughs and the New York Giants. It seemed suitable then, but will it at Winchmore Hill?

We are glad to say that never before to our knowledge have so many contributors been willing to write for the JOURNAL. We want all the articles of all sorts that we can get, but we beg our contributors to be as brief and pointed as possible. Will secretaries of Clubs, etc., let us have their fixtures for the Calendar as soon as possible?

Readers of the JOURNAL will remember an article on the Schick test in our last two issues. Many of them will have since had practical experience of the test. Several nurses on duty in Isolation ward having recently fallen victims to diphtheria, it was decided that in future no nurse should be sent on duty in that ward until proved negative to Schick's test, and therefore presumably unsusceptible to diphtheria. With a view to employing the test on a large scale on a suitable population, volunteers were called for from amongst the students, who responded admirably. We hear that at least 130 were tested last week. Men may be heard boasting of the delicate pink hues of their "positive combined" reactions. We await the full results of the test with interest.

will, I trust, get as good treatment as if he were John Smith in the wards of St. Bartholomew's Hospital." Although the answer often gave a slight shock by its covert suggestion that the pauper's treatment was the standard at which to aim in the case of the millionaire, it was usually one which brought assurance and comfort of a very real kind. For it is a definite belief with the intelligent lay public that the last word in medical skill and knowledge is to be heard in the wards of our large teaching hospitals. And who shall say that this belief is not justified? The very fact that we who have responsibilities towards private patients endeavour to discharge them in a manner as near as possible to that which we see in our daily hospital routine, proves that we regard this latter as an ideal to be lived up to because it is the most efficient of which we have experience at the moment. It is so with our methods of diagnosis, with our treatment and with our nursing; the standard is set for us, and we aim at its attainment alike in the interest of the patient and in the maintenance of our own reputation.

As I say, our hospital practice is, in all essential points, the most efficient thing of its kind that we know. This efficiency is the result of a number of factors, into which I do not propose to enter in detail. There are great traditions, there is *esprit de corps*, there is experienced lay administration, there is smooth organisation, there is a carefully picked *personnel* and there is team work—so many factors, and having such cohesion, that it is perhaps quite futile to hope that any institution of a kindred sort could conceivably exist in complete detachment from it, and with any chance of reproducing its efficiency. And so perhaps the "rich poor" must always and of necessity score over the "poor rich" when they are ill and require institutional treatment. No doubt it was in part some such consideration as this which led to the establishment of private clinics in the precincts of, or even in the same buildings as, the general hospitals in other countries than Great Britain. Why not in Great Britain is a question that must always puzzle us not a little. But conservatism, a "class" population, a laudably jealous desire not to risk any of the privileges of the "sick poor," and a well-filled hospital exchequer, seem to have explained the absence of any such clinics in the past. I say "in the past," because no one of these considerations seems any longer to apply, unless it be our incorrigible and racial conservatism. Class distinctions have been largely dissipated by a sort of bloodless revolution, and, in any case, the Honourable invalid, being now a beggar, cannot any longer be a chooser, and seems quite willing to "lie up" in close proximity with the stevedore (who is the better off) provided it is more cheaply done that way. The privileges of the poor, whether sick or whole, no longer seem to require our active attention. As for the Hospital exchequer . . . These things being so, and especially the thing last mentioned being what it is,

it does seem strange that nothing is even yet done in the way of establishing private clinics in connection with general hospitals. In America it seems the exception rather than the rule to see a really good general hospital which has not got a set of well-equipped and efficient private rooms either in an annexe or in the main building itself. In the Jeaffreson Hospital at Philadelphia these rooms are situated on the first floor of the main block, and the lifts to the general wards run through this floor to the floors above. This system of private hospital wards is an enormous saving of time to the visiting staff, who are able to see their private patients before or after their hospital rounds, and the financial contributions made to the hospitals are, at some centres, sufficient to pay for the maintenance of the whole of the "free" beds. It was a point of interest to note that the so-called "whole-time professors" in the States were invariably permitted to attend patients who occupied beds in the private rooms. In this way the professorial posts were open to men of more senior standing than would otherwise be the case; and the great advantage to the student of being taught by men who were frequently in contact with the many exigencies of private work was not lost. It is difficult to see why some such scheme is not yet adopted in this country.

The second type of private clinic is the one in which a large house in the town or country is converted into a nursing home, with properly equipped laboratories for pathological work and with an X-ray installation. A man of considerable general experience takes charge and collects a few junior associates to assist him. Two or three of these institutions are established in this country, notably that of Dr. Spriggs at Duff House, and, more recently, that of Dr. Hurst in Windsor Forest. Very excellent work, both diagnostic and therapeutic, is carried on at these places. There is, perhaps, an element of *de luxe* about the financial side of the matter from the patient's standpoint, but this objection could be overcome by the provision of small wards at these places, or by the setting up of similar private clinics in less expensive buildings and neighbourhoods. It seems certain that such clinics will increase in number, and there is much to be said in their favour.

The third form taken by the private clinic has not, as yet, found any example at all in this country. I refer to the "group-clinic"—a number of men working together, either for diagnosis alone or for diagnosis and treatment, preferably under the same roof, and carefully chosen so as to be representative of general medicine, general surgery, and the special branches most often in requisition, such as ophthalmology, rhinology, laryngology, otology, gynaecology, psychiatry and Röntgenology, supplemented by an experienced pathologist. Group clinics along these lines have been in existence in the States for some years, and have, I think, more than justified their existence. Abuses have doubtless arisen, and these abuses have been too often advanced as arguments

against the system; but this is common with all new ideas when first put into practice. I am personally quite persuaded that the time is more than ripe for the trial of this idea in our own country. I believe that such a "group-clinic" is able to carry out all the main principles embodied in our hospital work and with results equally good. To embark upon such a scheme would require not a little courage and considerable mutual confidence between the members of the group. It is obvious that all men are not equally fitted, either by Nature or by training, to work together in this way. It is nearly as obvious that some men would do much better work if they were incorporated in such a group.

This last-named scheme has many advantages, and these become more apparent with recent changes in social and economic conditions. In the first place it cannot really be said with seriousness that any one man is able any longer to compass the whole gamut of medical knowledge, and therefore to do the best that is possible for the patients who consult him on account of obscure and complex diseases. He may be very wise, he may be very learned, he may even combine with these two assets considerable technical ability, but even if it were only that the day has but twenty-four hours, and that the science of medicine progresses whilst he sleeps, it would remain a fact that he is less efficient alone than when able to avail himself of the expert training and experience of his colleagues. It does not seem to us that Bacon was guilty of arrogance when he said, "I have taken all knowledge to be my province," partly because he was Bacon, but more because the sum of actual physical knowledge was not really very great in Bacon's day. But even the exceptional man cannot escape the charge of arrogance if to-day he attempts to span the whole facts of medicine in his patient's interest. Rather does collaboration give greater opportunity to the exceptional man, and thus Society gets more out of him. For a large number of patients he may still be all that is required; he may, indeed, for some patients be of greater service alone than when he invites others to "darken counsel." But there remain whole series of cases in which, whilst he perhaps knows the best line along which the investigations should proceed, he is quite unable adequately to undertake them. Cases of the kind suitable for "group diagnosis" will easily occur to the minds of all of us—chronic toxic processes, whether microbic or metabolic, arthritis and fibrosis, many gastro-intestinal disorders, large numbers of neurasthenics, and others which cannot be so easily grouped. We are all familiar with the way in which such cases are most satisfactorily dealt with in hospital, and how, by expert examination and by a free interchange of opinion, we arrive at the best and most helpful scheme of treatment in all the circumstances. In private we also know the difficulties, the delays, the journeys to and fro, the doubts as to how much information we dare risk not having, as we endeavour to deal with our patients

on similar lines. And when we come to the pathological side of the matter the difficulties become greater still—specimens spoiled by lapse of time when sent through the post, specimens lost, specimens collected with insufficient knowledge or care. All these things can be avoided in a well-organised group clinic.

Then, again, I do not merely want to read a bald report of a throat or nose examination, of a series of radiograms following an opaque meal, or even of a blood-count or the investigation of a specimen of cerebro-spinal fluid. I want to discuss the case with the colleagues who do these things so that they may know something of its general clinical features. I want to talk over their findings with them in relation to other facts that are known to me, and I want them to say whether, in view of these facts, their results are to be accorded more or less significance. Such helpful converse is mutual. It cannot but be of help to the radiologist to hear that the patient in whom he has discovered a cancer of the stomach is gaining weight rapidly, and is playing strenuous golf at the seaside. It certainly does me no harm to know that an abdomen I passed as normal in the morning is thought by the surgeon to require opening for an acute appendix in the afternoon.

Another advantage of the "group-clinic" is the opportunity it offers of following up, and of recording, results in the very class of case most in need of careful observation and publication. At present there are thousands of such cases, well investigated and skillfully treated, lying buried in the note-books or case-cards of hundreds of observers. Many of these cases, too, are of a kind rarely seen in general hospital practice. Either for lack of time, or because we think our own individual observation may not carry sufficient weight, these valuable records never reach the light. In a group clinic the secretariat would be available for this purpose, and the suggested publications would be submitted to the whole group for approval.

Further, the value to the general practitioner in charge of a difficult case of a joint consultation with those members of the group concerned, and with the pathologist, would be considerable, and this could easily be arranged.

Then, as regards expense to the patient—a great consideration in these days of reduced incomes—for those patients sent to the clinic as such there would be no little saving in fees. And even in the case of patients sent to a particular member of the group, some reduction in fees incurred by any necessary examination by a colleague would be practicable in view of the limited nature of the examination required and the saving of time by the dictation of his opinion.

The advantages to be gained from the "group-clinic" do not end with these direct gains upon which I have touched. There are others of a more indirect yet not less important kind. Think of the value to the doctor, and ultimately to the patient, of the daily intercourse of a number of men

working together, men who are perhaps (as may advisedly be the case) chosen from different schools, and who, therefore, represent different shades of thought and different traditions. The mess-room conversation, the "shoppy" talk at the lunch and tea table, the ventilation of ideas, the wearing down of prejudices, the dragging into the light of obsessions and habits of practice, these things are as salt in the bread of our routine. In medicine probably more than in any other art, good fellowship amongst its devotees is essential to progress and to healthy results. This asset is secured to us in our hospital services, but nowhere else. And for one of us who enjoys this boon, there are a hundred whose sole opportunity of conversing with his colleagues is during an occasional consultation, or by infrequent attendance at a medical society's meetings. And even those of us who are saved from a paralysing vanity in the wards and out-patient rooms of the hospital by the quips of our colleagues, and by the healthy criticism of our students, are too often condemned to a splendid isolation in our private work. Here we have no critics worth the name, our patients take our word for law, and we are thrown back upon our own ideal of strict adherence to the principles of scientific endeavour—a dangerous position, and one requiring more austerity of soul than most of us can readily summon to our aid. There is no one in converse with whom we can discharge our bosoms of much perilous stuff that lies there, and we come to take our own opinions much too seriously in consequence.

A number of objections has, at different times, been urged against the group clinic. Before dealing with the chief of these I would like to refer to two propositions advanced by Dr. Hawthorne in his trenchant criticism of the group idea during the discussion which I opened upon this subject at the Royal Society of Medicine in June last.* Dr. Hawthorne's first proposition was "that the aim and spirit of scientific research are not identical with the aim and spirit of medical practice, and that it cannot therefore be safely argued that the methods suitable to the one must necessarily be pursued in the other."† In the discussion itself Dr. Hawthorne used these words: "The aim of scientific research is the discovery of truth, the aim of medical practice is to cure the patient." Even if we generously allow Dr. Hawthorne decently to bury what he said, and consider only what he wrote, the statement still seems to me a very extraordinary one. I cannot myself admit any difference between "the aim and spirit" of scientific research and the aim and spirit of medical practice, whatever difference there may be in the methods of carrying out these two things. I regard every obscure case of disease as a problem for scientific research. If diagnosis in difficult cases is not to proceed along the same lines as scientific research, then so much the worse for diagnosis.

* See *The Lancet* for June 25th, 1921.

† *The Medical Press*, July 20th, 1921.

But surely the ideal to aim at is the carrying on of research and medical practice side by side; the combination rather than the separation of these two things offers, it seems to me, the best results. The magnificent work accomplished by the Medical Research Committee was rendered possible by the practice afforded by the war. In the Rockefeller Institute the investigation and treatment of disease goes along side by side with the appropriate research. At the Mayo Clinic a large and promising research department has grown up around what was at first a purely diagnostic and therapeutic establishment. In our own Hospital a *liaison* of a very helpful kind exists between the men who undertake research in the pathological rooms and those who have charge of the patient's treatment, and this tendency is growing yearly, with great advantage both to research and to practical medicine. Clinical medicine is as essential to medical research as is medical research to clinical medicine. But I must refrain from extending this line of thought; most of you know my views on the matter already.

(To be continued.)

PROFESSIONAL OPPORTUNITIES.

(6) THE METROPOLITAN ASYLUMS BOARD.

By H. WOODFIELD, M.D.(Lond.), D.P.H.,
Superintendent, Park Fever Hospital, Hither Green.

ALTHOUGH the Metropolitan Asylums Board, both in extent and usefulness of the work which it undertakes, is by no means the least important of the several authorities which carry out the local government of London, yet few who are not directly associated with it in one way or another have any precise knowledge of its constitution and of the many duties with which it is entrusted. The name itself is not particularly appropriate, and is apt to be misunderstood by those who attach to the word "asylum" the more restricted meaning of an institution for the reception of the insane. True, the M.A.B. provides several large institutions for the reception of some forms of mental affliction, but the greater number of the establishments under its control are for far different purposes. These vary in character from a training ship lying in one of the lower reaches of the Thames, to a home for dying consumptives situated in Chelsea. The majority, however, are for the isolation and treatment of infectious diseases ranging from smallpox to ophthalmia neonatorum. The London County Council provides asylums—nowadays euphemistically termed mental hospitals—for insane adults other than harmless persons of the chronic and imbecile class.

The M.A.B. was established by an Order of the Poor Law Board dated May 15th, 1867, pursuant to the provisions of the Metropolitan Poor Act, 1867. This Act empowered the Poor Law Board to combine into districts the unions and parishes of the Metropolitan for the purpose of establishing "asylums" for the reception and relief of the sick, insane, infirm or other class or classes of the poor, and to issue orders controlling the action of the managers of any such district. One of the chief reasons which induced the Government of that day to pass the Act of 1867 was for the more efficient separation and isolation of persons of the pauper class who fell ill with fever or smallpox, and who, up to that time, had been treated in the workhouses or workhouse infirmaries, to the obvious risk of the other inmates and to the community at large.

The Metropolitan Asylums District embraces all the unions and parishes of London, and the Board deals with matters which it is considered can best be transacted by a central authority for the whole of the Metropolitan rather than by each separate board of guardians acting locally.

The Board consists of seventy-three members. Fifty-five of these are representatives of the twenty-eight Metropolitan boards of guardians, who elect members in proportions to the rateable value of their districts. The remaining eighteen members are nominated by the Ministry of Health. Like all similar public bodies no remuneration attaches to their services.

The M.A.B., being a Poor-Law authority, draws its funds from the poor-rate. An estimation of the extent of its undertakings may be formed from the amount of its annual net expenditure, which for the year ending March, 1920, totalled £1,872,000.

From its inception the Board has been fortunate in the possession of many public-spirited and altruistic members, who have freely devoted to its interests their time, knowledge and experience. By aid of their ability and good management it has met all its obligations and responsibilities, and has successfully carried out the duties demanded of it. Steadily developing with the advance of modern conditions and experience it has kept well abreast of the times, and has established a department of the health service of the Metropolitan which has come to be recognised as a model of administrative efficiency. Beginning with three hospitals for scarlet fever, enteric, typhus and smallpox, it has gradually grown until it now controls more than forty institutions and is still expanding. During this time the scope of its work has also extended, and now in addition to "fevers" it provides accommodation for cases of tuberculosis, both surgical and medical, convalescent and debilitated children from the Poor-Law infirmaries, epileptic and feeble-minded persons, cases of puerperal fever, venereal disease, ringworm, ophthalmia and some others. Recently a number of beds have been allocated for the reception of cases of influenza pneumonia. Counting berths on training ships and in the

casual wards, some 25,000 beds are available for all purposes, not including accommodation for staff.

Several auxiliary departments may also be mentioned. These are the bacteriological laboratories, ambulance service, central stores, and the chief administrative offices on the Embankment.

Each of the larger institutions has a well equipped laboratory attached to it, but any culture, specimen or material needing special investigation is referred to the laboratory at Belmont. Here, too, vaccines, culture media, etc., are prepared for distribution to the various hospitals, while large quantities of diphtheria antitoxin are made. As much as one hundred and twenty million units have been supplied to the fever hospitals in one year.

In addition to this work, which is carried out by Prof. Cartwright Wood and his assistant, a whole-time research pathologist is employed by the Board to investigate the causation of infectious diseases. The whole of this work was, until his death a short time ago, under the supervision of Prof. Sir G. Sims Woodhead.

Besides a land ambulance service with a fleet of more than one hundred motor vehicles, there is a river ambulance service consisting of five steamers to convey patients to and from the smallpox and convalescent fever hospitals situated at Dartford.

The Board employs rather more than one hundred whole-time medical officers. The service is therefore not a large one, and in comparison with other public services offers less opportunity for advancement and fewer chances of promotion. But it is by no means lacking in attractions and advantages to the newly-qualified man, which it may be well worth his while to consider before definitely settling down in his future medical life. For whether he elects to take up private practice or to enter one of the public services, a good knowledge of "fevers" will be found to be of great service and often of most valuable assistance. Few men when taking out their course of fevers have sufficient time or opportunity to acquire the confidence in the recognition and diagnosis of rashes which residence in a fever hospital can give, or to become familiar with the complications and special treatment of some of these infectious diseases. For the man who contemplates taking up public health work or becoming a school medical officer, or to whom the opportunity may come of obtaining an appointment under the health authority of his district, a residence of some months in one of the Board's infectious hospitals would be of much help to him both in securing the appointment and in his daily work.

Again, the aspirant for the position of "tuberculosis officer" will find one of the M.A.B. sanatoria or other tuberculosis institutions an excellent place in which to study and to gain the necessary knowledge and experience in order to further his application for such a post, while the mental hospitals of the Board afford a suitable and helpful introduction into general asylum work.

The duties carried out by the M.A.B. fall conveniently into four groups—infected hospital, mental hospital, tuberculosis and children's services—which are controlled by separate departments operating from the central office. Each service has its own medical staff, while a principal medical officer not only forms a link between these departments but also acts as an adviser and referee to the managers.

The conditions, salaries and pensions scheme are not identical in each of the four services. The Mental Hospital—where this work is deemed, rightly or wrongly, to be more trying and wearing—differs from the other three in having a more generous salaries scale and an earlier retiring age.

The salaries of assistant medical officers have recently been revised in accordance with current values and an inclusive cost basis adopted. A bonus to the amount of 50 per cent. of the Civil Service war bonus was also granted. Formerly, in addition to cash salary they received emoluments comprising quarters, light, attendance, board and washing. Under the new scheme cash is received for these and is paid back to the Board. In this way the bonus works out at a larger figure. The charge made for board and lodging is £130 per annum—a sum much less than would have to be paid for equivalent value by non-resident officers.

The present salaries scale is:

	Salary.		Bonus.		Total.	
	£	s. d.	£	s. d.	£	s. d.
Mental Hospitals:						
Senior	535-25	110 5 0			645 5 0	
	648	127 4 0			775 4 0	
Second	478-25	101 14 0			579 14 0	
	535	110 5 0			645 5 0	
Junior	422-56	93 6 0			515 6 0	
	478	101 14 0			579 14 0	
Infectious Hospitals, Tuberculosis and Children's:						
Senior	535-25	110 5 0			645 5 0	
	591	118 13 0			709 13 0	
Second	478	101 14 0			579 14 0	
Junior	422	93 6 0			515 6 0	

For pension purposes members of the staff of the M.A.B. come under the provisions of the Poor Law Officers' Superannuation Act. The scheme is compulsory and contributory for medical officers, from whose salaries 2 per cent. is deducted for this purpose. No one with less than ten years' service is eligible for pension. An officer qualifies for a pension on attaining the age of 65 (in the mental hospitals service the qualifying age is 55), or who before that age becomes incapable of carrying out the duties of his office efficiently. The amount of the pension is calculated on the average value of the salary and emoluments of the five years preceding retirement, one-sixtieth of this sum being granted for each completed year of service. For example, an officer of thirty years'

service whose salary for his five last years of service averaged £570 and emoluments for the same period averaged £130, a total of £700, would receive a pension of £350 per annum.

Four weeks' annual leave is granted to all assistant medical officers, whether temporary or permanent. Week-ends and other occasional leave may also be obtained now and again. Candidates for the post of assistant medical officer must be under forty years of age. Previous experience is not essential, but, of course, strongly supports the application. It therefore frequently happens that selection is made of the man who has acted as "locum" in one of the Board's hospitals. The newly-appointed officer must sign a form of "contract of service," be medically examined for fitness and submit to vaccination if necessary.

Junior medical officers are subject to annual re-election, but the seniors are permanent officers. Promotion is not a question of seniority but is a matter of election, the candidates being selected from officers throughout the service who have been recommended by the medical superintendent.

The duties and responsibilities of assistant medical officers are not generally onerous, and at times are fairly light. In the fever hospitals during the rush of an epidemic the work for the time is heavy and trying, but is compensated for by the welcome ease of the slack season. The energetic man, however, will always find plenty to occupy his time. Necessarily there is a good deal of routine in institutions, but the character of the work is more varied and interesting than might be expected of "special" hospitals. Except in the children's infirmaries, there is not much in the way of surgery. In the fever hospitals tracheotomy is the only common operation of any interest.

As a rule throughout the service officers take duty on alternate days, and on their "off" day are able to get away soon after mid-day. There is thus ample opportunity for those who are reading for the higher examinations to attend classes, take out special courses or to go round with the visiting staff of a general hospital, while on the duty days there are usually some quiet hours which may be devoted to study.

The infectious fevers offer a wide and fertile field for research and original work. The fever hospitals, with their abundance of material and their commodious and well-fitted laboratories, supply the investigator with the ready means for carrying out work in this direction. The case-records, dating back many years, will be found to contain much information which will be of valuable assistance to him, and also to the man who contemplates writing his thesis.

The M.A.B. provides good accommodation for its medical staff, and on the whole the fare gives no cause for

complaint. Separate houses or quarters are available for married seniors, the rest of the men having a sitting-room, a bedroom and common dining-room.

In most of the institutions the medical staff takes an active part in the social side of life, and assists in organising the outdoor games—tennis, hockey, golf, etc., in summer, and dances, concerts, theatricals and other indoor games in winter. The amenities of some of the hospitals are enhanced by extensive and pleasant gardens and grounds and by the recent provision of spacious recreation rooms.

It will be gathered from these notes that, although service under the M.A.B. is not likely to lead to early promotion, it has advantages worthy of consideration. More especially does it offer attractions to the newly qualified who have as yet no settled plans and who want time to look round, and also to those whose aim is to obtain higher or additional qualifications and at the same time earn a competent income.

CENTRAL DISLOCATION OF THE HEAD OF THE FEMUR: WITH NOTES ON A CASE.

By RODNEY MAINGOT, F.R.C.S.(Eng.).

Chief Assistant to a Surgical Unit, St. Bartholomew's Hospital; Surgical Registrar, West London Hospital; Clinical Assistant, St. Mark's Hospital.

HIS injury is extremely rare, and in the general text-books of surgery the condition is either not mentioned or touched upon very lightly. The condition usually follows direct violence such as falling upon the great trochanter, or a buffer accident, but it is occasionally produced indirectly by a fall upon the feet. The head of the femur is driven into the pelvic cavity through the acetabulum, which is shattered. Occasionally the condition is further complicated by a fracture of the neck of the femur, or a lesion of one of the pelvic viscera.

The main signs and symptoms can be summarised as follows:

(a) *Pain*.—This is usually acute and localised to the region of the injury. In severe cases pain is felt along the obturator nerve and may be referred to the knee-joint. The pain is greatly aggravated by manipulation or movement of the hip-joint.

(b) *Deformity*.—The thigh is adducted, slightly flexed and inverted. It is held rigid and fixed. The great trochanter approximates to the middle line and there is flattening where it normally projects.

(c) *Shortening*.—There is always some shortening, usually not more than $\frac{3}{4}$ in. In the case to be described there was $\frac{1}{2}$ in. true shortening.

DIAGNOSIS.

In the few text-books in which mention is made of the condition, diagnosis is suggested to follow a rectal examination when the limb is moved and the head felt to be rotating. This might be so were it not for the intervening pelvic muscles, pelvic fascia, and the fractured remains of the acetabulum. The very rotation of the head is in itself a source of danger to the rectum, in that it is very liable to drive sharp spicules of bone through the rectal wall, apart from the considerable pain which this procedure must impose upon the patient. A careful rectal examination may be useful, however, in detecting a fulness on the affected side.

The differential diagnosis rests between (i) a fracture of the femoral neck, and (ii) the other varieties of dislocation of the head of the femur—particularly dorsal or iliac displacement. The diagnosis is made obvious by means of a skiagram.

TREATMENT.

The patient is anaesthetised and placed in the dorsal position. The pelvis must be held rigid, the thigh is then slightly flexed and adducted. If a towel is now wrapped round the upper third of the thigh to aid traction, and forcible abduction applied, it will be found that the head of the displaced bone will be lifted out of the pelvic cavity and reduction attained. In early cases the amount of force required is relatively slight. The following is a record of a case which typifies the condition described.

HISTORY.

R. B.—, *et. 51*, labourer, on July 8th, 1921, while working fell through an area from a height of 15 to 20 ft. on to his right side. He states that the main part of the impact was "taken" by the point of his right hip. He was unable to move after the accident, and was brought to the hospital in an ambulance.

EXAMINATION.

The patient was in great pain, and experienced some difficulty in breathing. The right sixth, seventh and eighth ribs were fractured.

The right thigh was slightly flexed, adducted, and inverted. The right great trochanter appeared to be nearer the middle line than the left. There was also a "flattening" in the region of the right great trochanter. The limb was held fixed, and as the slightest manipulation caused pain the movements of the affected hip were not forced. Measurement showed $\frac{1}{2}$ in. true shortening. A rectal examination was then made, and revealed a fulness on the side that was involved. Some sharp bony spicules could be felt on the lateral wall of the pelvis. A tentative diagnosis of central dislocation was made, and skiagrams immediately taken.

The X ray plates showed the head of the femur dislocated through a rent in the acetabulum, which was splintered.

TREATMENT.

The patient was subsequently anaesthetised, and reduction secured by the method described above. He was then "put up" in a double Thomas's extension apparatus, with both lower extremities in the abducted position. He was kept like this for six weeks, during which time massage and slight passive movements of the joint were employed. Early in September, or approximately seven weeks after his accident, he was supplied with a Thomas' calliper splint, crutches, and discharged from the hospital. He attended daily for massage, movements, and exercises. The calliper splint was discarded three or four weeks later, and it was found that he could walk short distances in comparative comfort and ease with the aid of a stick. His progress since then has been most gratifying. There is no shortening; and the movements at the hip-joint are good. There is slight limitation of flexion and abduction. He continues with massage and movements, and as his improvement is progressive and satisfactory he is now quite fit to return to light duty. The case was admitted under the care of Mr. Roberts, and I am indebted to him for his kind permission to publish the notes of the case.

AN ADDITIONAL PROFESSIONAL OPPORTUNITY.

THE NECROPSICOLOGIST.

By GOULE VULTURE, M.D.

It is with considerable diffidence that I have allowed myself to be persuaded to contribute an account of my high calling to the pages of the JOURNAL. I do not shrink from laying before the world the "high" triumphs of my art; it is that I fear to induce others to enter a sphere in which their success would be bound to wither, when it fell under the dazzling rays of my own. There was a young man once who imagined he could challenge my supremacy. For some weeks, nay months, we worked side by side, our knives plunged as one, the swamps of our first incisions were simultaneous, in unison rang from our tongues the cry of "Heart's blood." At last Fate stepped in. She always cuts her queerest capers when one is least expecting them. He found them in the stomach contents—and his lunch had been boiled mutton. Froth that day I reigned supreme.

Ars longa vita brevis, however, and since I myself must

at length come to the porcelain table, I will be generous and divulge to the world some of the secrets of my own success.

Love of one's art is at the root of all happiness. Mine is happy in many ways. Physicians may diagnose—or may not; surgeons may incise—and will while blood is red; pathologists may research and theorise; but each and all come to me to be humbled—to learn—to wonder.

Adventure is the sauce of life; and adventure on my part blends at times with dismay on the part of my beholders.

Many is the empyema whose creamy pool has first met the light of day at my hands. Many is the aneurysm that at a touch of my wand has become a solid growth. Who has not heard of the aorta pierced by the lumbar-puncture needle and displayed by me? Who will forget the bilateral ligature of ureters, undertaken by the too light-hearted gynaecologist? or the removal of the only kidney by the too eager surgeon? Alas for them, I was called in, and the paeans of triumph were drowned in the tears of contrition.

So am I feared indeed by all.

But there is a happier side to the picture. Few things are as touching as the joy which flushes the faces of the physicians when they behold indeed what they had guessed was within, or the eagerness with which each fresh colleague is told how the key to the puzzle was found.

Few treats can be so perfect to a child as is the sight to a surgeon of the stitches he plied, still holding firm, and actually knitting together the structures he joined.

Enough of my joys and sorrows.

My success has been won by toil. The number of my "patients" is so great that if placed end to end they would stretch from Kensal Green to the Monument.

The muscular force I have applied, if computed cumulatively, would equal the caloric value of seven hundred tons of cream.

To the budding necropsicologist would I give this motto, "Cut and come again." Only by many years of practice can the first bold sweep be learnt; some will never learn to remove a tibia *per anum*—a feat of some difficulty, for the performance of which a certain facility is essential.

The sphinx-like facies of omniscience is not to be learned; it can only be evolved.

There is one piece of advice I would wish to impress. Never in describing one's *tour de force* should one use the similes of comestibles. Hard-bake, strawberry ice, red-currant jelly, anchovy sauce, coffee grounds, prune juice, are all and each of them right and proper in their own place—let them rest there. Cheap notoriety should be avoided, and all distasteful allusions should be kept far distant from a profession that is fresh and sweet.

Enough! To all neophytes do I here stretch out the rubber glove of good fellowship. May they find much French chalk, new coats and aprons unsoiled, may their

hands be bold, their knives keen, and their fingers unscratched.

May they, when at last I, too, come to the most skyward ward of all, give me a kind thought, and whisper to the cartilage knife, "*De mortuis nil nisi bonum.*"

OUR FREE INSURANCE SCHEME.

LEAPING up from his Rolls-Royce-topped desk, the Sub-Editor rushed into the Editor's private suite of offices. He paused. "Don't come in without knocking in future!" snapped the Editor, "I was just pondering." "Oh, I wondered what you called it," said the Sub-Editor. "Look here, Ed., this Journal of ours is going to the dogs. I've just been looking up the figures and our certified net sales are three less than in January. What about it?" The Editor sighed: "We must double the length of the Editorials, I suppose." "Not so," said the Sub-Editor hurriedly; "Something still more sensational is required—something which will shake the heart of the great public to the very Cor. We must be completely original. We must start a free insurance scheme!" The Editor trembled all over. "What'll you take, old man?" he murmured brokenly.

Three hours later two haggard men stepped out of the Editorial buildings; in their eyes was the light of triumph, and grasped in their hands was the draft of the scheme we print below:

HOW TO SHAKE OFF DULL CARE: SIGN OUR COUPON TO-DAY.

Doctors are liable to suffer from many complaints; we cannot insure against all of them. We have thought it out carefully and have picked out the following diseases, which can be insured against in *NO OTHER JOURNAL*. Human nature is weak, and we much fear that our contemporaries, the imitative, second-hand press, will have copied our brain-waves by next month. Meanwhile

All ages do not suffer from the same complaints and we therefore divide our readers into three classes:

1. The very young (aged 1 to 12).
2. The middle-aged (aged 13 to 50).
3. The very old (aged 51 to ∞).

Class 1.—*The very young* will receive £5 on dying from, and 5s. a week (up to 3 weeks) if suffering from any (or all) of the following:

Angina pectoris.
Carcinoma of the prostate.
Hydatidiform mole.
Parkinson's disease.
Alcoholic neuritis, and
Pseudocystis.

Class 2.—*The middle aged* will receive £2 on dying from, and 2s. a week (up to 2 weeks) if suffering from any of the following:

Amyotonia congenita.
Psammoma of the left kidney.
Rocky Mountain fever.
Recklinghausen's disease.
Fracture of the bundle of Vicq d'Azyr, and
Weaver's bottom.

Class 3. *The very old* receive 2s. 6d. on dying from, and 3d. weekly (up to a maximum of 1 week) if suffering from any of the following:

Teething convulsions.
Anencephaly.
Congenital stenosis of the pylorus.
von Jaksch's anaemia.
Intussusception, and
Para-mumps.

It will be seen that these diseases have been chosen with two ends in view:

- (1) The diseases must look very well on paper.
- (2) There must be no chance of this Journal's having to pay out any money (which would be a most wasteful proceeding).

How to register:

This is so simple that one can say quite simply that it is simplicity itself. There are only three things to do: (1) Obtain a preliminary medical examination from all the members of our Publication Committee (each of whom is entitled to charge a comparatively nominal fee for the examination). (2) Pay the entrance fee (£1). (3) Sign the coupon (on page umpteen) *daily*. Of course, this will mean your buying thirty-one copies of this Journal in March instead of one. But, as we said before, the whole idea of this scheme is to increase our circulation.

Do not delay a minute. The risks are too ghastly to think of. Remember our motto:

IF YOU'RE ILL OR IF YOU'RE WELL
WE MUST MAKE OUR OUR PAPER SELL.

UNITED HOSPITALS HARE AND HOUNDS.

U.H.H.H. v. ROYAL COLLEGE OF SCIENCE.

Held on Wednesday, February 1st, at Blackheath. Places were keenly contested for from the start. The lead was taken by L. G. Housden (Guy's), who was first to complete the course (6 miles), doing it in 35 minutes. The result was a win for the Hospitals by 1 point.

U.H.H.H.: 1, 3, 6, 7, 10 = 27. R.C.S.: 2, 4, 5, 8, 9 = 28.

U.H.H.H. v. SOUTH LONDON HARRIERS.

Held on Wednesday, February 8th, over a heavy course. Although the match resulted in a loss, individual honours were obtained for the Hospitals by L. G. Housden, who defeated L. Mason of the S.L.H. in the "run home" over the heath, winning by a yard.

U.H.H.H.: 1, 6, 7, 8, 10 = 32. S.L.H.: 2, 3, 4, 5, 9 = 23.

U.H.H.H. v. ORION HARRIERS.

Held on Wednesday, February 15th, at Blackheath. Orion started off at a great pace, packing well, and gained a lead which they kept throughout the race.

U.H.H.H.: 4, 6, 8, 9, 10 = 37. O.H.: 1, 2, 3, 5, 7 = 18.

It is hoped that as many as possible will turn out to represent the Hospital in competing for the Cup, which is now held by Guy's. The competition will take place on Wednesday, March 8th, from the "Green Man," Blackheath, starting at 3 p.m.

STUDENTS' UNION.

ASSOCIATION FOOTBALL.

ST. BARTHOLOMEW'S HOSPITAL v. OLD CITIZENS.

Played at Winchmore Hill on Saturday, January 21st. The Old Citizens, aided by the wind, immediately took up the attack, but were held in check by the accurate tackling of Coldrey and Caiger. The Hospital then took up the offensive, and a neat pass from Ross enabled Lloyd to place the ball quite out of the reach of the opposing goalie. In the second half the game ruled very fast, and shortly after Lorenzen had stemmed a promising rush by the O.C.'s, Ward was deceived by a shot from long range. No further scoring took place and an evenly contested game ended in a draw of one goal all.

Bart.'s: L. B. Ward, goal; E. Coldrey, G. H. Caiger, backs; H. L. Oldershaw, A. C. Dick, A. E. Lorenzen, half-backs; B. L. Jeaffreson, A. E. Ross, E. I. Lloyd, R. W. Savage, J. A. Morton, forwards.

ST. BARTHOLOMEW'S HOSPITAL v. H.A.C.

Played on Saturday, January 28th. Immediately from the kick-off the H.A.C. became dangerous and within five minutes had found the net. Bart.'s, however, were not long in equalising, for Savage drove through with a well-placed shot. For the rest of the first half the Hospital had most of the play and both Ross and Morton were unlucky not to score. In the second half play deteriorated somewhat and on several occasions the home goal nearly fell, whilst at the other end the goalie saved finely from Parrish just before the end. Both the Hospital wingers played exceedingly well, whilst the three insides worked very hard. Dick, at centre-half, got through a lot of work in an excellent manner. Result: St. Bart.'s 1, H.A.C. 1.

Bart.'s: L. B. Ward, goal; E. Coldrey, G. H. Caiger, backs; H. L. Oldershaw, A. C. Dick, A. E. Lorenzen (Capt.), half-backs; G. R. Nicholls, A. E. Ross, J. A. Morton, R. W. Savage, J. Parrish, forwards.

ST. BARTHOLOMEW'S HOSPITAL v. OLD CHOLMELMANS.

Played on Saturday, February 4th. A very poor game resulted in a draw of two all. Owing to a misunderstanding that during the Saturday morning the match had been scratched, the team fielded by the Hospital consisted of three first-team men, two second-team, four of the third team, and Beith and Parker of the Rugger, who were good enough to turn out to complete the team. Fortunately, however, the opposition was rather weak. Beith and Meyrick Thomas scored for the Hospital.

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

Played at Woolwich on Saturday, February 11th. A most enjoyable and hard-fought game resulted in a win to the Academy by the odd goal in five. At half time, aided by the wind, Bart.'s were two goals down, but early in the second half Parrish reduced the lead from a splendidly placed free kick taken by Nicholls. Later, Savage burst through, and after very neatly tripping three opponents, equalised for the Hospital. However, in the last kick of the match the R.M.A. went ahead, the goal resulting from a "slip" by one of the defenders. Throughout the match Savage gave an excellent exhibition of the play of an inside forward, and with Lorenzen and Parrish made a very effective left wing "trio."

Bart.'s: L. B. Ward, goal; E. Coldrey, G. H. Caiger, backs; H. L. Oldershaw, A. C. Dick, A. E. Lorenzen, half-backs; G. R. Nicholls, A. E. Ross, E. I. Lloyd, R. W. Savage, J. Parrish, forwards.

INTER-HOSPITAL CUP, SEMI-FINAL ROUND.

ST. BARTHOLOMEW'S HOSPITAL v. ST. THOMAS'S HOSPITAL.

Played at London Hospital Ground, Hale End, on Thursday, February 16th. Bart.'s lost the toss and from the kick-off immediately became dangerous. Lloyd made headway by a good dribble and then sent out to Nicholls, who returned the ball for Lloyd again to take possession and place the ball in the net. Ten minutes later Ross added a second centre from Parrish. St. Thomas's now took up the offensive, and Berridge in particular made burly efforts to reduce the lead, but Dick and Coldrey together proved more than his equal and his support from the wings was far from good. Until the last quarter of an hour of the game Bart.'s did most of the attacking, and then McLean sent his right wing away for Berridge to put the finishing touch to a splendidly combined movement. At the other end both Lloyd and Ross came near to scoring, but Forest-Smith dealt with their efforts in a very capable manner. Result: St. Bart.'s 2, St. Thomas's 1.

Bart.'s: L. B. Ward, goal; E. Coldrey, G. H. Caiger, backs; H. L. Oldershaw, A. C. Dick, A. E. Lorenzen (Capt.), half-backs; G. R. Nicholls, A. E. Ross, E. I. Lloyd, R. W. Savage, J. Parrish, forwards.

HOCKEY CLUB.

INTER-HOSPITALS CUP, 2ND ROUND.

ST. BARTHOLOMEW'S HOSPITAL v. ST. MARY'S HOSPITAL.

Played at Richmond on January 26th, a very keen game resulted in a win for Bart.'s by 3 goals to nil. The Bart.'s forwards attacked well, keeping play for the most part in their opponents' half, but in the circle many of their shots went wide. Goals were scored by Foster (2) and Moody-Jones (1).

Bart.'s: A. E. Parkes, goal; E. Watkins, N. A. Jory, backs; S. Coleman, T. S. Goodwin, G. Davidson, halves; T. E. Moody-Jones (Capt.), R. R. Powell, G. Foster, J. Ackland, S. Benton, forwards.

In the Semi-Final we meet King's College Hospital at Richmond on March 7th.

BOXING CLUB.

The Boxing Club, one of the oldest clubs at the Hospital, appears to have had a somewhat chequered career. At the Winchmore Hill Pavilion may be found photographs of boxers representing Bart.'s as far back as 1882—records show the Club to have been in existence long ere this—and enthusiasm persisted, notwithstanding the fact that all expenses were borne by members themselves and generous patrons, among whom the Rev. B. Savory for a time provided accommodation for the Club. Later the lack of a suitable room necessitated frequent revivals, and the Club was driven from one (public) house to another, and at times having its property distraised for debts due from club members. Finally it came to rest in the Hospital precincts—the Old Surgery being used as a boxing room. During the War this room was used by wounded soldiers warded in the Hospital as a recreation room.

After the war the Club was once more resuscitated, and last year for the first time two events in the Inter-Hospital Competitions were won by Bart.'s men against three won by the Cup winners. The lack of suitable accommodation has in the past been a severe handicap to the Club, and has been largely responsible for the lack of success of the Hospital in these competitions.

Last season the attendance was very satisfactory considering the unsuitability of the old College dining room for sparring, for though a boxer may not fear his opponent, the risk of a fractured skull from the edge of a stone mantelpiece is a very real one.

Now all is altered, and few would have thought it possible that a gloomy, dilapidated storage room, once a home for stray cats kept by porters for the benefit of science, could be converted into an excellent little gymnasium. The problem now arises, where will those wild cats be kept and how are certain porters to supplement their incomes?

In the Boxing Room will be found a first-class ring and platform, punch ball, punch bag, and last, but not least, a hot and cold shower. The room is well ventilated, has plenty of daylight, and the ring is illuminated by four electric lights—one at each corner.

The initial expense of fitting up the room has admittedly been a heavy one, but, unlike tennis courts and cricket pitches which need periodical attention, the club room, once complete, will no longer be a burden on the Students' Union funds. It must be pointed out that the Club has been of very little expense for a considerable time. Last season the sum of 14s. 4d. being expended. The expenditure on the room was fully justified, for not only will the Club benefit, but it will be an asset to the Hospital, filling a great want, as up to the present there have been no facilities for exercise for men resident in Hospital or College.

One of our best-known boxers, many times amateur and professional champion of Great Britain, is acting as instructor. He is as capable an instructor as he is a boxer, and pupils need not fear having their ears "cauliflowered," as his were some twenty years ago.

It was pleasing to see the interest already taken by students and staff on the occasion of try-out contests, and it is to be hoped that every one of the 150 spectators and others who have not yet put in an appearance will take an active interest in the Club. Members who think they are too old for the sport ought to see Dr. C. Graham Mead box: one of our fastest boxers had to move quickly indeed to keep pace with this gentleman, who was secretary of the Club twenty-eight years ago.

The Hospital, it is hoped, will have a capable representative in each of the eight weights in the Inter-Hospital Competitions, and Bart.'s men who turn up on Tuesday, 7th inst., at the National Sporting Club will not be disappointed.

DEBATING SOCIETY.

JOINT MEETING OF THE ABERNETHIAN SOCIETY AND THE DEBATING SOCIETY.

Held in the Abernethian Room on February 9th, 1922, at 5 p.m., Mr. W. GIRLING BALL in the Chair. Subject: "That, in the opinion of this House, the present popularity of psycho-analysis is producing injurious effects upon the public."

Dr. C. M. HINDS HOWELL modestly assured the House that in his otherwise blameless and irreproachable character only one sad defect could be found—he was shy and retiring. This single sad defect had nearly led him to resist the persistence of the Secretary, who had persuaded him to open the debate. He found it difficult to decide on the most appropriate way of attacking the Opposition. He recalled a law case, in which he was involved, when an eminent lawyer, with the utmost audacity and abuse, managed to get a verdict for the worst malingerer who ever lived. This tempted him to emulate "Mr. Punch" and belabour the Opposition with "the big stick." But he realised he was not addressing a motley gathering of butchers and crossing-sweepers, such as the lawyer had to deal with; he was addressing an intellectual gathering (loud applause and blowing of trumpets—the latter metaphorically, of course); he would appeal to their intellects. He was inclined to quarrel with the assumption contained in the wording of the motion that psycho-analysis was popular. It had a certain popularity, but of a peculiar type. Mr. Bottomley and his Victory Bonds might be referred to as popular. Even the Vice-Chancellor of Oxford had achieved some measure of popularity recently; he was not very popular before. In a similar sense only could psycho-analysis be called popular. The popularity of psycho-analysis was the ill-begotten child of sensation and sex. What passes for polite society likes its hidden sexual complexes tickled in this novel and delicious way. Its very blatancy gives an excuse for revelling in licentiousness, under cover of pseudo scientific jargon. The Press is largely responsible; it has sported a partial idea of the subject, and has indulged in sensation mongering of a very unsavoury character. The study of psycho-analysis was a dangerous one for the layman; it rendered him introspective, unhealthy and unsettled; like a moth round a flame he was attracted, shocked, upset, but unable to drag himself away; in many cases mental equilibrium was severely disturbed. He had heard of one case, which he could not absolutely vouch for, in which a man who was told he was homosexual by a psycho-analyst became so obsessed by the idea that he actually underwent orchidectomy, because he feared he might fall into the hands of the law. Certain exponents of psycho-analysis were obsessed by the importance of sex, to the exclusion of all other instincts. People who tried to explain that the symptoms of melancholias were due to the desire of the patients to return to the womb were obviously extraordinarily lacking in

mental balance, and should never be allowed to deal with any patients. The matter was a very grave one; he thought that special training should be compulsory, and none but competent medical men should be permitted to practise psycho-analysis. The subject had been made far too accessible, the public should be protected against itself.

Mr. E. G. P. BOUSFIELD said the accusation that psycho-analysis engendered sensation-mongering was beside the point. "If the public haven't one dirty thing to talk about, they'll find something else." Nor was the accusation of bad results a reasonable argument—the bad results of surgery were to be found in the cemeteries; the bad results of psycho-analysis were at least comfortably housed in lunatic asylums. There had been thousands of good results which were sufficient to justify the existence and practice of this method of treatment. Apart from its medical value, psycho-analysis was shedding remarkable new light on sociological and educational problems. If all teachers were psycho-analysed it would be a great benefit to them and to those they taught. Psycho-analysis would always be necessary until its principles were universally applied to the education of children. He described how he had been drawn into psycho-analysis by having to review a book of Freud's. He had referred to it as a "mass of filth," but after the review was printed he came to the painful conclusion that he was very prejudiced, and decided, by way of reparation, to study the subject carefully. He suggested that if the Opposition did the same they would find that "sex," as used by analysts, had a much broader meaning than that popularly intended, and was used for want of a better word; it included such pleasurable occupations as kissing, which was obviously "the beginnings of something more serious." Psycho-analysis must inevitably have some bad results, but "the greater good for the greater number" was its justification. Its present popularity was doing more good than harm.

Mr. R. V. GOODLIFFE seconded Dr. Hinds Howell. Following the usual convention, he deprecated his own powers as a speaker, which was quite unnecessary, as his speech was one of the best that has been heard in the Debating Society this year. Mr. Justice Darling had said that the greatest assets in a law court were "faith, hope and charity"; he hoped to demonstrate faith and hope, but he could not guarantee charity. It was usual, in the Society, to tell people one "knew nothing about the subject"; he would omit this formality, as it would shortly be too painfully obvious. How was the public to know that "sex" had two meanings? The average clean-minded man did not know it, and could not be expected to wade through a "mass of filth" to find out that important detail. Psycho-analysis pandered to the tastes of moral perverts, and was an excuse for their perversities, but to read such stuff was shattering to the self respect of decent men. The only sociological result likely to arise from psycho-analysis was the justification of criminals; all crime would be put down to tendencies inherited from remote ancestors. In the practice of psycho-analysis it was essential to reveal every inmost thought and all one's past deeds; what protection has the patient against blackmail? Some psycho-analysts insist on the patients transferring even their affections. Imagine the effect of such a procedure on any decent woman; "the result is too appalling to contemplate, unless you happen to be a psycho-analyst, when it might be merely interesting." Recently a lady in Pittsburg was found dead with 100 books on psycho-analysis in her room; she had committed suicide. Freudian literature must be suppressed if we were not to have a large increase in the death rate.

Mr. E. LISTON seconded Mr. Bousfield. He endeavoured to prove Dr. Hinds Howell was prejudiced by recounting an incident in the Out-Patient Department (Dr. Hinds Howell afterwards repudiated this account as wholly inaccurate), which seemed to show a deep-seated anti-psycho-analytical complex. Not content with this slander, he basely suggested that the intense prejudice of all orthodox physicians was due to their jealousy of psycho-analysts, who, they felt, had been profiteering at a time when exponents of less sensational methods of treatment had been suffering from the slump. (This low-minded indictment could only have fallen from the lips of a supporter—temporarily—of psycho-analysis. Such a degraded individual could hardly be expected to penetrate to the shining altruism which burns ever beneath the waistcoats of Harley Street gentlemen.) He appealed to the House to vote against the motion, unless they were honestly convinced that the proposers had proved their case conclusively. He feared the voting of such a conservative gathering might merely be a record of its prejudice against psycho-analysis.

Mr. G. B. TAIT said that for an ordinary man "sex" had only one meaning; and it was poor consolation for one whose mind had been

poisoned by Freudian literature to be told by the psycho-analyst, "Oh! we don't mean what you mean."

Mr. P. P. DALTON, who delights in electrifying the House by his startling paradoxical attitudes, stated that although a great believer in psycho-analysis, he was going to vote for the motion (stir of general interest); moreover he was going to ask the other part of the House to vote for it too. He had some experience of psycho-analysis and that class of work, and from what he had observed, he had come to the conclusion that only one quarter of all neuroses were due to sex. He recounted a case, typical of many, of a soldier who, torn between fear of death and fear of consequences, had become paralysed from the face downwards; sex was not responsible for this type of neurosis.

Mr. A. C. MACONIE complained that he had no private practice, but he had dinner one night with a seemingly sane gentleman, whom he was able to defeat in a staring match; this unusual occurrence was due to his vanquished opponent having read books on psycho-analysis. He went to a psycho-analytical *saxer* and enjoyed it rather, especially when someone chanted "All will pass away; the smell of burnt rubber will be wiped out for ever from your soul!" If yawning was a respiratory form of masturbation, he shrank to think what putting his feet (size 12) on the mantelpiece might mean.

Mr. A. E. ROCHE gave three excuses for speaking: it was rarely necessary, in the Debating Society, to speak to the point at all; there would be a great silence if only those conversant with psycho-analysis were permitted to talk; after an hour of the soporific atmosphere at the back of the room he had generated a large amount of energy in Broca's area. Psycho-analysis was not new. Joseph had practised it with great benefit to himself—like all true devotees of the art. Astrology, palmistry and psycho-analysis were omens of the decay of Rome; so, in our fateful times, should Dr. Spilsbury ever begin foretelling the future by the entrails in the medical diagnosis department, we would know that the end was near. Still, there was yet time to save the situation: for the soothsayers of Rome used to smile at each other, but the psycho-analysts had not reached that stage so far.

Mr. D. D. ANDERSON said the progress of the debate proved the ignorance of those who had spoken about psycho-analysis. After this promising beginning we all waited expectantly for enlightenment, but we only got bad grammar: "It is *us*, the medical profession, who must take it up seriously and let the public know the full facts and dispel their false ideas."

Mr. N. W. CRAIG: "Mr. Chairman, gen'lmen and any hermaphrodites who happen to have blown in (uproar): My friend here, having bet me a glass of whisky I wouldn't speak, I've gotta make a speech owing to the high price of alcohol." After defending Dr. Hinds Howell from the slander to which he had been subjected, Mr. Craig gave a racy argument; feeling that lucidity was not his forte, he said, "Let me illustrate my point," and he did illustrate it, but in quite an unprintable manner.

At this juncture Mr. GIRLING BALL rose from the Chair to say that, although speeches such as he had just heard were very much after his own heart, he felt bound, as Chairman, to ask members to speak more to the point.

Mr. R. S. COLDREY made a crisp little speech. Very little was known about psycho-analysis, and the danger to the public lay in their ignorance of its full meaning: it bred neuroticism.

Mr. F. ALLEN had a pathetic grievance; he could only procure psycho-analytical literature by searching for it among books on bolshevism, astrates in Ellis' Library, and these were subjects to which he had never felt drawn. He thought it disgraceful that any Tom, Dick, or Harry or Harriet could take up the subject. A law should be passed preventing laymen from practising psycho-analysis.

Mr. E. S. H. ROTH assured us that if we only knew what he had been through recently we would gaze upon him in admiration. He went along to the *Daily Mail* offices and asked a young lady there what psycho-analysts were; she seemed to doubt the honour of his intentions (which we can quite understand, if he indulged in the slight mispronunciation of the word to which he treated the House and gave him a very chilly reply; he was kicked out.

Dr. HINDS HOWELL briefly replied.

The motion was won by 154 votes to 20.

REVIEWS.

THE SURGERY OF THE PERIPHERAL NERVE INJURIES OF WARFARE. By HARRY PLATT, M.S.(Lond.), F.R.C.S.(Eng.). (John Wright & Sons, Ltd., Bristol.) Pp. 49. Price 4s.

This little book comprises the Hunterian Lectures of February 7th and 9th, 1921. We have nothing but praise for its contents, and the way the publishers and printers have done their share. At this Hospital we are fortunate in having a surgeon who has given much attention to nerve work, and consequently the findings of the volume will, in the main, be known to younger Bart.'s men who have appreciated the surgical teaching of the Hospital. But for those studying for higher examinations and for any practitioners who have not been able to keep up with the possibilities of modern nerve surgery we can heartily recommend this work as an investment. Naturally the book is rather of the nature of an interim report, for even now the end result of much recent work on nerves is not yet known.

THE DICTIONARY OF PRACTICAL MEDICINE. Edited by Sir MALCOLM MORRIS, Prof. FREDERICK LANGMEAD, M.D., F.R.C.P., and GORDON M. HOLMES, M.D., F.R.C.P. (London: Cassell & Co.) In three 4to volumes, with 48 plates and 109 figures. Pp. 588, 583 and 624. Price £5 5s. net.

This handsome work, in three volumes, will look imposing in any doctor's consulting room. The eminence of most of the 126 contributors is sufficient testimony that the contents of the volumes are useful and reliable. We need only mention the names of Dr. Adamson, Dr. Langdon Brown, Sir Thomas Horder, Mr. Sidney Scott, Dr. Thursfield and Mr. Harold Wilson, and there are many other old Bart.'s men whose names are well known to all. The work has a necessary defect of any book of its kind: 126 of the sections are excellent, some are very imperfect; 126 contributors cannot all maintain the same high standard. Moreover, where an expert is writing on his pet subject, he cannot help stressing his own theory or line of treatment, while slurring over or omitting others, which may be equally well known elsewhere.

The publishers state that the book will be most useful to the general practitioner. We agree. The newly qualified man and student will find most of the matter in their own excellent text-books. The text-books of many doctors are out of date; this work will supplement them and bring them up to date; it will serve *faute de mieux* as a post-graduate course, but perhaps the purchaser will need to procure a new edition in five years' time or so if he is not to lag behind modern progress in medical science.

Most attention is paid to practical points of diagnosis and treatment—less to purely theoretical considerations. Minor but not major surgery is dealt with; the articles on forensic medicine are good; those on skin diseases are excellent. Of the forty-eight plates, eighteen deal with skin diseases or rashes. The plates are mostly good, but we cannot help wondering why there are coloured figures of morphologically identical organisms, such as *B. typhosus*, para A, para B and para C, or of *B. paratuberculosis* as well as *B. melitensis*. Why not pictures of all four serological types of the meningococcus?

POLYCYTHÆMIA, ERYTHROCYTOSIS AND ERYTHRÆMIA (VAQUEZ-OLETTI DISEASE). By F. PARKES WEBER, M.A., M.D., F.R.C.P. (London: H. K. Lewis & Co., Ltd.) Pp. viii + 148. Cr. 4to. Price 21s. net.

This careful and valuable monograph is a revised and elaborated vision of a review of the subject by the same author in the *Quarterly Journal of Medicine* for October, 1908. The author divides cases of polycythæmia into two groups: (1) those with "erythrocytosis," in which the polycythæmia is presumably a physiological reaction to oxygen lack (e.g. cardiac and pulmonary disease, life at high altitudes); (2) those with "erythræmia" or splenomegalic polycythæmia rubra, of which the cause is unknown. In Part I the characters of erythrocytosis (which the author compares with leucocytosis) and its different causes are discussed. In Part II the clinical and pathological aspects of erythræmia are similarly considered. The care spent in preparing this work may be judged from the fact that in the appendices to Part II and in Part III abstracts of about 150

papers on the subject (mostly relating to individual cases) are given. Many of the cases described are extremely interesting and suggestive to anyone interested in diseases of the blood. We would temper our praise with one serious criticism; for a work of 148 pages with-out illustrations we regard 21s. as a vastly excessive price.

THE "NURSING MIRROR" POCKET ENCYCLOPEDIA AND DIARY, 1922. (London: The Scientific Press, Ltd.) Pp. 310. Price 1s. 6d. net.

We have before us the 1922 edition of this remarkably compact epitome of so much that a nurse needs to know. It has been thoroughly revised and we unhesitatingly state that every nurse should carry a copy in her waistcoat pocket. The information it contains is to the point and commendably full for a volume of its small size. We note a few misprints, such as "chatheterisation" on p. 64; and ileostomy does not equal making an opening into the *ilium* (p. 178). The table of urines (p. 236) is less useful than it might be; it perhaps aims at telling too much. Many students would find in the book the answers to some of those unlooked-for questions which an examiner occasionally produces.

MODERN METHODS IN THE DIAGNOSIS AND TREATMENT OF RENAL DISEASE. By HUGH MACLEAN, M.D., D.Sc. (London: Constable & Co., Ltd.) Pp. viii + 102. Price 8s. 6d.

This is a book of very great value. It contains in a concise and readable form an account of some of the newer methods of investigating renal function. As the author says in his preface, "most of the recent work on this subject lies scattered throughout the medical literature where it is inaccessible to most people." In the earlier chapters the physiology of the kidney and the pathology of nephritis are discussed. Chronic nephritis is here classified on a physiological instead of a histological basis into hydræmic (where water excretion is interfered with) and azotæmic (where the excretion of nitrogenous waste products is at fault). The author then describes in some detail the important tests for renal function, and finally discusses their practical application in estimating the efficiency of the kidney in cases of nephritis and, in another chapter, in certain surgical cases. The value of this book lies largely in the fact that it is based on the author's own extensive experience both in the laboratory and at the bedside.

MODERN METHODS OF TREATING FRACTURES. By ERNEST W. HEY GROVES, M.S., M.D., B.Sc.(Lond.), F.R.C.S.(Eng.). Second Edition. (Bristol: John Wright & Sons, Ltd.) Pp. 435, with 266 illustrations. Price 30s. net.

There is perhaps no branch of surgery in which more radical changes have taken place in recent years than the treatment of fractures. This valuable book aims at being a work of reference in which not only the author's own methods of treatment but most modern usages are presented. Mr. Hey Groves' Jacksonian Prize Essay on bone grafting is incorporated in the volume. It seems a pity to us that the writer should not have been contented with publishing, in this work, the results alone of this important research. After a general discussion of the problems of to-day contrasted with older teaching, the author presents the principles and methods of massage and mobilisation, of open operation and of grafting. Thence he describes the various fractures with their treatment, limb by limb, and lastly special cases.

It is easy to pick holes in this most valuable work, but we have little save congratulation for Mr. Groves. Perhaps in future editions Delbet's Guide, used in fractures of the neck of the femur, might be found a place in the illustrations. This is an excellent book, beautifully produced.

A MANUAL OF SURGERY. Vols. I, II, III. By ALEXIS THOMSON, F.R.C.S.(Ed. & Eng.), and ALEXANDER MILES, F.R.C.S.(Ed.). Sixth Edition. Revised and enlarged. (The Oxford Medical Publications.) 618 illustrations. Price 12s. 6d. net each.

A TEXT-BOOK OF SURGERY. By JOHN A. C. MACWEN, M.D., C.M., B.Sc. (Glasgow: Maclehoose, Jackson & Co.) Pp. 619. Price 30s. net.

A POCKET SURGERY. By D. C. L. FITZWILLIAMS, C.M.G., M.D., Ch.M., F.R.C.S. (Edin. & Eng.). (London: Arnold & Co.) Pp. 348. Price 10s. 6d. net.

Of making many books there is no end, and indeed those writing surgical text-books seem to emphasise the wisdom of the preacher, although their object is to prevent that weariness to the flesh which he lamented. The three volumes here under review are very different in type. "Professor Thomson and Mr. Miles" is by this time almost a classic, for we have before us a revised sixth edition. The other volumes appear for the first time. An important difference of the three is in length. Thomson and Miles' complete work (excluding operative surgery) runs to 1790 pages, Macewen to 619, and Fitzwilliams to 348. They all are intended to be students' books. Now what is the optimum length for a surgical text-book? Mr. Fitzwilliams calls his book a "pocket" surgery—but it must certainly be an overcoat pocket. It is not intended to be read as a complete manual of surgery, but rather to accompany the senior student to the out-patient department, where it may constantly and rapidly be referred to. We have always hesitated to recommend such works, because we know all too well the tendency of the anxious student to "cram" his surgery from them at the last minute rather than to build it up on the sure foundation of clinical experience and broad reading. The book is lucid, full enough, well arranged and well written. It is the best of its kind we have met.

Macewen's text book seems to us to fall between the two stools of being too lengthy for last-minute revision and too short for the student to learn his work from. It has, moreover, the defect of excluding fractures and dislocations, which subjects have been treated by the author elsewhere. We think the exclusion should have been noted in the title.

The writer has tried throughout in a most commendable manner to correlate pathology with surgery, but he has been hampered by his evident intention to keep the book in a small compass. The volume is written on the usual lines. There is a good short chapter on anaesthetics. The illustrations are so small that in many we might almost say most cases—they are quite useless. Microscopic structures need big pictures. We cannot see that there is any real necessity for a new book of this type.

Thomson and Miles' "Surgery" is an old friend. The illustrations are excellent, and we commend the authors' practice of inserting illustrations only of macroscopic lesions. The books are handy—companion volumes to "small Cunningham"—and are well produced.

The text is on the whole very good though there are occasional lapses. The article on tumours and cysts of the kidney might well be amplified. Once again we commend these books to students as a solid foundation of the theory of surgery.

THE OXFORD INDEX OF THERAPEUTICS. Edited by VICTOR E. SORAPURE, M.B., Ch.B., F.R.C.S.(Edin.). (London: Henry Frowde & Hodder & Stoughton.) Pp. 1126. Price £2 2s.

It is always a pleasure for a reviewer to put down a volume sent to him for criticism with the sure knowledge that the book never launched upon its career has real and distinct value, and that the time and labour that any enterprise of authorship involves has not been wasted. So often has one to ask oneself that question, "Was the writing of the book worth while?" and answer candidly "No."

There is no need here for such a query. The new "Index" is worthy of its learned University. Written by 75 contributors of note on both sides of the Atlantic (including 2 men on the Bart.'s staff), it triumphantly succeeds in its aim "to extend the interchange of ideas and of the methods of practice of the great branches of the English-speaking practitioners of medicine." It is a book for the general practitioner. No reference is made to any method in the province of the specialist. It is divided into four sections: (1) the methods (the great bulk of the book), (2) the agents (drugs, etc., mentioned in the text with notes); (3) pharmacological survey of the agents; and (4) the index of nearly 100 pages, admirable in its completeness and cross-reference. It is extraordinarily hard to find any important omission, although an article on head injuries with their complications should be added. Very many prescriptions are given in full. The practitioner will be able to turn with great confidence to this book when in difficulty. It is a work of real use and value.

A MANUAL OF FEVERS. By C. B. KER, M.D. (Ed.), F.R.C.P. (Ed.). Second Edition. (London: Henry Frowde & Hodder & Stoughton.) Pp. x + 334. Price 12s. 6d. net.

The second edition of this book has been thoroughly revised and brought up to date. The manual is intended for the student attending a fever hospital course, and admirably attains its object. The information is presented in a concise and in a usefully dogmatic manner, though the teaching differs in some minor details from that prevalent in the south of England. We are sorry that the author uses "hyperpyrexia" in the old and unscientific sense as the equivalent of very high fever, "usually over 106°." There are many useful diagrams of temperature charts, and six (not very useful) black-and-white photographs of rashes.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:
M.B., B.Ch.—D. D. Evans.
B.Ch.—R. S. Corbett.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

The following has been admitted a Member:
T. K. Bouey.

CONJOINT BOARD.

The following have completed the examinations for the Diplomas of M.R.C.S., L.R.C.P.:

S. Bloom, B. D. Hughes, E. Mervyn Jones, J. N. Kerr, A. H. Kretchmar, H. D. Llewellyn, W. H. Nettelheld, T. R. Rees, K. E. Shellshear, S. Suvansa, H. Tothill, E. H. Weatherall.

First Examination, January, 1922.

Chemistry.—O. H. Bellerby, A. S. Edwards, J. D. R. Games, H. C. Hermon, N. F. Kendall, E. F. D. Owen, J. Spencer, E. O. Watson.

Physics.—A. S. Edwards, J. D. B. Games, D. Imber, P. B. P. Mellows, J. Spencer.

Elementary Biology.—C. H. A. Carty-Salmon, W. W. Darley, A. S. Edwards, R. Fison, J. T. C. Gray, H. C. Hermon, H. Hillaby, A. Liberis, C. T. P. Powell, E. O. Watson.

Second Examination.

Part I: Anatomy and Physiology.—H. C. J. Ball, R. J. I. Bell, J. H. H. Chataway, J. Currie, G. D. Drury, A. J. Enzer, J. L. B. Marais, B. Press, A. D. H. Simpson, Z. M. Yusuf.

Anatomy.—H. F. Chillingworth, D. T. Lloyd, K. C. L. Paddle, H. A. M. Whitby.

Physiology.—D. R. Reynolds.

Part II: Pharmacology and Materia Medica.—J. D. Allen, S. Brest, N. L. Capener, D. Imber, J. L. B. Marais, A. E. Ross, R. Stuart, Z. M. Yusuf.

CHANGES OF ADDRESS.

BRADLEY, E. J., 21, Foregate Street, Stafford. (Tel. 50.)
DANNATT, R. MALCOLM, Senior Assistant Medical Officer, City of Westminster Infirmary, Fulham Road, S.W. 10.
EBERLE, W. F., Ravenscroft, Dunstable Road, Luton.
STONE, G. K., 6, Stanley Gardens, W. 11.
WELLER, C. A., Thaxted, Essex.

APPOINTMENTS.

BRADLEY, E. J., M.D. (Cantab.), appointed Assistant Hon. Surgeon to the Stafford General Infirmary.
DANNATT, R. MALCOLM, M.B., B.S. (Lond.), appointed Senior Assistant Medical Officer, City of Westminster Infirmary, Fulham Road.

FEILDEN, Major F. E., R.A.M.C., appointed Embarkation Medical Officer for Evacuation of Troops, Waterford, Ireland.
GAUVAIN, Sir H. J., M.D., M.Ch. (Cantab.), appointed Consulting Surgeon (Tuberculosis), London County Council, and Consulting Orthopaedic Surgeon to the Heatherwood (United Services Fund) Hospital for Crippled Children, Ascot.
HICKS, E. P., M.B. (Cantab.), D.T.M., D.P.H., R.C.P.S., appointed Demonstrator at the London School of Tropical Medicine.
NETTELFIELD, W. H., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Southend Victoria Hospital, Southend-on-Sea.

BIRTHS.

CANE.—On February 13th, at Homewood, Peterston-super-Fly, Glamorganshire, to Dr. and Mrs. Maurice H. Cane—a daughter.
DAVIS.—On January 31st, at 24, Upper Berkeley Street, to Vera, wife of K. J. Acton Davis, M.Ch., F.R.C.S.—a daughter.
SREGGOS.—On January 26th, at 9, High Street, Stevingage, Herts, to Gladys Jessie, the wife of B. Lynden Sreggos—a son.
VICK.—On February 17th, at the Warden's House, St. Bartholomew's Hospital, to the wife of Reginald M. Vick—a daughter (Sarah Douglas).
WATERHOUSE.—On February 7th, at 25, The Circus, Bath, the wife of Rupert Waterhouse, M.D., M.R.C.P., of a son.
WOODMAN.—On January 26th, at 132, Hagley Road, Edgbaston, Birmingham, the wife of E. Musgrave Woodman, M.S., F.R.C.S.—a son.

MARRIAGES.

FORSYTH—BARNEY.—On February 8th, at Alderney, John Andrew Cairns Forsyth, M.Sc., M.B., F.R.C.S., of 56, Harley Street and 1A, Portman Mansions, W. 1, to Phyllis Honor, daughter of the Rev. John Le Brun and Mrs. Le Brun, The Rectory, Alderney, and widow of Lieutenant M. Middleton Barney, R.E.
STONE—POLAND.—On February 1st, at St. Saviour's, Walton Street, by the Rev. H. E. Trask, Gerald William Stone, M.R.C.S., L.R.C.P., of Cumnor, Dyke-road, Brighton, to Celina Violet Travers, younger daughter of the late Vice-Admiral J. A. Poland and of Mrs. Poland, 4, Cresswell Gardens, South Kensington.

DEATHS.

PALMER.—On February 8th, 1922, at a nursing home in London, William Pitt Palmer, M.D., late of Torquay.
WILLAN.—On January 27th, 1922, at Littlehampton, Thomas Henry Willan, M.R.C.S., L.S.A., aged 82 years.
WOLFEERSTAN.—On February 2nd, 1922, suddenly, at 1, Alton Terrace, Plymouth, Dr. Sedley Wolfeerstan, aged 79.

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. XXIX.—No. 7.]

APRIL 1ST, 1922.

PRICE NINEPENCE.

CALENDAR.

Fri., Mar. 31.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.
Mon., April 3.—2nd Conjoint (Part II) examination begins.
Tues., " 4.—Prof. Fraser and Prof. Gask on duty.
Final Conjoint Examination begins.
Fri., " 7.—Dr. Morley Fletcher and Mr. Waring on duty.
Tues., " 11.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Fri., " 14.—Good Friday. Sir Percival H.-S. Hartley and Mr. Rawling on duty.
Mon., " 17.—Easter Monday.
Tues., " 18.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.
Thurs., " 20.—Last date for receiving matter for the May issue of the JOURNAL.
Fri., " 21.—Prof. Fraser and Prof. Gask on duty.
Tues., " 25.—Dr. Morley Fletcher and Mr. Waring on duty.
Fri., " 28.—Dr. Drysdale and Mr. McAdam Eccles on duty.

EDITORIAL.

HOSPITAL finance has become since the war a question of such urgent public importance that even the layman recognises its difficulty and complexity. To us who live in the medical atmosphere it has become so frequent a matter for discussion as to be hackneyed before it is settled, dull before it is decided.

Some time ago there came a change in the ancient custom of this Hospital. Patients were required to pay for their maintenance whilst under our roof. We believe that this departure, necessary as indeed it was, has been generally disliked by the medical and nursing staff. Stephen Paget wrote of our Quadrangle, " . . . and a visitor loitering here will see that we are a brotherhood and the patients are our guests." "Paying guests" they must now be called—a different and a doubtful term. Nor has the change been without its active evils. How often have the Sisters noticed the worry caused by the weekly payments to a

patient already finding it difficult enough to meet the exigencies of health. The tendency has been for the baser type of patient to conceive his treatment a return on strict commercial lines for cash payment, with consequent discontent, and we believe, though we cannot now prove it, that a third unfortunate result is the increasing difficulty in obtaining permission for that post-mortem examination which is so urgently necessary for the advance of knowledge. Before payment began this permission—often a very painful and worrying concession to a bereaved relative—could be represented as some return for Hospital care.

We are not advocating a return to the old system. That is impossible. Modern science is too expensive. It is an unfortunate fact that a man or institution—yes, even St. Bartholomew's Hospital—must live within income or go bankrupt. We cannot rely upon the spasmodic offerings of the grateful, nor Micawber-like can we wait much longer for something to turn up. We, in common with all hospitals, must make sure of a reasonable income or submit to the humiliation of cramping limitations and constant importunity.

During the past few months several schemes have been suggested to solve the difficulty. At last one, called The London Hospitals Contributory Scheme and under the auspices of the King Edward's Hospital Fund for London, has been tentatively accepted by the Hospital authorities.

The chief points in the scheme, as we understand it, are:

(1) "In order to avoid abuse by those who can afford to pay for treatment outside the hospital, it is necessary to fix a strict income-limit. Accordingly the scheme is confined to persons whose individual income does not exceed £4 a week for a single man or woman, £5 a week for a man and wife with no children under sixteen, £6 a week for a man and wife with children under sixteen. Such persons being employees in a factory or other unit of employment, or members of societies established for mutual benefit, will join in groups."

(2) "Regular contributors of 12s. per annum paid in one sum in advance, or 13s. per annum paid in weekly instal-