St. Bartholomew's Hospital Journal.

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

VOL. XXX.—No. 1.] OCTOBER 2ND, 1922. PRICE NINEPENCE.

CALENDAR.

Mon., Oct. 2.—**Old Students' Dinner: Edward VII Rooms, Hotel Victoria, 7 for 7.30 p.m.**
2nd Examination, Pt. II, Conjoint Board begins.
Tues., ,, 3.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Final Examination, Conjoint Board, begins.
Fri., ,, 6.—Sir Percival H.-S. Hartley and Mr. Rawling on duty.
Sat., ,, 7.—Rugby Football Match *v.* Old Millhillians (home).
Mon., ,, 9.—Clinical Lecture (Special Subject), Mr. Elmslie.
Tues., ,, 10.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.
Wed., ,, 11.—Clinical Lecture (Surgery), Mr. Waring.
Thurs., ,, 12.—**Abernethian Society: Winter Sessional Address by Sir Archibald Garrod on "Harley Street," 8.30 p.m.**
Fri., ,, 13.—Prof. Fraser and Prof. Gask on duty.
Clinical Lecture (Medicine), Dr. Drysdale.
Sat., ,, 14.—Rugby Football Match *v.* Richmond (home).
Mon., ,, 16.—Clinical Lecture (Special Subject). Mr. Harmer.
Tues., ,, 17.—Dr. Morley Fletcher and Mr. Waring on duty.
Wed., ,, 18.—Clinical Lecture (Surgery), Mr. Waring.
Thurs., ,, 19.—Professorial Lecture: Sir D'Arcy Power on "The History of Syphilis."
Fri., ,, 20.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Clinical Lecture (Medicine), Dr. Morley Fletcher.
Last day for receiving matter for November issue of the Journal.
Sat., ,, 21.—Rugby Football Match *v.* London Irish (away).
Mon., ,, 23.—Professorial Lecture: Sir Frederick Andrewes on "Syphilis: The Causal Organism."
Clinical Lecture (Special Subject), Mr. Just.
Final Examination, M.B., B.S.(London) begins.
Tues., ,, 24.—Sir Percival H.-S. Hartley and Mr. Rawling on duty.
Wed., ,, 25.—Clinical Lecture (Surgery), Mr. McAdam Eccles.
Rugby Football Match *v.* Cambridge (away).
Fri., ,, 27.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.
Clinical Lecture (Medicine), Dr. Drysdale.
Sat., ,, 28.—Rugby Football Match *v.* R.M.A. Woolwich (home).
Mon., ,, 30.—Professorial Lecture: Sir Frederick Andrewes on "Syphilis: Immunity and Laboratory Diagnosis."
Clinical Lecture (Special Subject), Dr. Cumberbatch.
Tues., ,, 31.—Prof. Fraser and Prof. Gask on duty.

EDITORIAL.

ONCE again it is our pleasure and privilege to welcome many new students to the Hospital. We need not remind them that in beginning their medical life at St. Bartholomew's they not only inherit many cherished privileges but take on certain responsibilities. The reputation of this ancient Hospital in work, in sport, and, above all, in *morale*, now rests to some extent with them. The torch which has been handed down through the centuries, from generation to generation of students, they will accept and keep alight, and after a few short and amazingly happy years hand on to others, being themselves then equipped to uphold the reputation of the Hospital in practice.

We do not propose to give them advice, for that is done elsewhere in this issue of the JOURNAL. We wish them all fortune and success, hard work and hard play, many friends and happy hours.

* * *

We reprint in this issue Sir James Paget's classical paper on "What Becomes of Medical Students," and wish that one of our present seniors would compile another such list. Perhaps the most interesting figures are the 12 per cent. of men who died during pupilage and within twelve years of qualification, and the 9 per cent. who left the profession. We hope that the mortality figure is not now so large, but we are by no means sure.

* * *

We deeply regret to record the death of Dr. Christopher Wesley Narbeth. On holiday at Grenoble he became ill with an acute appendix, and later succumbed to the consequences of the condition. A recent member of the Junior Staff of the Hospital, he was liked and respected by all who knew him. Perhaps his chief characteristic was his quiet sincerity and determination of purpose. We extend our deepest sympathy to his relatives.

We hope that all qualified Bart.'s men who can will attend the Old Students' Dinner at the King Edward VII Rooms, Hotel Victoria, at 7 for 7.30 p.m. on October 2nd. Tickets may be obtained from the Warden of the College, Mr. Reginald M. Vick.

* * *

Many men who learnt much pathological technique from him will deeply regret the departure from the Hospital of Dr. T. Joekes. We are glad to know that he is staying in London.

* * *

The Rugby Team will this year play in numbered shirts. Goodluck to them.

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Will all club members please notice that we are anxious to give the fullest publicity to the activity of each Hospital society or team. If, therefore, the doings of your club are not adequately recorded, wake up the secretary.

* * *

We have received many appreciations of the article on the "Nursing of Pneumonia," published in our last issue. Two printer's errors crept in, however, under the heading of "Food." ℥vii of citrated milk should be given, not ℥iii; and the patient should be cradled at 103°, not 105°.

We hope to publish similar articles in the future.

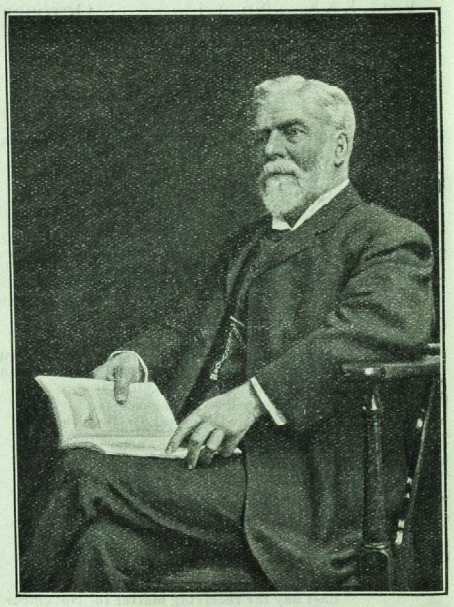
OBITUARIES.

MR. WILLIAM HENRY CROSS, CLERK TO THE GOVERNORS 1866–1905.

WE note with regret the death of Mr. William Henry Cross on August 28th last. Mr. Cross was known to so many generations of the Staff and students of the Hospital as the courteous and capable occupant of the Clerk's Office that he appeared to be an integral part of the Hospital itself.

Born on June 4th, 1836, he entered the Hertford branch of the Bluecoat School at the early age of eight, and was transferred to Christ's Hospital in 1846. He here showed such proficiency in mathematics that he gained the second medal, the first medal, and the prize for eminence. He left the school at the age of 14½, and was immediately placed in the counting-house of the Bluecoat School, where he remained until he was elected without opposition Clerk to the Governors of St. Bartholomew's Hospital, in succession to Mr. William Wilby, on November 28th, 1866. He served this office under the Treasurerships of Mr. Foster White, Sir Sidney Waterlow, Lord Ludlow, and Sir Trevor Lawrence, resigning in March, 1905. He then retired to Finchley, where his organising powers were utilised, and he was put upon the Commission of the Peace for the County of Middlesex, was elected one of the Justices to represent the county on the Visiting Committee of the Prison of Brixton, and was elected the first Chairman of the Finchley Cottage Hospital, a much needed institution which he had done much to found. Mr. Cross graduated B.A. at the University of London in 1861, and was called to the Bar by the Inner Temple in 1880.

Mr. Cross filled the important office of Clerk during a very important period in the history of the Hospital, and it was in large measure due to his tact and ability that great changes were carried out with a minimum of friction. The



nursing in the Hospital became a skilled profession; as a result of antiseptic surgery the arrangements for the treatment of wounds and for operations underwent a revolution; additional land had to be secured, and the Casualty, Out-Patient and Special Departments were reorganised.

But Mr. Cross also did a good work known to but few. As a boy he spent many evenings at the House of Archdeacon Hale, Master of the Charterhouse, who was then editing the *Doomsday Book of St. Paul's* for the Camden Society. He thus learnt to read court hand and he transcribed many Latin MSS. A few years later he put this knowledge to good account in connection with "The Christ Church Tithe suit," when he gave such valuable evidence that the Hospital benefited to the extent of £1800 a year for ever after the Master of the Rolls (Sir George Jessel) had called upon him to read and elucidate the ancient documents on which the Hospital based its claim. In his leisure time he collected, arranged and read the scattered Charters belonging to the Hospital which are preserved in the muniment room, compared them with the Cartulary of 1456, placed each in a separate envelope, upon which he noted the grantor, the subject and the date. This pioneer work was of great service in the subsequent preparation of Sir Norman Moore's classical history of the Hospital.

During the whole of his period of service Mr. Cross lived in the Hospital, and for the greater part of the time in the extremely inconvenient house which is now devoted to the private nurses. Here, however, he married and brought up a large family, living happily and celebrating his golden wedding in 1911. Two of his sons, Mr. H. Wingfield Cross and Mr. William Foster Cross, are still working in the Hospital, the one as Estates Clerk, the other as the Senior Anæsthetist. To them, as well as to the other members of the family, we tender our sincere sympathy, with a grateful tribute to the worth and valued services of their father.

D'A. P.

CHRISTOPHER WESLEY NARBETH, M.B., B.S.(Lond.), D.P.H.

ONCE more we have to mourn the tragic and sudden death of a young Bart.'s man of unusual promise. On Sunday, September 17th, Christopher Wesley Narbeth died at the Clinique des Alpes, Grenoble, France, after a delayed operation for appendicitis, at the age of twenty-four. He was educated at Christ's Hospital and entered St. Bartholomew's in October, 1915. He was everywhere liked; an unassuming manner concealed a quiet perseverance and powers which would doubtless have enabled him to make his mark in the profession. He served during the war as Surgeon Sub-Lieutenant in H.M.S. "Saracen." At the Hospital he was an active member of the Christian Union. In November, 1920, he was appointed House-Physician to Sir Percival Horton-Smith Hartley, and at the expiration of his year of office, he became House-Surgeon to the Skin and Venereal Disease Departments. A hard worker, he worked for and took his D.P.H. while holding his house appointments, and had recently obtained a most promising start in his chosen province, Public Health, by his appointment as Assistant M.O.H. in the county of Surrey. All who knew him will lament the loss of one whom Medicine can ill afford to spare.

C. H. A.

DO'S AND DONT'S FOR FRESHMEN.

I. BY A MEMBER OF THE SENIOR STAFF.

IT is assumed that the aim and object of every new student who enters a medical school is to become a good doctor. In the majority of cases he cannot have selected the particular end to which ultimately he desires to attain; he may think that he has an inclination in one direction or another, or it may be the desire of his parents or his family tradition that he should pursue a set course. It is seldom wise to adopt this course unless he himself is drawn towards it. Approach your job with an open mind.

If you have not already made up your mind as to what you would like your future to be, do not be in a hurry to decide; as time goes on your views in this direction will vary, but as a rule your bent will show itself.

There are a certain number of attributes which it is desirable that all those who enter our profession should try to acquire, and it is essential for every student to take notice of these if his career is to be a successful one. There is no high road to success, but in laying good foundations a great part of the road will be less troublesome. It is a good thing in the first place to acquire an ambition. An ambition may be defined as a laudable desire of excellence over others; beware of such a desire becoming inordinate, for it will surely lead to trouble in the future. It is desirable that such an ambition, if you do not already possess it, should be instilled into your mind from your earliest days; if it does not exist, create one, otherwise your career will be a failure. Your ambition may be low or it may be high, it can never be too high; each of you must aim at the level to which you feel most able to aspire. An ambition always proves to be a troublesome affair and often leads to disappointment, but at the same time it is one of the few things worth having; so create this ambition in your early days, always remembering that it may be necessary as time passes to alter it. As a warning to those who think they will not be able to reach the highest steps in the profession because they are not possessed of this world's goods, remember that many of our greatest men have risen from the lowest perches; this is always a consolation for those who aim at the top. With such a motive behind you it is possible for you to create in your early student life an impression on those around you, especially your teachers, which will stand you in excellent stead for the rest of your career. For those of you who are in possession of riches, beware lest you fall; many a career of excellent promise has been marred by such belongings. Ambition is stimulated by the lack of possessions, whereas an abundance of them often removes the incentive.

In whatever direction your studies are guided, you will find that hard work is necessary in order to attain success; never before has so much hard work had to be crowded into so short a period as at the present time. In order to be able to carry out this work good health is an essential factor. Never let your mental studies suffer from want of exercise. The maintenance of good health brings in its train all those good qualities which tend to mould the man; take regular exercise, live a regular life, and indulge in no excesses. The needs of a student are well catered for on the athletic side, and as one of your earliest procedures when you join us, make the acquaintance of those who are responsible for the control of the various students' clubs, and join in with that form of sport for which you feel yourself most fitted. One of the great advantages of doing this is that in this way you will meet your friends, perhaps your best friends, and those for whom you will have a life-long memory and respect. You will mix with others carrying out similar studies to your own, which tends to enlarge your mind, and you will in addition be helping to hold up the tradition of your own school, which none of you need be reminded is among the highest in the world.

Next in importance perhaps may be placed the virtue of punctuality. It will often seem a hard matter that you have got to be punctual at lectures, at classes, and going round the wards, etc., especially when it necessitates your being dragged out of bed in the early hours of the morning. Excuses for unpunctuality are never believed. Nothing mars a man more than the fact that he is persistently unpunctual. Later in life when you enter a busy practice and have not already acquired this virtue, you will suffer, and your labours will become unnecessarily increased; therefore acquire early the habit of being present at roll-call, and delete the custom of paying bribes to the marker-up.

Perhaps the thing the layman remarks about the doctor more than others is that he has such an excellent bed-side manner. The doctor with the excellent bed-side manner frequently surpasses his brother practitioner with the better brain who does not possess this attribute. It is often the man with the poorest knowledge and the best manners who makes the biggest success. It is often said and frequently exemplified that it is quite easy to be a good practitioner with a minimum of knowledge. This bedside manner is a culmination of good behaviour and a kindliness of thought for others. Become a student of human nature; be not only interested in the ailments of the patients that you have to deal with, but in their general outlook on life; watch those who appear to possess these qualities and set them as your example.

Lastly, you must acquire a good knowledge of your work. The foundations are laid in the earlier part of your career when you learn about the dogfish and the cauliflower, and unless these are satisfactorily founded, you will be unable when you take up your clinical appointments to appreciate properly the value of your studies. The time allowed for learning all that you have to learn is all too short; pay attention, therefore, to the laying of the foundation, which, if soundly laid, will materially help you in your later studies.

Just a word about your clinical studies. Do not let your books play too important a part in them; keep your eyes open and learn to observe for yourself with the guidance of your teachers everything that is possible. Become fully acquainted with those diseases which are common; learn how to recognise them and how to treat them, and do not pay too much attention to the uncommon things. Learn to use your eyes before your fingers; the art of observation alone will stand you in good stead in your future career. Remember also that scholarship as compared with practical efficiency is but poor avail in the ordinary walks of life. Learn everything that you can from the nurses. In practice it has been the downfall of many a man that he has not known how to carry out the ordinary routine so ably carried out by a nurse, which he might have learnt for himself with the greatest ease in his early days. Always have before your eyes that you are training yourself to become a doctor and not to pass an examination; it is unfortunate that our system of recognising competency is so wrapped up in the passing of an examination; never mind, pass it by and learn to teach yourself your job and not to please the examiner.

Were it possible in a few words to define the attributes which make the best doctor, it might be said that he is the man who has created for himself the highest standard of competency of which he is capable, and respects the wishes of others as he does his own; who has learnt to observe with accuracy the common complaints, and has studied human nature in such a fashion that it has made him a respecter of other people and respected by all.

II. By a Sister of the Hospital.

Do look at the blue board hanging over the patient's bed. It will prevent you later, when called upon to diet a patient, looking blank and saying, "Good Lord, what do kiddies eat?"

Do look at the chart; it is one of the most valuable bits of information vouchsafed to you.

Do ask the Ward Sister or a nurse whether the patient's statement that she is "fair wore out for want of sleep," or the man on a milk diet who indignantly says, "I ain't 'ad nothing to eat since I came in 'orspital" is true. It saves trouble to read out the truth to your Chief.

Do, if it falls to your lot to explore a chest, to withdraw a test meal, etc., explain to the patient what you are going to do; it will prevent him being frightened or refusing to submit to the necessary treatment.

Do try to see some of the nursing details carried out, such as applying leeches, giving nasal feeds and so on; when you are that glorious thing, a qualified practitioner, it will fall to your lot to explain how many of these things are to be done, or, more often, you must turn to and do them yourself.

Do notice how things are arranged for doing a dressing, passing a catheter, tapping an abdomen, etc. After you leave hospital there will be no one to wait on you and supply your every need.

Do taste the medicines you order; it is surprising how it will improve your prescribing; should it, however, be your fate to practise in a very poor district, then remember the poor think a medicine is useless unless nauseous.

Do remember, if members of the nursing staff sometimes seem a little abbreviated in the temper, that they begin work hours before you arrive on the scene and see everything looking neat and clean, that much arduous toil is necessary to achieve that result, and that patients can be very trying; so can students.

Don't look over the tops of screens; they are put round patients for privacy. It may be very embarrassing for a nurse to see a head bobbing over to look at what she is doing.

Don't sit up a patient without ascertaining whether it is permissible; if a hæmatemesis case you may get an unwelcome bath; if a heart or pneumonia you may be literally "in at the death."

Don't sit on the patient's bed; it is most worrying to a sick person, and is apt to empty the vials of the Sister's wrath upon your startled head.

Don't put your feet on the lockers—the nurses must polish them, nor on the bed rail—the nurses have them to wash.

Don't do the round with your hands in your pockets; it looks slack, and there *are* firms where you will be sharply called to order on this point of etiquette—not more sharply than is meet, for it is disrespectful to your Chief—a great man even in this democratic age.

Don't think it is useless to ask a nurse's advice, as she knows nothing; perhaps she is not a combination of Solomon and the *Encyclopædia Britannica*—neither are you.

Don't shake your fount pen over floors or quilts; the stains never come out again.

Bear these little words of wisdom in your minds, and store them in your hearts, that your student days may be pleasant at the time and in retrospect.

III. By a Sixth Year's Man

Do remember that you have become a member of an ancient Hospital, one of whose great traditions it is that its sons stick together and help each other. Maintain this in your student days. There are in the Hospital life clubs and societies suitable for men of every taste and ability. Help the Hospital through its clubs in each possible way. It is your duty, and will be one of your greatest pleasures.

Do not be afraid to ask questions nor to be thought ignorant. After all ignorance is only relative, and perhaps the wisest are those not afraid to own their limitations. You are here to learn. Ask your seniors questions when you are in genuine doubt. It costs nothing now (*they* will be pathetically pleased to inform you); later it may cost you your reputation or your patient his life.

Do remember that for the next five years of your life you will be in London, within easy reach of the best of almost every form of amusement and instruction. Lectures and plays, museums and galleries, art and music—all these you will find in profusion. Your leisure, apart from work and exercise, will be limited; your money should be limited; but in these five years *explore* London, know as many phases of its life as possible, as many of its people as possible.

Do remember that your knowledge of medicine will depend chiefly upon the most careful and continuous observation of the patient. Remember, moreover, that the sister of the ward lives day and night within sound of her charges. Learn therefore from her with a humble mind: she will teach you more than many books.

Do not miss an opportunity from the very start of examining a case or of seeing a better man than yourself examine one.

Do remember that no one, not even your housemen, is infallible. Gloat not, therefore, over the unconfirmed diagnosis: your turn will come.

Do be a tryer. Attempt things—scholarships, prizes, athletic achievements—even though you feel they may be beyond your reach. You may fail, but you will be a fuller man for having tried. You may not reach the stars, but at any rate you will have got beyond the house-tops.

Do remember that there is one quality immensely necessary in such a corporate life as our's—reliability. Never fail to do your particular job punctually and accurately and as well as you have the brains and strength to do it. If a subordinate fails you through negligence or laziness never trust him with anything upon which your personal reputation depends. Work him instead.

Do remember that in hospital life you are bound to meet small rudenesses and petty irritations—often where they are least expected. Be not dismayed. Almost always they are due to pure *gaucherie* or a tired body. Of course do not apply this to your seniors. If *they* are rude, look out: mend your actions or your manners.

Do read the late Sir James Paget's article which is being reprinted in this issue, and particularly the last paragraph. *What you shall be depends upon yourself.* See to it that it is something worth while.

Do remember—a difficult thing this for Bart.'s men to do—that medicine is bigger than Bart.'s.

Do remember that life is bigger than medicine.

THE OCTOCENTENARY OF THE FOUNDATION.

5. THE MEDICAL SCHOOL.

By Sir D'Arcy Power, K.B.E.

THE Medical School grew up gradually, and was the direct outcome of the system of apprenticeship which was required first by the trade guilds of the City and afterwards by the Livery Companies, their successors. The Barber-Surgeons' Company, which had a monopoly of licensing surgeons to practise in London and for seven miles round, required an apprenticeship of seven years and the passing of an examination before the licence was granted. The apprenticeship involved the payment of fees both to the Company and to the master to whom the boy was bound. The surgeons to the Hospital were able to offer better opportunities for seeing surgical cases than those who were not so attached and they consequently obtained a choice of pupils. The surgeon's apprentices gradually obtained a prescriptive right to the reversion of their master's places at the Hospital, and thus arose a bad system of in-breeding, which was not broken through until Sir James Paget was elected Assistant Surgeon without having been apprenticed to a Hospital surgeon, and without having served the intermediate stage of House-Surgeon. The whole system of education by apprenticeship was abolished by the Medical Act of 1858.

It is not surprising, therefore, that there is no record of the actual beginning of a medical school in connection with the Hospital. It grew out of casual attendances, and there is evidence that students were in the habit of coming to the wards as early as 1662. In 1667 it was agreed by the Governors that there should be a library for "the use of the Governors and young University scholars," and it should be remembered that the Barber-Surgeons' Company, like many another City company, often paid the expenses of a promising boy—the son of one of their members—either at Oxford or Cambridge. The students, however, were not always named so politely, and at any rate, at St. Thomas's, they appear to have been called "cubbs" generically, but whether as a term of reproach or of endearment is not now evident.

Dr. Radcliffe and Dr. Mead were among the number of the Governors at the beginning of the eighteenth century, when further encouragement to instruction was given by the formation of the Museum. The earliest record of its existence occurs in the minute of June 23rd, 1726, that "two convenient rooms being prepared under the cutting ward, one for the more decent laying the dead patients before the burial, the other a repository for anatomical or chirurgical preparations, it is ordered that the sister of every ward do for the future, by the Beadles, lay the dead patients in the room aforesaid and that the Sister of the Cutting Ward do keep the key of the Dead Room. It is likewise ordered that whatever preparation shall be given to the repository shall be numbered and the name of the person who gave it and the history of it be entered in a book to be kept at the Compting-house for that purpose. And that Mr. Freke do keep the key of it, who shall be accountable for the loss of any preparation; and when he shall decline it the youngest Assistant-Surgeon shall do the same."

In 1734 leave was granted to any of the Surgeons or Assistant Surgeons "to read lectures in anatomy in the dissecting room of the Hospital." The first person to avail himself of the permission was Edward Nourse, and the syllabus of his lectures is still extant in the British Museum. It is of a very formal character, but perhaps he made it interesting by his personal recollections. At any rate the lectures prospered, and they were continued in 1765 by Percivall Pott, who had been his assistant surgeon. Pott enhanced their lustre and soon had a very large audience, which was not limited to the pupils of his own school, since anyone could attend on payment of the lecture fee. John Hunter was amongst the number. About the same time Dr. William Pitcairn and his nephew, Dr. David Pitcairn, began to deliver occasional lectures on medicine, but no attempt was made to give any systematic instruction in medicine or surgery.

John Abernethy, who was elected Assistant Surgeon in 1787, is justly looked upon as the real founder of the Medical School as it exists at present. He took upon himself the duty of lecturing upon anatomy, physiology and surgery, and such crowds attended that a new lecture theatre was built for him in 1791, and a larger dissecting room in 1822. Of these lectures we have two contemporary accounts, the one by Latham, the other by Pettigrew. Latham says, "The great Lord Chatham had such a power of inspiring self-complacency into the minds of other men that no man was ever a quarter of an hour in his company without believing that Lord Chatham was the first man in the world and himself the second, and so it was with us poor pupils and Mr. Abernethy. We never left his lecture room without thinking him the prince of physiologists and ourselves only just one degree below him." Pettigrew relates that his mode of entering the lecture-room was often irresistibly droll—his hands buried deep in his breeches pockets, his body bent slouchingly forward, blowing or whistling, his eyes twinkling beneath their arches and his lower jaw thrown considerably beneath the upper. Then he would cast himself into a chair, swing one of his legs over an arm of it and commence his lecture in the most *outré* manner. The abruptness never failed to command silence and rivet attention. Sir Robert Christison, who attended his lectures in 1820, describes him as a very little man but in figure and countenance uncommonly handsome. He had not sufficient strength to become a great operator like Astley Cooper, nor was he fond of the operating theatre. Cullen, who was his anatomical assistant, says that he had seen him in the surgeon's room of the present Theatre A after a severe operation, with big tears in his eyes, lamenting the possible failure of what he had just been compelled to do by dire necessity and surgical rule. The success of Abernethy as a teacher gave the Surgical Side undue pre-eminence, and in 1820 the medical students were only three in number, whilst the surgical apprentices, amounting to several hundreds, never entered a medical ward, and though pupils of medicine, got no more information in medical practice than the few crumbs they picked up now and then during the medical treatment of a surgical case. Matters righted themselves in due course, for Dr. Peter Mere Latham's volume of *Lectures on Subjects Connected with Clinical Medicine*, published in 1836, is still one of the *opera aurea* of physic. Abernethy's success as a lecturer was more than maintained by Sir William Lawrence, who was justly esteemed one of the most cultured men of his generation, and he, in turn, was followed by Sir William Savory, a born orator, and the last, in our School, of the old surgeons who relied entirely upon the Hunterian tradition.

The Governors established a residential college for students in 1843, with a warden to maintain discipline and preside at the common meal. They were fortunate in their choice of Sir James Paget as their first warden. In 1854 a chemical theatre was built, but it was not until 1866 that a chemical laboratory was annexed to it.

The increasing requirements of medical education made it necessary to provide more ample accommodation, and in 1876 the old and scattered school buildings were pulled down and were replaced by the present block, which contains the Library and Museum. It was opened in 1881 by the Prince of Wales, afterwards King Edward VII, who was President of the Hospital. The process of concentration continued and the Pathological Institute was opened in 1909, providing an adequate post-mortem room in place of the shameful little shed where so much good work had been done by a long line of distinguished morbid anatomists.

WHAT BECOMES OF MEDICAL STUDENTS.*

By James Paget, F.R.S.

IT is said that, on entering the Anatomical Theatre for one of his Introductory Lectures, Mr. Abernethy looked round at the crowd of pupils and exclaimed, as if with painful doubt, "God help you all! what will become of you?"

I am not aware that any attempt has hitherto been made to answer such a question. The grounds on which I venture an answer are in the knowledge of what became of a thousand of my pupils within fifteen years of their entrance at St. Bartholomew's Hospital. The number may suffice for the grounds of that degree of general belief which, in a matter of this kind, is as near an approach to knowledge as we are likely to attain. And I believe that what may be told of the pupils of St. Bartholomew's would hold true of those of all the Metropolitan schools, for with us the varieties of students, according to difference of birth, wealth and previous education, are collected, I believe, in very nearly the same proportions as would be found in all the other Metropolitan schools together.

The pupils from whose careers the following notes are derived were among those who attended either my Demonstrations of Morbid Anatomy between 1839 and 1843, or my Lectures on General and Morbid Anatomy and Physiology between 1843 and 1859. Of the former I kept no complete lists, but have the names of 95; of the latter I have complete lists, containing 1131 names. Of the total, 1226, many have been quite lost sight of.† The career of 1000 are known either to myself or to Mr. Callender or Mr. Smith, or all of us; for we have worked together for this essay.

* Reprinted from the *St. Bartholomew's Hospital Reports*, 1869 (vol. v).

† Since writing the paper I have heard of a few more; but I have not used them for the tables. They would not disturb the proportions, which are more easily calculated in the exact thousand than in a rather larger number. If it were possible to learn what has become of all those whom we have lost sight of they would probably be classed in due proportions under all the headings in the table except the first two.

Of the thousand—

23 achieved distinguished success.
66* ,, considerable success.
507† ,, fair success.
124 ,, very limited success.
56 failed entirely.
96 left the profession.
87 died within twelve years of commencing practice.
41 died during pupilage.

In this table they are classed as having achieved distinguished success who, within fifteen years‡ after entering, gained, and to the end of the time maintained, leading practices in counties or very large towns, or held important public offices, or became medical officers of large hospitals, or teachers in great schools, as the Professors of Anatomy in Oxford, Cambridge and Edinburgh, all of whom it was my singular good fortune to have for pupils.

Considerable success is ascribed to those who gained and still hold high positions in the public services, or leading practices in good districts, or who retired with money earned in practice, or gained much more than ordinary esteem and influence in society.

The fair or moderate success which was the lot of rather more than half those whose histories are known, was that measure of well-doing which consisted in having a fair practice—enough to live with—maintaining a good professional and personal reputation, or in holding ordinary appointments in the public services, or in the colonies, and gaining promotion in due course of time.

Very limited success is assigned to those who, within the fifteen years, were not even in moderately good practice, or apparently likely to attain it; or who were just living, and that not well, by their work; or still employed as assistants in ordinary practices, or erratic and never prosperous; or doing much less than, with their education and other opportunities of success, they should have achieved.

They who failed entirely were a very mixed class, agreeing only in their total want of success. Of the 56 who made up the gloomy total, 15 were never able to pass examinations—some because of idleness or listlessness, a very few through sheer want of intellect. Of those who did pass, 5 failed because of scandalous misconduct; 10 through ill-health or misadventure—sheer ill-luck as it seemed; and 10 through their continuance in the same habits of intemperance or dissipation as had made us, even while they were students, anticipate their failure. Of the remaining 16 we only know that they have failed; they are not in disrepute, but they are barely maintaining themselves.

It will seem strange to everyone, I think, that so many as 96—that is, nearly 10 per cent. of the whole number—left the profession after beginning either its study or its practice; and it is even less flattering to our calling that, to set over against those who left us, there were only 7 who came to us from other studies or pursuits in life, and 5 of these again changed their minds and never engaged in practice.

Of the whole number, 13 while pupils left or were expelled in disgrace, and 3 were wisely removed by their friends. Of the remaining 80, 1 while still a pupil, and 1 after beginning practice, retired on private means, too rich to need to work; 4 after beginning practice had to leave in disgrace—1 of these was rather sinned against than sinning; another who had been a good student, speculated in mines, lost money, forged, and is in prison; 3 became actors—of whom 2 are in obscurity, and 1 is well esteemed in genteel comedy; 4 entered the army with commissions, 1 after and 3 before obtaining a diploma for practice; 3 pupils enlisted as privates, and 1 of these distinguished himself by courage and good conduct sufficiently to win a commission; 1 while a pupil left for the bar, and has succeeded; 5, after passing, took orders in the Church of England, 2 in the Church of Rome; 10 pupils, and as many after having begun practice, left for different forms of mercantile life at home or in the colonies; 3 pupils and 6 young practitioners took to farming. The remaining 27 left the profession for various pursuits, which need not be specified, unless to say that 3 became homœopathic practitioners, but took to that class no repute for either wisdom or working power.

On the whole, looking over the list and remembering the characters of those who left the profession for other pursuits, there appears no reason for believing that they have "bettered" themselves. Some have succeeded, some have failed; the result would have been, I think, the same if they had remained in their first calling.

Last comes the melancholy list of deaths, telling that of those who entered nearly 13 per cent. were dead within fifteen years.* Of these, 41 died while yet pupils, including 17 who died of phthisis, 4 (at least) of fever caught in the Hospital, and 2 who committed suicide; 87 died after beginning practice, some after attaining great success, some after long and vainly struggling in ill-health; 21 died of diseases incurred in their duties; 5 committed suicide, 2 of them under circumstances of great disgrace; 1 was hanged—the notorious Palmer, who committed murder at Rugeley: he was an idle, dissipated student, cursed with more money than he had either the wisdom or the virtue to use well.

This, then, is what became of a thousand medical students; and probably the same lots, or nearly the same, in life have fallen or will fall to as many thousands more.

* Including 3 dentists.

† Including 7 dentists.

‡ Or less, in the cases of those entering between 1854 and 1859.

* The number agrees so nearly with the general average mortality that it gives no reason for considering the medical profession either less or more healthy than other pursuits, at least in its earlier stages. For according to the *English Life Table No.* 3, out of any 1000 males who have attained the age of 19 years 131 will die within 15 years.

It would be interesting if, with facts such as these, one could compare our profession with others, as to the chances and degrees of success that it offers to its students. But I know no facts that would serve for a comparison; nor would any be fair unless account were taken of the several amounts of capital in time or money expended upon each pursuit, and the times of reaching and the securities of retaining success in each, and their various social advantages and happinesses. On all these points we are without knowledge.

There might seem more hope of being able to tell the influence of different modes of education on the after-life of medical students; and thence of deducing some scheme that should greatly increase the successes and decrease the failures. But to do this with accuracy would require many more facts than anyone is likely to obtain. Of course, in watching and reflecting on the careers of my pupils I have come to some strong beliefs on subjects of medical education; but this is not the place for publishing them. Only one I will set down, which may be of use to future pupils, and is justified by some hundreds of personal recollections. In remembering those with whom I was year after year associated, and whom it was my duty to study, nothing appears more certain than that the personal character, the very nature, the will, of each student had far greater force in determining his career than any helps or hindrances whatever. All my recollections would lead me to tell that every student may draw from his daily life a very likely forecast of his life in practice, for it will depend on himself a hundredfold more than on circumstances. The time and the place, the work to be done, and its responsibilities, will change; but the man will be the same, except in so far as he may change himself.

A CASE OF LUPUS ERYTHEMATOSUS.

By H. SHANNON, M.B., B.S.(Lond.).

PATIENT, æt. 31, housewife, was admitted to Luke Ward under the care of Dr. A. C. Roxburgh, who was temporarily in charge of Dr. Adamson's beds, on July 29th, complaining of an eruption on her face and arms.

History of present condition.—Two years ago she was employed exhausting electric bulbs, and some goggles which she wore marked the bridge of her nose. From this spot little red pimples spread on to either cheek, and gradually fused into one patch. During the last six months the eruption has spread rapidly on face, forearms, hands and feet. Several patches appeared on her scalp, and the hair fell out over them. At about the time that the skin became widely affected she had an attack of "influenza," and since then she has complained of pain all over her, especially on waking in the morning.

Past history and family history contain nothing relevant, and there is no history of tuberculosis.

Condition on admission.—The face, a V-shaped area on the front of the neck, the forearms, hands and toes are occupied by lesions characteristic of disseminated lupus erythematosus. The temperature was 102° F., the pulse-rate 100 and the respiration-rate 25. In spite of a thorough physical examination nothing could be found to account for this pyrexia.

August 1st, 1922: Temperature is now normal, and the patient is apparently in her usual state of health.

She remained thus for a fortnight, the temperature occasionally reaching 99° and once 100°. The application of calamine lotion and collodion flexile to the eruption made some improvement during this time.

August 18th: She complains of pain in the right buttock at a point halfway from the anterior superior spine to the posterior inferior spine. The tenderness was acute over this point, but no swelling could be felt. There was no swelling of the hip-joint, no limitation of movement, no tendency to lie with the thigh drawn up, and no sign of caries of the spine or of psoas abscess.

She had never had an intra-muscular injection. Her abdomen was examined several times on that day, and only once did she complain of some transient tenderness in the right iliac fossa. Her temperature was 101° F.

She began to have a great deal of pain in the right knee, and sodium salicylate was administered, but without effect on pains or temperature. A slight cloud of albumen was noted in the urine.

Her temperature remained about 103° F. and her general condition unaltered until the 22nd, when she complained of pains in most of her joints, and a well-marked general lymphatic enlargement was noticed.

In order to exclude gonorrhœal arthritis the pelvic organs were examined, but no trace of past or present inflammation was discovered.

Blood count, 4,600,000 red cells, 8400 white cells.

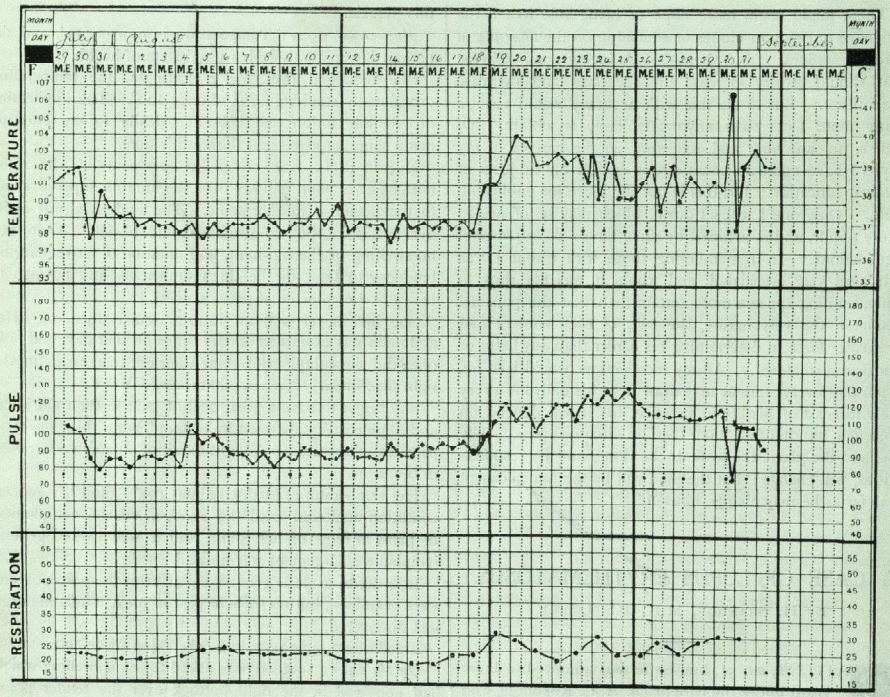
On the 24th a surgeon was asked to see a swelling which had appeared in the right buttock over the tender point described above. He wrote that the swelling appeared to have an impulse on coughing and recommended aspiration, though he did not think the cause of the pyrexia would be found there. The swelling was punctured in several directions and nothing could be drawn off.

After all these examinations the patient began to show mental symptoms—depression alternating with exaltation.

August 25th.—Urine contains albumen, many casts, granular and epithelial. Complement-fixation test for gonococci +++. Wassermann reaction negative. Blood culture negative. Blood count, red cells 4,500,000; white cells 6800.

August 28th.—No abnormal sign was noted in connection with the right hip- or knee-joint or with the abdomen. Lumbar puncture yielded a perfectly normal fluid under slightly increased pressure.

August 29th.—Mr. Foster Moore examined the fundi and found several small white areas resembling choroidal tubercles, and in one eye a rather large hæmorrhage. He thought the changes more likely to be renal than tuberculous.



August 30th.—The patient is much weaker, tongue dry and brown. The temperature, which had oscillated about 101° for over ten days, suddenly rose to 106·8°. After sponging with iced water it fell to 98·8°. The heart was enlarged and a systolic murmur was heard at the apex, and a very harsh one at the pulmonary base. Abdomen appears normal. Incontinence of urine and fæces. Complement-fixation test for gonococci ++, for tubercle negative. Ankles, some œdema. Face, much œdema.

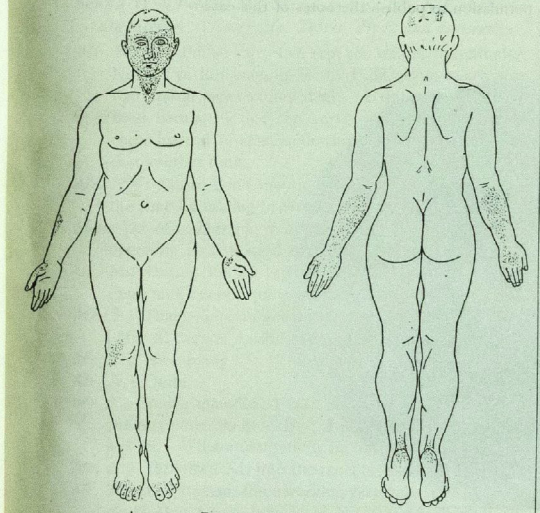
August 31st.—Patient is moribund. Blood culture has yielded a streptococcus growing in short chains, probably *Streptococcus fæcalis*.

Two c.c. of 4 per cent. ammoniacal copper sulphate (Noiré, *Presse Med.*, June, 1920), were injected intravenously that night and also on the following morning shortly before she died.

At the post-mortem examination the following conditions were found:—*Lungs:* Hypostatic congestion and œdema. *Bronchial glands:* Calcareous. *Heart:* Cavity dilated, increased quantity of pericardial fluid, muscle pale. *Aorta:* Fatty degeneration. *Liver:* Cloudy swelling. *Kidneys:* 8½ and 7½ oz.; petechiæ on surface; section resembles a large fatty kidney with terminal congestion. *Right buttock:* Deep to gluteus maximus is a small cavity, with no well-defined wall, full of fluid blood; no pus was seen. *Right iliac bone:* A sub-periosteal abscess containing two or three ounces of pinkish pus was found occupying the concave surface of the bone, deep to iliacus muscle and extending down almost to the brim of the true pelvis. The periosteum over the abscess was thickened, the surface of the bone slightly roughened and the surrounding tissues showed no inflammatory reaction. The right sacro-iliac and hip-joints were normal. There was no psoas abscess.

A SYNOPSIS OF THE MICROSCOPICAL CHANGES FOUND.

Heart: Fatty degeneration, brown atrophy, an arterial plug of fibrin containing Gram-positive cocci—probably an embolus. *Kidneys:* Chronic parenchymatous degeneration, casts and two small abscesses in the cortex. *Right iliac bone* from the floor of the abscess shows chronic periostitis, a deposit of loose fibrous tissue and new bone-formation in it.



AREAS OF DISTRIBUTION OF THE ERUPTION.
Diagram by the Courtesy of H. K. Lewis, Ltd.

BACTERIOLOGICAL INVESTIGATION.

The blood-culture before death yielded a streptococcus which was identified as *Streptococcus fæcalis*.

Films from the heart's blood and from the pus, twelve hours after death, showed large numbers of streptococci.

By sub-culture these were separated from the coliform organisms, and *B. pyocyaneus* found in the first slope, and finally gave the sugar reactions of *Streptococcus fæcalis*.

Lupus erythematosus is generally held to be the work of a toxin circulating in the blood. In a considerable number of fatal cases the toxins liberated in the course of generalised tuberculosis have been inculpated. The prolonged pyrexia, the leucopenia and the possibility of the presence of choroidal tubercles seemed to indicate this diagnosis in this case. Nothing, however, was found to support this view at the post-mortem. The whole process might be explained as a chronic infection with *Streptococcus fæcalis*.

At the time of the attack of "influenza," which closely preceded the spread of the lupus, this organism may have entered the blood. From then onward she suffered with a chronic toxæmia, which showed itself in the spread of the skin-lesion and in the degeneration of the kidneys.

Abscesses might have formed in various parts of her body without being discovered, and she may have been recovering from such a one when admitted with a temperature of 102° F.

The swelling in the buttock was probably inflammatory œdema due to the pus on the other side of the ilium. The two strongly positive results of the complement-fixation test for gonococci cannot be satisfactorily explained.

A remarkably similar case, in which the terminal event was an undiagnosed laryngeal diphtheria, was published by Cranston Low in the *British Journal of Dermatology*, August, 1920.

I am indebted to Dr. Adamson for permission to publish this case, to Dr. B. Spilsbury for permission to use his report on the post-mortem findings, and to Dr. Garrod for the bacteriological work.

AN UNUSUAL INSTANCE OF FRACTURE OF THE SKULL.

By J. P. W. JAMIE.

A VAN-BOY, æt. 14, was admitted to this Hospital on May 8th, 1922, suffering from an injury to his head.

The unusual character of the damage to the skull and the manner in which it was sustained seem to be worth recording.

Two lorries were backing towards each other with their tailboards down. The boy happened to fall from his position on the back of one of these lorries, and in getting up again his head was caught, and crushed between the two tailboards.

He was evidently suffering, so was brought to hospital. On admission patient was in a semi-conscious condition temperature 97°, pulse 109, respirations 28.

There was no bleeding from the ear, nose, mouth or eyes, nor was there any escape of cerebro-spinal fluid.

No external wound was evident, but there was some bruising of the lower parietal regions on both sides.

The pupil reactions were quite normal and there was no stertor.

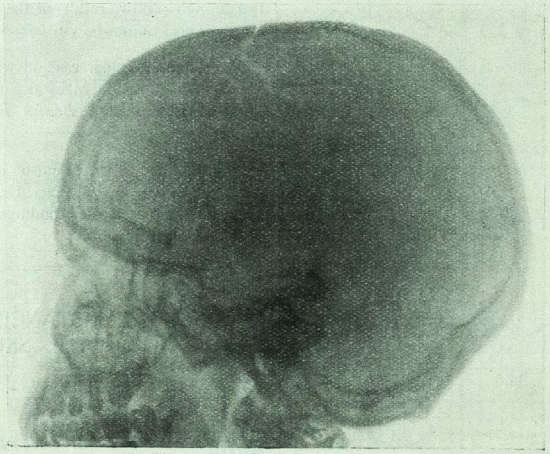
Patient vomited shortly after admission, and his temperature rose to 100·2°.

By the next day the temperature had fallen to 99°, pulse 92, respirations 22. He complained of periodical attacks of severe headache in the parieto-occipital region, but otherwise seemed not much the worse.

Examination showed that there were no cranial nerve lesions, and the sphincters were acting quite normally.

Patient did not remember anything of the circumstances of the accident, but showed no other mental symptoms.

X-ray photographs show a fracture of the anterior portion of the left parietal bone (Fig. 1).



It is difficult to say whether the fracture extended into the wide coronal suture or not.

Some doubt was felt at first as to whether the abnormality seen in the skiagrams was really an injury or not. The point was cleared up by the occurrence of a definite subperiosteal hæmatoma, on the vertex of the skull.

Patient was kept at rest. Temperature, pulse and respiration returned to normal on the second day, and the headaches gradually disappeared.

No cerebral symptoms arose, and he was discharged three weeks after his accident, having completely recovered.

To summarise, we may note that—

(1) The fracture was the result of bilateral compression.

(2) The site of the fracture differed from the points of impact, and was thus due to transmitted forces.

(3) The injury was limited to the vault, the base apparently being unhurt.

The case thus presents unusual and rather contradictory features.

It would appear to support the "bursting and compression" theory, in which the skull is regarded as an elastic sphere, which, as a result of bilateral force, bulges beyond its limits of elasticity, and so breaks.

But, if this be accepted, it might be presumed that the elastic sphere would break at its weakest point, and thus it is difficult to account for the fact that in this case the injury was confined to the vault.

The writer is indebted to Prof. Gask for his kind permission to publish the notes of this case.

"TOUJOURS LA POLITESSE."

A PLEA for a "brighter London" has been put forward in the daily press, and one of the suggestions has been for a return of old-world politeness. This may be all very well for the general public, but it is difficult to see how Bart.'s can improve on the politeness it already exhibits. To show that this is the case our contributor recently spent an afternoon in one of the theatres, and narrates his experiences in the form of a play.

SCENE I.—*The Square.—Time*, 1.35 *p.m.*

H.-S. [*waiting for Chief and soliloquising*]: The old man's late; I wonder what has kept him.

[*Enter Mr. Niff, Anæsthetist.*]

Mr. Niff: Good afternoon. Has Mr. Tearer come yet?

H.-S.: No, Sir, he is late. By the way, I forgot to tell you that he has four more cases that are not on the list: there is an emergency strangulated Meckel's diverticulum in an obturator hernial sac, a chronic empyema for pulmonectomy, a hydrocephalus for Majendie foraminoplasty, and an excision of the pineal through the left ear.

Mr. N.: As a matter of fact I had two private cases this afternoon, but I will cancel them at once, as it is a pleasure to see operations performed by such a brilliant surgeon.

SCENE II.—*Theatre E. Time 2.45 p.m. Mr. Niff and Sister are talking.* [*Enter Mr. Tearer, H. S. and dressers.*]

Mr. Tearer: I'm so sorry I've kept you waiting five minutes, Niff. I've just been up to the P.-M. room to see why that mitral vegetectomy died. I think it must have been because I tied the aorta with iodised crêpe de chine instead of salamander hide. I must remember that another time.

Mr. Niff: Please don't mention it; I have been improving the time by talking to Sister.

Sister [*to Mr. Tearer*]: I am so sorry, Sir, that you are operating in E instead of F to-day. The fact is that Mr. Goring started this morning at 7 with nineteen cases and has not quite finished yet.

Mr. T.: That's quite alright, Sister, E will be a nice change. [*Mr. N. induces patient, while Mr. T. washes up.*]

Mr. T.: Is he ready?

Mr. N.: Quite.

Mr. T.: That's splendid; I can't think how you fellows get patients under so quickly. I never could when I was a clerk. What anæsthetic is he having?

Mr. N.: Vaporised XL into the receptaculum chyli.

Mr. T.: Well, it seems to be working very well. [*To ligature clerk*] May I have a piece of No. 0·725 pink wool on a medium, cutting, ⅜ths-circle cobalt-nickel needle? I fear I have not given you very much warning [*takes it*]. Thank you so much. [*To H.-S.*] If you are not too busy perhaps you would not mind sponging; I always think it makes structures a little easier to identify, but I may be wrong. [*To Sister*] This knife is really delightful. All our knives are very sharp, but this must be an exceptionally good one.

[*Enter a Theatre Nurse.*]

Theatre Nurse: Please, Sir, your secretary has rung up to say that the Duchess of Langham has called, and would like to see you as soon as possible.

Mr. T.: Will you please say that I regret that I am at Hospital and cannot see her until I have finished my operations, but that if it is at all urgent she had better call in someone else.

T. N.: Yes, Sir.

[*A quarter of an hour elapses, then Sir Ignatius Wash, corresponding physician to Mr. Tearer, enters with 2 H.-Ps., a chief assistant, 2 clinical assistants, a pathologist, 10 clerks and several distinguished foreign visitors.*]

Sir I. Wash: Sorry to bother you Tearer, but I thought we'd just look in as we were passing to ask you the effect of cutting both vagi simultaneously.

Mr. T.: Delighted to see you, Wash, but I fear I am of little use to you, as I always perform the operation in two stages. By the way, forgive my troubling you, but would you mind not leaving your stethoscope in the instrument tray? The fussy followers of the most modern school of asepsis consider that—

Sir I. W.: My dear fellow, don't mention it, I will remove it immediately.

Mr. T.: Thank you so much.

[*One of the aforementioned distinguished foreign visitors* (*to Mr. Niff*)]: Say, Doc., can you put me wise on that high-brow dope fixing of yours?

Mr. N. [*rising to the occasion*]: That, Sir, is the latest pattern thoracic ductoscope fitted with magnified distal illumination. It is introduced into the jugular vein and its point guided into the thoracic duct. The vaporising catheter is then passed down into the receptaculum chyli and the introducer withdrawn. On connecting the tube with the carburetter, hot vaporised XL distends the lymphatic system, and exerting its lipoid-solvent action on the chyle—

D. F. V. [*admiringly*]: Waal, Sir, I run a clinic at Bashville, Pa., in the United States, but I've never seen such a slap-up, dinky piece of apparatus as that. I guess it sure is some nifty stunt. It fair beats the band—Yes, Sir!

Mr. N. [*who gathers that this is a compliment*]: Don't mention it, Sir.

D. F. V.: Gee! The Professor's off, so I must float.

[*Exit Sir I. W., complete with retinue, amid a chorus of "Thanks so much," "Au revoir, Messieurs," "Goot tay, Shentlemen," "Adios, Señores," and "So long, Chaps." A quarter of an hour elapses.*]

Mr. T. [*to dressers*]: You will observe, gentlemen, how exceptionally easy this abdominal wall is to sew up. This is due to the absolute relaxation afforded by a perfect anæsthetic.

Mr. N.: On the contrary, it is entirely owing to the gentleness of manipulation on the part of the surgeon.

[*Messrs. T. and N. continue to exchange compliments till the end of the case. Six hours elapse, the last case has been under for about an hour and a half.*]

Mr. T. [*endeavouring to convey a hint delicately*]: I wonder, Niff, if you have ever seen the edition of Cunningham's *Anatomy* in which the picture of the inguinal canal shows the femoral artery coloured blue. I was only thinking just now that perhaps the mistake was pardonable after all. It is sometimes incredible how blue the blood in an artery may become.

Mr. N.: I'm so sorry, Tearer. [*To theatre nurse*] Some oxygen, please.

[*The patient is restored to the required shade of pink. An hour elapses.*]

Mr. N. [*endeavouring in his turn to couch a hint in innocuous terms*]: Do you know, Tearer, that if you could imagine that a military band was at this moment playing "See the Conquering Hero Comes" I should feel almost compelled to ask the conductor to change the air to that well known but somewhat melancholy song by Tosti, called—

Mr. T.: My dear fellow, I quite understand; I fear he is very collapsed; forgive me for being so long. [*To ligature clerk*] Give me some yellow chromicised turbot gut for the skin [*sewing up*]. [*To Sister*] When he gets back to the ward he had better have an intracardial injection of emulsion of exophthalmic goitre and para-thyroid B.

Sister: Yes, Sir, shall I give it into the right or left ventricle?

Mr. T.: Oh! I prefer it into the bundle of His.

Sister: Very good, Sir.

Mr. T. [*to H.-S.*]: Thank you so much. You are getting much better at assisting; in fact the way you clipped that innominate artery was quite masterly.

H.-S.: It's very good of you to say so, Sir.

[*They part with mutual expressions of esteem.*]

Now, reader, we ask you, how can we be more polite?

STUDENTS' UNION.

FIVES CLUB.

The St. Bartholomew's Hospital Fives Club, the youngest Hospital Club and the latest to be included as a constituent of the Students' Union, is about to enter on its first full year of activity. The Fives Court, newly floored and repaired, is to be found at the south-east corner of the Hospital, between the Nurses' Home and the G.P.O. The key is kept, with a "booking-book," outside the Boxing Room door.

There is an annual competition for the open "Doubles" challenge cups, and it is hoped to institute a "Singles" competition. For the immediate present the Club maintains the conservative policy of confining its activities to inter-hospital events. However, when talent has had some little time to develop, or to be born anew in the Hospital, matches might be readily arranged.

Fives balls may be obtained at club rates from Balcon in the cloak room.

ROBERT KLABER, *Hon. Sec.*

BOXING CLUB.

We wish to draw the attention of new and old members of the Students' Union to the existence of an excellently fitted up Boxing Room beneath the Chemistry Laboratory. We hope that this will be well patronised this year by those who wish to box, and by those who wish to train for Rugby, athletics, etc. The Club employs the services of a well-known professional. For further details consult the Club notice board in the Abernethian Room.

SURGEON (*as patient enters*): "Well, what strikes you about this man?"

STUDENT: "Looks ill, sir."

SURGEON: "Nonsense! Wasting! And what about this one?" (*as second patient enters*).

STUDENT (*hopefully*): Wasting, sir.

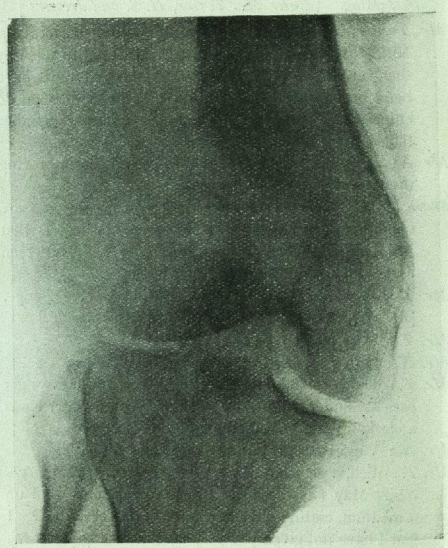
SURGEON: Nonsense! BEAVER.

SURGICAL CONSULTATIONS.

CASE 1.—Shown by Mr. Rawling. Miss S—, æt. 19; complaining of pain and swelling in region of right knee-joint.

HISTORY.—*July*, 1922: Noticed pain in knee and began to limp. Knee gradually became more swollen, with increased loss of movement. Treated for rheumatism. For last month knee has become still larger. Constant aching pain in knee, especially at night. Attacks of sharp shooting pain down leg to foot. Knee has gradually become fixed in position of half flexion. Has been losing weight. No cough. No family history of tuberculosis.

Condition on admission.—Pale, fair girl; thin. Right knee held flexed to about 45°; very much swollen, but chiefly on lateral aspect and in popliteal fossa. Hæmorrhage under skin on lateral side.



CASE 1.

Swelling hard and situated in lower end of femur, continuous with shaft of femur. Tibia not involved. Obvious wasting of thigh muscles. No definitely enlarged glands felt in groin. *X ray:* Extensive destruction of outer condyle of femur. Outline of destroyed area is irregular, with several calcified patches present in area of destruction.

Mr. RAWLING said that he did not think there was any doubt as to the diagnosis being sarcoma. The patient had been sent up from the west of England by a doctor, who did not think amputation would be beneficial, and suggested radium. Mr. Rawling advised amputation to relieve patient of pain and ulceration in near future and not for any hope of saving her life. He asked the opinion of his colleagues as to treatment.

Sir D'ARCY POWER agreed with diagnosis and advised amputation through upper part of femur.

Mr. MCADAM ECCLES also agreed, but advised an incision to be made in the swelling first before amputation.

Prof. GASK advised amputation. Opinion that radium would not be of any use.

Mr. WILSON agreed.

Mr. BALL agreed.

Operation, Sept. 18th, 1922.—Amputation through upper third of thigh by Mr. Rawling. Preliminary ligature of femoral artery. Growth was found to be 5 in. in length and 4 in. across; very soft and hæmorrhagic, and situated mainly in region of external condyle. Section shows a small round-celled sarcoma. B. L. J.

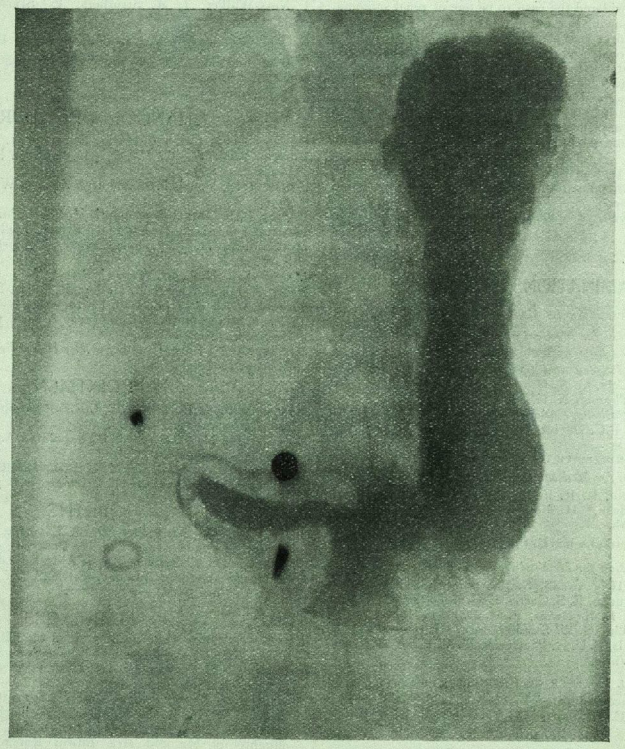
CASE 2.—Shown by Mr. Rawling. Mrs. A—, æt. 48; complaining of "pains in the stomach."

HISTORY.—*Nine months ago* "uncomfortable feeling" in upper part of abdomen—more noticeable after meals. No definite pain. Loss of appetite. Felt weak and faint. No vomiting or nausea. Bowels working well.

Three months ago started having pain in back and round sides of abdomen; thought it was rheumatism; no relation to meals. No vomiting. Gradually progressed until—

Two months ago, when pain more localised to upper abdomen. Increased loss of appetite. Increased malaise. No vomiting. Feeling of nausea after meals. Increased constipation. Has noticed nothing abnormal in stools. No great loss of weight.

Condition on admission.—Patient looks pale and ill. Abdomen: Large mass felt in upper part of abdomen, situated mainly to right side of mid-line, but extending to left and about 2 in. below umbilicus and upwards to ribs. Moves from side to side and very slightly upwards and downwards. Partially attached to abdominal wall, but situated in abdominal cavity; about 5 in. by 4 in. Hard; surface nodular; edges irregular and fairly well defined; dull on percussion and continuous with liver dulness; very tender on palpation—no evidence of œdema of abdominal wall. P.R. and P.V. N.A.D. *X ray:* Ba meal: Persistent filling defect of whole of pylorus, with a channel of about ·75–1 cm. Contour of pylorus visible outlined by Ba. Duodenum normal except for slight dilating defect. *Occult blood:* Present in three stool specimens. *Blood count:* Red blood cells 4,880,000, white blood cells 12,600.



CASE 2.

Mr. RAWLING, who was showing the case, explained the facts of interest. The lump in the abdomen felt like a carcinoma, but the patient had had no symptoms of pyloric obstruction. Since admission the lump had become much more tender and more fixed to the abdominal wall, this being suggestive of inflammation. The X-ray picture was also most unusual. In it there was no evidence of complete obstruction, although the pyloric canal was narrowed. Ba was outlining the pylorus, and this suggested a leak of gastric contents.

His colleagues were interested in the lump and skiagram and suggested that it might be inflammatory, due to a leak from an innocent or malignant ulcer. The absence of the signs and symptoms of pyloric obstruction was in favour of the former diagnosis.

Operation, Sept. 18th, 1922.—Exploratory laparotomy by Mr. Rawling. Lump which was felt on physical examination was found to be a large carcinoma situated in stomach-wall. Growth was found to be invading anterior abdominal wall and firmly fixed to liver. There was a small amount of free fluid in abdominal cavity. Secondary growths present in liver substance. B. L. J.

CASE 3.—Prof. Gask showed a case of a large abdominal tumour in a boy, æt. 16 months. It had been noticed four months before, and had produced no symptoms except some weakness of the legs recently. The tumour extended from the kidney region down nearly to symphysis pubis and across midline. It was solid and only slightly mobile. Prof. Gask considered the case to be one of renal sarcoma. Statistics were quoted showing that out of one hundred cases operated upon only two survived first year after operation.

Sir D'ARCY POWER considered the tumour to be a sarcoma of the kidney and thought that results of operation were better than the statistics showed. He advised operation.

Mr. MCADAM ECCLES agreed in the diagnosis and advised operation.

Sir C. GORDON WATSON advised X-ray treatment with a view to reducing size of tumour and then operating.

Mr. BALL, Mr. ROBERTS and Mr. VICK advised immediate operation.

Dr. FINZI considered that as in renal sarcoma the cells were much more highly developed than in a round-celled sarcoma, X rays would probably be of little value.

Prof. GASK was in favour of operation preceded by a blood-transfusion. R. W. P. H.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

Third Examination for Medical and Surgical Degrees, Easter Term, 1922.

Part I. Surgery, Midwifery and Gynæcology.—W. F. T. Adams, E. B. Brooke, B. H. Cole, C. A. Horder, J. H. Le Brasseur, J. A. Struthers, T. Meyrick Thomas, N. G. Thomson.

Part II. Medicine, Pathology and Pharmacology.—S. P. Castell, H. Corsi, F. C. Cozens, J. C. Davies, H. J. H. Hendley, A. E. Roche, D. W. Winnicott.

UNIVERSITY OF LONDON.

Second Examination for Medical Degrees, Part I, July, 1922.

E. Bacon, P. J. Cowin, R. R. Fells, B. B. Hosford, C. L. Hunt, M. Mundy, O. Richardson,* H. Simmonds, W. F. Waudby-Smith, J. S. Whitton, H. Winch.

* Awarded a mark of distinction.

First Examination for Medical Degrees, July, 1922.

H. Abrahamson, J. H. Attwood, S. Behrman, J. A. Cholmeley, D. J. Cowan, W. V. Cruden, E. S. Curtis, E. G. C. Darke, C. A. Day, J. Dean, M. R. Ernst, E. S. Evans, F. M. M. Eyton-Jones, W. P. Greenwood, J. H. Gubbin, G. A. Stocker-Harris, J. Hopton, H. E. McLaughlin, W. T. Mills, E. U. H. Pentreath, M. M. Posel, H. Royle, C. B. V. Tait, H. O. White.

ROYAL COLLEGE OF PHYSICIANS.

The following have been admitted *Members:*

J. C. Davies, H. G. E. Williams, M.D.(Cantab.), F. E. S. Willis, M.B.(Lond.).

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS.

The following have obtained the *Diploma in Tropical Medicine and Hygiene:*

C. V. Boland, Lt.-Col. S. Hunt, I.M.S.

CONJOINT BOARD.

First Examination, July, 1922.

Chemistry.—J. T. C. Gray, H. E. Houfton, A. Liberis, W. V. Roache, S. Smith, W. A. Wood.

Physics.—E. L. Davies, H. E. Houfton, C. P. Madden, S. Smith, J. E. Snow, D. Stephens, W. A. Wood.

Elementary Biology.—N. F. Kendall, H. J. Romer.

Second Examination.

Part I. Anatomy and Physiology.—E. W. P. Davies, A. C. Dick, W. F. Gaisford, J. R. Macdougall, J. E. C. Morton, T. Rees, A. E. Ross, G. S. W. de Saram, R. Stuart, C. H. Wight.

Anatomy only.—R. A. Foucar.

Physiology only.—A. J. Moody.

Part II. Pharmacology and Materia Medica.—W. F. Gaisford, L. F. A. Harrison, A. R. Hill, J. R. Macdougall, E. Obermer, J. L. Reeve, D. P. Simpson, T. P. Williams.

The following have completed the examinations for the Diplomas of M.R.C.S., L.R.C.P.:

G. L. Brocklehurst, N. L. Capener, E. A. Coldrey, R. Hunt Cooke, N. McL. Craig, P. P. Dalton, H. K. Denham, C. J. Donelan, D. C. Fairbairn, L. S. Fallis, S. Gordon, S. G. Harrison, G. H. Hogben, J. P. Hosford, J. Jackson, A. C. Maconie, T. Meyrick-Thomas, J. Ness-Walker, J. A. Struthers, C. Sturton, H. K. Tucker, R. H. Wade.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

At a meeting held on July 24th the following candidate was admitted a Fellow:

R. Harvey Williams.

CHANGES OF ADDRESS.

BOURNE, GEOFFREY, 136, Harley Street, W. 1. (Tel. Mayfair 6397.)
BURKE, Major G. T., I.M.S., 98*a*, Addison Road, W. 14. (Until January, 1923.)
CONSTANTIN, D., 42, Mecklenburgh Square, W.C. 1. (Tel. Museum 5831.)
FALLIS, L. S., Royal Portsmouth Hospital, Portsmouth.
KEMP, C. GORDON, 32, Riddiford Street, Wellington, New Zealand.
MCCURRICH, H. J., 3, Farm Walk, Hampstead Garden Suburb, N.W. 11.
MACDONALD, N. J., 60, Welbeck Street, W. 1.
SAMY, A. H., 29 Rue Said, Heliopolis, Cairo, Egypt.
SHEARS, C. H. B., Hyde Hill, Dartmouth, Devon. (Retired.)
THOMAS, MELBOURNE G., Temporary A.M.O., Camberwell Infirmary, Brunswick Square, S.E. 5.
VERRY, G. T., Surg.-Comdr., R.N., H.M. Training Establishment, Shotley, Harwich.

APPOINTMENTS.

FALLIS, L. S., M.B., M.R.C.S., L.R.C.P., appointed House-Surgeon, Royal Portsmouth Hospital.
SAMY, A. H., M.R.C.S, L.R.C.P., appointed Assistant Anæsthetist to Kasr-el-ainy Hospital, Cairo.
THOMAS, MELBOURNE G., M.B., B.S., M.R.C.S., appointed Temporary A.M.O., Camberwell Infirmary, S.E. 5.

BIRTHS.

BRADFORD.—On September 4th, at Laneside, Horsham, Sussex, to Doris, the wife of Ernest Cordley Bradford, M.B.—a son.
WHARRY.—On September 8th, at Alderley Edge, Cheshire, the wife of Harry Mortimer Wharry, F.R.C.S., of 19, Chester Terrace, Regent's Park, N.W.—a daughter.

MARRIAGES.

ENZER—GRAVES.—On August 11th, at the City of London Registry Office, John Enzer, only son of Edwin Francis Enzer, of Amersham, Bucks, to Eileen, younger daughter of Mr. and Mrs. Emerson W. Graves, of Maidenhead, Berkshire.
MACDONALD—RUBEN.—On August 18th, at St. Peter's, Eaton Square, Dr. N. J. Macdonald, 60, Welbeck Street, W., only son of Mr. C. J. B. Macdonald, Cheddington, to Madge Ida, eldest daughter of Mr. and Mrs. Edwin Ruben, 28, Chester Street, S.W. 1.
REID—NEWCOMBE.—On September 6th, at Chipperfield, by the Rev. J. F. A. Wicksteed, Dr. A. Lestock Reid, 46, Brook Street, W., to Dorothy Maude, only child of W. E. Newcombe, of Chipperfield.

DEATHS.

CARRINGTON-SYKES.—On August 25th, 1922, at his home, Matthew Carrington-Sykes, M.D., F.R.C.S.E., of Maynard Tower, Hemel Hempstead, and of 50, Brook Street, W. 1, aged 63.
HILL.—On September 8th, 1922, at Inglenook, Hurst Road, Horsham, John Hill, M.R.C.S., late of Milan, aged 66.
NARBETH.—On Sunday, September 17th, 1922, at the Clinique des Alpes, Grenoble, France, after a delayed operation for appendicitis, Christopher Wesley Narbeth, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., aged 24.
SHARP.—On August 27th, 1922, at Lawnside, Brockenhurst, David Sharp, M.B., M.A., F.R.C.S., aged 81.

St. Bartholomew's Hospital Journal.

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

VOL. XXX.—No. 2.] NOVEMBER 1ST, 1922. PRICE NINEPENCE.

CALENDAR.

Wed., Nov. 1.—Clinical Lecture (Surgery), Mr. McAdam Eccles.
Fri., ,, 3.—Dr. Morley Fletcher and Mr. Waring on duty. Clinical Lecture (Medicine), Sir P. Horton-Smith Hartley.
Sat., ,, 4.—Rugby Football Match *v.* Cardiff (away). Association Football Match *v.* Old Citizens (away). Hockey Match *v.* King's College (home).
Mon., ,, 6.—Clinical Lecture (Special Subject), Mr. Rose.
Tues., ,, 7.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Wed., ,, 8.—Clinical Lecture (Surgery), Mr. Rawling.
Thurs., ,, 9.—Professorial Lecture: Dr. Adamson, "Syphilis—the Primary Lesion and Lesions of the Skin."
Fri., ,, 10.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty. Clinical Lecture (Medicine), Sir Thomas Horder.
Sat., ,, 11.—Rugby Football Match *v.* R.M.C. Sandhurst (home) Association Football Match *v.* R.M.A. (away). Hockey Match *v.* St. Albans (away).
Mon., ,, 13.—Clinical Lecture (Special Subject), Mr. Elmslie.
Tues., ,, 14.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.
Wed., ,, 15.—Clinical Lecture (Surgery), Mr. Rawling.
Thurs., ,, 16.—Professorial Lecture: Dr. Spilsbury, "The Pathology of Syphilitic Lesions."
Fri., ,, 17.—Prof. Fraser and Prof. Gask on duty. Clinical Lecture (Medicine), Dr. Morley Fletcher.
Sat., ,, 18.—Rugby Football Match *v.* Bristol (away). Association Football Match *v.* R.M.C. (home). Hockey Match *v.* Hendon (home).
Mon., ,, 20.—Clinical Lecture (Special Subject), Mr. Scott.
Tues., ,, 21.—Dr. Morley Fletcher and Mr. Waring on duty.
Wed., ,, 22.—Clinical Lecture (Surgery), Sir C. Gordon Watson. Hockey Match *v.* R.M.C. (home).
Thurs., ,, 23.—Professorial Lecture: Mr. Kenneth Walker, "Syphilis—the Treatment of the Infection."
Fri., ,, 24.—Dr. Drysdale and Mr. McAdam Eccles on duty. Clinical Lecture (Medicine), Sir P. Horton-Smith Hartley.
Sat., ,, 25. Association Football Match *v.* Casuals (away). Hockey Match *v.* Guildford (home).
Mon., ,, 27.—Clinical Lecture (Special Subject), Mr. Harmer.
Tues., ,, 28.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
Wed., ,, 29.—Clinical Lecture (Surgery), Sir C. Gordon-Watson.
Thurs., ,, 30.—Professorial Lecture: Dr. P. Hamill, "Clinical Aspects of Syphilis of the Heart and Blood-vessels."

EDITORIAL.

THE Annual Old Students' Dinner, held on October 2nd, was one of the most successful of recent years. There was about it a very delightful air of present achievement and of hope for the future. The financial position of the Hospital was shown by Lord Stanmore to be encouraging. Out of three-quarters of a million pounds recently spent only £120,000 are still owing. The Medical College has never been more flourishing, for there are amongst us now no less that 750 students. This is an exceptionally large number, and strains to the utmost the building accommodation of the Hospital; but indeed this is no surprise to us who daily join in the scramble for chairs at luncheon time and attend our crowded clinics.

With this great number of students Bart.'s should, if each man does his best, be stronger than ever before in the Examination Hall and in the playing-fields.

* * *

As a result of the building of the new Isolation Block the shed euphemistically called the "Garage" is now no longer available. We are glad to know that the Hospital authorities are building a new garage near to the old Surgery for some of the residents' motor cycles and side-cars. Not only will the Junior Staff be pleased but, as we understand that some of the nurses on night duty have in the past been disturbed by grunts, groans and asthmatic wheezings proceeding from the direction of the old shed, they too will view the change with relief.

The gas-lighting in the Museum, which has been very inadequate for several years, is now being replaced by a special type of electric light. This, when completed, should add very greatly to the comfort of the department.

* *

The *St. Bartholomew's Hospital Reports* have again appeared under the editorship of a committee of the College. The book will in future be published twice a year, the yearly subscription being 15*s*. We welcome a publication, now in its 55th volume, which should not only register statistics and

reflect the literary capacity of the Hospital, but will, we hope, contain an account of researches carried on at Bart.'s. A review of the present volume will be found elsewhere.

* * *

We congratulate Dr. G. K. Stone on his appointment as Pathological Demonstrator in place of Dr. Jokes, and Dr. J. C. Conway Davies upon his appointment as Junior Pathological Demonstrator.

The following gentlemen have been nominated to House Appointments from November 1st, 1922:

Junior House-Physicians—	
Dr. Morley Fletcher.	E. B. Brooke.
Dr. Drysdale.	J. A. Struthers.
Sir P. Horton-Smith Hartley.	A. W. Brown.
Prof. F. R. Fraser.	A. C. Maconie.
Sir Thomas Horder.	J. Jackson.
Junior House-Surgeons—	
Mr. H. J. Waring.	A. C. Visick.
Mr. W. McAdam Eccles.	J. P. Hosford.
Mr. L. B. Rawling.	A. E. Roche.
Prof. G. E. Gask.	G. L. Brocklehurst.
Sir G. C. Gordon-Watson.	J. Ness-Walker.
Intern Midwifery Assistant (Resident) .	R. W. P. Hosford.
Intern Midwifery Assistant (Non-Resident)	H. J. Hendley.
Extern Midwifery Assistant . . .	G. H. Hogben.*
Venereal and Skin Departments .	F. H. Cleveland.† C. S. Prance.‡
Throat Department	C. A. Horder.
Ophthalmic Department	J. L. Potts.
Orthopædic Department	T. Meyrick-Thomas.

* 3 months. † 3 months. November. ‡ 3 months. February. All others for 6 months.

* * *

Dr. Morley Fletcher has been appointed a Censor at the Royal College of Physicians of London.

* * *

The article "20" reproduced in this number of the JOURNAL by the courtesy of the author and of the publishers, the Atlantic Monthly Press of Boston, America, is taken from a book entitled *The Magnificent Farce and other Diversions of a Book Collector*, by A. Edward Newton. It is published at 25s. net by Messrs. G. P. Putnam's Sons, Ltd., in this country.

The article will, we believe, be of the greatest interest in its account of a Bart.'s ward of yesterday, but the whole book from which it is taken is a delight to book-loving men. The author is a distinguished American book-collector and bibliophile, and in it he chats in a very charming manner of books and bookish men, and of London, which he loves with that intelligent and almost passionate devotion sometimes shown by Americans and colonials to our city. The cockney loves his London, but takes it too much for granted to appreciate it intelligently; and perhaps we at Bart.'s share his fault. How many of us know the significance of the naked boy statuette at the corner of Cock Lane, seen every day from the Giltspur St. entrance; or the highest point in the City of London—within two minutes' walk of the Hospital and plainly marked for all to see; or the street, within half a minute's walk, in which *Paradise Lost* was published; or the Saracen's Head, within two minutes of Bart.'s, immortalised in *Nicholas Nickleby*?

These questions are not answered in Mr. Newton's book, but many a like one is.

The author is a delightful *raconteur* and the book abounds in good stories, of which we may perhaps quote one: "Dr. Hibben, President of Princetown University, was compelled by circumstances to depute a representative to meet Sir Walter Raleigh, who was lecturing at the University. The Professor thus called upon was glad to be of service, but remarked, 'I have never met Sir Walter. How shall I know him?' 'Oh, very easily,' replied Dr. Hibben; 'Sir Walter is a very large, distinguished-looking man. You can't miss him; you will probably know almost every man getting off the train from New York; the man you don't know will be the man you are looking for.' With these instructions Dr. Hibben's representative proceeded to the station, met the incoming train, and seeing a large, distinguished-looking man wearing a silk hat, approached him, remarking, 'I presume I am addressing Sir Walter Raleigh.' The gentleman thus accosted was much astonished, but pulling himself together quickly, replied, 'No, I'm Christopher Columbus. You will find Sir Walter Raleigh in the smoking-car playing poker with Queen Elizabeth.'" The man, as it turned out, was a New York banker who had heard much of the impudence of the Princetown undergraduates and decided to nip it in the bud.

We thank Mr. Newton, not only for permission to publish the article, but for the pleasure his book has given us.

* * *

Dr. Godfrey Lowe has been appointed to the ancient office of Sheriff of Lincoln for the ensuing year.

* * *

In the July number of *The American Journal of Surgery* there appeared an appreciative article on ethanesal, based on the results obtained in about 1000 anæsthesias at Winnipeg General Hospital.

It is gratifying to reflect that this anæsthetic, which is now being used all over the world, originated in the Chemical Pathological Laboratory, and was tested in the operating theatres of this Hospital.

OBITUARY.

EDWARD HUGH EDWARDS STACK, M.B., B.Ch (Camb.), F.R.C.S.(Eng.)

With great regret we record the death, on August 3rd, 1922, of a distinguished old Bart.'s man. E. H. E. Stack was born at Langfield, co. Tyrone, in 1866, the third son of the Rev. Canon Stack. He came to Bart.'s in 1889 from Pembroke College, Cambridge, having received his school education at Haileybury. One of his contemporaries writes of him describing him as an intensely keen student, whose enthusiasm and single minded pursuit of all that pertained to the knowledge of medicine were remarkable. He won the Brackenbury Scholarship in Medicine at Bart.'s and took the F.R.C.S. in addition to obtaining his Cambridge degrees. He held almost every possible resident appointment at Bart.'s, House-Physician to Dr. Gee, Ophthalmic House-Surgeon, intern and extern Midwifery Assistant. It is said that he was also recommended for House-Surgeon to Mr. Langton, and would have held this post too but for a rule limiting the number of appointments open to a single individual.

This catholicity of interest was characteristic of Stack throughout his life. When he left Bart.'s he went to Bristol as House-Physician to the Royal Infirmary there, in 1897. The *Stethoscope* (the Bristol medical student journal) writes of his early days at the Royal Infirmary: "What a help to the students he from the first proved to be. Twenty-five years ago we had no tutors, but Stack gave us 'tutorials' not only in medicine but in surgery and perhaps most enthusiastically in 'midder.' And his 'rounds' in the wards were alway well attended. He was a firm upholder of sound practice as opposed to theory, and aimed at turning out good doctors rather than semi-educated 'lab. boys.'"

After a longer period spent in residence than anyone nowadays would endure, Stack was appointed Assistant Surgeon to the Bristol Royal Infirmary in 1906. In 1914 he became full Surgeon, but on the death in that year of Dr. Ogilvy he decided to specialise in ophthalmology and succeeded to the vacant post of Ophthalmic Surgeon. He was also Surgeon to the Bristol Eye Hospital, the Orthopædic Hospital, and Consulting Surgeon to the Coasham Memorial Hospital.

Stack was a man of abounding enthusiasm and unflagging energy. His devotion to Bart.'s was intense, and he showed scarcely less attachment to the Bristol Royal Infirmary, where he worked for twenty-five years. He was a sound clinician and took a most human interest in his patients; for the students, too, he could never do enough. "By his death" (we quote again from the *Stethoscope*) "the students lost their best friend."

He had helped to found the *Stethoscope*; year by year he successfully organised the Bristol Medical Dinner; the Bristol Medical Dramatic Club owed much to him in various capacities as actor, stage carpenter and scene painter. One of his last efforts was the foundation of the West of England Ophthalmological Society. Practitioners throughout the West Country brought their difficulties to him and prized his opinion on their patients very highly.

The Bristol Medico-Chirurgical Journal thus sums up his character: "A type of warm-hearted, energetic loyal Ulsterman, generous and staunch to his friends, he was a man without an enemy and beloved by his colleagues."

He leaves a widow and four children, to whom our deepest sympathy is offered.

THE OCTOCENTENARY OF THE FOUNDATION.

6. THE COMMISSARIAT.

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

THE feeding of the patients must always have been a source of anxiety to the Governors of the Hospital from the earliest days. At first the food supply was precarious. It was obtained by begging, and Alfune, the first almoner, occasionally worked a miracle to make it more abundant. He so wrought on the surly butcher, Godrich—who never gave to anyone—that the whole of the butchers strove with each other who should be foremost in giving. At another time "the same Alfune needed things for the making of ale and he went about to the matrons' houses in the neighbourhood and asked. And when he came into the parish of Saint Giles for this same collection, he came to a devout matron, Eden by name, to whom coming Alfune prayed her of her blessing that somewhat she would give to him for the love of God. And she answered that she had seven sieves full of malt and if she should take away anything from these she could not end the brewing she had begun. 'Nevertheless,' she said, 'although I be certain to have damage or harm, I would rather suffer harm of mine ale than that you should go empty without fruit of mine alms.' Thus saying she measured one sieveful and gave it to the servants and when they had passed out and gone she began to measure what remained and wonderful to say she found seven measures, and thinking herself to have erred she counted again and then she found eight; the third time she numbered them and found nine and then at the fourth numbering there were ten. The which woman ordered that what was thus abounding should be carried to the neighbouring church and told everywhere of the marvellous increase, blessing God that by his saints worketh tokens and virtues."

Everything, however, was not obtained by begging, for Rahere had decreed that the Canons of the Priory should give the Hospital daily a tithe of their bread with the remains of the bread, drink, fish and meat of the anniversary feasts. This voluntary contribution continued until 1373, though the Convent had to be reminded from time to time to give more liberally and with a better grace. The ordinances of Simon of Sudbury made in this year recognised that the Hospital was independent of the Priory, and by this time it had acquired sufficient property to enable it to provide food for the patients without assistance from the Convent. From very early days special bequests were made to supplement the ordinary diets of the patients. Thus, in the reign of King John, William of Haverhill, who was Sheriff of London in 1189 and 1190, left fifteen shillings and twopence and one half-penny to be spent in each year in buying bread, so that each day there should be

bought one half-pennyworth of white bread, to be divided into eight parts, to be given to the eight poor in the Hospital who most needed it. The rest of the money to remain as a provision in the kitchen for the use of the sick on All Souls' Day. Sir Norman Moore draws attention to the fact that in 1249 the Hospital owed its butcher eleven pounds. The debt was to be paid off in the next eight years and a quarter by a rent charge on a house in Pentecost Lane, now Roman Bath Street. It may be assumed, therefore, that during the pre-Reformation period the patients received daily an allowance of bread, meat and ale, with fish and eggs on fast days, and that their diet was supplemented by such small luxuries as a commons of white bread and extra allowance of fat, the cost of which was provided by benefactions.

In 1560 to 1566 Sir Norman Moore states that the diet of the patients cost from £30 to £37 a month, but in 1620 it had risen to between £80 and £100 a month, and after the Fire of London in 1666 it ranged from £125 to £148 monthly. At one time the experiment was tried of giving the patients money and allowing them to provide their own food. It was foredoomed to failure, and in 1653 it was reported to the Governors that the cure of the patients was retarded by their ill-choosing or spending at an ale-house, whilst some were covetous and tried to save the money. So "all patients are to have the house diet, except those the doctor reports to be feverish and such chirurgical patients as are dismembered. These are to have broths, caudles and other things suitable and fit for their condition from the sister." A few years later the Matron is ordered to provide each patient daily with a pint of broth and a chop of mutton.

The first diet scale was issued in April, 1687, and we thus have facts about the feeding of the patients. On Sunday they received ten ounces of wheaten bread, six ounces of boiled beef without bone, one pint and a half of beef broth, one pint of ale caudle, three pints of six-shilling beer. The ten ounces of bread and the three pints of beer were a daily ration throughout the week, but on Mondays there was a pint of milk pottage in addition to the six ounces of beef and the one and a half pints of beef broth. On Tuesdays there was half a pound of boiled mutton and three pints of mutton broth. On Wednesdays four ounces of cheese, two ounces of butter and one pint of milk pottage. On Thursdays there was the same diet as on Sunday with the addition of a pint of rice milk. On Friday one pint of "sugar soppes," with two ounces of cheese, an ounce of butter and a pint of water gruel; whilst Saturday's diet was the same as Wednesday's.

Dr. John Radcliffe died in 1714 and left £500 a year for ever to St. Bartholomew's for mending the diet of the patients. The bequest enabled the patients to have an additional two ounces of bread and two ounces of meat daily. A few years later it was enacted that patients were to lose their dinner on Sundays and holidays unless they went to church.

Some important changes were made in the dietary in 1754, when it was ordered that the milk diet should consist of twelve ounces of bread and one pint of milk pottage or water gruel alternately in the morning with a pint and a half of broth or milk. Such patients as have fevers or other violent diseases and cannot eat either meat or the milk diet are to be allowed water gruel and barley-water. Small beer was only to be allowed to patients on meat diet, and the diets were to be written down by the physicians and surgeons. Breakfast at nine and dinner at eleven. Dropsical patients were to have twelve ounces of wheaten bread, two ounces of butter or four ounces of cheese in the morning, eight ounces of meat without bone and a quart of small beer every day except Thursday, when they received cheese as well as butter. The physicians were authorised to give pudding instead of meat when it seemed advisable to do so. In 1821 the physicians and surgeons recommended that the allowance of meat should be forty-two ounces with vegetables every week and that cheese should be discontinued. They also advised that the beer should be improved, and that tapioca, sago, arrowroot and rice milk should be made in the kitchen, and not by the sisters in the wards as had hitherto been the custom.

The diet scales gradually underwent revision and specialisation. Tea, fish and vegetables gradually made their appearance, but bread, meat and beer remained immutable, until in 1906 the two pints of beer allowed to men and the one pint given to women finally disappeared, and it was necessary to order alcoholic stimulants separately when it was thought advisable to give them.

"20."

Extracted from "A Magnificent Farce and Other Diversions of a Book-Collector."

By A. EDWARD NEWTON.

WE were in London,—a maiden uncle and a presumably maiden aunt and I,—and I was showing my relatives the town, which I knew well, with a fine air of proprietorship. It happened years ago. There were omnibuses in those days—not huge, self-propelled motor-busses, driven at a breakneck pace through the crowded streets, but gaily painted, lazy, rotund coaches, like huge beetles, driven by men who bore a strong family resemblance to the elder Weller.

With my party I had been climbing from the top of a bus going east to the top of another going west, when the suggestion was made that the next sight should be a bit of the roast beef of Old England. We were for a moment off the beaten tract of the busses, and the only vehicle in sight was a disreputable-looking four-wheel cab, usually denominated a "growler," no doubt from the character of the driver. Rather against my judgment, we entered it and I gave the order, "Simpson's in the Strand." The driver roused himself and his beast, and we started; but we had not gone only a short distance when, in some inexplicable way, the man, who was subsequently discovered to be drunk, locked the wheels of the cab in attempting to make a sharp turn, and completely upset the ramshackle vehicle. Within there was great confusion. Just how it happened I never knew, but in some way my foot got outside the broken window; the horse moved; I heard something snap, felt a sharp pain, and knew that my leg was broken.

A crowd gathered, but the omnipresent policeman was on the spot in a moment, and order was quickly brought out of confusion. My companions were unhurt, but it was instantly realised that I was in real trouble. More policemen arrived, numbers were taken, explanations demanded and attempted; but accidents happen in the crowded streets of London at the rate of one a minute or so, and the rules are well understood. A shrill blast on a whistle brought several hansoms dashing to the scene. I had become the property of the Corporation of the City of London in general, and of St. Bartholomew's Hospital in particular. The custom is, when one is hurt in the streets of London, that he is taken at once to the nearest hospital. His not to reason why; "it's an 'ard, faast rule."

Fortunately the hospital was near at hand, and in a very few moments I found myself lying on a bench in the casualty ward, writhing in agony, and surrounded by a crowd of young men curious to know how it happened. The general opinion, as voiced by a young cockney, who seemed to be in authority, was that I had had a "naasty one," and that Mr. Peterson would probably "take it hoff at the knee." It was my intention to expostulate with Mr. Peterson when he arrived and I hoped he would come quickly; but when he appeared he seemed so intelligent and sympathetic that I indulged myself in the hope that I and "it" would be safe in his hands. The entrance of a seriously injured man into a London hospital confers no distinction upon him—he is regarded, not as an individual, but simply as another casualty, making six, or sixteen, taken to the operating room that morning. My arrival, therefore, was taken quite as a matter of course. A few questions were asked by a recorder, and as soon as I had told him who I was, where I lived, my age and best friend, I was picked up, placed upon a stretcher, and carried away, I knew not whither.

Within the hospital there was neither surprise, confusion, nor delay. They might have been expecting me. Almost before I knew it I was being rapidly but skilfully undressed. I say undressed, but in point of fact my trousers and one shoe were being removed with the aid of several pairs of shears in skilful hands. I was curious to see for myself the extent of the injury that seemed so interesting to those about me, but this was not permitted. Someone ventured the opinion, for which I thanked him, that I was young and clean, I had more than an even chance to save my leg; another remarked that there was no place in the world like "Bart.'s," for fractures, and that with luck my wound might begin to heal "by first intention."

Meanwhile I divined rather than saw that preparations for a serious operation were under way. Nurses with ominous-looking instruments wrapped up in towels made their appearance, and I heard the word "chloroform" used several times; then a rubber pad was put over my face, I felt someone fumbling at my wrist and I was told to take a deep breath. In a moment I was overcome by a sickening sensation occasioned by something sweetish; I felt lifted higher, higher, higher—until suddenly something seemed to snap in my head, and I awoke, in exquisite pain and very sick at the stomach.

Several hours had elapsed; I found myself quite undressed and in a bed in a large room in which were many other beds similar to mine, most of them occupied. Leaning over me was a white-capped nurse, and at the foot of the bed was a very kindly-looking woman, a lady of mature years, wearing an elaborate cap, whom I heard addressed as "Sister." I had lost my identity and had become merely "20," Pitcairn Ward, St. Bartholomew's Hospital, London—one of the oldest and, as I was to discover, one of the best hospitals in the world.

I was in great agony and very lonely. Things had happened with such rapidity that I could scarcely realise how I came to be where I was. I inquired for my relatives, and was told that they would "be here presently." I asked for Dr. Peterson, and was told that he, too, would be here "presently." From the pain I felt I made no doubt that he had after all taken "it" off at the knee, as prophesied.

"Presently" I heard outside the door a great scuffling of feet, as of the approach of a considerable crowd; then the door opened and there entered a group of students, led by an elderly and distinguished-looking man, who, visiting a row of cots in turn, finally came to mine, and without speaking to me took my chart from a nurse and studied it attentively. A moment later Mr. Peterson came up and explained what he had done, to all of which the distinguished man, addressed as Mr. Willett, listened attentively, expressing his satisfaction and saying "exactly" several times.

Finally, Mr. Willett addressed the crowd gathered in a semi-circle about my bed. "The patient is suffering from a compound comminuted fracture of the tibia and fibula; he was fished out of an overturned four-wheeler just by the Charterhouse Gate. Mr. Peterson has just performed an operation. He has —" Here followed a rapid and technical account of what had been done to me,—and it

seemed ample,—what complications might ensue, and what was hoped for, ending with congratulations to Mr. Peterson on having done a very good job. "Six hundred yards of plaster bandage, eh? good, very good."

I was in great pain and too ill to listen with much attention to what more he said. At last, as an after thought, Mr. Willett again took the chart from the nurse, and glancing at it indifferently for a moment, said, "Ah, an American, eh?" Then turning to me he added, "They've brought you to the right shop for fractures, my lad; there's no place in the world where you would be better off than just where you are, and Mr. Peterson has made as clean a job as the best surgeon in"—glancing at the chart again—"Philadelphia could have done."

"But, doctor," I piped (I did not then know that surgeons in England are always addressed as Mister), "it's not to be forgotten that Dr. Peterson has been working on excellent American material."

Mr. Willett almost dropped the chart in amazement and Sister told me to "Sh-h, don't talk back." Such a thing was unheard of, for a poor devil lying on a cot in a great charity hospital of London to bandy words with one of the greatest surgeons in England. Mr. Willett was too surprised to say anything; he simply turned on his heel and walked away, followed by his students and the Sister, leaving the nurse to tell me that I must never, never talk back to Mr. Willett again. "He's never to be spoke to 'nless he aasks a question."

At half-past five supper was served. I didn't get any, didn't want any. By eight o'clock we were being prepared for the night. How I dreaded it! We were a lot of poor forlorn men and boys, twenty-four of us, all more or less broken somewhere, all suffering; some groaning and complaining, some silently bearing their agony. In the cot next to mine there was a great burly fellow, who called me Matey and said I was in luck. I didn't care much to pursue the subject, but asked him how he made that out.

"You've had one leg broke twice Hi 'ear: that haain't nuthin'. Hi've 'ad both legs hoff at the knee, and Hi've a missus and six kiddies."

I was inclined to agree with him; but a Susan-Nipper-like person said, "No talking," and I was glad she did.

The pain was dreadful. I wanted a great many little attentions, and got them, from a nurse whose name after all these years I here record with respect and affection—Nurse H—. Midnight came; I was suffering terribly. Finally I asked Nurse if I could not have a hypodermic. She said she thought I could, and presently came and jabbed a little needle into my arm, at the same time telling me to be very quiet in order that the drug might take effect. At last I fell into a troubled sleep, only to start out of it again. Still, I got a little sleep from time to time, and finally morning came. A few days later, when Nurse H— and I were exchanging confidences, she told me the hypodermic was of cold water only. "I couldn't 'ave given you a 'ypodermic without orders," she said.

Morning comes slowly in London; sometimes in December it can hardly be said to come at all; but breakfast comes. By six o'clock the gas was lit, and hot water and basins and towels were passed about to those who could use them. Confusion took the place of comparative quiet. I had not tasted food for almost twenty-four hours. I was hungry. The pain in my leg was a deep throbbing pain, but it could be borne. I began to look about me. Someone said, "Good-morning, Twenty," and I replied, "Good morning, Seventeen. What kind of a night did you have?"—"Rotten, 'ad the 'ump." It occurred to me that I had always wanted to talk to a pure and undefiled Cockney and that I now had an excellent opportunity to learn. Breakfast, which came to me on a tray, was delicious: porridge and milk, tea, bread, butter, and jam. I wanted a second round, but something was said about temperature, and I was forced to be content.

Late in the day, as it seemed, but actually about nine o'clock, my uncle came to see me. Poor fellow, he too had passed a sleepless night and showed it. What could he do for me? There was just one man I wanted to see above all others—my friend Hutt, or, as he pronounced it, 'Utt, the bookseller in Clement's Inn Passage. Would my uncle go and bring him to me? He would; he did not say so, but he would have fetched me a toothpick from the furtherest inch of Asia if I had asked for it. He had never seen Mr. Hutt, he had been in London only some forty-eight hours, he did not know his way around, and was as nervous as a hen. I told him as well as I could where Hutt's shop was and he started off; as he went, I noticed he was carrying my umbrella, which had a rather curious horn handle studded with round-headed silver tacks—quite an unusual looking handle. I am telling the exact truth when I say that my uncle promptly lost his way, and an hour later my friend Hutt, hurrying along the crowded Strand, saw a man wandering about, apparently looking for someone or something, *and carrying my umbrella*. He went up and, calling my uncle by name (he had heard me speak of him), asked if he could direct him anywhere. My uncle was amazed, as well he might be, and conducted my friend, or rather was conducted by him, to my bedside.

When Mr. Willett came in on his rounds later in the day, my uncle entered upon a rather acrimonious discussion with him on the subject of my being a charity patient in a public ward. Mr. Willett explained very patiently that I should have every attention, but as for private rooms, there were none. Whatever I needed the hospital would supply, but under the rules nothing could be brought in to me, nothing of any kind or character, and no tips or fees were permitted. Finally my uncle, dear old man, broke down and cried; and then Mr. Willett, like the gentleman he was, said, "I tell you what I'll do. There are no private rooms, but so sure I am that your nephew would not in a week's time go into one if there were, that I promise that, when he can be moved without danger, I will personally put him in a nursing home and take care of him myself if he wishes it; but I know from experience that your nephew will find so much of interest going on about him that he will wish to remain here. We have had gentlemen here before—why, sir, nobility even."

With this we were forced to be content, and it turned out exactly as Mr. Willett prophesied.

My greatest discomfort arose from my being compelled to remain always in one position. With my leg in a plaster cast, in which were two windows through which my wounds were observed and dressed, and securely fastened in a cradle, I was compelled to remain on my back and could move only my upper body without assistance. At first I found this desperately irksome, but I gradually became accustomed to it. I was greatly helped by a simple device which I thought at the time a great blessing; I have never seen it elsewhere, and wonder why. In the wall about eight feet above the head of each bed was set a stout iron bracket, a bracket strong enough to bear the weight of a heavy man. From the end of the bracket, about thirty inches from the wall, hung a rope, perhaps five feet long; a handle-bar with a hole in it, though which the rope passed, enabled one to adjust the handle at any height desired above the bed. A knot at the end of the rope prevented the handle slipping off and fixed the lower limit of its travel, but it could be adjusted by another knot at any higher point desired. The primary object of this device, which was called a pulley, was to enable the patient to lift himself up in bed without subjecting his lower body to strain of any kind. But it had many other purposes. From it one could hang one's newspaper, or watch, or handkerchief, and it served also as a harmless plaything. Have you seen a kitten play with a ball of wool? In like manner have I seen great men relieve the monotony with their pulley, spinning it, swinging it, sliding the handle up and down for hours at a time.

Without suggesting that I was in any way a conspicuous person in the ward, I am bound to say that my fellow patients treated me as a "toff"—in other words, a swell. This was due solely to the fact that I had a watch. Such a possession in a public ward of a London hospital is like keeping a carriage or a gig; to use Carlyle's word, it is a mark of respectability. Frequently during the night I would hear some poor helpless sufferer say, "Hi siay, 20, wot time his hit?" It occurred to me that it would be a nice thing to have one of my friends go to Sir John Bennett's, the famous clockmaker, and buy a small clock with a very soft strike, which would mark the hours without disturbing anyone. I spoke to Nurse H— about it, and she to someone in authority. The answer came: no gifts could be accepted while I was in the hospital. After my discharge any gifts I might see fit to make should be sent to the hospital, to be used as the authorities thought best, and not to any ward in particular. Another "'ard, faast rule," and a good one.

Before a week had passed Christmas was upon us. The afternoon before I sent out for a copy of *The Christmas Carol*, which I had read so often before, and have read so often since, on Christmas Eve. Through this little book Dickens has, more than any other man, given Christmas its character of cheer and good-will; but it reads better in London that elsewhere.

"How's the weather outside?" I asked, looking up from my book, of a "dresser" who had just come in.

"There's snow on the ground and a regular 'London particular' [fog], and it's beginning to sleet."

I thanked my lucky stars that I was in bed, as warm as toast, and wondered what I would get for a "Christmas-box,"—that is to say, a Christmas present,—for we were all looking forward to something. There was to be a tree in the adjoining ward, but, as I could not be moved, I was to have my presents brought to me. I can still see the gifts I received from kindly disposed ladies! Useful gifts! A little game of cards played with Scripture texts a handkerchief primarily intended for mental stimulation, with the alphabet and numbers up to ten printed thereon; a pair of socks, hand-knitted, of a yarn of the consistency of coarse twine; a pair of pulse-warmers, and a book,—a copy of *The British Workman*,—and last, but not least, a pair of stout hobnailed shoes. Ladies, too, came and offered to read to me, assuming that I could not read to myself, and in other ways showed their kindness of heart. God bless them every one.

No one ever worked harder at a foreign language than I did at learning Cockney. I drawled my *o*'s, and *i*'s, and broadened my *a*'s, and dropped my *h*'s and picked 'em up again and put them in the wrong place; and I had the best instructors in London. A few in the ward could read, but more could not; and almost without exception they spoke that peculiar dialect which is the curious inheritance of the Londoner. Those of us whose memories go back twenty-five years or so remember it as the medium of that great music-hall artist, Albert Chevalier. His songs were then all the rage, as were, too, Gus Elen's. As we became better acquainted we sang them together, and I then acquired an accomplishment which has even yet not entirely deserted me. (I should have said that it was the custom for the surgical wards of St. Bartholomew's Hospital to take in accident cases continuously until all the beds were full; as a result, most of the patients entered about the same time, and we came to know one another, by number, very intimately in the two or four or six weeks residence.)

Mr. Willett was quite right: I would not have been moved into a private room for something handsome. There were so many men worse off than myself that I forgot

myself in thinking of others. "Twenty-one" had lost both feet; I certainly was fortunate compared with him. "Seventeen," while cleaning a plate-glass window from a ladder, had slipped and plunged through the window, damaging himself horribly in half a dozen ways; I certainly was lucky compared with him. "Eight" had undergone three serious operations and another one was contemplated. In short as soon as I became reasonably comfortable I began to feel quite at home. I had my books and papers and magazines, and spent hours in playing checkers for a penny a game with a poor chap who had lost an arm. He almost always beat me, but a shilling was not much to pay for an afternoon's diversion.

No one could spend two months or so in St. Bartholomew's Hospital,—"Bart.'s" as it is affectionately called,—without seeking to know something of its history. Its origin is shrouded in antiquity. In the church of St. Bartholomew the Great, wedged into a corner of Smithfield just outside the gate, is the tomb of its founder, Rahere, a minstrel or court jester of Henry I. While on a pilgrimage to Rome he was stricken with a serious illness, during which he made a vow that if he lived to get back to London he would build a hospital in thanksgiving. Thus it was that, in the year 1102, a priory and hospital were founded. Thanks to the protests of the citizens of London, it not only escaped the attentions of Henry VIII, when he entered upon his period of destruction, but it was even said to have been re-established by him. Thenceforth it came to be regarded as the first of royal hospitals. In receipt of a princely income, it has from time out of mind been the scene of great events in surgical and medical science. Harvey, physician of Charles I, the discoverer of the circulation of the blood, was chief physician of the Hospital for more than thirty years. A roll of the distinguished names would be tedious; but Mr. Willett was quite right when he said that I had come to the right shop for fractures. "We make a specialty of fractures" might have been adopted as a slogan, had slogans been in vogue when the famous surgeon, Percival Pott, was thrown from his horse and sustained a compound fracture, and with difficulty prevented a brother surgeon from giving him first aid with a knife and saw. How he directed the treatment of his own case and saved his leg is one of the many legends of the place.

But to return to Pitcairn Ward. It was a large room, with a high ceiling, and with two rows of beds, twelve to a row, on either side of a wide aisle. It was heated by a soft-coal-burning device, something like a range, but with a large open grate, the smoke from which curled lazily up the chimney. One morning it was discovered that the fire was out; and as this seemed to indicate neglect, and certainly meant work for the ward-maid, each patient as he woke and made this discovery sang out cheerily, "Fire's out." To these remarks the maid usually replied by asking the speaker to mind his own business; or perhaps she contented herself by making faces or sticking her tongue out at him.

Presently a curious sound was heard from the chimney, as of a fluttering of birds, followed by a curious cry, "Peep, peep, peep," which was instantly recognised by those familiar with it as being the professional call of the chimney sweep. Someone cried, "Sweeps!" The effect was instantaneous. As when one discovers a ship in mid-ocean and announces the fact all rush to the rail, so all who could crowded in wheel-chairs around the fireplace, only to be told to "Be hoff" by the ward-maid.

Presently the sounds grew louder, until, at last, a tall, slender lad, black with soot from head to foot, armed with brushes and brooms, slid down into the grate, leaped out, gave a little scream, bowed, and disappeared almost before we could clap our eyes upon him. My intention had been to ask the little urchin to get into a bed next to mine, at that moment vacant, and give an imitation of Charles Lamb's chimney-sweep "asleep like a young Howard in the state bed of Arundel Castle." I probably saved myself a lot of trouble by being so surprised at his quick entrance and get-away that I said not a single word. "A chimney-sweeper quickly makes his way through a crowd by being dirty."

Anything kinder, anything more considerate than the authorities of the hospital, from Mr. Willett down to the ward-maid, could hardly be imagined. There was, however, one ordeal against which I set my face like flint—namely, shaving. Shaving was, I think, an extra; its cost, a penny. Every day a man and a boy entered the ward, the boy carrying a small tub filled with thick soap-suds, the man with a razor incredibly sharp. One cried, "Shaves?" and perhaps from two or half-a-dozen beds came the word, "Yus." No time was lost in preliminaries. A common towel was tied around one's neck, and a brush like a large round paint-brush was dipped into the thick lather. With a quick movement, the result of much practice, the boy made a pass or two from ear to ear; with a twist and a return movement, the cheeks, lips, mouth and chin were covered with soap. The man wielding a razor in much the same manner, and the victim spent the next hour or two patting his face with his hands, then withdrawing them and looking at them, as if he expected to see them covered with blood. The operation was complete. I used the word "operation" advisedly; although chloroform was not administered, I always insisted that it should have been. The first surgeons were barbers; at least the two trades were closely allied, and in England they seem to be allied still. Thanks to the kindness of one of the "dressers," when I became well enough to be shaved I had a real barber in from a near-by shop. It cost me half-a-crown, and was a prolonged agony rather than a brief one; that was the chief difference; in essentials the operation was the same. Is it surprising that in England gentlemen invariably shave themselves?

Some men make excellent patients, I am told, when they are very ill, and allow their bad traits to come to the surface as they become convalescent. It was so in my case. I grew tired of the life and began inquiring how much longer my leg was to be kept in plaster. Fortunately I had no idea of the ordeal of removing a plaster cast which reached from one's toes to one's hip. At last the day came, and I shall never forget it. I had first been permitted to limp around the ward on crutches for a few days, and soon learned to manage them very nicely; and when a time was set for my leg to come out of plaster I was very thankful. It was the work of hours: every tiny hair on my leg was firmly set in plaster of Paris, and the removal of the cast occasioned such continuous pain that several times I thought I should faint. At last, however, the task was accomplished, and I looked down at the leg which had been the subject of so much discussion, which had been dressed so often. It was a poor thing but mine own; no one else would have had it; a poor, shrunken, shortened, emaciated member, but whole, thank God! I did not then know that a year after the accident happened I should be walking as well as ever; and let me say that I have never had a twinge of pain in it since. Mr. Willett and Mr. Peterson, and "Sister" and Nurse H—, I doff my hat to you.

Measurements were taken for a leather stocking, which was a work of art; and finally a date was set for my dismissal. A room had been secured for me in a not-distant lodging; for I still had to go to the Hospital once or twice a week to have the rapidly healing wounds dressed. I made my departure from the Hospital early one afternoon in what was called a private ambulance; but I am certain that the vehicle was usually used as a hearse. The stretcher on which I was laid was on casters, and was pushed into the rear door of a long, low contrivance, with glass sides. As we prepared to drive away from the Hospital gate, an effigy, that of Henry the Eighth of that name, looked down upon me from his niche over Smithfield Gate. A crowd gathered, and from my horizontal position the unusual sight of so many people moving about in perpendicular made me dizzy. I closed my eyes and heard someone inquire, "Is he dead?" I was very unhappy, and still more so when, half an hour later, I found myself in a very tiny bedroom, as it seemed to me, and in *a bed with no pulley*. I could have cried; indeed I think I did. I wanted to go back to the Hospital; I felt that I was being neglected and should die of suffocation.

A maid came in and asked if I wanted anything. "Want anything!" I certainly did, and I gave her a list of things I wanted, in the most approved Cockney. As she left my room, I heard her say to another maid just outside the door, "'Ave you 'eard that bloke hin there talk? Faancy 'im tryin' to paass hisself hoff has comin' from New York!"

THE TREATMENT OF EMPYEMA IN INFANTS AND YOUNG CHILDREN.*

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

PHYSICIANS and surgeons whose work lies much among children have long recognised that the results of the treatment of thoracic empyema are unsatisfactory. Such a statement will possibly cause a certain amount of surprise, for I believe that a contrary opinion is general. It may well be so, for I find on consulting the usual text-books, including one for which I myself am partly responsible, that the dangers of the condition are minimised. To make the real position clear I must quote a few figures. Emmett Holt, in the most recent edition of his admirable book on the diseases of children, states that of infants with empyema in the first year of life 74 per cent. succumb, in the second year 59 per cent., and after the second year 13 per cent. Poynton and Reynolds, my colleagues at the Hospital for Sick Children, reviewing 71 cases of empyema in the first two years of life, found that the mortality in the first year was 76 per cent. and in the second year 46 per cent.

In the last two and a half years in my small ward I have had altogether 16 cases: 5 in the first year all died; 2 in the second year died and 3 recovered. The 6 older children all recovered.

But the mortality is not the only cause for our dissatisfaction. The length of the period of convalescence, even when all goes well, is on an average two months in hospital with a further period before the children are fit to resume their normal life. Moreover, recovery is not seldom retarded by fresh accesses of fever and by recurrences of suppuration either in the pleural cavity, or in the sinus leading to the pleura, or in the subcutaneous tissues round the wound.

For these reasons we have got to consider—(1) by what means we can hope to reduce the high mortality of the infants; and (2) whether we can devise effective means of treatment which will shorten the period of recovery.

CAUSES OF THE HIGH MORTALITY IN INFANTS.

The first step obviously is to seek the causes of the high mortality among infants. If we analyse the cases we find that there is a group in which the empyema has been discovered only after death, or when the patient has reached so desperate a condition that no method of relief can have any real hope of success. In this group it is clear that the only hope of improvement is by improving our methods of diagnosis—a point to which I shall have occasion to recur. A second group is formed by those cases in which the empyema is merely a part of a widely diffused infection;

* A paper delivered before the Medico-Chirurgical Society at Norwich.

for example, where it is a complication of measles or the result of a septicæmia or of a chronic pyæmia. In this group there is but little room for lowering the mortality, because the mortality is not due in reality to the empyema but to the primary disease. In a third group the empyemata have been recognised and evacuated and yet the children have succumbed, often only some days or even weeks subsequent to the operation. The causes in this group are various, but one of the common causes is the fresh infection of the pleural cavity, and often of the subcutaneous tissues round the wound of the operation. We may thus classify the chief causes of death as a result of empyema in the following fashion: (1) want of skill in diagnosis; (2) failure of the patient's powers of resistance to infection.

I am not now discussing the problems of diagnosis, but the point is so important in regard to the diminution of mortality that I cannot wholly ignore it. Of the five children who died of empyema in the first year of life in my own ward two died with the empyema undiagnosed; both were very ill, but on retrospection I am conscious that the use of a needle to explore the chest might have saved life. I have never regretted the use of an exploring needle, but, as in these patients, I have often regretted the omission to use it. When one is confronted with an infant who is obviously ill, and is rapidly wasting, with a bad cough, some rather indefinite physical signs in the lungs and a history of some weeks' illness, the temptation to make a diagnosis of tuberculosis is strong; yet it is just in these patients that autopsy will reveal the existence of an empyema, the correct diagnosis of which and its evacuation might have saved life. In such infants the signs by which we reckon to diagnose empyema in older patients are often quite absent: for example I failed to diagnose an empyema in a child a little older, because all the physica signs pointed to a bronchopneumonia rather than to an effusion, and even the X ray failed to show the presence of the pus, because the collection was small and the lung not much compressed and therefore not opaque. Yet an exploring needle would certainly have found it. In two other infants the empyema had been found and evacuated but the subcutaneous tissues became infected and they died with cellulitis. So that in this small number of cases three died undiagnosed; two died of septic infection of the operation wound; and of the other two who died one had made a good recovery from the empyema but died of an acute diarrhœal infection, and the other died with his empyema still only partially emptied.

The first lesson, therefore, is that in the infant we must never forget that however improbable the suspicion may seem, and however slight the physical signs in the lungs may be, if there is the smallest reason to believe that there is disease within the thorax, the exploring needle must be used without any hesitation. Even the conviction that an empyema exists and the free use of the exploring needle will not always enable us to localise a small empyema—for example when it is situated just over the right auricle—but we shall find some that we otherwise should have missed and to this extent diminish mortality.

But after all the most hopeful path for our attempt does not lie in this direction: the number of patients whom we shall save by increased skill in diagnosis is small. We must obtain better results than we do at present in the cases where the empyema is diagnosed. And this brings us to the more immediate consideration of the best means of treatment of pus within the thorax. The accepted method of treatment is the resection of one or more ribs to allow of efficient drainage of the cavity and of the flakes of lymph which are found adherent to the pleural membranes. This procedure is often brilliantly successful, especially in older children, and in robust patients, but it falls short of the ideal method in various points. In the first place it is difficult to dispense with a general anæsthetic, and though in a robust child this is a minor consideration, in a weak infant exhausted by his illness it certainly weighs the balance against the recovery. Secondly, it involves the opening of the pleural cavity to the chances of a secondary infection, and it is common knowledge that this is a not uncommon occurrence, with a resulting sinus difficult to heal. Thirdly, it involves frequent changes of dressings, with an amount of pain to the patient which is at first at any rate severe. Fourthly, there are a number of cases in which in spite of every care the skin-wound becomes infected, with a resulting danger of cellulitis. And lastly, there is the danger of an osteomyelitis of the rib—a condition which may lead directly to a fatal issue, or may result in a slow necrosis which shows itself in a local abscess later. I have several times met with such an abscess in an old empyema scar months after the apparent perfect healing of the wound, and quite recently I saw such an event in an adult seven years after the empyema operation. In addition to these drawbacks, which of course do not occur in favourable cases, there is the inevitable length of time which is involved in the healing of the wound.

If the method of rib resection thus falls short of the ideal of treatment, what are the alternatives, their advantages and faults? I should classify them under three heads:

(1) Simple aspiration.

(2) Continuous drainage without opening the pleural cavity.

(3) Incision of the intercostal space without resection of the rib, but with various modifications.

(1) Simple Aspiration.

There is no reason to doubt that just as simple aspiration of an abscess in other situations than the pleural cavity is sometimes completely successful, so it may be in the case of the pleural cavity. There is a host of witnesses to the fact, more especially in former years. But the practice of simple aspiration for the treatment of empyema has deservedly fallen into disrepute, because it is difficult to determine which are the empyemata likely to clear up with this method, and because the results of insufficient evacuation are very unsatisfactory. Yet there is no doubt that the pleural membrane is competent to deal with even considerable amounts of pus. West in his book on diseases of the chest was able to quote many cases of paracentesis which had required no further treatment. For instance the removal of 2 oz. of pus from a large empyema in a child, æt. 3 years, led to the complete disappearance of the effusion in three weeks' time. Such results are, however, so rare that simple aspiration of purulent effusions has fallen into disuse. There is, nevertheless, one condition when it is advisable to employ it: when a child has a purulent effusion on both sides, it is good practice to evacuate one side by operation, and the other by aspiration.

(2) Continuous Drainage.

There have been many attempts made to drain an empyema by the method of continuous drainage. If it can be effected with success, there is no doubt that this method is very near to the ideal. It empties the pleural cavity without exposing it to infection from without: It exercises a gentle suction on the collapsed lung; and it avoids the bugbear of repeated dressings. The problem has always been complicated by the necessity of establishing an air-tight communication between the pleura and the pumping mechanism; and by the possibility that the flakes of lymph may choke the tube. Moreover, after some experience of the method as devised by Dr. Poynton and Mr. Reynolds at the Hospital for Sick Children, it is clear that it is not applicable to all cases. Selection must be made, and if there is reason to believe that the empyema is of such standing that the lung is most probably bound down by firm adhesions, it is clear that an open operation is to be preferred. The essential points of the apparatus devised by Poynton and Reynolds are—(1) the air-tight communication between the chest cavity and the pump, and (2) the employment of a Sprengel's water drip pump. The first of these is secured by using a cannula to fix in the chest-wall of a little more than $\frac{1}{2}$ in. in length that is, just sufficient to lie inside the pleural cavity. The end is rounded. When this has been introduced into the cavity, a rubber tube 10 in. long of a diameter slightly larger than the cannula is stretched upon a metal introducer until it is so narrowed as to pass into the cannula. When the introducer is withdrawn the expansion of the rubber so fills the cannula that no air can pass between it and the wall of the cannula. This tube is then joined to the pump. (2) The pump is the usual drip pump, which can be regulated by clips, and so arranged as to produce a vacuum in the collecting bottle to which is led the tube from the chest. The pus at once begins to flow and the chest can be emptied with a minimum of disturbance.

As Poynton and Reynolds observe, this apparatus has many advantages. It can be used without a general anæsthetic—indeed it can be used without an anæsthetic at all; it provides a slow and gradual emptying of the pleural cavity; it does away with repeated dressings, and above all, it certainly shortens the length of the convalescence.

There is no doubt that this is for many cases, especially in weakly and exhausted infants, a considerable advance on the method of open operation with rib resection. It has been used in five of the sixteen cases in my ward, so that I can speak with personal experience, and I am convinced that in selected cases it is the best form of treatment, I intend to employ it for all cases in which the empyema is of fairly recent origin, and especially in young infants. In one case where it was used I think that the choice of the method was bad. It was employed in a child, æt. 11 years, who had probably had an empyema for some weeks. The lung, as we might have foreseen, was so bound down that it could not expand, and we were obliged to do a rib resection and free it manually. We lost time by using the pump when a more careful consideration would have shown us that it was not suited to the circumstances. All the same I think that the preliminary emptying of the pleural cavity probably made the subsequent breaking down of the adhesions both easier and safer.

(3) Incision without Resection of a Rib.

There remains for consideration the operation of incision of an intercostal space without any resection of a rib. This method has had in the past many advocates and many opponents. Recently it has been revived, with various modifications, and in certain conditions it is probably the method of choice. The ideal, of course, would be simple incision, evacuation of the pus and primary suture. In one of my cases this method was adopted with success so far as regards the empyema, but recovery was delayed by suppuration occurring under the skin, which necessitated the reopening of the skin wound and its healing by granulation. Even so the child was discharged perfectly well in five weeks—a gain of time of at least a fortnight on an operation with rib resection. But in another case in which we attempted this method we had complete failure; the pus re-collected and the wound had to be reopened and drained; it was not necessary to resect.

Various modifications of this simple incision have been from time to time advocated, but I should exhaust your patience if I attempted to describe and criticise them all. One of the best I think is the simple incision and the emptying of the abscess, followed by the suture of the greater part of the wound, but leaving a folded piece of protective as a drain for the first twenty-four hours. After this period the pleura may as a rule be trusted to deal with any material which may collect. Another suggestion is to fill up the pleural cavity with a moderate amount of some

disinfectant material and then suture, completely removing the excess of the material together with the *débris* by the insertion at one angle of the wound of a needle each morning—in fact, immediate suture with subsequent aspiration, as was in some cases practised in the hæmothorax cases in France during the war.

Among all these various methods which are we to choose? I am going to be sufficiently daring to lay down my own beliefs. In the first place I believe that in the case of the empyema of recent or comparatively recent origin, we have been in too great a degree subservient to the teaching that at all costs we must obtain an opening large enough to enable us to get a finger or fingers into the pleural cavity. In these cases the lung as a rule is not badly collapsed, and with the withdrawal of the pus it as a rule expands so as to fill or nearly to fill the cavity, and I hold that it is rarely necessary and never advisable in such instances to explore the cavity with the fingers. Hence the necessity for the resection of the rib from this point of view is abolished. Then it is said that rib resection is necessary for efficient drainage. But in a fair number of cases drainage is not necessary for more than the first twenty-four hours. After this the pleura is capable of doing its own scavenging. So I am going to lay down the proposition that in recent empyemata rib resection must be avoided at all costs. But where there is reason to suppose that there are extensive adhesions of the lung so that it cannot expand, as, for example, in a recent case in which we had cause to think that the empyema had existed for many weeks, then resection and exploration of the whole cavity is necessary. Fortunately such cases are rare.

Secondly, if we have decided not to resect we are left with a choice between the method of continuous drainage such as Poynton and Reynolds have described, and one of the various methods of simple incision of an intercostal space. In the case of young infants the method of continuous drainage has so many advantages in the avoidance of a general anæsthetic and of dressings, that I think there can be no hesitation in adopting it in the majority of cases; in the older children I do not feel sure that it has any advantage over simple incision with drainage for twenty four hours. Either method has at any rate the great advantage of economy of time consumed in convalescence.

But there are, I think, one or two other points which I can usefully discuss. If when we discover the pus with the exploring needle we get films made and stained at once, we can easily obtain some idea of the reaction of the pleural tissues to the infection. Lately I explored the chest of a child who had had pneumonia and in whom the signs suggested the possibility of an empyema. The needle removed some turbid fluid which under the microscope proved to have a large number of pus-cells present. At one time I should have considered this sufficient and have advised operation. But there were scarcely any organisms present. Here and there one could see a few miserable cocci, mostly intra-cellular. On this we decided that the pleura was dealing efficiently with the infection, and we left it alone, with the result that the child was ready to leave the hospital within ten days.

If, on the other hand, we find that the organisms are numerous and that there is little evidence of phagocytosis, then it is clear that evacuation of the pus is required: if the pus is thin and sanious it is clear that drainage will be required; if, on the contrary, it is creamy and what is called laudable, it is probable that simple evacuation will do all that is necessary.

The nature of the organism is also of importance. The pneumococcus is generally, but with notable exceptions, an inoffensive creature. The streptococcus and the rarer staphylococcus are much more dangerous. In either case I believe that we can do a good deal to help the patient by using sensitised vaccines. It may not be possible to get a supply of the patient's own organism made into a sensitised vaccine, but it is always possible to obtain sensitised stock vaccines of pneumococci and streptococci. In any patient who is at all ill I like to give doses of sensitised vaccine for at least two or three days.

I can sum up these somewhat desultory reflections as follows:

(1) First, don't be afraid to diagnose the pus—that is, use the exploring needle early and often if necessary.

(2) When it is found, get rid of it with the minimum of disturbance of the tissues—that is, in ordinary cases do not resect a rib.

(3) Consider whether the given case is to be treated best by continuous drainage or by simple incision and drainage for a few hours—that is, do not be afraid of asking the pleura to do some of the work; the pleural membrane is much more efficient as a scavenger than we have been led to think.

(4) Use vaccines constantly; the scientific evidence of their efficacy is convincing, and sometimes if one uses them often enough the clinical results will surprise even the sceptic.

SURGICAL CONSULTATIONS.

CASE 4.—H. R. P—, æt. 52, a stereotyper, shown by Mr. Waring on August 10th and October 9th, 1922. Admitted August 9th, complaining of swelling in right groin.

History.—Three to four years ago injury to right groin by corner of a "forme" of type. A swelling appeared in this situation one month later. This has steadily increased in size ever since, but more rapidly since July, 1922. It has always been painless, but he has noticed throbbing in it at times.

Past history.—Sore on penis twenty-five years ago. Kicked in left eye by horse thirty years ago. Blind in that eye ever since. Moderate beer drinker.

Condition on admission.—Somewhat pale but healthy-looking middle-aged man. Blind in left eye, otherwise nothing abnormal beyond *local condition*: An expansile pulsating swelling 7 in. by 5½ in. in course of femoral artery, occupying the whole of Scarpa's triangle on the right side. Skin over it tense but natural. Superficial venules well marked. Thrill can be felt just above inguinal ligament. Deep pressure over right external iliac artery causes cessation of pulsation in swelling. Tumour cannot be lifted from the artery. Consistency tense. Pulsation in right dorsalis pedis artery markedly delayed and of smaller volume than on left. No œdema, no varicose veins. Circumference of right thigh and calf, however, both one inch greater than at corresponding points on opposite side. Harsh systolic bruit heard on auscultation. Dull to percussion.

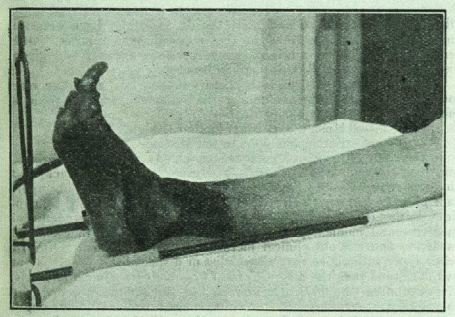
Shown at consultations August 10th.

Mr. WARING expressed the opinion that tumour was an aneurysm of common femoral artery, probably sacculated, and suggested two methods of procedure: (1) Ligature of external iliac artery and endo-aneurysmorrhaphy; (2) ligature of external iliac and excision of sac.

Mr. L. BATHE RAWLING agreed with diagnosis and suggested ligature of external iliac artery.

Mr. GIRLING BALL and Mr. DUNHILL agreed but had nothing to add.

Operation August 11th by Mr. Waring. Permanent ligature in continuity of the right external iliac artery above the deep epigastric branch. Excision of aneurysmal sac which involved the common femoral artery and part of the profunda femoris. The limb was then well wrapped in cotton-wool, and on return to the ward was elevated on a pillow and surrounded by hot-water bottles.



CASE 4.

After-history.—On August 21st gangrene of the toes set in and this progressed up foot, until by September 3rd a line of demarcation 3 in. above ankle-joint was well marked.

The foot was kept dry by daily washing with spirit and by leaving it exposed to air on a Thomas's knee-splint with an electric lamp warming the air under it. The circulation of remainder of limb became good. During this time patient had considerable pain in the lower part of limb.

Patient was again shown at consultations October 9th.

Mr. WARING stated that he had waited several weeks to allow of thorough establishment of collateral circulation. In his opinion there was no alternative to amputation, the question being the level at which this should be performed. The collateral circulation was so good that he personally would like to amputate 6 in. below the knee-joint, in order to give the man as useful a stump as possible.

Sir ANTHONY BOWLBY agreed with Mr. Waring that the limb should be amputated, but thought that it should be removed through the lower third of the thigh.

Mr. MCADAM ECCLES agreed with Sir A. Bowlby.

Mr. RAWLING recommended amputation through the middle of the thigh.

Mr. GASK and Mr. BALL agreed with Sir A. Bowlby.

Mr. ROBERTS quoted a similar case in which no part of the limb had gone gangrenous. In his experience of war-pensioner cases he had found above the knee the most suitable level for amputation.

Mr. VICK and Mr. DUNHILL advised amputation through the lower third of thigh.

In reply to Mr. Vick, Mr. WARING stated that he had not tied the femoral vein at the operation, and that had he done so he thought the resulting gangrene would probably have been wet, and not dry as in this case. He would amputate through lower third of thigh.

Operation October 10th by Mr. Waring. Amputation right lower limb through junction of middle and lower thirds of thigh with long anterior and short posterior flaps, and drainage.

After-history.—The flaps have remained quite healthy and the stump is healing. F. C. W. C.

CASE 5.—Mr. MCADAM ECCLES showed the following case:

C. C—, æt. 49, printer's assistant, complaining of a lump in his abdomen.

H.P.C.—Five and a half years ago lump first made its appearance in epigastric region; painful only on pressure.

May, 1917, tapped five times for ascites.

Three weeks ago says he vomited one quart of dark blood. Since then weakness, vomiting and diarrhœa, but no pain. Has always lived in this country, dislikes watercress, but keeps a dog. Of temperate habits.

Mr. ECCLES said the pressure of the tumour on the portal vein had probably caused the ascites and hæmatemesis and, on the stomach, the wasting.

There was no fluctuation or thrill, but in his opinion the case was one of hydatid cyst of the liver, and he would explore.

Sir ANTHONY BOWLBY said that the history was the chief help in the diagnosis, and he thought it suggested hydatid disease more than anything else.

Sir D'ARCY POWER thought the cyst was most probably of pancreatic or mesenteric origin.

Diagnoses were varied: some were of opinion that the tumour was solid and was a fibroma or lipoma of the abdominal wall. Others thought that the liver had an irregular surface, and with the ascites and hæmatemesis suggested the diagnosis of cirrhosis of the liver.

The complement-fixation test for hydatid disease did not seem popular. A carcinomatous stomach was said to have given a positive result.

X rays show the stomach to be pushed over to the left and to have no connection with tumour. Blood-count showed 3 per cent. eosinophilia. C. A. H.

CASE 6.—Mrs. M. R—, æt. 50, housewife, was admitted May 3rd, 1922, under Mr. L. Bathe Rawling, complaining (1) of a large painful swelling behind the right knee, and (2) of an eruption on the right lower limb.

History.—Some four weeks previous to admission the patient had a patch of erysipelas above the right knee, which was followed by the appearance of a painful swelling behind the right knee.

Since the age of thirteen there had been a warty eruption on the right lower limb. A further warty patch appeared in 1919 following the scraping of an ulcer over the right patella.

The left foot was amputated at Rotherham in October, 1921, for tuberculous disease of the ankle-joint.

On admission.—There was a large popliteal abscess, which extended superficially into the calf of the right lower limb. The abscess was incised and drained, and half a pint of thick yellow pus was evacuated. The pathological report was "*streptococcus pyogenes* in film and on culture."

On the dorsum of the right foot, right heel and right patella were warty excrescences characteristic of Lupus verrucosus.

There was no evidence of infection by the tubercle bacillus in the lungs, abdomen, or bones of the right leg and ankle.

The general condition of the patient was not good.

Progress.—The popliteal abscess healed very slowly, and was followed three weeks after admission by a fluctuating, painless swelling on the inner side of the right leg, just above the ankle.

Aspiration yielded 50 c.c. of pus, in which tubercle bacilli were demonstrated in large numbers. Re-aspiration was necessary at about fortnightly intervals, and was performed five times in all.

The patient was shown at surgical consultations by Mr. J. E. H. ROBERTS, who asked for his colleagues' advice as to treatment.

Sir ANTHONY BOWLBY recommended open-air treatment, such as that obtained at a sanatorium, coupled with aspiration of the abscess when necessary. He thought that it might become necessary to open the abscess. Sir Anthony also recommended X rays for the skin lesions, and said that he would not advise amputation.

Mr. MCADAM ECCLES recommended amputation as the only means of cure, followed by sanatorium treatment. He said that he would excise the warty patch over the patella and give X-ray treatment to the other skin lesions.

Mr. L. BATHE RAWLING said that he did not recommend sending

the patient home. He would lay open the abscess widely, scrape it, wash it out, "bipp" the walls, and sew it up. X rays and radium to the skin lesions should follow.

Mr. W. GIRLING BALL said that the conditions at the patient's home town were not good, and that he would amputate the limb, since the disease would become worse. X rays might be beneficial.

In conclusion, Mr. J. E. H. ROBERTS thanked his colleagues, and said that he would suggest to the patient that she should have the abscess opened and scraped out. He did not think that she would consent to go to a sanatorium. F. T. E.

OLD STUDENTS' DINNER.

A HIGHLY-SUCCESSFUL Old Students' Dinner was held in the Edward VII Rooms, Hotel Victoria, on October 2nd. Sir Charles O'Brien Harding, J.P., M.R.C.S., of Eastbourne, was in the chair.

After the loyal toast had been drunk, the CHAIRMAN proposed the toast of "Prosperity to St. Bartholomew's Hospital." There had, he said, been many great names in the history of the Hospital—Sir James Paget, Tom Smith, Samuel Gee and many others, amongst whom he would like to mention the old Steward, Mark Morris, came to his mind—and to-day Bart.'s men were still taking the lead. Thus the Presidents of the two Royal Colleges, the Regius Professor of Medicine at Oxford and the Vice-Chancellor of the University of London were all old Bart.'s students.

Lord STANMORE, in replying to the toast, said that Bart.'s must take the lead in scientific hospital development. Financial difficulties were phenomenal. The yearly expenditure in 1913 was £91,000; now it was £185,000. But difficulties were being met. On an expenditure of £750,000 during the past few years they were only £120,000 short.

Sir WILLIAM LAWRENCE, Bt., the Senior Almoner, in submitting the toast of "The Medical College," said that medical education was a most important function of the Hospital. Every effort was being made to increase educative facilities.

Mr. H. J. WARING responded to the toast. The present buildings had been improved, but no further improvement was possible. He was not a sentimentalist when it came to the question of preserving old stones or meeting new needs. In 1912 there were 73 new students, and 437 in all. In 1922 there were 160 new full students, making 750 in all. This was probably a record. They needed an obstetrical professorial unit and changes in the Physiological Department. The question of admitting women students had been considered. Unfortunately there was no room for them. (Applause.)

Sir THOMAS HORDER felicitously proposed the health of "The Visitors," and the toast was responded to by the Rev. E. C. PEARCE, D.D., Vice-Chancellor of the University of Cambridge, and Sir WILLIAM THORBURN, K.B.E., Emeritus Professor of Clinical Surgery in the University of Manchester.

The health of "The Chairman" was proposed by Sir ANTHONY DOWLBY, who said that the great reputation of St. Bartholomew's depended on a well-guided and well-served hospital and a well-equipped medical school, but, above all, on the zeal, energy and good name of its old students throughout the world. Such an one was Sir O'Brien Harding, in whose hands the reputation of the Hospital was safe.

The Dinner was well attended, the menu was good, and all arrangements had been carefully made and successfully carried through. The thanks of the company are due to the Secretaries, Sir Charles Gordon Watson and Mr. Reginald M. Vick, Warden of the College.

FORTHCOMING DINNERS.

The Oxford Graduates' Club of St. Bartholomew's Hospital will hold their First Annual Dinner at the Langham Hotel at 7.15 for 7.45 p.m. on Wednesday, November 15th. The price of the Dinner will be 12s. 6d. Secretaries, Messrs. E. A. Crook and C. L. Harding.

The Cambridge Graduates' Club of St. Bartholomew's Hospital will hold their Annual Dinner at the Hotel Victoria (King Edward VII Rooms) at 7.15 for 7.30 p.m. on Friday, November 24th. The price of the Dinner will be 12s. Secretaries, Dr. H. N. Burroughes and the Warden of the College.

STUDENTS' UNION.

ABERNETHIAN SOCIETY.

WINTER SESSIONAL ADDRESS ON OCTOBER 12TH, 1922,

BY SIR ARCHIBALD GARROD.

"HARLEY STREET."

BEFORE the invasion of Harley Street by medical men in the 19th century, the Tyburn Estate, of which Harley Street was a part, was the residence of several dukes and barons, who gave their names to many of the streets in the estate, *e.g.* Mortimer Street, Welbeck Street, Wimpole Street, etc.

In 1850 only sixteen residents of Harley Street were medical men. Since that time the number gradually increased, until at the present time 329 medical men live there. Although the public regard Harley Street as the home of the consultant, yet more consultants live in the streets bordering on it than in Harley Street itself, *e.g.* Wimpole Street alone has 220 medical inhabitants.

In the 19th century medical men were very much more pompous than at the present time. "Bed-side manner" was considered to be all-important. Carriage and pair, beards and fine dress were all considered important items in the medical man's outfit. One renowned surgeon had a bright yellow carriage; another had given his horse the name of "Os Innominatum."

Towards the end of the 19th century the medical societies were founded. The following is one of the lullabies sung by anxious mothers to peevish infants at this time:

"Hush a bye, baby, mother is nigh,
Father has gone to the Medico-Chi."

In the early days pathology consisted chiefly of morbid anatomy, and it was largely due to Bart.'s, and especially to Kanthack, that this was changed, and that this science has assumed such an important place in diagnosis and treatment. Whilst realising the tremendous importance of pathology in its various branches, students of medicine and medical practitioners should not forget that clinical medicine and the old clinical methods are all-important. Often it will happen in practice that a specialist or a specialist's report is not available, and then the diagnosis has to be made by clinical methods. Every student should learn how to use the ophthalmoscope, the laryngoscope, auroscope, etc. Whilst at the hospital students ought to learn some of the arts of nursing, as they will often have to instruct untrained women how to nurse patients through severe illnesses. Nursing homes are available for the rich, hospitals for the poor, but the "new poor" have in most cases to be treated at home by the general practitioner, and nursed by relatives or temporary nurses. It is to be hoped that in the near future some new system, *e.g.* "group clinics," will be evolved for the last class.

A vote of thanks to Sir Archibald was proposed by Dr. Morley Fletcher, who has lived in Harley Street longer than any other of his colleagues. He told us that Harley Street was used at one time as a running track by certain energetic quarter-milers, but he did not tell us whether he trained for "the 100" in Harley Street. He also alluded to the black beetles of Harley Street.

Dr. C. H. Andrewes seconded the vote of thanks in no uncertain manner.

E. C.
J. P. H. } *Hon. Secs.*

RUGBY UNION FOOTBALL CLUB.

A most successful start has been made this season. As will be seen from the accounts given below, the first two matches have been won fairly easily. Our second success was particularly gratifying, showing, as it did, that the team could play through a hard game against a heavier pack, and end by scoring by well-finished passing movements after their opponents had been worn down. The forwards have been greatly strengthened this year by the arrival of A. L. Row, the old Oxford Blue, who has more than fulfilled the hopes entertained of him, while additional weight has been added to the scrum by the inclusion of G. Dietrich.

It seems probable that the long-sought-for centre three-quarter has been found in H. McGregor, who shows great promise for future years when he has developed his full powers. The "A" team have also received many promising recruits, and although they were beaten in rather a poor game by Bedford Thursday XV, they did extremely well to draw their match with the Old Blues "A"—a team which has not suffered defeat for three years. The Club has an increased number of playing members this year, and the attitude of keenness is greater than we have known it for some seasons.

ST. BARTHOLOMEW'S HOSPITAL *v.* OLD MILLHILLIANS.

Played on October 7th. Four tries by one player and five conversions by another in their ranks denotes that St. Bartholomew's possess something more than ordinary talent, especially when, as at Winchmore Hill, the Hospital beat Old Millhillians by 6 goals (30 points) to 2 tries (6 points). After the opening minutes Millhillians scarcely promised anything, even although they did get a couple of tries through Anderson and Macfarlane in the second half, following Bart.'s leading by 2 goals to nothing at the interval.

Neville gave a great exhibition at left wing three quarter for the winners, and his four tries were the result of brainy fielding and swerving, not to mention the merit of his conversion of one try in a troublesome cross-wind. Gaisford kicked the remaining goals, Moody-Jones and Davies got the two other tries, and Anderson and Macfarlane scored the visitors' two tries.

St. Bart.'s: W. F. Gaisford, *back*; L. C. Neville, P. O. Davies, M. McGregor, W. Moody-Jones, *three-quarters*; D. H. Cockell, T. P. Williams, *halves*; H. G. Anderson, A. E. Beith, A. B. Cooper, G. Dietrich, G. W. C. Parker (Capt.), J. Pittard, A. W. L. Rowe, E. S. Vergette, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL *v.* RICHMOND.

Played on October 14th. St. Bartholomew's Hospital beat Richmond at Winchmore Hill after a fast and hard-fought game by 2 goals, 1 penalty goal and 2 tries (19 points) to 1 goal (5 points). The victory was thoroughly well deserved, as during three-fourths of the game Bart.'s were the attacking force, and man for man were speedier and more opportune than their opponents. True, early in the game Richmond lost Bentham, who had to retire through injury, so that Middleton, who had been doing good work as centre three-quarter, had to return to his old position as back, and the outside division was consequently disorganised. Yet, even with a man short in the scrummage, the Richmond forwards ought to have made a better showing. Both in the tight and the loose they were out-manœuvred by the home forwards, and failed to give Jones and Major reasonable chances of displaying their scoring powers.

One feature of the game was the splendid tackling of both sides. In fact the defence altogether was very creditable, and it was just the little bit of extra pace in the sprint for the line that usually accounted for the tries.

Richmond scored their try a few minutes after the start. Housden kicked to Gaisford, who fumbled, and the former, following up rapidly, got a try, which Middleton converted. Immediately afterwards Cockell got away, and cleverly "giving the dummy," drew the last defender and threw to Davis, but the latter with an unguarded line before him dropped the pass. Next Richmond were penalised, and Gaisford dropped a beautiful penalty goal. After that the Hospital backs got going, as a result of which Row got over, but Gaisford failed with the place-kick.

In the second half the home forwards frequently got possession, and there was some brilliant passing by the backs. From one of these Neville scored on one wing, and soon after Thomas scored on the other, the first try being converted by Gaisford. Later Thomas made a splendid dash for the line, and though brought down by Middleton succeeded in passing to McGregor, who scored an easy try, which Gaisford converted.

St. Bart.'s: W. F. Gaisford, *back*; L. C. Neville, P. O. Davies, H. McGregor, M. B. Thomas, *three-quarters*; T. P. Williams, D. H. Cockell, *halves*; G. W. C. Parker (Capt.), H. G. Anderson, A. E. Beith, A. B. Cooper, A. Carnegie Brown, G. Dietrich, A. L. Row, E. S. Vergette, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL HOCKEY CLUB, 1922–1923.

The prospects of the Hockey Club for this season are better than they have been for the last year or two. Our forward line, our usual weak spot, has been considerably strengthened by the addition of C. J. P. Grosvenor, J. E. Church and J. G. Milner, whom we welcome to our Club.

In the Inter-Hospital Hockey Cup Competition we have drawn Middlesex Hospital in the first round, after which, if successful, we may have to meet St. Thomas's Hospital. At a recent meeting of the United Hospitals' Hockey Club it was decided to run a 2nd XI Inter-Hospital Hockey Competition. We welcome this scheme as giving an added interest to the hockey of the 2nd XI. We have drawn Charing Cross in the first round—a contest which should present little difficulty. Our numbers are steadily increasing, and it is hoped with the addition of a few more members that it will be possible to run three teams. We should therefore be grateful if any old hands or beginners desirous of playing would see either G. Foster or S. B. Benton, the two secretaries.

We opened the season on Saturday, October 7th, with a well-fought game against the Polytechnic at Winchmore Hill. This ended in defeat, but not an ignominious defeat, the score being 3—1 against. The forwards only found their true form towards the end of the game, and it was not until the last quarter of an hour that they began to combine to any extent. Our goal was scored by G. Foster from a good through pass from C. J. P. Grosvenor. The defence was good, and A. E. Parkes stopped many difficult shots in goal.

Team.—E. H. Watkins (Capt.), A. E. Parkes, J. A. Attwood (*backs*); S. M. Coleman, T. S. Goodwin, R. A. Walsh (*half-backs*); P. G. Cutting, C. J. P. Grosvenor, G. Foster, E. Morgan, S. B. Benton (*forwards*).

FIVES CLUB.

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

DEAR SIR,—In the notice of the Fives Club in the October JOURNAL a small error has crept in. In the paragraph, "For the immediate present the Club maintains the conservative policy of confining its activities to intra-hospital events" the compositor has substituted "inter-hospital" for intra-hospital," thus giving rise to misconception, which it would be desirable to correct.

Sincerely yours,
ROBERT KLABER,
Hon. Sec., S.B.H.F.C.

GOLF CLUB.

A match was played on Saturday, October 14th, 1922, against Shirley Park Golf Club on their course.

ST. BART.'S GOLF CLUB.		SHIRLEY PARK GOLF CLUB.	
H. Smith	0	P. R. Power (1 up)	1
J. H. T. Davies	0	S. B. Nimmo (6 & 4)	1
J. Ness Walker	½	H. A. Harrison	½
H. F. Chillingworth	0	P. T. Maides (6 & 5)	1
T. A. Cox (2 & 1)	1	G. Hoyland	0
H. Houfton (2 & 1)	1	G. L. W. Duffield	0
Smith and Davies	0	Nimmo and Maides (2 & 1)	1
Walker and Chillingworth	0	Power and Harrison (4 & 3)	1
Cox and Houfton (2 and 1)	1	Hoyland and Duffield	0
	3½		5½

The President's Cup, which was presented by Mr. Girling Ball at the beginning of the year, has been won by J. Holmes. The runner up was H. F. Chillingworth. There were 26 entries.

HEARD AT A RECENT M.R.C.P. EXAM.

Candidate (to examination "long case"): "Well, little man, what's the matter with you?"

Little man: "Please, Sir, I'm a cretin."

CORRESPONDENCE.

A BRIGHTER BART.'S.

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

DEAR SIR,—In your last issue the contributor who wrote "Toujours la politesse" advocated a "brighter London," but appeared uncertain as to the method which should be adopted by Bart.'s.

As one who narrowly escapes a violent death every time he enters the noble archway of our *alma mater*, I should suggest that an annual motor hill climb would liven things up very considerably. A small entry fee and a charge for the onlookers should result in some benefit to the Hospital, and the successful driver could exhibit a plaque on his car for the rest of the year. It is unfortunate that the size of the Square is insufficient to allow a ten-lap race with the wards as grandstands. The idea might even be extended to inter-hospital races at Brooklands, and with the present record between Bart.'s and Harley St. it is unlikely that our Senior Staff would be left far behind.

The Professorial 3-lap Handicap open to Professors, Assistant ditto, Chief Assistants, Clinical ditto and Anæsthetists to the Unit should provide some fine thrills. I present this idea quite gratis to the consideration of your readers.

I am, Sir,
Yours faithfully
"BIFFED."

October 20th, 1922.

REVIEWS.

ST. BARTHOLOMEW'S HOSPITAL REPORTS. Volume LV. Edited by F. W. ANDREWES, W. MCADAM ECCLES, G. E. GASK, W. D. HARMER, H. THURSFIELD, H. WILLIAMSON. (London: John Murray, Albemarle St., W.) Pp. 180. Price 7*s.* 6*d.*

The volume lying before us is excellently produced. Its type and *format* are excellent. The contents commence with two obituaries, one of John Wickham Legg, the other of Francis Arthur Bainbridge. These are written with an obvious understanding and affection.

Next comes an article on the life and works of Sir Astley Cooper, by Geoffrey Keynes. Mr. Keynes has a very pleasing literary style, and we regard this sketch as being the most notable contribution to the volume. In some vague way we have been reminded whilst reading it of Frowde's "Short Studies." Sir Astley Cooper is not drawn as a lovable man nor one to admire, but his indomitable energy and the secret of his professional success are shown with great lucidity and with a pleasing sententiousness. We hope that Mr. Keynes will give us more. There are few that can write a biographical account and make it as interesting as this.

Next Sir Dyce Duckworth contributes an article, "Notes on the Value and Employment of some Remedies now much Forgotten or Ignored." This from one of our Seniors is particularly interesting. Such drugs as musk, sarsaparilla and asafœtida are discussed by the author with ripe wisdom, although we believe that sometimes he has allowed old-time customs to cloud the findings of modern science.

Mr. W. Etherington Wilson discusses intussusception, an analysis of a fifth series of ninety-five cases with remarks on the previous four series of Mr. McAdam Eccles and Mr. F. F. Laidlaw, whilst Dr. Glyn Morgan concludes the articles with a report on nine cases of chronic metritis and eight cases of uterine fibroids treated by X rays.

There now follow sixty pages containing a full account of the Museum specimens added during 1921. We believe that this might be much curtailed. What is the use of printing this long account of each specimen? We are tempted to ask, *cui bono*? We think that if the name of each specimen is given with two lines of descriptive matter it would have been ample. The Museum catalogues are always available for those interested in any particular section. We write this well knowing that the curtailment would mean a break with custom, but we believe that to give to this work, excellent though it certainly is, a third of the volume is absurd. The book ends with a few tables and lists.

We welcome the volume very sincerely. The "*Reports*" have a distinct place in our Hospital life, which cannot otherwise be filled, and we believe that this is a worthy volume to start a new series. May we hope to see in the succeeding years more reports of original work?

THE SURGICAL DISEASES OF CHILDREN. By FREDERICK C. PYBUS, M.S., F.R.C.S. With 288 illustrations. (London: H. K. Lewis & Co., Ltd.) Pp. xviii + 408. Price 18*s.* net.

It would seem to be exceedingly difficult to compile a book on the surgical diseases of children sufficiently illuminative with regard to special methods to make its purchase necessary. Nor can we convince ourselves that this book satisfies all claims. It is a good general account of children's surgery. Necessarily in a volume of its compass there can be no detailed account of surgical procedure. The illustrations are many and excellent, and should be of value to the beginner in diagnosis. We are surprised that there is no mention of radiotherapy in the treatment of tuberculous cervical lymph nodes.

APPOINTMENTS.

TODD, E. W., M.B., B.Ch.(Cantab.), D.P.H.(Durh.), appointed Pathologist to the Department for Venereal Diseases, Golden Lane.

WILSON, A. C., M.R.C.S., L.R.C.P., appointed Clinical Assistant to the Queen's Square National Hospital for the Paralysed and Epileptic.

CHANGES OF ADDRESS.

BULL, L. J. F., 28, Springfield Road, Kingston-on-Thames. (Tel. Kingston 1416.)

PAGE, S. W., 2, Prince's Park Avenue, Golders Green, N.W. 11.

WILSON, A. C., 22, York Street, Portman Square, W. 1. (Mayfair 2047.)

WOOD, M. D., 8, St. Hilda's Terrace, Whitby, Yorks.

BIRTHS.

BRACEWELL.—On October 10th, at 29, Lower Seymour Street, W. 1. to Marion (*née* Macrae), wife of Charles H. Bracewell, M.R.C.S., L.R.C.P.—a son.

BULL.—On October 21st, at 28, Springfield Road, Kingston-on-Thames, the wife of L. J. Forman Bull, M.B.—a son.

HAMILTON.—On September 7th, at Darjeeling, the wife of Lt.-Col. W. G. Hamilton, I.M.S.—a son.

HUMPHRY.—On October 18th, at 50, Don Road, St. Helier, Jersey, the wife of Dr. A. Murchison Humphry—a daughter.

SPARROW.—On October 1st, at 5, North Street, Horsham, to Margaret, wife of Geoffrey Sparrow—a daughter.

MARRIAGE.

TUCKER—LAMB.—On October 21st, at Hitcham Church, Taplow, Dr. Harold Keith Tucker, only son of Mr. and Mrs. J. Tucker, of Lympsham, Weston-super-Mare, to Harriet Rosina, eldest daughter of Mr. and Mrs. C. Lamb, Jun., The Croft, Hitcham, Taplow.

DEATHS.

LANGTON.—On October 12th, 1922, suddenly, at a nursing home, Herbert Langton, M.R.C.S., L.R.C.P., of 61, Dyke Road, Brighton, aged 69.

RAILTON.—On October 4th, 1922, at Coppice Hollow, Buxton, Thomas Carleton Railton, M.D.(Lond.), M.R.C.P., F.R.C.S., aged 78.

ROBBS.—On October 12th, 1922, at Lodgewood, Gravesend, Charles Edward Robbs, M.B., beloved husband of Sissie Robbs, aged 63.

WHITWELL.—On October 20th, 1922, in London, after an operation, Hugh Whitwell, of St. Giles' Plain, Norwich, youngest son of the late William Whitwell, of Saltburn-by-the-Sea, Yorks, aged 46.

NOTICE.

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

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., *at the Hospital.*

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, *the Journal Office, St. Bartholomew's Hospital, E.C. Telephone: City 510.*

St. Bartholomew's Hospital JOURNAL.

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

VOL. XXX.—NO. 3.] DECEMBER 1ST, 1922. PRICE NINEPENCE.

CALENDAR.

Fri., Dec. 1.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.
Clinical Lecture (Medicine), Sir Thomas Horder.

Sat., ,, 2.—Rugby Football Match *v.* U.S. Portsmouth (home).
Association Football Match *v.* Old Brentwoods (away).
Hockey Match *v.* Enfield (home).

Mon., ,, 4.—Clinical Lecture (Special Subject), Mr. Elmslie.

Tues., ,, 5. Prof. Fraser and Prof. Gask on duty.
Annual Dance at Prince's Galleries, 9 o'clock.

Thurs., ,, 7.—Professorial Lecture: Prof. Fraser, "The Clinical Aspect of Syphilis of the Lungs, Alimentary Tract and other Viscera."

Fri., ,, 8. Dr. Morley Fletcher and Mr. Waring on duty.

Sat., ,, 9.—Rugby Football Match *v.* Bedford (away).
Association Football Match *v.* Old Aldenhamians (home).
Hockey Match *v.* Epsom (away).

Mon., ,, 11.—Clinical Lecture (Special Subject), Mr. Scott.

Tues., ,, 12.—Dr. Drysdale and Mr. McAdam Eccles on duty.

Fri., ,, 15.—Sir P. Horton-Smith Hartley and Mr. Waring on duty.

Sat., ,, 16.—Rugby Football Match *v.* Catford Bridge (away).
Association Football Match *v.* Toc. H. (away).
Hockey Match *v.* Wembley (away).

Tues., ,, 19.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.

Fri., ,, 22.—Prof. Fraser and Prof. Gask on duty.

Mon., ,, 25.—Christmas Day.

Tues., ,, 26.—Dr. Morley Fletcher and Mr. Waring on duty.

Fri., ,, 29.—Dr. Drysdale and Mr. McAdam Eccles on duty.

EDITORIAL.

CHRISTMAS comes but once a year, and when it comes it invariably produces not only great happiness in the Hospital, but an Editorial paragraph explaining that it is coming (which indeed every living soul in the Hospital knows already), why it is coming, and what may be expected when it does come.

We propose this year merely to wish our readers a very happy time, and in passing, to say how glad we are that Sister Theatres will be back in time to render (with her Staff) her customary invaluable assistance to the Troupes.

* *

We are happy to know that some time before the New Year, the President of the Hospital, His Royal Highness the Prince of Wales, will unveil a memorial tablet in Sandhurst Ward to our late Treasurer, Viscount Sandhurst.

* * *

Full reports of the Oxford and Cambridge Dinners will be found in our next issue. Both passed off well. A record number attended each. This was perhaps inevitable in the case of the Oxford feast, since it happened to be the first, but was gratifying in the case of the older Cambridge Club.

*

Dr. J. H. Drysdale has been elected an Examiner in Medicine to the Royal College of Physicians of London in place of Dr. Morley Fletcher.

* * *

Our congratulations to Dr. F. G. Chandler upon his appointment as Assistant Physician to Charing Cross Hospital are mingled with our deep regrets that this will

mean that he will cease to be one of our own Casualty Physicians.

* * *

We print elsewhere in this issue a photowhich represents (if there are counted together the number of years' service to the Hospital of its individual members) more than 214 years' work.

The occasion of this photo was remarkable. It marked the completion by Mr. W. Peat of 41 years as a "box-carrier" and porter to the Hospital. Many of his colleages and friends on the Junior and Senior Staff thought that this should not pass without recognition. On their behalf, therefore, Mr. Peat was presented on October 27th with a suitably engraved gold watch, a wallet containing treasury notes, and a purse of money from the Sisters. The Steward made the presentation, and Messrs. Langford Moore, Allen, Watkins and Herbert spoke of their regard for Mr. Peat of his long, faithful and concientious service.

In leaving us Mr. Peat must carry away many memories of bygone times: of days when asepsis was not recognised, and each surgeon was accompanied on his rounds by his "box-carrier," of the war-years and the air-raids, of the old and the new surgery. It leaves with us pleasant memories of faithful work well done.

It is a great thing for any man to have completed 41 years' service in an institution where of necessity each must be critical of his neighbour and yet be held in the respect and affection all feel for Mr. Peat. We hope that he may enjoy many years' rest after his long and honourable career.

* * *

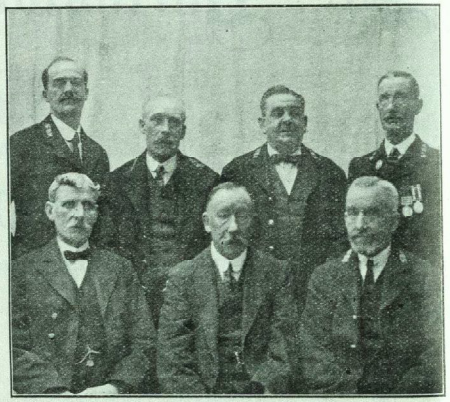
During the past months we have received letters from India, China and Africa and from many towns in Great Britain asking the question, "Please, when are you going to publish *Round the Fountain* again?" Requests of a similar nature have made our life a burden to us in the Hospital.

We hope that a new and fuller edition of this extremely popular compilation of humorous medical prose and verse will be ready before Xmas and we shall try to keep to the price of half-a-crown. If we are able to do this it will be the most remarkable instance we know of stability in pre- and post-war prices.

We need not say that every member of the Senior and Junior Staff should have his copy. Such may be taken for granted. We would, however, remark that every Nurse should have her's too.

And no present will be more acceptable this Xmas than *Round the Fountain*.

Readers should order their copies early, from the Editors, Journal Office, St. Bartholomew's Hospital. If the order is by post, remittance should be enclosed with postage.



THIS PICTURE REPRESENTS 214 YEARS' SERVICE TO THE HOSPITAL. J. WILSON, WM. PEARSON, W. G. HERBERT, W. M. EVANS, W. TUTTON, MR. W. WATKINS, W. PEAT.

THE OCTOCENTENARY OF THE FOUNDATION.

7. THE WARDS.

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

OLD names lingered for a long time in the newly constituted Hospital. There was the Garden Ward and the Cutting Ward; the Women's Ward and the Dortoir, which had become corrupted into the "Dorter," and later, when its origin was wholly forgotten and clerks prided themselves on their spelling, into "The Daughter Ward." As the Hospital grew new wards were built and new names had to be given. In 1572 there were "High Ward," "Childhouse Ward," "Sellers Ward," "Long Ward," "Armyte's Chamber," "Chapel Ward," Garden Dortoir Ward," "Cloister Dortoir Ward," "Sweating Ward," and "Sister's Chamber." During the Dutch War soon after the Restoration, King Charles the Second, through the Privy Council, asked that a moiety of all the rooms in the Hospital should be reserved during the time of the war at sea, and that "they shall be disposed to such as shall be wounded in the Service of the Navy." The answer was returned that rooms for eighty persons shall be forthwith ready for His Majesty's Service for such sick and wounded seamen and soldiers, and that six wards shall be speedily made ready for their entertainment, viz.—King's (2 Wards) Long Ward, Cloisters Daughter Ward, Queen's Ward, Martha's Ward and Katherine's Ward, which wards are conceived fit for the reception of ninety-one persons and every one to have a single bed. Two years later, when the Hospital had to be partially closed owing to the depopulation of the City and the loss of revenue it had sustained by the Great Fire of London in 1666, mention is made of a Long Ward, a Curtain Ward, a Mark Ward, a Martha Ward, a New Ward, a Dyett Ward, a Naples Ward, a King's Ward and the Garden Dorter Ward. The King's Ward was to be converted into shops.

Sir William Church says in an interesting paper contributed to the *St. Bartholomew's Hospital Reports* in 1884: "I have been unable to find any record of the number of beds existing at the end of the eighteenth century or the number of patients annually admitted, but there were fifteen sisters, representing at least fifteen wards, and it seems evident that the various medical officers must have had their patients scattered through many wards and not collected together. Dr. Bernard's patients, who were all men, were to be found in ten wards. In all probability medical and surgical patients were mixed together, for unless that was the case, it is difficult to see how fifteen sisters could manage and look after the number of in patients that the Hospital then contained. There is no record of the exact number, but Dr. Bernard had above one hundred patients in his own charge, all men. His colleague, Dr. Browne, son of Sir Thomas Browne, who wrote the *Religio Medici*, may have taken charge of the female patients, and as junior would probably have a much smaller number of beds—perhaps not more than fifty. The three surgeons would certainly have at least one hundred and fifty beds between them; a certain number would be required for the cutters for stone and the foul wards, so that we may safely conclude that the total number of patients was over three hundred. The same result is arrived at in another way. The daily allowance for the patients' diet was fourpence apiece, and for three hundred patients this would make the sum £1825, and the actual cost of "Dyetts for the Poore" in 1682 was £1814 2*s.* 2*d.* The average number of patients therefore at this time was about three hundred, and if there were fifteen wards there would be about twenty beds in a ward."

The names Rahere, Radcliffe, and President Wards were given when the present buildings were opened in 1740, and when the third block was opened two years later it was ordered that the wards should be called Marshall, after Sir Henry Marshall, who was President of the Hospital; Watt, after John Watt, Colston and Aldred, all of whom had been benefactors. There were also Mary, Elizabeth, Martha, Magdalen, Faith, Hope, Charity and Patience. Marshall, Watt, and Patience were renamed long ago, Magdalen remained until the venereal wards were abolished in our own time, whilst Colston still keeps green the name of Edward Colston, the 'Blue Coat boy, philanthropist and West India merchant, in whose honour Colston Day is still celebrated annually at Bristol. He was one of the auditors of the Hospital accounts in 1692–3.

The wards of the Hospital have witnessed many tragedies, but none have come home so closely to the members of the Staff as two which happened comparatively recently on Saturday, May 24th, 1862, when Edward Stanley, who had recently been appointed Consulting Surgeon to the Hospital, had a cerebral hæmorrhage whilst he was watching an operation in what is now Theatre A. He was carried into Henry Ward, and died an hour later in the state bed in the front ward. Stanley, indeed, died full of years and honours, but on April 19th, 1913, R. B. Etherington-Smith died in Charity of blood-poisoning after two days' illness—Junior Assistant Surgeon, Captain of the Cambridge University Boat Club, a man of the greatest promise and beloved of all. The ward for the nursing of the Resident Staff is a fitting and lasting tribute to his memory.

ACUTE INFECTIVE OSTEOMYELITIS OF THE LONG BONES: AN ANALYSIS OF CASES.

By RODNEY MAINGOT, F.R.C.S.,
Chief Assistant to a Surgical Unit, St. Bartholomew's Hospital; Surgical Registrar, West London Hospital;
and
FRANK GREEN.

THE results of operation upon the long bones for acute osteomyelitis are often disappointingly unsatisfactory. Too often a patient dies, and the "post-mortem" discloses areas of suppuration lying above or below the limits of drainage, which have given rise to a fatal staphylococcal pyæmia. Too often, again, a patient is discharged "healed except for a small sinus," only to be admitted twice or three times later on for sequestrectomy.

With a view to comparing the immediate and permanent results of the various forms of operative treatment adopted in this disease, the writers have collected the notes of forty cases of acute osteomyelitis, which have been treated in St. Bartholomew's Hospital since 1904.

The results of this analysis they venture to present in the following statistical paper. In addition to notes on the operations they have included such other data as appeared to them to be of interest with regard to this condition.

Forty cases were examined, and they were chosen carefully because of the completeness of their notes, all for any single year being, where possible, included so as to give a more or less accurate estimate of the proportion of male cases to female, etc. Of these:

Total cases, 40.

12 died in hospital, = 30 per cent.

10 were discharged *completely* healed after first admission, = 25 per cent.

3 were still ill at the time of writing, with uncertain prognoses, = 7·5 per cent.

13 were discharged with sinuses (of these at least 6 were subsequently readmitted for sequestrectomy), = 32·5 per cent.

1 was discharged after amputation of the affected limb = 2·5 per cent.

1 was discharged as "healed" but was subsequently readmitted for (*a*) sequestrectomy; (*b*) bone graft for ununited fracture of tibia following diaphysectomy; = 2·5 per cent.

Ætiology of these Cases.

31 of the cases were males (77 per cent.). The commonest age was from 9 to 14 (62 per cent.). The extreme ages noted were 2 years and 49 respectively; incidentally both the latter cases were females.

A definite history of trauma was established in 17 cases (42·5 per cent.).

"Septic foci" (*i. e.* sore throats, carbuncles and boils) were held responsible in three cases, whilst one was said to have followed an attack of rheumatic fever.

Bones affected:

Tibia . .	in 20 cases	= 50 per cent.
Femur . .	„ 11 „	= 27·5 „
Humerus .	„ 3 „	= 7·5 „
Radius . .	„ 2 „	= 5 „
Fibula . .	„ 2 „	= 5 „
Metatarsal .	„ 3 „	= 7·5 „
Rib (left seventh)	„ 1 case	= 2·5 „
Phalanx . .	„ 1 „	= 2·5 „

Of these, the right tibia and proximal phalanx of left index finger were affected together in one case, the left tibia and fibula in a second, the left tibia and right fifth metatarsal in a third, the left femur and left fibula in a fourth, whilst in a fifth both femora were affected simultaneously.

Infecting Agent.

In 13 cases no bacteriological investigation was carried out. Of the remainder, pure *Staphylococcus aureus* infection formed 78 per cent. In only one instance was the infecting organism stated to be *Staphylococcus pyogenes albus*. In three others the infection was mixed, viz.:

Staph. aureus and streptococci.
„ „ „ a diphtheroid bacillus.
„ „ „ *B. pyocyaneus*.

History of Illness and Condition on Admission.

In the majority of these cases the "history" of illness was of about three days' duration. The following is a very typical example:

Boy, æt. 13:

4 days before admission: fall on right knee while roller-skating.
3 „ „ „ Right thigh painful and tender. Patient was "feverish" and stayed in bed.
2 „ „ „ Right thigh very swollen, tender and red.

Next day seen by his doctor, who advised hospital treatment.

In some instances, however, the history of pain and malaise (preceding admission) was much longer than this. In three cases it exceeded a week.

Though none of the latter terminated fatally, all three ran prolonged courses, and were eventually discharged from hospital "with sinuses."

As regards the condition on admission there was a marked degree of similarity between most of the cases.

The average temperature was 102°, with a pulse of about 110. At least one acute case was admitted with a temperature as low as 97°, but it rose rapidly after admission to 102°.

The most constant local symptom was *bony tenderness* over the affected region and sometimes referred to a more distal portion of the bone; it was present in all cases except two. In both the latter the osteomyelitis (of femur and fibula respectively) was complicated by suppurative arthritis of neighbouring joints (knee and ankle), and the only tenderness to palpation complained of by the patient was over these joints themselves, though the *entire* shaft of each bone was found at operation to contain pus. In one other case, though, bony tenderness was not observed clinically owing to the moribund state of the patient, it was in all probability present. This case seems of sufficient interest to merit special description.

The following is a brief summary of the notes:

Patient, a boy, æt. 11, was admitted to a medical ward, acutely ill with bilateral pleurisy.

There were indications of a possible meningitis, and on attempting to elicit Kernig's sign it was noticed that the patient screamed when the thighs were lifted.

There was no swelling or redness of either thigh; the condition of the patient prevented more thorough examination. No operation was attempted.

A few hours later the boy died, and the post-mortem disclosed—

(1) Acute osteomyelitis of left femur.
(2) Subperiosteal abscess of right femur.
(3) Acute pleurisy on both sides.
(4) Abscesses in both kidneys.
(5) Septic infarcts in lungs, heart-wall and spleen.

There was no evidence of arthritis in the hip or other joints.

In 5 cases bony tenderness was the *only* local sign, but in the remaining 35 (88 per cent.) all the "classical" symptoms of heat, swelling, redness and impairment or loss of function were present in variable degree.

X Rays.

As an aid to the diagnosis of acute osteomyelitis X rays are practically valueless. Excellent assistants as they are in the later stages of the disease, particularly where diaphysectomy has been performed, when they facilitate observation as to the amount of new-bone formation and the detection of sequestra, in the early stages they tend to be rather misguiding. As examples of this may be quoted two cases in which the femur was found at operation to be loaded with pus. In both the latter, X-ray plates taken one day before operation showed "no bony abnormality."

Complications of Acute Osteomyelitis.

The most important *local* complication of acute osteomyelitis is an extension of the suppuration to adjacent joints: septic arthritis complicates about 30 per cent. of acute bone abscesses. This suppurative arthritis due to direct extension is to be distinguished from that occurring later in the disease as part of a general pyæmia. In conjunction with osteomyelitis it is common to find myositis and cellulitis; these are to be regarded as concurrent infections rather than true complications of the bone condition—in many cases, indeed, they precede the latter.

The *general* complications of acute osteomyelitis, which are serious and commonly fatal, follow directly upon the three stages of general infection—toxæmia, septicæmia and pyæmia. It is difficult to state at what point complications due to septicæmia merge into those due to pyæmia, but toxæmic symptoms appear early in the disease and form a very definite entity by themselves. One of the commonest of these is "meningism." Three out of twelve fatal cases, had definite meningitic signs a few days before death—Kernig, strabismus, and head-retraction; in each of these a "post-mortem" was subsequently performed, when the brain and meninges were shown to be normal.

The onset of the septicæmic or septico-pyæmic stage is usually quite definite; a sudden rise in temperature and pulse-rate, with signs of early broncho-pneumonia, pleurisy or pericarditis make the prognosis extremely grave.

Any doubt as to the presence of septicæmia may usually be allayed by obtaining a positive blood-culture. In a few cases of acute osteomyelitis the only diagnosis that can be made is that of septicæmia or pyæmia, and the focus of infection in the bone is not found until the post-mortem examination.

The following is a table of the lesions noted in six fatal cases:

Broncho-pneumonia . . .	in 2 cases
Empyema	„ 4 „
Pericarditis	„ 3 „
Abscesses in myocardium . .	„ 4 „
„ „ kidneys . . .	„ 4 „
„ „ lungs . . .	„ 4 „
„ „ liver	„ 1 „
„ „ spleen . . .	„ 1 „
Metastatic infection of other bones	„ 2 „
„ „ of joints . .	„ 2 „

It is commonly stated that, once pericarditis has developed, a fatal termination is imminent. In opposition to this the writers can say that they have seen two cases with definite pericarditic signs which have later recovered sufficiently to be discharged from hospital "considerably improved."

Operations and After-Treatment.

The operations adopted in these cases were of three types, viz. (1) the "gutter" operation, (2) diaphysectomy, (3) amputation.

The "Gutter" Operation.

This is further divisible into two, *e. g.* the "major" gutter and the "minor" gutter. The first of these involves the making of a *large* hole or groove in the bone, not limited to the inflamed area, but laying open a considerable portion of the bone-marrow. If sufficiently extensive this operation provides excellent drainage, and has several obvious advantages over diaphysectomy, which will be considered later. The second consists merely of making a *small* hole or incision in any part of the bone which appears inflamed, evacuating as much pus as possible by means of irrigation, and inserting drainage-tubes or plugging into the wound. The hole in the bone is effected by chisel and hammer, gouge, or electric burr or drill. In order to allow free and dependent drainage it should, if possible, be placed laterally or posteriorly.

This "minor gutter" operation, being strictly localised, provides no exit for collections of pus which may be loculated in other parts of the bone. It is quite common to have two or three separate abscesses situated simultaneously in the shaft of a single long bone, and in many cases in which one of these has been drained by a small opening the patient has died of pyæmia following another—which has only been discovered post-mortem. Even in cases which recover one "minor gutter" is seldom enough to produce the desired result; it is no uncommon thing for this operation to have been performed five, six or seven times in the course of a month upon the same bone—at the end of which the condition of the injured bone may readily be imagined!

Hence, though it may suffice in a few cases in which the

infected area is *known* to be small, yet as a general treatment of acute osteomyelitis the minor gutter operation is to be deprecated in favour of the "major gutter" or of diaphysectomy. This statement is borne out by a consideration of the Table published below, in which it will be seen that the minor gutter has a higher percentage of deaths and a lower percentage of cures than the two other operations.

Advantages of the major gutter operation.—(1) There is little risk of subsequent deformity, unless the bone is fractured.

(2) It ensures good drainage from the infected region, *provided that the whole or the greater part of the medulla is exposed.*

(3) It is probably the only suitable operation for patients over forty. In these the slow rate of new-bone formation renders diaphysectomy undesirable.

In theory, then, the "major gutter" should be the ideal operation for acute osteomyelitis. But in practice (see Table) it is found to give less satisfactory results than diaphysectomy.

The reason for this is often to be found in the conservatism of the operator. So seldom is the opening into the bone made large enough, so seldom is it placed postero-laterally. With such inefficient drainage, the patient, even if he survive, is very apt to develop sequestra in the affected bone, with the result that he will probably require as many subsequent operations for sequestrectomy as if the minor operation had been performed in the first instance.

Diaphysectomy.

This operation may be defined as the sub-periosteal resection of the whole or portion of the shaft of a bone. In the cases under consideration it has given relatively the best results of the three methods of operative procedure.

Advantages of diaphysectomy.—(1) The whole infected area is removed, so that the possibility of subsequent pyæmia and death is practically excluded. Reference to the Table will show that out of nine cases so treated the mortality was *nil.*

(2) Thorough drainage is ensured.

(3) One operation is generally sufficient. In this it

TABLE OF OPERATIONS.

OPERATION.	NO. OF CASES.	NO. OF DEATHS.	EXTENT OF OPERATION AND CONDITION OF PATIENT ON DISCHARGE.	REMARKS.	PERCENTAGE OF COMPLETE CURES.
Diaphysectomy	9	Nil (= 0 %)	1. Complete shaft of right radius. Healed. No shortening.	This patient was readmitted 5 years later with a recurrence of symptoms. She had had no further trouble until then. X rays showed almost complete reformation of the shaft of the radius, but that a sequestrum was present. (See text.)	55 %
			2. 3¾ in. of right femur. Complete healing. No shortening.		
			3. 3 in. of right tibia. Complete healing. No shortening.		
			4. Right first metatarsal. Complete healing.		
			5. 1¼ in. of right tibia. Discharged with 2 short sinuses.		
			6. Right tibia. Healed. Right leg had 3 in. shortening. Joint movements good.		
			7. Left tibia, diaphysectomy after 5 "minor gutter" operations. New bone formation was slow and uneven. Patient was readmitted 2 years later for ununited fracture (treated successfully by bone-graft).		
			8. 6 in. right tibia. Discharged as "healed."	This patient was readmitted 6 months later with a recurrence of symptoms. The bone was found at operation to contain a sequestrum and much pus. Finally discharged with a small sinus.	
			9. Left fibula. Healed.		
Major gutter operation	10	4 (= 25 %)	3 were discharged healed. 9 were discharged with sinuses.	—	12·5 %
Minor gutter operation	10	5 (= 50 %)	1 was discharged completely healed. 4 were discharged with sinuses.	—	10 %

compares well with the gutter operation, of which two or three repetitions is the rule.

(4) It is specially suited to the cases of children, since, in them, new bone formation takes place both rapidly and completely from the periosteum and epiphyses.

(5) The final result is in most cases highly satisfactory.

There are two other striking factors to be noted after diaphysectomy has been performed. The first is the precipitate fall in temperature immediately after the operation, and the second the comparative freedom from pain.

Both these factors are accounted for by the radical removal of grossly infected tissue, and by the thorough drainage which is established and maintained when this procedure is adopted.

Disadvantages of diaphysectomy.—The above figures tend to show diaphysectomy in a very agreeable light. What, then, are its limitations and objections?

In the main these are five, viz:

(1) In mild cases in which the infection is strictly localised it is a disproportionately extensive operation. But it is by no means easy to say with certainty of such infection that it *is* strictly localised; there may be further abcesses in other parts of the bone, and a small operation may be insufficient to prevent a fatal pyæmia.

To perform diaphysectomy is to be on the safe side, even though convalescence may afterwards be prolonged.

(2) In some cases there has been no regeneration of the affected bone—probably due to periosteal injuries at the time of diaphysectomy.

(3) There is after diaphysectomy a risk of shortening and deformity. For instance, a case is quoted above in which, after excision of a part of the shaft of the right tibia, the patient was discharged "healed, but with 3 in. shortening of the right leg."

Such deformity can be prevented by applying weight-extension and suitable splinting to the affected limb *as soon as possible* after the operation. In the case just mentioned this was not done until six weeks after the operation, the leg meanwhile being fixed in a Neville splint.

Conversely in a very successful case (of right tibia) in which the patient was discharged with a practically normal leg, it is expressly stated in the notes that extension was applied *early* and maintained for two months.

(4) Diaphysectomy is a relatively unsuitable operation for patients over forty, in whom new bone formation is apt to be slow and imperfect.

(5) Even when diaphysectomy has been performed successfully, followed apparently by a complete cure of the disease, there is a chance of delayed sequestra-formation in the same bone which may lead to a recurrence of symptoms at a later date. In the Table of Operations reference has been made to two cases in which this misfortune occurred.

In one of these—that of the right radius—the patient had an apparently normal arm for *five years* after she left hospital before any symptoms reappeared. Then, quite suddenly, the arm began to get painful, tender and red; the patient became ill, and was admitted to hospital with pyrexia (temperature 100·5°). An operation was performed at once, and a large sequestrum was found embedded in the newly-formed shaft. This was removed, the medulla was salt-packed, and the patient made a rapid and satisfactory recovery.

There is no record of any subsequent relapse.

No defence can be made against this objection to diaphysectomy; the condition has simply to be combated as it occurs. In both the cases of which the writers hold record, satisfactory results (lasting three and seven years respectively up to date) have followed surgical treatment of the first relapse.

Amputation.

Amputation is the final method of treatment of acute osteomyelitis; it is performed where other methods are impracticable or have failed. In the "fulminating" cases it may be advocated as a life-saving procedure. It was adopted in four cases in this series; three of the patients died, one recovered. In each case it followed two unsuccessful "minor gutter" operations.

The following may be regarded as indications for amputation:

(1) Where other methods of treatment have failed, and exhaustion threatens life.

(2) In "fulminating" cases.

(3) In some chronic cases with multiple sinuses, and inaccessible sequestra.

(4) In chronic cases with lardaceous disease present or threatening.

(5) In some cases associated with a severe pyæmia.

(6) When the suppurative process has spread to a large neighbouring joint.

Vaccine Treatment.

The use of an autogenous vaccine after operation frequently appears to be followed by good results; and should in all cases be given a trial. The efficacy of sera is at present doubtful.

CONCLUSIONS.

(1) The minor gutter operation has little to commend it. It gives unsatisfactory results and has a high death-rate.

(2) The *major gutter operation* is good, provided it is sufficiently extensive.

(3) Complete and partial diaphysectomies have given the best results of any operations adopted in these 40 cases. The danger of shortening and deformity after diaphysectomy may be overcome by applying weight-extension as soon as possible after operation.

(4) Diaphysectomy is specially suited to children, in whom new-bone formation is both rapid and complete. It is less applicable to patients over forty.

(5) Amputation is indicated in certain "fulminating cases" as the one chance of saving life.

In conclusion the writers' sincere thanks are due to the surgeons who had charge of these cases for permission to make use of their notes.

THE HOSPITAL OF THE ROCKEFELLER INSTITUTE AND ITS WORK.

By GEOFFRY C. LINDER, M.D., M.R.C.P.,
Assistant Resident Physician.

IT is the fashion for visitors to the United States to publish their views on America and the Americans, and the shorter their experience the more general and emphatic are their conclusions. It appears, too, that editors and publishers have an almost insatiable appetite for such fare. It is not surprising, therefore, that the editor of the JOURNAL should request a contribution about America, or that I, who have been but a few months here, should seize the opportunity of supplying it. Fortunately he was content to ask for an account of the Rockefeller Institute and was not interested in my views upon the ever-recurring topic of prohibition.

The history of the Institute is a short one judged by its years, but the tale of its accomplishments is already long. It was founded in 1901 by Mr. John D. Rockefeller to conduct and encourage investigations in hygiene, medicine and allied subjects, and to make such knowledge available for the protection of public health and improvement of the treatment of disease and injury. At the commencement the resources of the Institute were employed in making grants to investigators in different parts of the world, but in 1904 temporary premises were obtained and research work was commenced under the directorship of Dr. Simon Flexner, who remains in that position at the present time, and has guided the Institute to its present enviable position in the world of science and medicine. Two years later the present Laboratory Building was completed, and it was then determined to provide a hospital for the precise clinical study of human disease as nearly as possible under the conditions of the laboratory. The Hospital was opened and patients admitted in October, 1910. Since then another building, containing an assembly room, laboratories, and an animal house has been built, and a department for the study of animal diseases, under the direction of Dr. Theobald Smith, has been organised. The latter is situated at Princeton, about thirty miles from New York. The story of the work done would be far too long for this article; the names of Flexner, Noguchi and Carrel will alone suggest its range and importance.

The site selected was a large block of sloping land overlooking the East River, which connects New York Bay with Long Island Sound, and through which passes a stream of coastwise shipping. The buildings stand close to the edge of a low cliff, and command a magnificent view of the river and bridges. On the other sides they are separated from the city by open ground belonging to the Institute, but at present used for allotments and children's playgrounds.

The Hospital has its own laboratory accommodation and a corps of chemists, bacteriologists and pathologists, who work in association with the clinicians in charge of the patients; it is thus to a large extent independent of the Institute, but the Library, X-ray Department and certain other minor services are common to them both. The Hospital staff lunches in the Institute, so that the men of the two divisions meet daily and exchange ideas. The wealth of equipment in all departments is very striking to anyone accustomed to work in a less munificently endowed establishment. The Hospital building differs considerably from the type to which we are accustomed in London. It is a narrow oblong pile of eight floors, and has little pretension to beauty. The first floor, which at home we should call the ground floor, contains various administrative offices and the resident's quarters. These latter are in the end of the building facing the river. The second floor is the "Nurses' Home." On the third are a number of separate rooms for the reception of patients; they are largely used for the isolation of those with acute respiratory infections, but are also utilised for the accommodation of patients of the better classes, or others who are receiving intensive treatment. No payment is taken for accommodation or treatment, and patients are selected without reference to their ability to pay, so that here, at all events, the "middle" class is as fortunate as the poor. The fourth, fifth and sixth floors are wards; they are arranged with a large open ward at each end, and the central part is occupied by small rooms for giving treatment to patients, or for the reception of those requiring quiet and special care. On the fourth floor there is a complete establishment for hydrotherapy, and on the sixth an oxygen chamber, some laboratories and the stenographers' rooms. The seventh is devoted to chemistry and bacteriology, and the eighth contains the cardiology station and a small operating theatre in which minor operations are done. There is a diet kitchen on the fifth floor, from which weighed diets are supplied to the patients whose metabolism is under observation. It is in charge of an expert dietitian, who constructs a diet according to the number of calories and proportions of protein, carbohydrate and fat ordered by the physicians. This was of the greatest value during the time that diabetes was being studied, and is now being utilised in the investigation of nephritis. The basement contains the receiving room, the kitchens and the laundry, while in the sub-basement there is a large post-mortem room with suitable laboratory facilities. Between the Hospital and the Institute is a small building containing accommodation for infectious cases.

At any time four or five diseases are under study by the different services of the Hospital. These are selected from time to time by the Director of the Hospital, Dr. Rufus Cole, who acts in consultation with the heads of the departments. When a new subject is undertaken a team is gathered together, consisting partly of experts in the subject required, but also of partly-trained assistants, for it is part of the policy of the Institute to act as a training-ground for young research workers. At the present time the selected subjects are pneumonia and influenza, acute rheumatism, nephritis, auricular fibrillation, problems of cyanosis and dyspnœa, and chickenpox. The studies of the pneumonia service have been pursued for many years, and notable progress has been made, the most striking results being the discovery of the three definite serological types of pneumococci and the development of specific treatment for "Type I." Researches are being made on the presence and significance of the filter-passing organisms found in the respiratory tract in acute respiratory infections. This work is independent of that of Olitsky and Gates, who have been working on the same subject in the Institute. Exact data are being collected on certain of the clinical aspects of acute rheumatism, on the action of the salicylates and the nature of the joint affection in serum sickness, the serum-treatment of pneumonia providing a supply of material for the last. Persistent efforts are made to solve the riddle of the infective agent, but so far without success. Dr. Van Slyke is the head of the chemical department to which I am fortunate enough to be attached. The subject for clinical study is nephritis, but a number of biochemical problems are being worked out at the same time by the chemists. In the cardiac clinic the effects of digitan and quinidine in cases of fibrillation are being investigated clinically, and by means of electro-cardiograms which are taken daily or hourly should the circumstances require it so frequently. The study of cyanosis and dyspnœa invades all departments, but centres round the oxygen chamber. This chamber is large enough for a patient to be efficiently nursed in it, and by dint of many trials the ventilation system has been rendered so efficient that a patient can stay in it for a week without the atmosphere becoming foul. The air in the chamber is analysed by a most ingenious contrivance, which automatically abstracts a specimen from the chamber, analyses it and records the percentage of oxygen present on a chart. Several cases of pneumonia of types other than Type I have been treated with great relief to their symptoms, and probably with improvement in their chances of recovery.

All the members of the staff hold whole-time appointments. The senior members live outside the Hospital, but each service has one or more resident clinicians who are responsible for the care of the patients. The number of patients is small, for it is the object to work up a few cases with great care rather than to handle larger numbers with less thoroughness. With fifty patients the hospital is quite busy. A resident is in charge of from six to twelve patients, so that he has ample time to examine them every day and in every way and to assure them that they are getting better and better. Note-taking is greatly simplified by the services of a stenographer, who takes the notes down in shorthand at the bedside and returns them shortly after typed out. The resident undertakes all the routine pathology of his cases, which occupies a considerable part of his time. He has the assistance of excellent "lab. boys," who are styled "technicians," and are capable of carrying out many of the routine examinations under his supervision. The remainder of his time is spent in assisting the senior members of the staff in the more elaborate investigations and in attempting to work out problems of his own. No licence is required in this country for animal experimentation, so that this method of research is more readily available than at home; in fact certain general practitioners in the city are accustomed to type their pneumonia patients by means of mouse inoculations. The resident takes his turn to be "on duty," but the duty only lasts for twenty-four hours. The chief matter which will require his attention is the Out-patient Clinic. The only out-patients treated at the Hospital are discharged in-patients, and these are attended to by the physician in whose charge they were. But to this Hospital come all sorts of people, with maladies varying from a sore throat to malignant disease which has been given up as hopeless elsewhere and has been brought here for a final opinion. A few of these cases may be of the types under study, and these may possibly be admitted, but the great majority have to be referred to other hospitals or to private doctors. In the disposal of some of them a considerable amount of tact is required to avoid injury to the reputation of the Hospital, but in this we are assisted by a very efficient social service department. This clinic is an interesting but not always an easy or pleasant task.

In obtaining suitable patients the Hospital is largely dependent upon the co-operation of the practitioners in the city and surrounding country. A bulletin is sent out periodically to inform them of the cases which are being admitted. When a suitable case is referred to us one of the service concerned goes out to see that it comes up to the doctor's specification, and if so brings it back with him in the ambulance. By a discreet selection of patients he can see quite a lot of the city and its environs. Some of the tenement districts on the "East Side" could give points to the "District," especially in the hot weather. The condition of the streets often leaves much to be desired, for it is by no

means unusual to see dead horses lying in the gutter for a day if not longer, while dead cats, discarded furniture and bedding are habitually thrown out onto the streets. Some streets are set aside for children's playgrounds and closed to traffic, and on a hot summer's day it is a common sight to see happy and grubby bands of urchins in their bathing things cooling themselves under sprays attached to the fire hydrants.

There are two staff meetings every week in the working year. On Wednesday mornings the workers in the hospital meet; cases are shown, and the investigations which have been made on them described and explained, or chemical or bacteriological work which is in progress is presented for criticism and suggestions. Sometimes a demonstration of a new method is given. By these meetings the men in one department become acquainted with the work of the other departments; they may hear something which will be of use to them in their own investigations, or may be able to contribute experiences of their own to the discussion. A more formal gathering is held in the Institute on Friday afternoons, before which finished work is presented. Attendance of all the institute staff is expected on these occasions. Twice a month all the members of the Hospital staff, twenty to twenty-five in number, dine at the Hospital; afterwards there is an adjournment to the sitting-room and a session of the Journal Club is held. Everyone is prepared to give a *résumé* of a recent article and to discuss it for the general information of the Club.

No account of the Rockefeller Hospital would be complete without a tribute to the open-hearted welcome which the newcomer receives on his arrival, particularly if he is a stranger to this country. Even with the Irish maids and porters, who probably regarded me as an enemy alien, no "incidents" have arisen. I hear that before my arrival one of them declared that she should not attend to a "Johnny Bull"; but she does, and I have even been accused of being unduly favoured.

A CASE OF GENERAL PARESIS COMPLICATED BY ACUTE MENINGITIS DUE TO MICROCOCCUS CATARRHALIS.

By C. H. ANDREWES, M.B., B.S.(Lond.), AND W. E. LLOYD, M.R.C.S., L.R.C.P.,
From the Medical Unit.

THE patient was a man, æt. 47, unmarried, a window-cleaner, and was admitted on June 15th, 1922, having had a "fit" in the street. No details as to its onset and characters could be obtained. The man had apparently been in good health until the middle of December, 1921, when he was said to have had a "stroke." For the following four days he was "quiet and looked vacant," and he was left with some impairment of speech as well as weakness of the left arm and leg. This had persisted, but he was able to continue his work and had done so until admission. Since April, 1922, he had become quieter in his manner, his speech very thick, his gait unsteady and his habits unclean. There was no history of previous "fits."

On examination.—The patient was a well-built man with a very "flushed" complexion. He was in a semi-comatose condition but could be roused with difficulty; he breathed deeply with slight stertor. There was no smell of acetone or alcohol in his breath. His facial muscles were symmetrical, but the right pupil was larger than the left, and both reacted very sluggishly to light. There was no irregularity in the contour of the pupils and the fundi appeared normal. There was a little rigidity of the neck muscles but Kernig's sign was absent. As far as could be ascertained there was no paresis of either upper or lower extremity, and all the tendon reflexes appeared normal except that the right plantar response was indefinite in character. There were two patches of psoriasis on the right leg. The blood-pressure readings were, systolic 140, diastolic 95, and the urine contained a trace of albumin, and much sugar but no acetone bodies. Soon after admission the patient had three more fits each lasting about 30 seconds, which were definitely epileptiform in character.

DIAGNOSIS AND PROGRESS OF CASE.

Diabetic coma was thought of but ruled out as the urine did not contain acetone bodies. After the report of the spinal fluid had been obtained on June 17th, 1922, a diagnosis of meningococcal meningitis was made; this had to be modified later. By June 18th the patient had recovered the power of speech but had become very restless, and there was increasing rigidity of the spinal muscles. Daily lumbar punctures improved considerably the general condition of the patient. There was no photophobia at any time and no loss of tendon reflexes; the sugar in the urine cleared after the second day of admission. Throughout his stay in hospital the patient was incontinent of fæces and urine. His temperature at its highest reached 100·2°, and his pulse varied between 60 and 85. The mental attitude of the patient was abnormal from the beginning; this was at first attributed to the meningitis. As the latter improved the mental condition became worse, and by July 6th the patient's mind had become completely unhinged. He had delusions as to his previous employment and his surroundings. These increased up to July 14th, when the patient was discharged to a mental hospital.

Note on the Pathological Investigations on the Cerebro spinal Fluid.

The first specimen of cerebro-spinal fluid, withdrawn on June 16th, 1922, was colourless, turbid, and with a few flakes of clot. Globulin was present in excess and Fehling's solution was not reduced. 500 cells per c.mm. were present, made up as follows: 340 polymorphs, 110 lymphocytes, 50 endothelial cells. No organisms were seen in the film, but culture of blood-agar showed many colonies of a Gram-negative diplococcus and a few of a streptococcus. The predominant organism was at first assumed to be the meningococcus, but later was seen to have the characters of *Micrococcus catarrhalis*. Thus, colonies on blood-tryp-agar were obviously yellowish and difficult to emulsify (hence no agglutinations could be attempted). It differed from the meningococcus also in not fermenting glucose or maltose, though it grew well when hydrocele fluid was added to the media. It differed from most *M. catarrhalis* in that it would not grow on ordinary agar. In the absence of serological tests the diagnosis of *M. catarrhalis* from the sugar reactions alone must be regarded as provisional. The streptococcus gave the sugar reactions of *S. salivarius*. In a specimen of cerebro-spinal fluid removed on June 19th, 1922, numbers of Gram-negative diplococci, many of them intracellular, and a few streptococci were found in the centrifuged deposit, but further attempts at culture were unsuccessful. No further cocci were found in specimens taken on June 20th and 21st. By July 6th the fluid showed no abnormality beyond a spidery clot on standing and an excess of globulin. The Wassermann reaction in the blood and cerebrospinal fluid were strongly positive.

Discussion.—The diagnosis of general paresis was finally made on clinical and pathological grounds. The early acute symptoms were evidently due to the invasion of the meninges by *Micrococcus catarrhalis* and *Streptococcus salivarius*, perhaps from the nasopharynx. A local syphilitic lesion at the base of the brain may possibly have opened the way for this invasion. Examination of the nasal sinuses and nasopharynx threw no further light. Meningitis due to organisms such as *M. catarrhalis* and *S. salivarius*, which are commonly saprophytic, is of infrequent occurrence. Wilson has described a fulminant attack of meningitis in an infant due to an organism with the characters of *M. catarrhalis*. Arkwright has met with a case due to a similar organism, which he thinks may correspond to the *M. cinereus* of von Lingelsheim. This last author has also described cases of meningitis due to the allied Gram-negative diplococci, *D. pharyngis* and *D. flavus* II. Barker has met with meningitis due to *M. catarrhalis* complicating otitis media, and Forbes with an infection by another allied organism, *D. crassus*, in a case of fractured base. Dr. M. H. Gordon tells us of a case of non-fatal meningitis in a Canadian soldier during the war in which *Streptococcus salivarius* was recovered in pure culture; and fæcal streptococci have been found in meningitis by Wilson.

We are greatly indebted to Prof. Fraser for permission to publish the details of this case, and to Dr. Gordon for his kind assistance with the bacteriology.

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THEN AND NOW.

WE all know the danger of comparisons; for this reason the present writer has no intention of specifying the date referred to as "then"! If, however, one talks to very old Bart's. men, they will tell how at one time it was customary for a student to make his own arrangement with expectant mothers, and when the time arrived he light-heartedly undertook the task, carrying with him a pair of hands and no other *impedimenta*, relying entirely upon the fates and the gamp to provide the necessary adjuncts. Turning again to a generation not much senior to the present writer's, one hears there existed a wonderful house called "Mackenzie's," in which there was much revelry and some hard work. This house was generally inhabited by one extern, four or five midwifery clerks, and countless fleas—not to mention various other fauna. All this had changed before the writer appeared on the scene, and he in turn inhabited the present spacious quarters and went forth equipped with a bag containing bottles and sterilizer, and sometimes some cotton-wool.

It will thus be seen that there has been no sudden change, but a gradual transition to the present state of affairs. If a visit is now paid to the rooms apportioned to the midwifery clerks, we find that the majority of students have already been through the Labour Ward, and know considerably more than did the author of this article when he was first qualified. No longer is a student able to replace the placenta whence it came in ignorance that such a thing should not be done! He comes on the district with ideas of asepsis in midwifery, and he carries—or gets somebody else to carry for him—not only a midwifery bag with sterilizer and rubber gloves, but also a drum containing a sterile gown, five sterile towels, cotton-wool, gauze, umbilical dressings. When the last of these innovations was made it was feared that the list of wounded and missing among gowns and towels would be so appalling that one pessimist prophesied a total absence of such articles at the

end of six months! By the following simple device, and the whole-hearted co-operation of students, it has been found, however, that the loss during twelve months has been about 1 or 2 per cent. The present routine is as follows:

The porter, on receiving the district letter from the patient's friend, hurriedly goes to the middle room and picks up a book and a drum. These he takes to the clerk on duty, and having presented him with the drum of sterile gowns, begs him to sign his name in a space provided in the book, opposite the distinctive number of the drum. The responsibility for that drum and its contents now rests entirely with the dresser. As soon as the case is over he brings back the drum, with dirty towels, etc., inside, and is very anxious to get rid of the heavy responsibility which is upon his shoulders. He therefore goes to the middle room of the surgery, and depositing his casket at the feet of the nurse, proceeds to demonstrate to her that the full complement is there, and that nothing remains up his sleeve. He then requests the nurse to countersign, and thus rids himself of further responsibility. Should, however, he be unable to demonstrate the presence of all these towels, the nurse refuses to sign, and reports the fact to the extern midwifery assistant within the next twenty-four hours. This official then brings all his knowledge of the art of Sherlock Holmes to discover the missing article. Should he fail, he in turn is requested to notify the Assistant Physician Accoucheur in charge of the District, who notes such losses in the book at his weekly visit to the clerks' room. The object of this weekly visit is to try and help the students, and to answer any conundrums that may be put before him.

It will be seen from the above that there is a real effort being made to make the student realise that however filthy the surroundings, by taking trouble and a tin of sterile towels, he is able to transform a small area, roughly two square yards, into a heaven of cleanliness. The students appreciate fully the value of these innovations; and although on paper it would appear a cumbrous machinery of signing and countersigning, yet in practice—owing to the splendid keenness of the present-day student—the whole scheme works with absolute smoothness.

There are yet other innovations in regard to the extern. He is well equipped with instruments for which he is responsible, and for which he, when giving up office, takes good care to get a receipt from his successor. He is also provided with special drums of sterile dressings, with extra gowns, towels and leggings. In addition, he has at his disposal a bicycle fitted with a carrier.

Now, it is possible that if some old Bart.'s men read this article they will say—"This is all very nice, but do they get better results than we did in our day, when we never used gloves, and went on the District knowing nothing?" It is quite true that the results on the District have been good for generations; but people who talk like the before-mentioned gentlemen have really forgotten what did happen. If you ask them whether any temperatures occurred they will tell you that they didn't often take them; but they are quite sure they never had any sepsis. Well, it is merely a dispensation of Providence that memory is so short! There always has been sepsis when working under such untoward conditions, but the records of recent years do show a distinct improvement.

In 1921 no deaths due to sepsis occurred in patients from the District. Ten cases were admitted from the District for this condition, but all recovered. These results partly are due to the greater facilities given to students, partly to the greater knowledge they have before coming on the District, partly to the prophylactic vaccine which is given in all cases where manipulations have been carried out, partly to the Antenatal Department organised by Dr. Barris, but chiefly due to the splendid enthusiasm of the present-day midwifery student and extern midwifery assistants.

CLINICAL SARTORIAL SURGERY.

By SIR JAMES JERMYN BEAUGROOM.

Being the first of a series of lectures on the subject.

GENTLEMEN,—The subject to which I have the honour of introducing you in this course of lectures is undoubtedly the oldest branch of the surgeon's art. Although some writers have suggested that Adam wounded his right index finger while climbing the forbidden tree, there is no evidence that any treatment was carried out; whereas Eve, while trying to dodge the revolving swords of her angelic gaolers, is authentically reported to have lacerated the lateral folds of her apron. Were the reason for the first production of such a garment to hold good, it is obvious that some sort of suturing operation must have been performed.

So on down the ages, and the sartorial surgeon will be a social necessity until the millennium, when presumably the maker of musical instruments and the goldsmith will be the sole surviving professional gentlemen.

Pathological conditions of the clothes are usually grossly subdivided into congenital and acquired.

An example of the first division—imperfect migration of the collar-pin—I shall shortly show to you. Other lesions examplifying this division are imperforate stud apertures, absence of the postero-lateral pouch (known as the "hip-pocket"), retention of foetal membranes in the shape of price-tickets (most frequently seen in the hospital class of patient), and abnormal pigmentation of the socks.

Of the acquired conditions by far the most important group is the traumatic. Traumatic lesions are subdivided into external or true traumatic (a serious condition), and internal or Pharisaic, affecting such garments as pants, under-vests, or the soles of the stockings. This is a relatively benign condition.

In females the most frequent traumatic lesion seen in this hospital is dislocation of the shoulder strap.

New growths of the clothes are mere pathological curiosities.

Infections of the clothes are also rare, unless the harmless infections seen in certain classes are included. The most virulent infecting organism is the moth, and wholesale destruction of tissues due to this organism is seen in clothes of sedentary habits.

I have to show you two cases of considerable interest. The first is one of imperfect migration of the collar-pin. The pin is seen to have passed completely through the foramen on the right side of the collar, but to have failed to traverse the left foramen. The pin is seen to be hanging suspended from the right side of the collar and completely hidden by the tie.

This is a disabling condition. In some cases the points of the collar come to be folded upwards, thus exposing that delicate structure—the tie. Occasionally a volvulus has been produced where one point has been pulled downwards by a heavily-jewelled collar-pin whilst the other was freely mobile.

Ectopia of the collar-pin is sometimes seen, when the whole structure is found in the right waistcoat pocket, between the waistcoat and shirt, and sometimes even within the breech of the trousers. In some cases the pin is found to have passed through both foramina, but in front of instead of behind the tie.

In a few cases it has been impossible to locate the pin at all. It has been suggested that the structure was drowned in the liquor razori, or that Nature has tried her hand at organotherapy and had used the pin to ameliorate the even more serious deformity of congenital absence of the posterior brace-button.

The surgical treatment is obvious. A large proportion of cases recover.

The second case I wish to show illustrates the extreme importance of removing garments before undertaking surgical measures.

This is a boy, æt. 6, who, while playing at soldiers, lacerated his trousers in the region of the sacrum, a wound 6 in. long with irregular everted edges being produced. Patient consulted a female surgeon, who, after a short course of vigorous massage, proceeded to suture the wound with chromicised catgut, without removing the garment. On retiring to bed the patient himself discovered that very considerable adhesions had been produced between the trousers, shirt and pants, rendering it impossible for patient to remove his clothes.

I have not yet made up my mind with regard to treatment, and intend to ask the advice of my colleagues at consultation next Thursday.

Next week I hope to show a case of sinus leading from a lateral femoral pocket into the cavity of the trousers, which has persisted for many months, and caused the patient considerable loss of finance.

STUDENTS' UNION.

At a meeting of the Council of the Students' Union, the resignation of Mr. Huntly Gordon from the office of Senior Secretary was accepted, owing to his leaving the Hospital to go into business. Mr. W. Holdsworth was elected in his place, and Mr. E. S. Vergette was chosen to fill the post of Junior Secretary. Mr. A. B. Cooper was co-opted on to the Council as a representative of Constituency "A," in place of Mr. E. Coldrey, who resigned on appointment to the Junior Staff.

THE ANNUAL DANCE.

The Annual Dance is being held this year at Prince's Galleries, Piccadilly, on Tuesday, December 5th. Double tickets, 30s.; single tickets, 20s. Dancing, 9.30 p.m. till 3 a.m. Tickets can be obtained from any member of the Dance Committee or the Hon. Secs. (D. G. Martin, G. E. Burgess).

GOLF CLUB.

Final of Inter-Hospital Cup was played at Sandy Lodge on Monday, October 30th.

The St. Bart.'s Golf Club lost by the narrow margin of 4 matches to 5.

St. Bart.'s Golf Club.		St. Thomas's Hospital.	
S. R. Prall	0	Gardiner Hill	1
H. Smith	1	H. V. Coverdale	0
J. H. T. Davies	½	N. M. Jerram	½
J. Ness-Walker	½	F. Neilson	½
H. Houfton	1	R. Settick	0
J. Holmes	0	N. C. Bower	1
Prall and Holmes	0	Hill and Neilson	1
Smith and Davies	0	Coverdale and Jerram	1
Ness-Walker and Houfton	1	Settick and Bower	0
	4		5

Match *v.* Middlesex Hospital at Highgate on Wednesday, November 8th. Bart.'s won by 5 matches to 3.

St. Bart.'s Golf Club.		Middlesex Hospital.	
H. Smith	0	Barnet	1
J. H. T. Davies	0	Holford	1
H. Houfton	1	Thomas	0
J. Holmes	1	Morton	0
Barnes	1	Allen	0
Williams	0	Gray	1
Dalton	1	Greenwood	0
Kendall	1	Quinn	0
	5		3

At the Annual General Meeting on November 6th of the Golf Club the following officers were elected for the coming year:

President.—Mr. Girling Ball.
Vice-President.—Dr. George Graham.
Captain.—J. H. T. Davies.
Secretary.—H. Smith.
Committee.—J. Ness-Walker, H. F. Chillingworth, H. Houfton.

H. SMITH,
Secretary.

HOCKEY CLUB.

1ST XI *v.* HENDON.

This match was played on October 21st at Hendon, resulting in the Hospital losing by 5 goals to 2. Goals were scored for the Hospital by C. J. P. Grosvenor and J. E. Church. The game was fast, and considerable improvement was shown. The defence was good, although the halves were somewhat slow in getting rid of the ball.

1ST XI *v.* MALDEN.

The Hospital won its first match on October 28th against Malden at home. It was a well-contested game, resulting in a score of 3 goals to 2. Marked improvement was shown in the forward line; they are beginning to play more together and less individually.

1ST XI *v.* KING'S COLLEGE.

Played on November 4th at home, this match ended in a win for the Hospital by 18 goals to 0, C. J. P. Grosvenor putting up a record by registering 12 goals.

1ST XI *v.* ST. ALBANS.

This was an away match, and resulted in another win by 8 goals to 1. The game, however, was far better than the score indicates, and it was not until the last twenty minutes or so that a win was in any way certain.

A committee meeting was held on November 14th, and it was decided to appoint a Secretary for a 3rd XI. It is hoped he will be able to get some fixtures, although it is somewhat late in the season. There will, however, be some practice games for those who are in neither XI.

On November 2nd T. S. Goodwin, J. E. Church and J. G. Milner played for the United Hospitals against the Wanderers at Cambridge, J. E. Church registering one goal.

DEBATING SOCIETY.

Ordinary Meeting of St. Bartholomew's Hospital Debating Society held on October 19th, 1922, Sir THOMAS HORDER in the Chair.

Mr. J. C. L. DOYLE proposed "That the cinema has not been an influence for national welfare." He laid emphasis on the words "national welfare" and spoke mainly from two points of view—(1) the healthy and (2) the moral. He urged the need of healthy recreation, fresh air and exercise for the lower classes, and deplored the time spent by them in the "germ-laden atmosphere of the cinema." He said children stayed in "the pictures" from the time they commenced till the time they closed. "Imagine," he said, "that we could see all the organisms in the air and the effect that getting out of a spring seat has." When the seat flies up a whole shower of microbes flies into the face of the person behind." (Cheers.) He then dealt with the moral aspect of the cinemas—"Don't let us think of the question from *our* point of view but from that of the laymen." He emphasised the deleterious effect of bedroom scenes, not on us, for we are used to such demonstrations (laughter and loud cheers), but on the lay mind not used to such things. (More laughter.) He drew a picture of a film he had seen involving a "nasty ugly lord," a "pretty serving maid," and her lover, "the lame village cobbler." The end was obvious: the lord died smitten by the crutch of the cobbler. He forebore from describing further "sordid scenes." "We are all too used to them." (Cheers.) He dealt with inefficient censorship and the effect of the cinema on juvenile crime. He concluded by saying that "even such papers as *The Times* called the cinema an abomination." He sat down amid loud applause.

At this point the PRESIDENT gently rebuked the proposer for not addressing the Chair.

Mr. CRUDEN opposed the motion. He said he felt he could not support the motion, and, indeed, was going to speak against it. He had mentioned the subject for debate to a nurse and her reply had been "How ridiculous!" He dealt with the recreational, the educational, the social and moral benefits of the cinema. There is no home recreation in Bastwick Street, and where can the young man of Lever Street court the young lady of Bastwick Street if not at the cinema? The public house—an alternative—developed an evil syndrome—hyperchlorhydria, irritability and violence. The public parks are not safe nowadays. "I have," said the opposer, "myself refrained from entering a public park." He told a tale of what sort of things happened when there was no cinema. A lady of 83 arrived one wet, cold afternoon at the Ante-natal Department and made inquiry as to whether she was in a certain condition. After waiting three hours she insisted on being examined, and was thereupon reassured upon the subject. A clerk, being curious, asked her why she had come. She replied that it was so cold and miserable outside that she had come in to be in the warm and "out of the rain." (Loud cheers.) Such a thing was now unnecessary as she could go into a cinema. He said juvenile crime was not increased by criminal films and that children always cheered the hero. He also dealt with the moral and educational value of the institutions.

Mr. BALFOUR said "the eyestrain caused at the cinema is 'something terrible.'" (Groans.) He quoted several distinguished educationalists who would not allow children to visit the cinemas. He also said—"The bad effect on foreigners' opinion of our English womanhood was 'something awful.'" (More groans.)

Mr. MOORE dwelt on the commercial and industrial value of the cinema. "I have seen bedroom scenes—(loud cheers)—on the screen." (Groans.) "*Honi soit*," etc.

Mr. HARTSILVER said he appreciated the classical music heard at cinemas.

Mr. TAIT, of course, did not intend to speak. He opined that more infection was spread in the tubes than in cinemas.

Messrs. BROOKES, ROTH, ADAMS-CLARK, JAMIE, STANLEY JONES, CHADWICK SCOBELL and PRESS also spoke.

The motion was lost by 40 votes to 25.

D. S. COLDREY,
Hon Sec.

REVIEWS.

A TEXT-BOOK OF THE PRACTICE OF MEDICINE (including sections on diseases of the skin and psychological medicine). By various authors. Edited by FREDERICK W. PRICE, M.D. (Oxford Medical Publications.) (London: Henry Frowde & Hodder & Stoughton.) Pp. xxxvi + 1753. Price 35*s.* net.

There lies before us a new one-volume text-book of medicine, which definitely challenges the supremacy of "Osler" and "Taylor," and invites comparison with them—a truly difficult task for the reviewer. Its *format* is good; it is a little more ambitious than the older text-books, containing more pages; but it is printed on thinner paper and is therefore a little smaller and definitely lighter than either; it costs five shillings more. The book is a purely London product; the twenty-six contributors, all of whose names command respect, are on the staffs of London hospitals, and all but two of the London teaching hospitals are represented. Five contributors are on the staff of St. Bartholomew's. In the main, one large section is written by one contributor or by two in collaboration.

There is a long section at the beginning of the book on immunity and immune therapy, for which Sir Thomas Horder is jointly responsible with Dr. John Matthews. A most useful section this, containing information which cannot readily be found elsewhere. Sir Thomas Horder has also written many parts of the second section (on general infectious diseases), as well as the article on infective endocarditis. Dr. Thursfield has written on diseases of the lymphatic system, the blood and the spleen; Dr. Langdon Brown and Dr. Geoffrey Evans together on diseases of the kidney and on vasomotor neuroses; and Dr. George Graham on diseases of metabolism, including gout and diabetes. It is not mere prejudice which makes us say that these contributions are all excellent.

The long section on diseases of the heart by the Editor is remarkably full; no less than twenty-nine electro-cardiographic and twenty-eight polygraphic tracings illustrate the text. The reader will find tropical diseases, skin diseases and psychological medicine as well treated as in many of the smaller books devoted specifically to these subjects; the last-named impressed us particularly favourably. The space allotted to different diseases is not always proportional to their importance; thus trench fever gets nine pages and bacillary dysentery less than two. Is it a spirit of prophecy which makes the editor include phlebotomus fever and dengue under spirochætal infections?

The section on the treatment of empyema did not greatly impress us. We read on p. 568 that there is no evidence that bile can be produced elsewhere than in the liver. If by bile are meant bile-pigments the statement is untrue; otherwise it denotes loose thinking.

Applied physiology is to the fore, though perhaps less than in the last edition of "Taylor." There are, however, many sections in which the pathology is very meagrely deal with. The book is eminently practical; it should all, particularly the pages on oral sepsis and the like, appeal strongly to the student, and even more to the practitioner.

ON DISEASES OF THE LUNGS AND PLEURÆ, INCLUDING TUBERCULOSIS AND MEDIASTINAL GROWTHS. By Sir R. DOUGLAS POWELL, Bart., M.D., etc., and Sir P. HORTON-SMITH HARTLEY, M.D., etc. Sixth Edition. (H. K. Lewis & Co.) Demy 8vo. Pp. 798. 36 plates and other illustrations. Price 42*s.* net.

This work was already a classic before the present joint authorship began; the present (sixth) edition more than ensures it maintaining its position. The value of the combined experiences of both writers, incorporating as they do the teaching and traditions of two large schools of medicine and the premier chest hospital, is illustrated in many ways that become apparent with a careful perusal of the book.

Of the fifty-four chapters in the book no less than sixteen of them, occupying two-fifths of the whole work, are devoted to pulmonary tuberculosis. This section is both full and thorough, and probably constitutes the best all-round treatise on the subject in the English language. It includes valuable accounts of every aspect of this important branch of the practitioner's work, as well as a large number of actual cases illustrating the author's own conclusions in regard to general principles, and which, we are glad to note, they have not hesitated to give. There is a useful chapter on "Spurious or False Hæmoptysis," instancing the classes of cases in which this important symptom confuses with the genuine hæmoptysis of phthisis. In connection with this subject we doubt the wisdom of summarising all cases of hysterical hæmoptysis as "feigned," and we cannot subscribe to the dismissal of them as "more or less downright attempts at imposture." The chapters dealing with cases suitable for sanatorium treatment and the principles underlying such treatment are specially useful. So also are those dealing with important complications, recurring hæmoptysis and its significance, and very chronic cases. In connection with the last-named subject we are impressed by the importance attached to cases illustrating prolonged "arrest" of the disease—cases running a favourable course quite independently of formal institutional treatment.

There is abundant evidence that the book has been brought thoroughly up to date in all subjects. The doctrine of "toxic idiopathies" was barely broached when the book was printed; it is therefore not a surprise that the chapter on asthma contains only a reference to it. But the sections on the surgical treatment of empyema, bronchiectasis and abscess of the lung are full of recent experience of technique, for much of which the authors thank Prof. Gask. Bacteriological references (edited by Dr. M. H. Gordon) form another instance of thorough revision of the last edition. (By the way, in speaking of the nine years that have elapsed since the fifth edition was published, the authors, in their preface, say that "in the course of this time the last word has been said on antiseptic methods in surgery and more tardily in medicine." We hope not!) In the pathology sections reference is made to Glun's recent work on the paths of infection in infants, and to Canti's confirmatory observations; Cole's efforts at grouping the pneumococci are also given explicit consideration.

The chapter on pneumonia is perhaps a little disappointing, especially in the matters of diagnosis of the nature of the infection and of treatment. We agree as to the important warning against overfeeding; but are 4 to 5 oz. of fluid every two hours (an equivalent of 50 oz. in the day) a sufficient allowance? But perhaps it is assumed that water should be given in addition? An exhortation to hygiene of the mouth is not omitted; it might have been stressed even more emphatically. We miss a reference to the value of treatment in the open air when conditions favour it. In diagnosis the value of "filming" sputa might have been referred to.

In the chapter on emphysema the clinical picture is non-existent, or is only represented by an illustrative case. This appears to us a pity, as giving the student a quite inadequate account of one of the commonest causes of cyanosis, dyspnœa and (in the subjects of hyperpiesis) of hæmoptysis. We also miss a reference to the acute emphysema of children.

Other omissions are a reference to the occurrence of hæmoptysis in actinomycosis of the lung, an account of the use of lung puncture in diagnosis and treatment, and a note upon pulmonary atheroma. But where there is so much good reading it is quibbling to find fault. A wise man has said there is no vanity like the effort to get everything into a book. In conclusion, one word in praise of the index, which is just as full and useful here as it is most often meagre and valueless. We have only come across one error: p. 652 should be p. 552 in the references to "prognosis in pulmonary tuberculosis."

[*We regret that this review has been unduly delayed.*—ED.]

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

ADAMSON, H. G., M.D. "Melanosis Cutis, with Melanotic Carcinoma." *Proceedings Royal Society of Medicine*, September, 1922.

BROWN, W. LANGDON, M.A., M.D., F.R.C.P. Contributor to *A Text-Book of the Practice of Medicine*, by Various Authors, edited by FREDERICK W. PRICE, M.D., F.R.S.(Edin.). London: Henry Frowde & Hodder & Stoughton.

BURROWS, HAROLD, C.B.E., F.R.C.S. "Restoration of the Sunken Nose." *British Medical Journal*, October 14th, 1922.

CARVER, ALFRED, M.D., D.P.M.(Cantab.). "The Use and Abuse of Suggestion in Medicine." *Clinical Journal*, July 26th, 1922.

CONNOR, Lieut.-Col. F. POWELL, F.R.C.S. "Some Surgical Aspects of Filarial Disease." *British Journal of Surgery*, October, 1922.

DAVIS, HALDIN, F.R.C.S. "Case of Leprosy." *Proceedings Royal Society of Medicine*, September, 1922.

DRYLAND, LESLIE W., L.R.C.P., M.R.C.S., D.P.H. "Rupture of Quadriceps Treated by Suture." *British Medical Journal*, September 9th, 1922.

DUNDAS GRANT, Sir JAMES, K.B.E., M.D. "Specimen of Internal Auditory Meatus dilated and occupied by New Growth involving the Auditory Nerve." *Proceedings Royal Society of Medicine*, August, 1922.

ELMSLIE, R. C., O.B.E., M.S. "Accessory Bone representing Tubercle of Scaphoid of Foot." *Ibid.*, September, 1922.

——— "Madelung's Deformity of Left Wrist." *Ibid.*

EVANS, E. LAMING, C.B.E., F.R.C.S. "Case of Crush Fracture of Tenth Thoracic Vertebra." *Ibid.*

EVANS, GEOFFREY, M.D., F.R.C.P. Contributor to *A Text-Book of the Practice of Medicine*, by Various Authors, edited by FREDERICK W. PRICE, M.D., F.R.S. (Edin.). London: Henry Frowde & Hodder & Stoughton.

FRASER, FRANCIS R., M.D., F.R.C.P. "Rapid Digitalis Effects by Oral Administration." *Lancet*, September 30th, 1922.

FREEMANTLE, Lieut.-Col. F. E., O.B.E., M.P. "The Economics of Public Health." *British Medical Journal*, August 26th, 1922.

GALL, Major H., R.A.M.C. "The Catarrhal Phase." *Journal Royal Army Medical Corps*, August and September, 1922.

GIUSEPPI, P., M.D., F.R.C.S. "Errors in Diagnosis." *Clinical Journal*, August 30th, 1922.

GRAHAM, GEORGE, M.D., F.R.C.P. Contributor to *A Text-Book of the Practice of Medicine*, by Various Authors, edited by FREDERICK W. PRICE, M.D., F.R.S. (Edin.). London: Henry Frowde & Hodder & Stoughton.

GRIFFITHS, H. E., M.S., F.R.C.S. "Trauma as a Cause of Gastric Ulcer." *Lancet*, August 12th, 1922.

GROVES, ERNEST ILEY, M.S., M.D., B.Sc.(Lond.), F.R.C.S. *A Synopsis of Surgery*. 6th Edition. Bristol: John Wright & Sons, Ltd.

HAYES, REGINALD, M.R.C.S. *Intensive Treatment of Syphilis*. London: Baillière, Tindall & Cox.

HEALD, C. B., C.B.E., M.D., M.R.C.P. "A Lecture on the Value of Respiratory Exercise." *Lancet*, August 19th, 1922.

HORDER, Sir THOMAS, M.D., B.Sc., F.R.C.P. Contributor to *A Text-Book on the Practice of Medicine*, by Various Authors, edited by FREDERICK W. PRICE, M.D., F.R.S.(Edin.). London: Henry Frowde & Hodder & Stoughton.

HOWELL, B. WHITCHURCH, F.R.C.S. "Case of Arthritis of the Hip in a Girl æt. 9." *Proceedings Royal Society of Medicine*, September, 1922.

HUME, J. D., F.R.C.S. "Congenital Diaphragmatic Hernia." *British Journal of Surgery*, October, 1922.

POWER, Sir D'ARCY, K.B.E., F.R.C.S. "Eponyms—Sir James Paget." *Ibid.*

PYBUS, FREDERICK C., M.S., F.R.C.S. *Surgical Diseases of Children*. London: H. K. Lewis & Co., Ltd.

——— "The Examination and General Surgical Treatment of Children." *Clinical Journal*, September 6th, 1922.

——— "Some Affections of the Genito-Urinary Organs in Children." *Ibid.*, September 13th, 1922.

——— "Some Infections of Childhood." *Ibid.*, September 27th, 1922.

——— "A Note on Two Cases of Gallstone Ileus." *Lancet*, October 14th, 1922.

REECE, RICHARD J., C.B., M.D., M.R.C.P., D.P.H. "Port Sanitary Administration: Its Development and its Relation to Public Health." *British Medical Journal*, August 26th, 1922.

ROLLESTON, Sir HUMPHRY, K.C.B., M.D., D.C.L., LL.D. An Address on the Clinical Laboratory in the Modern Hospital. *Lancet*, September 23rd, 1922.

RYLAND, ARCHER, F.R.C.S.(Edin.). "Malignant Disease of the Soft Palate; Removal by Simple Excision; Preliminary Ligature of the External Carotid Artery." *Proceedings Royal Society of Medicine*, September, 1922.

SCOTT, THOMAS BODLEY. *Endocrine Therapeutics*. London: H. K. Lewis & Co., Ltd.

SLADDEN, A. F., M.D. Laboratory Note to "An Outbreak of Trichiniasis," by D. A. RICE, M.B., B.Ch., R.U.I., and H. O. WILLIAMS, M.B., B.S., D.P.H., *Lancet*, October 14th, 1922.

SMITH, H. GORDON, M.B., B.S., D.P.H. "A Case of Diphtheria Complicated by Hemiplegia with Aphasia." *Ibid.*, August 19th, 1922.

SPENCER, W. G., O.B.E., M.S., F.R.C.S. "Pancreatic Fibrosis Obstructing Common Bile-Duct and Duodenum; Five Years' Active Life after Cholecystduodenostomy and Gastrojejunostomy before Death from Cancer." *British Journal of Surgery*, October, 1922.

——— "Two Cases of Rupture of Rectum communicating with Peritoneal Cavity." *Ibid.*

STOTT, A. W., M.B. "Case of (?) Erythromelalgia." *Proceedings Royal Society of Medicine*, September, 1922.

STRETTON, J. LIONEL, M.R.C.S. "Cæsarian Section." *Practitioner*, September, 1922.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

The following degree has been conferred:
M.D.—A. H. Southam.

Final B.M., B.Ch. Examination.

Materia Medica and Pharmacology.—R. E. D. Cargill, C. L. Elgood, C. A. H. Green.
Pathology.—A. Q. Wells.
Forensic Medicine and Public Health.—H. A. Gilkes.
Medicine, Surgery and Midwifery.—W. Champneys, R. F. Johnstone, T. L. Ormerod.

Diploma in Public Health.

Part I. C. Dunscombe.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:
M.D.—H. W. Hales, F. G. Lescher.
M.B., B.Ch.—C. S. Atkin, A. F. Roche.

Diploma in Medical Radiology and Electrology.

At the examination held in July the following were successful:
Part II. Radiology and Electrology.—B. Grellier, A. Lambadarides.

UNIVERSITY OF BRISTOL

Examination for D.P.H. Part I only.—F. P. Mackie.

ROYAL COLLEGES OF PHYSICIANS.

The following have been admitted *Members*:
R. H. Coombs, M.D., D. W. Winnicott, L.R.C.P.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.

Diploma in Public Health.—D. S. Brachman, E. M. ElKirdany, H. Toms.
Diploma in Psychological Medicine.—J. J. Gasperine.

CONJOINT EXAMINING BOARD.

First Examination, October, 1922.

Chemistry.—C. P. Madden, H. C. Thomas, P. R. Viviers, J. S. H. Wilson.
Physics.—C. H. A. Carty-Salmon, J. T. C. Gray, A. Liveris, W. V. Roach.
Biology.—F. Brodahl, R. E. Norrish, J. S. H. Wilson.

Second Examination.

Part I Anatomy and Physiology.—J. D. Allen, D. J. Brims M. Bryer, J. L. C. Doyle, R. A. Foucar, A. W. Gardner, R. Green, A. R. Hill, G. E. Hughes, D. Imber, F. F. Imianitoff, A. J. Moody, H. A. Nicholls, C. P. O'Brien, W. F. H. Quennell, H. N. Seymour-Isaacs, N. L. Simpson, R. S. Tooth.
Part II. Pharmacology and Materia Medica.—J. C. H. Baird, S. B. Benton, M. Bryer, S. M. Coleman, E. W. P. Davies, P. B. P. Mellows, J. E. C. Morton, T. Rees, P. R. Viviers, T. J. Wilson.
The following have completed the examinations for the Diplomas of M.R.C.S., L.R.C.P.:
M. A. Affi, E. B. Brooke, A. W. Brown, N. E. D. Cartledge, E. F. Chapman, W. E. Howell, M. B. Jay, E. Liston, A. E. Lorenzen, A. W. Marrison, J. A. Morton, K. Olafsson, H. Summers, A. H. C. Visick.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

Examination for Diploma of *Fellow*:
B. G. Melle.

APPOINTMENTS.

CHANDLER, F. G., M.A., M.D., M.R.C.P., appointed Assistant Physician, Charing Cross Hospital.
GRIFFITHS, H. E., M.S.(Lond.), F.R.C.S., appointed Surgical Registrar to All Saints' Hospital, Vauxhall Bridge Road.
LAING, J. NIVEN, B.Sc., LL.B., M.B., M.R.C.S., appointed Deputy Coroner for the County Palatine of Lancaster (Salford Hundred District).
MARRISON, A. W., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Stamford and Rutland Infirmary, Stamford.
SHAH, Capt. J. M., M.B.E., I.M.S., appointed Deputy Assistant Director-General, Indian Medical Service, Delhi.
WILLIS, F. E. SAXBY, M.C., M.D.(Lond.), M.R.C.P., appointed Physician to Out-Patients, Hampstead and North-West London General Hospital.

BIRTHS.

CHANDLER.—On November 15th, to Marjorie, wife of Dr. F. G. Chandler, of 86, Harley Street, W., and 4, Downshire Hill, Hampstead a son.
CUNNINGTON.—On September 16th, to Drs. C. Willett and Phillis E. Cunnington, Tatchley House, Dollis Avenue, Church End, Finchley, N.—a daughter.
MACKAY.—On September 24th, at 29, Warrior Square, St. Leonard's-on-Sea, Norah, the wife of E. C. Mackay, M.D., of a son.
PETERS.—On September 10th, at Charterhouse Lodge, Grantchester, Cambridge, to Frances, wife of Dr. R. A. Peters—a son.
SYLVESTER.—On November 20th, at Leiston, Suffolk, the wife of Herbert Mayris Sylvester—a son.

MARRIAGES.

CHURCHILL—HAROLD.—On November 18th, at St. James's, Spanish Place, by the Rev. Canon Hyland, Henry J. Churchill, elder son of Mr. H. L. Churchill, C.M.G., H.B.M.'s Consul-General at Genoa, and Mrs. Churchill, to Kathleen Mary, elder daughter of the late Dr. John Harold and Mrs. Harold, of Manor Lodge, Milford, Surrey.
COOK—SCHOFIELD.—On October 5th, at St. Lawrence, Mickleton, by the Rev. G. R. Peak, uncle of the bride, and the Rev. F. E. E. Arthier, Vicar of the Parish, Philip Nield Cook, M.B., son of the late Dr. Nield Cook, of Calcutta, and Mrs. Cook, 35, Webster Gardens, Ealing, to Mona Frances, youngest daughter of Mr. and Mrs. Frank Schofield, of Mickleton Lodge, Mickleton, Glos.
GREEN—WHITEWAY.—On Tuesday, November 21st, 1922, at St. Columba's (Church of Scotland), Pont Street, Colonel Bernard Charles Green, C.M.G., T.D., D.L., late commanding London Scottish, to Marguerite Mary Whiteway, daughter of the late Captain Whiteway, R.N.R., and Mrs. Whiteway, of 190, Earl's Court Road, S.W. 5.
HEATH—HARRISON.—On August 31st, at St. Alkmund's Church, Derby, by the Rev. J. S. Wilding, M.A., Vicar, assisted by the Rev. H. Blight, Rector of Churchstanton, Devon, George Edwin, Surgeon Lieut-Commander, R.N., elder son of Mr. and Mrs. Edwin Heath, Derby, to Alice Evelyn, daughter of Mr. and Mrs. J. Thornton Harrison, Derby.

DEATHS.

BECK.—On October 30th, 1922, at Bromyard, Edward Ashton Anthony Beck, M.A., M.B., elder son of the late Edward Ashton Beck, Master of Trinity Hall, and Mrs. Beck, of Malvern, aged 45.
BURD.—On November 2nd, 1922, at Carnarvon House, Swanage, Edward Lycett Burd, M.D., formerly of Castle House, Shrewsbury.
BRUNT.—On October 29th, 1922, at Morland House, Leek, Staffs, Major E. H. Brunt, M.B., R.A.M.C. (T.F.).
MORSE.—On November 9th, 1922, Edward Morse, L.R.C.P., L.R.C.S. (Bart.'s), of Great Torrington, Devon, aged 65.
LLOYD.—On November 23rd, 1922, at Ashcroft Drayton, Somersetshire, Surg. Lt.-Col. John Daniel Lloyd (late of Chirk), aged 72.

NOTICE.

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

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., *at the Hospital.*

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, *the Journal Office, St. Bartholomew's Hospital, E.C. Telephone: City 510.*

St. Bartholomew's Hospital Journal.

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

VOL. XXX.—No. 4.] JANUARY 1ST, 1923. PRICE NINEPENCE.

CALENDAR.

Tues., Jan. 2.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
Thurs., ,, 4.—**Christmas Entertainment in the Great Hall, 8 p.m.**
Fri., ,, 5.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.
Christmas Entertainment in the Great Hall, 8 p.m.
Sat., ,, 6.—Rugby Football Match *v.* Harlequins (home).
Mon., ,, 8.—Winter Session resumes.
Tues., ,, 9.—Prof. Fraser and Prof. Gask on duty.
Thurs., ,, 11.—Professorial Lecture: Dr. Hinds Howell, "Syphilis of the Meninges and Nervous System."
Fri., ,, 12.—Dr. Morley Fletcher and Mr. Waring on duty.
Sat., ,, 13.—Rugby Football Match *v.* Old Blues (home).
Tues., ,, 16.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Lantern Lecture by Mr. E. V. Lucas (Debating Society) on "Vermeer of Delft."
Thurs., ,, 18.—Professorial Lecture: Mr. Elmslie, "Syphilis of the Bones and Joints."
Abernethian Society—Mid-Sessional Address: Sir Almroth Wright, "Logic in Medicine."
Fri., ,, 19.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
Sat., ,, 20.—Hockey Match *v.* King's College (away).
Tues., ,, 23.—Sir Thomas Horder and Sir Charles Gordon-Watson on duty.
Thurs., ,, 25.—Professorial Lecture: Mr. Foster Moore, "Syphilis of the Eye."
Fri., ,, 26.—Prof. Fraser and Prof. Gask on duty.
Sat., ,, 27.—Rugby Football Match *v.* Devonport Services (away).
Hockey Match *v.* Tulse Hill (home).
Mon., ,, 29.—Rugby Football Match *v.* Camborne (away).
Tues., ,, 30. Dr. Morley Fletcher and Mr. Waring on duty.

EDITORIAL.

WE hope that the year now commencing will in every way be prosperous for the Hospital and its sons. The successes of the past year have been many and various, but it should be the attempt of the Hospital to equal and even to surpass them. Only in this way can we hope to go forward.

* * *

The Hospital has suffered a great loss in the death of Sir Norman Moore, an obituary of whom we publish elsewhere. Sir Norman was one of the great figures of the past generation, and was an ex-President of the Royal College of Physicians of London. He died laden with honours and his memory is grateful to all Bart.'s men. To Lady Moore and his family we extend our respectful sympathy.

* * *

We very heartily congratulate Dr. C. H. Andrewes on his brilliant successes. It will be remembered that in 1921 Dr. Andrewes received the Gold Medal of London University as the best candidate passing the M.B., B.S. Examination in May of that year. Now another gold medal has been bestowed upon him by the same University as the best candidate in the M.D. Examination in Medicine. He has also received the Lawrence Scholarship of the Hospital.

Such distinctions as these augur great future service, and must be particularly pleasing to our Professor of Pathology, Sir Frederick Andrewes, and to Lady Andrewes.

* * *

We congratulate Dr. K. N. G. Bailey upon his appointment as the Streatfield Research Scholar of the Royal College of Physicians of London.

* * *

Sir Humphry Rolleston has been elected the representative of the Royal College of Physicians of London on the General Medical Council, *vice* the late Sir Norman Moore.

* * *

We draw the special attention of readers to the lantern lecture to be given on Tuesday, January 16th, at 8.30 p.m., by Mr. E. V. Lucas, on "Vermeer of Delft." Many who have read and re-read Mr. Lucas's delightful essays will be glad to hear him in his *rôle* of lecturer.

* * *

Medicine is a mistress rarely permitting divided allegiance. For this reason the numbers of medical Members of Parliament will always, we believe, be small. We have, however, to congratulate Dr. F. E. Freemantle upon his election as Unionist Member for St. Albans. Dr. Freemantle obtained a majority of 3,932 on a total poll of 25,256. Turning to civic life, we are glad to hear that Dr. J. W.

Cleveland has been elected Mayor of the same city. St. Albans apparently appreciates its doctors!

* * *

We draw particular attention to the notice on p. 60 of the Royal Medical Benevolent Fund Guild, and hope all who can will help this most deserving charity.

* * *

The Raymond Horton-Smith Prize is awarded to A. B. Appleton, M.A., M.D., and H. W. C. Vines, M.A., M.D., who have been adjudged equal in their theses for the degree of Doctor of Medicine. Our congratulations on the honour.

* * *

We call the attention of our readers to the advertisements of *Round the Fountain* on p. xv. This third edition with its forty new pages promises to be as rapidly sold out as its predecessors.

* * *

Many old Bart.'s men will feel a personal loss in the death of Miss Fanny Sleigh (late Sister President), on December 3rd, aged 71. She retired from the Hospital work in 1909 after thirty-two years' service. For many years she was a well-known Hospital figure and served faithfully the St. Bartholomew's Hospital Women's Guild.

* * *

Dr. Morley Fletcher has resigned the office of Physician to the Department for Diseases of Children.

* * *

We would most earnestly urge secretaries of clubs to send accounts of their activities for publication in the JOURNAL. We will repeat that we are only too anxious to publish all such reports.

* * *

"Christmas time," says Dickens, "A kind forgiving, charitable, pleasant time: the only time I know of, in the long calendar of the year, when men and women seem by one consent to open their shut-up hearts freely, and to think of people below them as if they really were fellow passengers to the grave, and not another race of creatures bound on other journeys." Such is the Christmas spirit of the Hospital, for once again the customary festivities have come and gone, and been accompanied we think on this occasion with more than usual light-heartedness and good humour. The Troupes, more than nine in number, excelled themselves. We notice a greater tendency year by year to elaboration. Some of the effects produced by one of the Pierrot Troupes were quite excellent, especially if the difficulty of lighting at the end of a ward is considered. However, knock-about turns usually bring down the house at Christmas time, and of such there were plenty. The sudden subsidence of a large abdominal tumour (suitably produced by a troupe largely composed of District Clerks) was invariably popular. Nor was there lacking an exhibition of the little foibles of the great, which must have been as good for them as it was pleasant for us to hear. Upon some of these young men the spirit of Rahere, who was a gay dog in his time and a pretty wit, perhaps descended.

The Troupes were skilfully dressed, and the Theatre Staff must be congratulated on and thanked for the results of their precious "off-duty" time.

The Wards were, as usual, beautiful. The best were—— but no! an inner voice whispers editorial discretion.

The Sisters and Nurses, who must have been completely tired out by the end of the special days, are to be congratulated over and over again.

They who serve the Hospital throughout the year so admirably gave extra work at the special season cheerfully and unreservedly, and must have continued satisfaction in the thought of the enjoyment they gave to many to whom such pleasure is infrequent. And, after all, if we are to believe our philosophers, in such giving lies the only true happiness.

* * *

The unveiling of the memorial tablet in Sandhurst Ward to the memory of the late Viscount Sandhurst took place on December 13th by our President His Royal Highness the Prince of Wales. After a few suitable and well-chosen words the Prince loosened the curtains hiding the tablet, which was then dedicated by the Hospitaller.

So in the Ward now called after him there will be a perpetual memorial to a noble philanthropist, who in life served the Hospital to the utmost of his powers.

* * *

1923 will be particularly remarkable in the history of the Hospital as containing the Octocentenary Celebrations. We publish here the provisional programme of events. These three dates are now permanent, and should be carefully noted by all old Bart.'s men. The exact events of each date are liable at present to alteration.

ST. BARTHOLOMEW'S HOSPITAL
800TH ANNIVERSARY CELEBRATIONS.

PROVISIONAL PROGRAMME.

Tuesday, June 5th, 1923.

Service at the Priory Church of St. Bartholomew-the-Great.
Luncheon to the Delegates by the Governors and Staff of the Medical College of St. Bartholomew's Hospital.
Reception of Addresses from the Delegates by H.R.H. THE PRINCE OF WALES, President of the Hospital.
Old Students' Dinner.

Wednesday, June 6th, 1923.

Reception at the Royal College of Surgeons of England, Lincoln's Inn Fields.
Bartholomew Fair to be held within the Hospital precincts.
Banquet to the Delegates.

Thursday, June 7th, 1923.

Service at St. Paul's Cathedral.
Continuation of Bartholomew Fair.
Conversazione in the Hospital and Medical College.

During the Celebrations an Exhibition of Historical and Scientific Interest will be held within the Hospital at this period.
A Meeting of the Rahere Masonic Lodge will be held during the Celebrations.

Delegates from all English-speaking medical schools in the British Empire have been invited and many American schools will send representatives.

We need not emphasise the fact that these gatherings will be of a very special nature. It is to be hoped that, as far as possible, the whole Bart.'s world (and, need we add, his wife?) will be in London on June 5th, 6th and 7th.

The Committee organising the Celebrations will publish a privately printed account of the Hospital, past, present and future. The book will be written by Sir D'Arcy Power, K.B.E., and Mr. H. J. Waring. It will be profusely illustrated and is intended for distribution to the invited guests. A few extra copies will be printed and sold to students and former members of the Hospital at a price not exceeding half a guinea. Those who desire to have a copy should send their names and addresses to the Manager of the St. Bartholomew's Hospital not later than January 6th, 1923.

* * *

We have been very glad to receive the following letter from Dr. W. F. Skaife, whom many now present at the Hospital will remember:

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

DEAR SIR,

During the 18th South African Medical Congress, held in Johannesburg in September the following old Bart.'s men dined together at the Rand Club: G. E. Murray (in the Chair), Francis Napier, Howell Davies, H. Symonds, E. G. Dru Drury, A. Tucker, Hayward Butt, R. W. Gibson, A. P. Woolwright, — Smith, W. Steuart, C. Beyers, G. Beyers, W. A. Pocock, Justin Scholtz, P. Smuts, L. I. Braun, D. Crawford, D. Pauw, W. F. Skaife.

We were proud of such a gathering, and the dinner was most enjoyable. Reminiscences, which were extremely interesting and amusing, carried us far into the night. It sounded weird indeed to the younger ones of us to hear Dr. Francis Napier talk about Waring and Drysdale as his dressers!

Great tribute was paid to old Bart.'s teachers, including Drs. Gee, Lockwood, Willett, Walsham, and Harrison Cripps.

Dr. Hayward Butt particularly asked that our best wishes and appreciation should be conveyed to the Bart.'s Sisters.

BOX 42,
KNIGHTS GERMISTON,
TRANSVAAL;
18th November, 1922.

Thus does the thought and affection of Bart.'s men for their Hospital continue in all parts of the world where such re-union dinners are held.

SIR NORMAN MOORE, BT., M.D.

I THINK my first introduction to Sir Norman Moore must have been in the summer of 1875, and at a meeting of the Abernethian Society. It is impressed upon my mind, because in my shyness and attempt to shake hands I upset a whole cup of hot tea over his clean white shirt. We were both in evening dress, so it must have been on the occasion of a conversazione or introductory address. He made light of it although he was drenched, and asked me to "come to breakfast next Saturday." I did so and made the acquaintance of Bruce Clarke, Gulliver of St. Thomas's, and other men who had just come down from Oxford. They were great walkers, and we used to take the train to Windsor on Sunday mornings, walk across the Great Park, lunch on bread and cheese and beer, returning from Ascot, or Bracknell or Woking. When I left Oxford and entered the Hospital it was mainly through his friendly action that the cheque my father had paid for my perpetual student's ticket was returned to him with an intimation that the Medical and Surgical Staff of St. Bartholomew's did not prey on their colleagues. When I qualified it was fortunately the custom for impecunious young men to take resident students, at the hardly earned rate of £126 a year paid in three instalments. Butlin, Walsham and Bruce Clarke had the first claim but fortunately the entries were high, and Jessop, Lockwood, Vincent Harris and myself received a sufficient number to pay our rents. Moore, as Warden of the College and Dean of the School, had the duty of recommending parents to whom they should entrust their boys, and I was so favoured as to be obliged to lodge out some of my pupils in the house next to my own in Bloomsbury Square.

As time progressed it was very interesting to see how Moore became possessed by the *genius loci*. Living in a wretched house in the middle of the College and taking his meals in the dreary and dirty College Hall, his duties in the Hospital left him but little time for holidays or exercise. He had therefore to interest himself in his immediate surroundings and his mind was always too alert to do anything by halves. First the City and then the Hospital attracted him. Various historical questions arose or details were wanted for the *Dictionary of National Biography* which led him more and more often to the Reading Room at the British Museum, just sufficiently distant to give him an excuse for a walk, whilst in particularly bad weather the Guildhall Library formed a good substitute and was a little nearer. His love of books and of reading must have been innate, for he had gained quite early a very thorough knowledge of the great writers of the eighteenth century, whilst he had more than an acquaintance with the lighter literature of the Renaissance. He lent, and thus introduced me to, the *Epistolæ obscurorum virorum*, which is now an old

SIR NORMAN MOORE, BT.

and valued friend, and advised me to take a course of Erasmus, beginning with the *Colloquia*. Gradually his work crystallised and he became immersed in the great history of the Hospital, which he determined should be so thorough and complete that it would be final so far as it went. Others will add and extend, many will borrow from it, but the book must remain for all time a model of what such a history should be His biographical work, too, came up to an equally high standard. It is enshrined in the *Dictionary of National Biography*.

It is, perhaps, hardly recognised how much modern medical education owes to the work of Moore. From 1883 onwards he was a member of those Committees of the Royal Colleges of Physicians and Surgeons which dealt with the arrangements for a Conjoint Examining Board. His position as Dean of the Medical School enabled him to speak with authority on the needs of medical education, whilst his quick-wittedness enabled him to look forward and to forecast what could and what could not be accomplished. The result was that the formation of the Conjoint Examining Board passed almost unnoticed and as a matter of course in 1885, although for hundreds of years it had been talked about as a desirable object. His memory for names and faces was remarkable. It was thought that when he was Warden he could name every student, and could tell what he was doing and where he was likely to be found at any particular time. It is certain that he knew the particular haunts of the baser sort, for when I used to go to him and complain that some such member of the physiology class was missing in an afternoon he would say, "Oh, you will find him at 'The Pig and Whistle,' or 'The Pitt's Head,'" or some other house of call. Moore generally proved to have been right when the erring one was afterwards taxed with the reason for his absence. All the older students of the Hospital will remember his facile speeches at the Old Students' Dinner, at the View Dinner, at the Buckfeast and at other similar gatherings. Speeches which were never too long, always crisp, usually witty, they rounded up an evening and acted as foils to the more elaborate oratory to which we had been treated earlier.

It is hardly necessary to speak of the biographical details of one who was known to all of us and who spent his life amongst us. He was born near Manchester in 1847, the son of Robert Ross Rowan Moore, a barrister and political economist, a prominent member of the Anti-Corn Law League who unsuccessfully contested a bye-election at Hastings in 1844. His mother was Rebecca, daughter of Mr. B. C. Fisher. After a preliminary education at the Castle Howell School, Lancaster, under the Rev. W. H. Herford, Moore studied at Owen's College, and entered St. Catherine's College, Cambridge, where he was subsequently elected an honorary Fellow, and having taken his degree, learnt to know the Rev. Whitwell Elwin, the Editor of *The Quarterly Review* and Pope's works as well as Henry Bradshaw, he came to St. Bartholomew's Hospital. Having qualified in 1872 he lectured on Comparative Anatomy, and was appointed Warden in 1874, a post he continued to fill until 1891, when he moved from the College to 94, Gloucester Place. In 1883 he was elected Assistant Physician, teaching many generations of students morbid anatomy by means of the specimens he obtained from the post-mortem examinations, until in 1902 he became full Physician to the Hospital. He resigned his appointment on reaching the age of 65, and was complimented by being appointed Consulting Physician and a Governor. At the Royal College of Physicians he filled all the offices except those of Treasurer and Registrar. He was elected F.R.C.P. in 1877 and President in 1918, receiving the honour of a baronetcy in the following year.

Moore married twice: (i) In 1880 Amy, the daughter of William Leigh Smith, of Crowham Westfield, by whom he had three children—Alan Hilary, who married a daughter of the Bishop of Chichester, and succeeds him in the title; Ethne, who is now Mrs. Pryor; and Gillachrist, who was killed at Ypres in 1914 whilst serving in the Royal Sussex Regiment. (ii) Millicent, daughter of Major-General John Ludlow, who survives him. Sir Norman died on November 30th at Hancox Whatlington, near Battle in Sussex. He was buried at Sedlescombe according to the rites of the Roman Catholic Church on December 2nd and a requiem was celebrated at St. James's, Spanish Place, on December 9th, when many of the past and present members of the Hospital attended. D'A. P.

SIR NORMAN MOORE, BT.

I have just returned from the funeral of this great physician, and I feel I should like to add my humble tribute to the many that his death must call forth. One seemed not to be going to a funeral but lifted up out of time, touched by a magic and soothed by a romance which were not of earth but of Paradise. His was truly a humble funeral for so great a man, but there was an extraordinary manifestation of love in the countless flowers that were piled on his coffin, and there were real tears in our eyes as this man of men was lowered into his last resting-place. On the beautiful hill-side the perfect autumn day slept with its rainbow tints. It reminded one of the gleam of golden sunshine which he so often kindled as he entered a hospital ward, or a desolate home where penury and sickness struggled for the mastery. No inclemency of weather or distance to travel were permitted to interfere with what he deemed to be his duty. The good he did, the help afforded his gentle, loving, self-denying ministry in the great Hospital in which and for which he spent his life will never be known until the day breaks, and the shadows flee away. AN OLD BART.'S NURSE.

THE OCTOCENTENARY OF THE FOUNDATION.

8. KENTON WARD AND BENJAMIN KENTON.

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

KENTON Ward is named in memory of Benjamin Kenton (1719–1800), whose upright character and good works have secured him a niche in the temple of Fame. His mother kept a small greengrocery shop in Whitechapel, and sent her son to the parish school in 1726. He appears to have remained there until 1734, when he was apprenticed at the Vintners' Hall to the landlord of the "Angel" in Goulston Street, Whitechapel, which opens out of Aldgate and has Aldgate East Station of the Metropolitan Railway at the corner. Kenton, having finished his apprenticeship, became barman and waiter at the "Crown and Magpie" in the High Street, Whitechapel. The house was frequented by sea-captains trading with the Indies, and had acquired a reputation for exporting bottled beer which would bear transport without an undue proportion of the bottles bursting. In an evil hour the master of the "Crown and Magpie" altered his sign by omitting the "Magpie," and the beer was sent out with the label of "The Crown" only. Trade fell off and the master died. Kenton had proved himself a prince of waiters, polite, observant, and a keen man of business, so the sea-captains and other habitual patrons of the house clubbed together and put the waiter into the place of his deceased master. It long remained a standing joke amongst them that Kenton always appeared at the exact moment when the candles had to be snuffed in the clubroom, and he was at last made to explain how he managed to do it. Like the needy knife-grinder he could only reply, "'Story I have none to tell, Sir.' It is very simple. You see, gentlemen, I first snuff my own candle in the bar and then I go at once to the rooms where I wait to snuff the candles there. They all burn at the same rate." His first step, when he was put in possession of the inn, was to restore the old sign of the "Crown and Magpie," and to send out the beer and porter with the original label. Trade soon revived and Kenton was able to retire from the public house line, take a house in the Minories, which is in the Portsoken Ward, and add a wine merchant's business to that of an exporter of bottled beers. In this capacity he became associated with Thomas Harley, the Alderman of the Ward, of whom more will be told in a future article. He rapidly made a fortune, was elected Master of the Vintners' Company in 1776, and after retiring from business and living in Gower Street he died on May 25th, 1800. He is buried in the chancel of the parish church of Stepney.

A monument by Sir Richard Westmacott is erected to his memory, the subject being the Good Samaritan commending the wounded traveller to the landlord of the inn. The inscription describes Kenton as having been "the friend of the friendless." His portrait hangs in the Court Room at Vintners' Hall. It shows him as a man with a large head, strongly marked features and a slight squint. The Master and Court of the Company still attend an annual sermon preached in his memory.

He was married, and had one son whom he bred up as a druggist, but he died young. He also had an only daughter who wished to marry David Pike Watts, one of her father's clerks. The match did not meet with the approval of her father, who thought she might have done better for herself, and the girl died of phthisis unmarried. Kenton afterwards became reconciled to Watts, and on his death left him residuary legatee, by which he gained between two and three hundred thousand pounds.

Kenton was a liberal benefactor to many charities. He bequeathed money to the parish school at which he was educated, to Sir John Cass's school in Portsoken Ward and to the Vintners' Company. He gave £5000 to St. Bartholomew's Hospital, and a similar sum to the associated hospitals of Bridewell and Bethlehem. The Foundling Hospital has commemorated his beneficence by naming Kenton Street, Brunswick Square, after him, and the foundation of Sir John Cass has dedicated a road to his memory in Hackney.

I am indebted for some of the facts in this account of Benjamin Kenton to an article by my friend the Rev. E. G. O'Donoghue, M.A., Chaplain to Bethlehem Royal Hospital, which appeared in *Under the Dome* in September, 1922.

TRANSMISSION OF SYPHILIS TO THE THIRD GENERATION.

By KENNETH M. WALKER, F.R.C.S.,
Lecturer in Venereal Diseases, St. Bartholomew's Hospital;
Surgeon in Charge of Genito-Urinary Cases,
Royal Northern Hospital.

ALTHOUGH the recorded number of cases in which syphilis has been transmitted to the third generation is very small, there is no reason why such an event should not occasionally happen. There is, however, every reason why it should be exceedingly rare. We know that the infectivity of a given person diminishes with the time that has elapsed since the acquirement of the disease. It is therefore very unlikely that an individual born with a certain number of spirochætes in his tissues, as happens in the case of congenital syphilis, should maintain his infectivity until an age when he or she, as the case may be, can produce a child. In other words the power of the congenital syphilitic to transmit disease has almost always disappeared before marriageable age. It is, however, interesting to note that reasons exist for believing that transmission to the third generation was of commoner occurrence in the earlier days of the history of syphilis than it is at the present moment.

An indication of the frequency with which infection of the third generation occurs may be gained from the fact that such an authority as Dr. Still states in his article in D'Arcy Power and Murphy's *System of Syphilis* that he has never seen a case. Even so great a syphilologist as Hutchinson, after being inclined to believe that these cases occurred, decided in the end against the possibility of their existence. However, a sufficient number of well-testified histories have been recorded to show that, although exceedingly rare, transmission to the third generation is a clinical possibility. Not that we can accept all the cases that are recorded in medical journals from time to time as *bonâ fide* examples of infection of the third generation. Quite a number of the recorded cases fail to support the critical examination to which they must invariably be subjected. They are generally explained away by the fact that the so-called congenital syphilis of the parent was not congenital but acquired. Even the existence of congenital stigmata is not an absolute proof that we are not dealing with acquired syphilis, for cases have undoubtedly occurred in which a congenital syphilitic has in later years acquired the disease.

The following history is instructive, but I am recording it not because I consider it an absolutely proven case of transmission to the third generation, but because it affords an excellent example of the difficulties the clinician may encounter in unravelling the knots in a syphilitic history. I am indebted to Dr. Herbert Williamson for sending me the case, and agreeing to my publishing the essential facts.

Mr. X— acquired syphilis after the birth of his first child about the year 1889. Children were born in 1890, 1892 and 1896. The youngest of these children, a boy, suffered from fits, starting about the age of five. The family doctor, knowing that the father was infected, had Wassermanns done of the whole family. These turned out positive for the father, the mother and the three children born subsequent to the father's infection. The reaction was reported to be weak in the case of the mother and the three children. None of the children had any obvious stigmata of congenital disease, but on the assumption that the fits were due to congenital trouble the youngest child was put on a two years' course of mercury, 1915–1917. In 1919, wishing to get married, the youngest son had another Wassermann done at a different laboratory, and it was returned negative. He married, and the following year a child was born, who developed a typical specific rash two weeks after birth. The Wassermanns of the father, mother and child were all returned positive, although the mother herself had never shown any signs of trouble. She was, in fact, a clear case of conceptional syphilis. The general practitioner, believing this to be a case of transmission to the third generation, examined carefully the children of the sister born in 1890, and found that although perfectly healthy in appearance, these grandchildren also gave a weak positive Wassermann. It may be mentioned in passing that in every instance the Wassermanns were done by well known and competent pathologists.

Before accepting this history as an example of transmission to the third generation it is necessary to subject it to the severest scrutiny. The existence of congenital trouble in the son rests on two facts: his suffering from fits, which disappeared after the course of mercury, and the result of the Wassermann reaction, which, although consistently reported weakly positive in one laboratory, had been reported negative in another. Therefore the presence of congenital disease, although a strong presumption, is not beyond doubt. The husband admitted that he had once or twice run risks previous to his marriage, but he was perfectly sure that he had never acquired any venereal trouble. Corroborating this statement was the fact that his blood had given a negative result immediately previous to marriage.

Three interpretations of this history are therefore possible: (1) That it is a case of transmission of the disease to the third generation; (2) that the husband acquired syphilis previous to marriage, unknown to himself and his family doctor, and that he transmitted it to his child in the ordinary way; (3) that the wife was suffering from the acquired disease before her marriage. This last possibility may from collateral evidence be dismissed as most highly improbable. Against the second interpretation may be urged the observation that the husband's blood just before marriage was negative. It is unlikely that syphilis acquired such a short time previously and entirely untreated would fail to reveal itself in the blood.

Although this case cannot be regarded as one free from criticism, owing to the weakness of certain essential proofs, it is interesting from the fact that the family has been under the observation of one family doctor—an extremely able man—for a period of forty years, and that in his eyes at any rate the case is undoubtedly one of transmission to the third generation. It also affords an excellent example of the care that must always be exercised in interpreting a family history of syphilis.

TUMOUR OF THE KNEE.*

[*We think that this remarkable extract from the* Lancet *of nearly 100 years ago will be interesting in demonstrating the strides surgical practice has recently made.*]

MARY HAYWARD, æt. 25, was next introduced to the attention of the crowded theatre, for the purpose of having a small tumour removed from the right knee. This girl entered at the request of somebody (certainly not the surgeon, for he was engaged at the

* Reprinted from the *Lancet*, May 15th, 1828, p. 220.

other end of the room), and walked to the operating table, wet with the stream of blood on the floor that had issued from the patient who had just been removed, and proceeded towards placing herself upon the table, which was still covered with the sheet upon which the operation of lithotomy had been performed, and of which a considerable portion was actually drenched with blood. The poor thing having stepped first upon the chair at the lower end of the table also besmeared with blood, stood wringing her hands, and throwing her eyes first upon the floor, next upon the appalling table, then across the theatre, and next towards the ceiling, trembling and weeping in the most pitiable manner, until, at length, a dresser on each side *humanely* took her by the arms, and assisted in laying her down on the table thus conditioned; which, with its appendages, seemed to make her suffer much more keenly than the man who had had his bladder cut into. Mr. Vincent, during all this time, was engaged with Mr. Lawrence and the other surgeons, close to the library door, some distance from the patient, conversing, probably, upon the operation that had just been performed; the two sisters, actually *two* of them, were joking and laughing at the fireplace with some of the pupils; and the area around the operating table, which ought to have been occupied by the operator and his assistants only, was crowded with practitioners, dressers, pupils, and strangers, to a degree, that created a scene of perfect confusion; and, in the midst of it, was this young female elevated on the chair and crying most bitterly.

According to the statements of the patient, this indurated tumour, not much larger than an almond, situated at the outer edge of the patella, first made its appearance several years ago, but had only occasioned her pain in a degree to cause her to complain of it within the last four months. When she walked much, or knelt, the pain was very violent, and she had been advised to have it removed. There was now no inflammation about the growth on the knee, nor any discoloration of the covering skin or integuments.

Messrs. Vincent, Earle, and Stanley, having carefully examined the tumour, one of them observed that he by no means recommended the removal of it; he should offer up his prayers standing for the next fifty years, rather than submit to have it taken from his own knee, were it there. The girl, however, having come for the purpose of having the operation performed, and Mr. Vincent seeing no objection to it, he proceeded to remove it. In consequence of the pressure of individuals in the operating area already alluded to, it was only with considerable dexterity, that the eye of any person from the proper situation of spectators in the theatre, could get an occasional glimpse of the operation as it proceeded. A longitudinal section of the skin appeared to be made over the tumour, and the lips dissected back, with the view of then cleanly turning out the enlargement. The growth, however, was picked out piece-meal. In twelve minutes after making the first incision, the first piece, nearly the size of an almond, and somewhat of its shape, was got away, which Mr. Stanley cut open, and exhibited to some gentlemen near him, while the rest of the operation was proceeding. It was an old, enlarged bursa, the fluid having become absorbed, and the coats thickened and hardened. The remainder of the operation was completed in four minutes more.

When a view of the operation was at times obtained, the operator's hands were found to be at work, an assistant holding off a portion with a tenaculum, another with forceps, and a third with his finger and thumb. But the weeping, and cries of the patient, "Let it alone, let it alone! don't pull it about any more! don't, I tell you, pull it about any more! plaster it up! I won't let you cut it any more, I won't, I won't, I won't!" and cries of "heads! heads," and hisses, because the latter were not attended to, entirely did away with the ordinary view and benefit derived from the performance of operations in this theatre. To such an inconvenient extent did the operator's good nature and courtesy extend to those around him, that he actually permitted some of them, as was observed in parts of the theatre, to crowd so much upon him, and even before him, as to cause him to raise his head and shoulders above those of others (thus indecorously conducting themselves) to perform parts of the operation with his arms completely extended before him. Thus was the operation gone through, but still the girl was left lying on the table, till after the exhibition and removal of the following patient!!

THE SURGICAL ASPECT OF OBSTRUCTIVE JAUNDICE.

By E. J. H. ROTH.

FROM time immemorial jaundice has been recognised as a symptom in certain diseases, and it is not perhaps remarkable that the medicine men of old, failing to glean its cause, have thrown up their hands in despair and allowed disease to claim her victims.

Sylvester refers to jaundice as if it were some evil spell:

> "Then on the liver doth the Jaundice fall,
> Stopping the furrage of the cholerick gall,
> Which then, for good blood, scatters all about
> Her fiery poyson yellowing all without."

And whilst it is Shakespeare who wrote:

> "Why should a man whose blood's warm within,
> . . . creep into the jaundice?"

there is a certain improbability that the contemporary leech-bleeder of Stratford-on-Avon could have offered any really sound scientific explanation. However, such stupendous advances have been made in recent years as a result of that study of living pathology, made possible by modern operative measures, in addition to facts alone learned at autopsies, that although some of the fields of jaundice remain unexplored and many phenomena unexplained, so much has been learned that we must search the most dusty of hospital tomes to find the golden colour explained so easily as by jealousy.

What, then, do we now believe to be the causes of the jaundice which brings the patient into the hands of the surgeon? Wishing as I do to limit this paper to the cases which have come under my own observation, I cannot touch on the very important questions surgically associated with splenic anæmia, and must needs confine myself to obstructive jaundice. I shall therefore deal with four typical cases from a series of twenty cases of jaundice admitted to the wards of the Professorial Surgical Unit of St. Bartholomew's Hospital during the last year, and present a picture which, although splashed with yellow, is perhaps not so xanthined as to jaundice the mind of the observer; at least, I trust not.

CASE 1.—JAUNDICE ASSOCIATED WITH GALL-STONES.

Out of the 20 cases of jaundice 15 proved to be associated with gall-stones, or 75 per cent.

May S—, æt. 59, married, admitted in November, 1921, complaining of "pain in the stomach."

History of present condition.—Twenty-two years ago patient suffered from severe indigestion which necessitated treatment. Twelve years ago patient had an acute attack of abdominal pain lasting one day. She was treated for gall-stone colic. Four years ago *slight jaundice* was noticed unassociated with pain; it disappeared after a short spell in bed. In October, 1919, she experienced a *further attack of jaundice* with a dull pain in the back and right shoulder, which brought her to hospital. Upon examination she appeared healthy-looking without signs of jaundice. The abdomen moved well, but the upper part of the right rectus abdominis was somewhat rigid with tenderness upon palpation below the tip of the ninth costal cartilage. A diagnosis of cholelithiasis was made, the operation of choledocholithotomy and cholecystostomy performed, and a small stone removed from the common bile-duct. She made a good recovery and was discharged. She now felt quite well until August, 1920, when she had severe "pain in the stomach" unassociated with food and referred to upper part of back, occasionally becoming intense and doubling her up and continuous until her readmission on November 14th, 1921.

Condition on admission.—A stout woman *without evidence of jaundice.*—Abdomen moved fairly well with no rigidity of abdominal muscles. Deep to the old scar an indefinite resistance with tenderness on palpation could be felt in situation of tip of the gall-bladder. Urine and fæces normal.

A diagnosis of cholelithiasis was made and the gall-bladder exposed by an incision through the right rectus. Many adhesions, binding the gall-bladder to the anterior abdominal wall, were dissected away. The viscus, with the cystic duct, was empty and appeared normal, but just below the entry of the cystic into the common bile-duct was a dilatation in which stones could be felt, but not displaced. Accordingly an incision was made into the common bile-duct and two moderately sized facetted gall-stones removed; a probe passed easily each way along the larger duct. The incisions were repaired in turn and the abdomen closed without drainage, the patient making a good recovery and feeling very well upon discharge on December 15th, 1921. An analysis made of the choleliths revealed normal consistence.

COMMENTARY.

(1) Jaundice when present is an important symptom in cholelithiasis, but gall-stones often exist without producing it; in a further six out of eighteen cases of this disease last year there was no jaundice. If present, it is rarely persistent.

(2) Stones lying in the common bile-duct rarely cause complete obstruction to the flow of bile.

(3) A stone in the duct does not cause distension of the gall-bladder, which indeed is often contracted as a result of previous inflammation.

(4) Pain may be of more than one type:

- **(a) Vague discomfort in the upper abdomen, often described as "indigestion."**
- **(b) Dull pain in region of gall-bladder, sometimes in the back and possibly in the right shoulder.**
- **(c) Attacks of colic.**

CASE 2.—JAUNDICE ASSOCIATED WITH CARCINOMA OF THE GALL-BLADDER.

The only case out of the 20 cases of jaundice.

Louisa S—, æt. 52, h.w., admitted on February 7th, 1922, complaining of jaundice and abdominal pain.

History of present condition.—In December, 1921, patient, previously quite well, experienced a gnawing pain beginning in the epigastrium passing backwards between the scapulæ and continuing for about an hour; it persisted intermittently every day till admission. On January 28th, 1922, she had her only acute attack of pain, which, localised to right hypochondrium, lasted for four days. She did not vomit. On February 1st, she was *noticed to be jaundiced; this became more and more intense and continued until admission.* On February 6th, she vomited many times, and from that date she experienced nausea. During the last few months she had had anorexia and "thought she had lost weight."

Condition on admission.—Patient was deeply jaundiced all over. Abdomen appeared very large and fat, not moving well on respiration, but no rigidity was present. The liver, smooth and uneven, appeared very hard, and, commencing on fifth intercostal space above, could be palpated 3 in. below costal margin in the mid-mammary line. Hardly noticeable, but detected in the umbilicus, was a small, freely moveable hard nodule, the skin over which was desquamating. A test for bile-salts in urine was positive.

The case was very carefully examined, and, *consequent upon the persistent jaundice* and the possible malignant metastasis in the umbilicus, *laparotomy was performed* on February 21st, 1922, which revealed the viscera in region of liver obliterated by a huge mass of new growth so advanced as to make radical measures impossible. A microscopic examination of the tissue removed from the umbilicus revealed nothing definable. The patient gradually became weaker after the operation, and died twelve days later after several attacks of hæmatemesis and passage of blood in fæces. The autopsy showed the site of the gall-bladder to be occupied by a large ovoid stone bathed in pus. The wall of the viscus was fused with the liver by a large mass of new growth continuous with the right lobe, which was not itself enlarged; the head of the pancreas, first part of the duodenum and under-surface of the diaphragm were all infiltrated and perforated by the growth. Subsequent histological examination confirmed the diagnosis of carcinoma of gall-bladder.

COMMENTARY.

(1) Jaundice which becomes persistent can be associated with advanced carcinoma of the gall-bladder.

(2) The gall-stone may exist for a long period without giving rise to symptoms, although in course of time its presence may be one of the factors in encouraging the development of a new growth.

CASE 3.—JAUNDICE ASSOCIATED WITH ENLARGED GLANDS IN THE PORTAL FISSURE.

The only case out of the 20 cases of jaundice.

Ada F—, æt. 48, married, complaining of abdominal pain and vomiting.

History of present condition.—From August, 1921, onwards patient, who had previously enjoyed good health, experienced persistent dull pain in upper part of back. She vomited occasionally. From Christmas onwards this was supplemented by epigastric pain, the back pain becoming localised in the right shoulder and between scapulæ. Finally, in January, 1922, *slight jaundice was added* to her symptoms, bringing her to the Hospital, and she was admitted.

Past history.—Severe hæmorrhoids for last twenty years.

Condition on admission.—Patient was slightly jaundiced. The heart seemed normal, having regard to the patient's general condition and age. The abdomen moved well on respiration; no rigidity, but in the region of the ninth costal cartilage on the right side a small lump could be palpated, extending downwards for 2 in. and moving on respiration. It appeared to be an enlargement of the gall-bladder.

It was decided to explore the region of the gall-bladder, but the patient stopped breathing and died under an ether anæsthesia before an incision was made. The autopsy showed that two slightly enlarged lymph-glands were pressing upon the common bile-duct, causing a slight dilatation of the gall-bladder, which, together with the ducts, was otherwise normal. The heart was markedly enlarged, the myocardium of the left ventricle being very soft and pale with some hypertrophy of the wall. Histologically the muscle showed marked fatty degeneration with "brown atrophy."

COMMENTARY.

Slight degree of jaundice may be caused as a result of pressure upon the bile-ducts consequent upon the presence of glands which are enlarged from inflammation as apart from malignant disease.

CASE 4. JAUNDICE ASSOCIATED WITH CARCINOMA OF HEAD OF PANCREAS.

Representative of 2 out of the 20 cases of jaundice, or 15 per cent.

William B , æt. 62, wood carver, admitted April 22nd, 1921, complaining of jaundice.

History of present condition.—In August, 1920, patient, previously quite well, commenced having pain in epigastric region coming on half to one hour after food and relieved by the next meal. In middle of December, 1920, jaundice first appeared, and, gradually deepening, had persisted from that time. He said he had lost two stone in weight since Christmas, 1920, and had one severe attack of colic and vomiting.

Condition on admission.—Patient was thin and deeply jaundiced. Abdomen did not move well on respiration. Patient complained of pain in epigastrium referred to right iliac fossa, only the former being tender on palpation. Chemical tests showed pancreatic deficiency, and there were bile constituents present in the urine.

On May 3rd, 1921, laparotomy disclosed carcinoma of the head of the pancreas and cholecystenterostomy was performed, which caused the disappearance of the jaundice and the patient to feel much relieved of his other symptoms. He was discharged. Seen in September, 1921, however, his jaundice and other symptoms were reappearing again; he was vomiting daily, gradually losing weight, and was very ill. The operation had made him comfortable and able to enjoy his life for some four months.

COMMENTARY.

(1) Jaundice which becomes persistent is a common result of carcinoma of head of the pancreas; signs of pancreatic deficiency will be important evidence.

(2) Cholecystenterostomy when possible is a good palliative measure.

CONCLUSIONS.

These, then, are illustrative of our 20 cases of jaundice, 15 of which proved to be due to gall-stones, 4 malignant disease, and 1 due to pressure of innocent enlarged glands. I cannot claim that my commentaries are conclusive, and would prefer them to be taken as suggestions rather than panaceas, but at any rate they do illustrate some of the causes and surgical aspects of obstructive jaundice, and if they can convince others as they have convinced me, that continuous and increasing pigmentation is highly compatible with malignant disease in connection with the biliary passages, they may serve as a small seed of further thought, and some unhappy sufferer so afflicted may seek the surgeon's aid before it is too late even to attempt a removal. *Periculum in morâ.*

I am gratefully indebted to Prof. Gask for access to the files of the Professorial Surgical Unit, and for his kind permission to publish the cases selected.

AN AUSTRIAN HOSPITAL.

DURING a holiday in Austria this summer I had the misfortune to contract dysentery, and was obliged to go into the General Hospital at Linz, on the Danube.

On presenting myself at the hospital I was received with every show of friendliness by the senior resident medical officer. He found me a bed in the block set aside for infectious diseases, in a separate room, but which was used as a passage. After two days, being dissatified with the comfort of the bed and several minor things, I made inquiries, which led to the discovery that I was being treated as a third-class patient. I thereupon requested that I might receive first-class treatment, which I later found was required of all foreigners. I found then that my bed was made more comfortable, and several minor luxuries provided, and when I was allowed solid food it proved to be of the best. I had, however, to be content with the same room as they had no proper first-class accommodation in the infectious block, never having had before a patient in that category. However, later, after three negative examination of my stools, I was transferred to the main building and was provided with a comfortably fitted private room, with hot and cold water laid, etc.

Both as a third- and as a first-class patient doctors and nurses went out of their way to show their friendliness to me, and I was undoubtedly given more than average attention.

The hospital belongs to the State and consequently shares in the critical financial position which has faced the Austrian Government since the end of the war, but as far as I saw there was sufficient food for all, and the hospital generally, far from being in a dilapidated condition, appeared quite flourishing. Like all State-controlled establishments the fees were extremely low; as a first-class patient I paid 9000 kronen a day (*i.e.* in English money about 6*d.*), while as a third-class patient I should have paid only a third of this figure. The third-class fee also included medical attendance and pathological investigations, but for first-class patients these were extra, the former being payable to the visiting physician; but in my case, as a medical student, he refused to accept any such fee.

The condition of the medical and nursing staffs rather contradicted the apparent prosperity of the hospital as a whole. In one respect the nurses are better off than their sisters in this country: they have obtained an eight hour day, but their salary was pitiable—130,000 kronen a month (any idea of the value of money is difficult to give, but as a guide the cost of a good lunch may be taken as about kr. 25,000, and a good suit as half a million kronen; on the other hand, travelling is relatively much cheaper. The fate of the medical officers is even worse: the seniors, who have board and lodging provided, receive a salary of kr. 140,000 a month, and as far as the necessities of life are concerned are fairly well off; but the juniors, who receive a similar salary without board or lodging, are many in a literally semi-starving condition. The position of the consultants and those in private practice is, however, much better, as, unless their practice is confined to the middle classed, who are themselves practically starving, they are able to increase their fees proportionately to the depreciation of the currency. But even of these the best off are not able to contemplate travel or study in any other country, owing to the rate of exchange.

Altogether I formed the opinion that taking into account the difficulties of post-war conditions in Central Europe, the hospital was run on the most efficient lines, and would compare favourably with one in the provinces in England. Although a Bart's. sister might conceivably find fault with some of the details, yet the nursing arrangements appeared on the whole to be most satisfactory; also the medical and pathological work seemed quite up-to-date.

[I have to thank Herr Dr. Med. R. Chiari for permission to write these notes.]

A DERMOID DRAMA.

A woman there was and she bear a son,
To witness if I lie,
He'd coal black hair, an insolent stare,
And the blood lust in his eye.

* * *

The woman sighed and shortly died
In diabetic coma.
A P.M. revealed what lay concealed—
A Cystic Teratoma.

Some cells were there, some strands of hair,
An assorted set of bones,
And a thing in a cyst that should never be missed,
A layer of rods and cones.

A rag and a bone and a hank of hair,
An eye (it seemed a male eye),
Some chunks of glue, a tooth or two,
And a Sustentaculum Tali.

A maid there was, surpassing fair,
Of lowliest extraction;
She'd eyes of blue and curly hair,
And an error of refraction.

Now the villain sought to wed the lass,
"Come, be my wife," he hissed.
She replied, "Sir Hugh, I'm not for you,
For I love that Dermoid Cyst.

"I love the bits of bric-a-brac
That really are your brother;
I love them so I'd never go
And join me to another.

"Such an eye is there, such auburn hair,
Such a graceful set of bones,
There's a bit of spleen, and I never have seen
Such heavenly rods and cones."

Sir Hugh then ground his teeth and frowned,
"You little fool," he hissed
"How the World will laugh and the World will chaff
Should you mate with a Dermoid Cyst."

"I care not what the World may say,
Nor what the World may do,
But I'd give my hand to a Septic Gland
Before I'd marry you.

"Your wedded wife I'll never be,
My pedigree stands in the way,
I, a persistent R.O.P.,
You, a paltry B.B.A."

Sir Hugh then entered Parliament,
And added to the list
A Bill which said no one may wed
A deceased wife's Dermoid Cyst.

The years roll on and she, poor lass,
Grows more and more pathetic,
And seeks to hide Time's awful tide
With artifice cosmetic.

Her lover's hair about her own
She mingled to console her,
And in her plate did incorporate
Her cystic love's premolar.

So they went to meet their fate,
Two young lives sadly blighted,
And though in life they were separate
In death they were united.

* * *

Now the little odds and ends were sent
To the Institute of Lister;
And what had been thought was a masculine Cyst
Proved a cystic little sister!

X.

ROYAL MEDICAL BENEVOLENT FUND GUILD.

It has been decided to hold a Festival Dinner in aid of the above on January 30th, 1923, at the Hyde Park Hotel.

Tickets for ladies and gentlemen, 17*s.* 6*d.*, including wine. The names of the chairman and speakers will be announced later.

A meeting of the wives of the members of the staffs of the London hospitals was held on November 28th at 11, Chandos Street, in support of the scheme, the object of which is to bring home to the medical profession and the general public the urgent need both for increasing the annual subscriptions to the Royal Medical Benevolent Fund Guild and for raising a special fund for educational purposes.

Mrs. Kendal, who took the chair at the preliminary meeting on November 28th, spoke of the high reputation which the medical profession enjoys for generosity. She had never known a doctor refuse assistance, though she had often known him refuse a fee. To that generosity the R.M.B.F. Guild must now appeal. Its needs are very pressing. In the past perhaps they have not been sufficiently made known. A doctor's work, from its nature, is dangerous. Those who succumb are often young men who have had no time in which to make the provision they desire for those who are dependent upon them. The Guild deals daily, and at present inadequately, with many hard cases among gentlewomen and children, unused to poverty, often ill-fitted to cope with it, yet called upon to bear it. Will any medical man, who asks himself what might have been the consequences to his own family of his own early death, fail to support this cause?

To the general public, too, the appeal may be addressed with confidence. A rich man who by means of his doctor gains relief from suffering and ill-health, a poor man who receives advice and treatment without fee, may both, on a different scale, subscribe to a fund which combats poverty and ill-health among the dependents of men who have died in the service of the public.

Subscriptions to the Educational Fund should be sent to any one of the following ladies, who have kindly consented to act as Stewards for the Dinner.

Additional names of those willing to act as Stewards (*i.e.* collect £10 and upwards towards this fund) will be most gratefully received, and announced in subsequent notices of the Dinner.

Applications for tickets for the Festival Dinner should be sent to the Secretaries:

Miss SWINFORD EDWARDS, 68, Grosvenor Street, W. 1.
Miss MORLEY FLETCHER, 98, Harley Street, W. 1.

STUDENTS' UNION.

ABERNETHIAN SOCIETY.

On October 19th a clinical evening was held in the Abernethian Room. Mr. J. Ness Walker was in the Chair and over 50 members were present. Three cases were shown:

Mr. R. S. Coldrey showed a case of a boy who had swelling of both knees of unknown cause.

Unfortunately after the case had been discussed by several members the diagnosis was still doubtful.

Mr. Smith showed a case of a small boy, æt. 2½, who had a tumour on the right side of the abdomen, which had been noticed accidentally. The majority of members who spoke considered it to be in connection with the right kidney and advised an exploratory laparotomy.

Mr. Liston then showed a case of a woman, æt. 34, who had a tumour in the abdomen in the middle line and who suffered from vomiting.

The diagnoses of carcinoma of stomach or transverse colon and fæcal impaction were put forward.

On November 2nd Mr. Roche very kindly opened a discussion on "Vomiting." He dealt with the subject so fully and in such masterly fashion that there was little else for anyone to say. However, nine other members of the Society spoke, several of them dealing with vomiting from a psycho-analytical point of view.

On November 9th a clinical evening was held at 5.30 p.m.

Mr. Cross first showed a woman who had a swelling of the right knee with limitation of movement. Mr. Okell then showed a case of a woman, æt. 36, who had the very interesting condition of multiple exostoses.

Mr. Chadwick finally showed a case of a man who had a large swelling in his mouth, the diagnosis of which lay between actinomycosis and new growth.

A joint meeting of the Society with the Debating Society was held on November 16th. This meeting has already been reported in the Journal.

On November 23rd Dr. Chandler read an exceedingly interesting paper on "Artificial Pneumothorax." He discussed the whole process from all points of view and showed many interesting skiagrams and charts. He also demonstrated the use of the apparatus for making an artificial pneumothorax as well as the thoracscope, both of which he had present. Dr. C. H. Andrewes proposed a vote of thanks, which was seconded by Mr. R. T. Payne.

The third clinical evening of the session was held on December 7th, at 5.30 p.m.

Mr. Mackenzie first showed a case of a man who had various manifestations of disease of the nervous system; the diagnosis lay between cerebro-spinal syphilis and disseminated sclerosis.

Mr. Brigg showed a case of a woman with hydronephrosis, the diagnosis of splenomegaly and ovarian cyst, however, were also discussed.

Finally, Mr. J. P. Hosford showed a case of a man who was suffering from congenital cystic disease of the kidneys.

At this meeting the discussions on all the cases were very lively and a large majority of the members present spoke.

The attendance at all meetings has been very good, but with the large number of students now at the Hospital it might be still increased, and it is hoped that this year every student who is doing clinical work will make a special point of attending the meetings, on Thursdays, of the Abernethian Society.

THE ANNUAL DANCE.

The Students' Union Annual Dance, held this year at Prince's Galleries, was in every way a thorough success. Nearly 300 people including Lady Bowlby and several members of the Senior Staff were present, and dancing continued till well after 3 o'clock in the morning. An innovation was introduced in that no reception was held, and there can be no doubt that this step met with general approval.

The supper, which was attended by Prince's own band, contributed very largely to the success of the evening. Quite in the limelight also was the Committee Room, a hitherto inconspicuous office, which suddenly became famous for a reason which need not be dwelt upon here.

The Dance Secretaries, Messrs. G. E. Burgess and D. G. Martin, are to be congratulated on their arrangement of what turned out to be a most enjoyable affair, and one which quite came up to the standard of previous Hospital dances.

ASSOCIATION FOOTBALL CLUB.

INTER-HOSPITAL SENIOR CUP, 1ST ROUND.

ST. BARTHOLOMEW'S HOSPITAL *v.* ST. THOMAS'S HOSPITAL.

Played at Chiswick on Wednesday, December 13th.

A melancholy event. Our men were unable to rise to the occasion, and were beaten by a better side to the tune of 4 goals to 1.

It would not be in keeping with the true spirit of this festive season to criticise their efforts too harshly, as, perhaps, we feel inclined to do; nor would it be just, for we have not forgotten the splendid show made by exactly the same team in last season's final; yet it must be clearly stated that the lack of team practice has reduced the efficiency of our forwards to—well, an appalling degree. The defence, too, usually so sound, cracked up badly in the second half for pretty much the same reason.

And that's all we will say about it.

A crowd of four from this Hospital did their unsuccessful best to cheer the following team on to victory:

Bart.'s: L. B. Ward, *goal*; J. Morton, T. Caiger, *backs*; A. E. Lorenzen, A. C. Dick, I. C. Oldershaw, *half-backs*; G. H. Nicholls, A. E. Ross, E. I. Lloyd, R. F. Savage, J. Parrish, *forwards*.

RUGBY FOOTBALL CLUB.

THE Hospital Rugger results have proved highly satisfactory during the first half of the season. The fixture card arranged contained matches against the most formidable teams in the country. Ten matches have been played, from seven of which the Hospital has emerged victorious; the remaining three were lost. The most satisfactory display was, perhaps, given against Cambridge on the ground of the latter. The Bart.'s forwards during this game proved themselves a formidable octette. Amongst the Freshmen, A. W. L. Rowe—the old Oxon blue—has turned out to be a tower of strength. H. McGregor, also a new arrival, shows promise with a little more experience. Possibly the most improved forward in the Hospital is M. L. Maley, who had always played the sister code till two years ago. G. W. C. Parker, the Captain, has been exceedingly unfortunate as regards the composition of his team during the majority of the matches. The team had to take the field with seven reserves against Bristol—one of the best teams in the country on their own ground.

The following have been compelled to rest through injuries: G. W. C. Parker (Capt.), A. Carnegie Brown, J. D. Games, E. S. Vergette (Sec.), L. C. Neville.

The Hospital should appear in the final against Guy's, and provided there is improvement forthcoming in the half-back play, they should render a good account of themselves.

The Cardiff trip was a highly successful one, and the team was entertained to dinner after the match. Dr. J. J. Buist—an old Bart.'s man—who was in the chair, gave an interesting account of the inception of the Abernethian Society, and paid complimentary remarks to the play of the Bart.'s XV. G. W. C. Parker (Capt) suitably responded in a pithy and humorous speech.

The following have represented the Hospital this term:

Full back: W. F. Gaisford. *Three-quarters*: M. G. Thomas, P. O. Davies, H. McGregor, W. Moody-Jones, L. C. Neville. *Halves*: T. P. Williams (Vice-Capt.), J. D. Games, D. H. Cockell, H. B. Savage. *Forwards*: G. W. C. Parker (Capt.), H. G. Anderson (Treasurer), A. E. Beith, A. B. Cooper, E. S. Vergette (Secretary), A. Carnegie Brown, A. W. L. Rowe, M. L. Maley, W. S. Morgan, G. Dietrich, H. V. Morlock, J. D. Allen.

Teams A, B and C have as usual displayed their keenness, and have won the majority of their matches under the respective captaincies of J. D. Allen, J. Beagley, Durden Smith, and G. C. Evans.

OXFORD BART.'S CLUB.

THE Annual Dinner of the re-established Club was held at the Langham Hotel on Wednesday, November 15th, when the President, Sir Archibald Garrod, was in the Chair.

Eighty-four members and guests were present. The arrangements of the evening were in the hands of the Secretaries, Messrs. E. A. Crook and C. L. Harding.

After the King's health Sir ARCHIBALD GARROD proposed "The 'Varsity, the Hospital and the Club," and dealt with each in turn. He read a letter from H.R.H. the Prince of Wales, regretting his inability to be present. Details of the three former Dinners in 1904, 1905 and 1906 were given, and the reason for their discontinuation, namely paucity of attendance. Oxford had been sending more men to Bart.'s of late years, and this was the reason for renewing the Annual Dinner. He explained the main object of the Club, namely to bring all Oxford-Bart.'s men together.

Mr. A. Q. Wells and Mr. Ainsworth Davis then sang "The Staff of Bart.'s." The song, which was composed by Mr. Ainsworth Davis, was received with great enthusiasm.

Dr. SPILSBURY then proposed "The Visitors," taking each in turn. His ingenious classification prevented the omission of anyone. He added a further object of the Club, namely, to provide a means of returning the hospitality shown annually by our Cambridge friends.

Dr. AINLEY WALKER, Dean of the Medical Faculty at Oxford, replied, referring to the Medical School, more especially the question of the grant of £100,000 by the Dunn trustees for the building of a new Pathological Department, which was at the moment under discussion at Oxford.

Mr. VICK also replied, saying that he had never, in all his life, seen so many Oxford men together, save at the annual Bart.'s-Cambridge dinner. He considered the difference between a Cambridge and an Oxford man to be as great as that between a Surgeon and a Gynæcologist.

Sir FREDERICK ANDREWES then proposed the health of the Chairman, giving an account of his earlier acquaintance with Sir Archibald Garrod as an Undergraduate at Christ Church.

The CHAIRMAN replied, and announced certain General Election results that had just been received.

The meeting was then adjourned to 86, Harley Street, at the kind invitation of Mr R Ogier-Ward and Mr. Bedford Russell, where further musical talent was provided by Dr. H. G. Baines, Mr. Ainsworth Davis and others.

CAMBRIDGE BART.'S CLUB.

THE Annual Dinner of the Cambridge Bart.'s Club was held at the Hotel Victoria on Friday, November 24th, 1922, Dr. Herbert Williamson being in the Chair. About 100 members and 50 guests were present; this number constituted a record.

Dr. WILLIAMSON'S speech in proposing the health of the Club was generally agreed to be a *succès fou*, the presentation of his subject and its delivery being graced by an abundance of obstetric witticisms He discussed the *raison d'être* of the Club; he congratulated on their new appointments Mr. Just, Dr. Chandler and Mr. Everard Williams; and expressed the sorrow of members of the Club at the loss of Sir Sydney Beauchamp and Dr. W. H. Rivers.

Sir HUMPHRY ROLLESTON proposed the health of the Visitors, which was replied to by Dr. EDEN, of Charing Cross Hospital, and Dr. SPILSBURY. The dominant theme of these speeches was the evergreen one of the Oxford manner.

Dr. LANGDON BROWN then proposed the health of the Chairman. Dr. WILLIAMS did not reply at length, but appointed as his deputy the poet Barnsley, whose prognosis of the future of intestinal surgery brought down the house.

Sir WALTER FLETCHER then gave the Secretaries, Dr. Burrows and Mr. Vick an opportunity of alternately disavowing all responsibility for the excellent arrangements which had been made. In the intervals between these speeches Messrs. Walk, Carte and Neville provided musical entertainment, which was much appreciated.

The company, in spite of its enormous numbers, then adjourned to Dr. Morley Fletcher's house, which had been thrown open with his traditional hospitality. Here more music was made to the general satisfaction; the poet Barnsley in particular surpassed even his own previous efforts.

REVIEWS.

A SYNOPSIS OF SURGERY. By ERNEST W. HEY GROVES, M.S. M.D., B.Sc.(Lond.), F.R.C.S. (John Wright & Sons, Ltd.) Illustrated. Pp. 620. Price 17*s.* 6*d.* net.

The sixth edition of this most valuable examination hand-book lies before us. It will be found of the greatest use to men preparing for surgical tests. It is very full, compact, well-produced and tabulated. Certain additions incorporating recent advances in surgical practice and thought have been made to previous editions.

The writer is well known as one having very definite opinions and methods of his own. Sometimes this work reflects these features, perhaps too dogmatically in view of the purpose of the book as an examination help. Thus not everyone would treat an intracapsular fracture of the head of the femur in a young adult by open operation without first trying other methods.

The use of opium in cases of congenital stenosis of the pylorus is mentioned, but not the exhibition of atropine; nor is the possibility of hyper-adrenalism as a cause noted. A classification of operations useful in hour-glass constriction of the stomach gives gastroplasty first and gastro enterostomy third. Surely in such books as these the usual operation of choice might be mentioned first.

We hope that in the next edition ethanesal will be mentioned amongst the anæsthetics.

But these are small criticisms of an excellent book.

CHLOROFORM ANÆSTHESIA. By A. GOODMAN LEVY, M.D., M.R.C.P. (London: John Bale, Sons & Danielsson, Ltd.) Pp. 158. Price 7*s.* 6*d.* net.

This excellent, well-written little book should be read by all anæsthetists and anæsthetic clerks. Chloroform anæsthesia is appreciated by many surgeons. Its value in abdominal work is undoubted; and yet of all deaths under anæsthesia 72 to 90 per cent. are under chloroform.

The volume before us deals exhaustively with the subject—its pharmacology, toxicology, administration and apparatus. Death occurs not by any means generally under deep anæsthesia. More often it takes place whilst the patient is lightly anæsthetised. The cause is ventricular fibrillation. The best means of averting the calamity, when such fibrillation has taken place, is, according to the author, to perform cardiac massage within eight minutes of the commencement of the condition. The left hand should massage the heart through the pericardium. Best and Neves' method of incising the abdominal wall and separating the attachment of the diaphragm to the left costal margin is recommended. The longest time in which rhythm was restored was (experimentally in animals) forty-eight minutes. Massage should therefore be continued some time.

Prophylactic measures are (i) to maintain a full degree of anæsthesia, (ii) to make administration continuous.

There is a misprint on page 97.

We thoroughly recommend the book.

MODERN METHODS IN THE DIAGNOSIS AND TREATMENT OF GLYCOSURIA AND DIABETES. By HUGH MACLEAN, M.D., D.Sc., M.R.C.P. (London: Constable & Co.) Thirteen charts and 9 figures. Pp. ix + 159. Price 12*s.* net.

This book is a companion to the author's volume on *Renal Diseases* and we have no doubt that it will be equally successful. It does not pretend to lay forth original facts, but to make clear to the student and practitioner the recent discoveries on the subject and their bearing on treatment. The author's style is gratifyingly lucid, there is no longer any reason for anyone to complain that a blood-sugar curve is meaningless to him. We find described in detail methods for estimation of blood-sugar, alveolar CO_2 and bicarbonate in blood. We should like further evidence in support of the statements that a normal man's tolerance for glucose is limited only by the quantity he can take without nausea and vomiting. Benedict's solution is, rather to our surprise, considered to have no advantages over Fehling's for testing urines. The diets advocated follow Allen's original suggestions much more closely than those in use at our Hospital. There are useful food tables. Intravenous sodium bicarbonate in diabetic coma is considered "not only useless, but dangerous." On p. 25 we read that the demonstration of the peculiar behaviour of lævulose in the body is due to the author and de Wesselow. Surely Bergmark showed this seven years earlier?

AIDS TO TROPICAL HYGIENE. By R. J. BLACKHAM, C.B., C.M.G., M.D. (London: Baillière, Tindall & Cox.) F'cap 8vo. Pp. viii + 240. Price 4*s.* 6*d.* net.

This is a volume of the "Aids" series which we can unhesitatingly praise. This is the second edition and has been largely re-written. The chapter on the prevention of malaria is particularly good. We note a misprint on p. 187, where Nectonideæ should read Nectonectidæ.

DISEASES OF THE HEART. By I. HARRIS, M.D. (London: Baillière, Tindall & Cox.) Demy 8vo. Pp. xii + 196. Price 10*s.* 6*d.* net.

This book aims at describing the principles of "cardiology, old and new," and gives a readable and up-to-date account of symptoms, physical signs, and the use of the polygraph and electro-cardiograph.

Not a few of the teachings will seem strange to many readers. Heart failure is discussed in a novel way: the author is against the use of digitalis in cases of pronounced arterio-sclerosis, not from fear of raising the systolic pressure, but from fear of dangerous results following lowering of the diastolic pressure. Aortic stenosis is a rare disease, but is badly treated in receiving only six lines; a thrill is not mentioned, nor is the diagnosis from other conditions causing systolic murmurs at the aortic base discussed. The statement on p. 148 that 95 per cent. of cases of "subacute bacterial endocarditis" are due to the *hæmolytic* streptococcus is surely a slip. We fear there will be no great demand for a book like this; it contains so little which is not well dealt with in other text-books.

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

STUART-LOW, W., F.R.C.S. "Treatment of Aural Sepsis in Adults." *Ibid.*, October, 1922.

THEOBALD, G. W., M.B., B.Ch. "Priapism complicating Myelogenous Leukæmia and Noted as the First Symptom." *Lancet*, September 2nd, 1922.

THURSFIELD, HUGH, M.D., F.R.C.P. "A Lecture on Rickets, Marasmus and Scurvy." *Ibid.*, September 9th, 1922.

—— Contributor to *A Text-Book on the Practice of Medicine*, by Various Authors, edited by FREDERICK W. PRICE, M.D., F.R.S.(Edin.). London: Henry Frowde & Hodder & Stoughton.

—— (F. JOHN POYNTON, M.D., F.R.C.P., H.T., and DONALD PATERSON, M.B., M.R.C.P.). "The Severe Blood Diseases of Childhood: A Series of Observations from the Hospital for Sick Children, Great Ormond Street. Part I." *British Journal of Children's Diseases*, April-June, 1922.

TWEEDIE, A., F.R.C.S. "Demonstration of Apparatus for Olfactory Tests." *Proceedings Royal Society of Medicine*, September, 1922.

WALKER, KENNETH M., F.R.C.S. "Diagnosis and Treatment of Urethral Calculi." *Clinical Journal*, August 30th, 1922.

—— "Ascending Infections of the Kidney." *Proceedings Royal Society of Medicine*, August, 1922.

WARD, R. OCKEN, M.Ch., F.R.C.S. "Cysts of the Epididymis." *Lancet*, October 14th, 1922.

WARING, H. J., M.S., F.R.C.S. "Some Suggestions on the Future of Hospitals." *Ibid.*, September 30th, 1922.

WEBER, F. PARKES, M.A., M.D., F.R.C.P. "Acute Paroxysmal Pulmonary Œdema." *Clinical Journal*, August 23rd, 1922.

—— "A Note on the Question of the Causation of Postural or Orthostatic Albuminuria." *British Journal of Children's Disease*, April-June, 1922.

WHITEFORD, C. HAMILTON, M.R.C.S., L.R.C.P. "The Chronic Appendix." *Practitioner*, August, 1922.

WILLIAMS, H. O., M.B., B.S., D.P.H. (D. A. RICE, M.B., B.Ch., R.U.I. & H.O.W.). "An Outbreak of Trichiniasis. With a Laboratory Note by A. F. SLADDEN, M.D." *Lancet*, October 14th, 1922.

CORRESPONDENCE.

CLINICAL SARTORIAL SURGERY.

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

DEAR SIR,—I have been much interested in Sir James Beaugroom's article in the December number of the JOURNAL. The subject, and that of himatiopathology, have not attracted the attention they deserve. The literature is scanty, and the clinical material at our disposal is at present small. This appears to be due to two main factors—the distressing aversion which patients evince to seeking proper advice owing to a profound mental confusion, amounting almost to agoraphobia, which accompanies the more serious lesions; and the regrettable tendency of the patient to seek unqualified assistance. The correction of these is a matter of time and the education of the public.

Stephen Leacock,* in a brilliant article, has drawn attention to several important conditions, *e.g. Fractura suspendorum*, *Mortificatio Tilis*, *Inflatio Genu* and others. He states that "much yet remains to be done . . . this brief outline may help to direct the attention of medical men to what is yet an unexplored field."

I have lately had brought to my notice the following interesting condition, of which I append short notes:

Celluloid degeneration of the collar.—The condition is confined almost entirely to the male sex. By some process, at present imperfectly understood, but probably connected with acute hypolaunderism, the collar becomes indurated and loses its flexibility and elasticity. In this state it is completely insoluble in water, and after a short time exhibits gradually widening fissures. These start at the main flexures and become rapidly pigmented. At the same time the whole structure may become highly inflammable. If this occurs, an otherwise purely degenerative change may assume a dangerous form; for should any marked inflammatory process occur in the neighbourhood the whole structure may burst into flame, with involvement of the adjacent parts. This complication is fortunately rare, but may occur as a result of excessive cigarette-smoking.

I hope the whole subject will receive more attention. The spat problem alone opens up a wide field for research. The morphology of this obviously vestigial remnant might throw considerable light on bootlace atrophy and the true nature of the Day and Martin syndrome.

I am, Sir,
Yours faithfully,
C. COATES SITWELL.

Gaberdine University;
December, 1922.

ARTIFICIAL LEGS.

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

DEAR SIR,—As a layman I suppose it is altogether out of order for me to invite the hospitality of your columns on the subject of artificial legs, but as seldom a day passes without my receiving letters of inquiry from civilians who have had the misfortune to lose a leg, I thought I might, as a thoroughly contented wearer of an artificial leg (above-knee amputation), be forgiven for intruding.

All I want to do is to express the hope that all interested in the supply of artificial legs, whether these be surgeons, societies, hospitals, or medical officers attached to large industrial concerns, will investigate the merits of the Duralumin leg, with double swivel pelvic band, now issued to ex-Service men of all ranks by the Ministry of Pensions or perhaps I should say to all of these who may be fortunate enough to hear of it, and then apply for it.

I make this request for two reasons. Firstly, because I am quite convinced that this type of artificial leg has only to be seen for the enormous advantages of it to be appreciated; and secondly, because I, and I am sure all other ex-Service men, are naturally anxious that the civilian shall have equal opportunity with us in obtaining the very best type of leg available, if for no other reason than that their misfortune is identical to ours, and the knowledge that they are still being dragged down, both mentally and physically, by the heavy obsolete type of wooden leg disturbs us.

There are, I understand, some fifteen limb-fitting centres within the British Isles where this type of Duralumin leg can be seen, and it is now available for all type of amputations; and should any of your readers wish for such further particulars as a mere layman wearer is able to give, I shall be happy to supply them.

Yours faithfully,
HENRY H. C. BAIRD.
(Captain)
(Late Editor, *The Ex-service Man*).

Bridge,
Nr. Canterbury;
4th December, 1922.

"MACKENZIE'S."

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

DEAR SIR,—I well remember the time, nearly forty years ago, when I was a guest at this elegant hotel with its front windows dressed with wondrous dressings for butchers, and my recollections are still vivid on account of the ferocious assaults of many insects on every new comer—kept on the premises, perhaps not so much as a welcome, but to ensure that when a call came none of us could be asleep. There was nothing clean. Washing water was limited and

* Leacock, "A New Pathology," *Lity. Laps.*, 1917, p. 65.

a bath unobtainable. There were four to five of us, and we lived in harmony, possibly because we so rarely met, and there was a "Black Prince" whose South Coast manners often did not appeal to us though he was greatly beloved of the ladies. Of course the meals were a difficulty, as no one got back at any given time, and sometimes having missed two or more, our hostess had only a barrel of kippers to offer us—to be drawn from.

Our badge of office consisted of a small bag, containing, as far as I can remember, a pot of vaseline, and a telescopic silver catheter and little else that is now so necessary, yet out of nearly 100 cases none went septic. All my cases were normal, mostly long primiparæ, but in one, after waiting many hours, I thought it was "retained placenta": so it was—in the vagina. I sent for Lovell Drage, our O.P., and when he arrived about midnight he did not show the enthusiasm I had expected, and fortunately there was no need to send for him again. Although the contents of the bag were negligible it had its uses, and was sometimes a prophylactic against molestation from the ugly crowds we had often to get through to a case—people who seemed never to go to bed at night. Perhaps one of the ladies present would spot our emblem of office and yell out in a loud, husky voice, "Leave him alone, 'e's orl right, 'e's from the 'orspital and we shall want him down 'ere soon," and that would frank us on our way. I still have the little bag, but its contents have changed from those appertaining to birth to those used P.M. A. E. P.

Petersfield.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

The following degrees have been conferred:

M.B.—H. A. Gilkes, J. G. Johnstone.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:

M.D.—H. Morrison, H. L. Cronk.

M.B., B.Ch.—E. A. Fiddian.

M.B.—R. Hilton.

Diploma in Public Health.—J. G. F. Hosken passed with distinction in Part I, October, 1922.

Second Examination for Medical Degrees, December, 1922.

Part I. Human Anatomy and Physiology.—M. J. Harker, J. H. Humphris, F. J. C. Smith, R. S. Tooth, A. T. Worthington.

Third Examination for Medical and Surgical Degrees, December, 1922.

Part I. Surgery, Midwifery and Gynæcology.—G. H. Caiger, J. C. Davies, W. Edwards, H. H. Fisher, J. A. W. Robertson, J. M. Scott, C. Sturton, G. B. Tait.

Part II. Medicine, Pathology and Pharmacology.—W. F. T. Adams, C. L. Pasricha, J. A. Struthers, T. M. Thomas, J. P. Wells.

UNIVERSITY OF LONDON.

M.D. Examination, December, 1922.

Branch I. Medicine.—C. H. Andrewes (University Medal), G. T. Burke, N. H. Hill.

Branch V. State Medicine.—H. G. Smith.

Third (M.B., B.S.) Examination for Medical Degrees, October, 1922.

Honours.—G. L. Brocklehurst (*d*), R. Hunt Cooke (*a*), R. H. Nade (*a*, *d*).

(*a*) Distinction in Medicine. (*d*) Distinction in Surgery.

Pass.—E. A. Coldrey, J. P. Hosford.

Supplementary Pass List.

Group I.—A. C. Maconie.

Group II.—D. A. Blount.

Diploma in Psychological Medicine.

With special knowledge of Psychiatry: G. F. Colsh

ROYAL COLLEGE OF SURGEONS.

Final F.R.C.S. Examination.

J. Ll. Davies, H. L. Sackett.

Primary F.R.C.S. Examination.

W. M. Cotter, T. A. J. M. Dodd, C. M. Greenslade, R. J. B. Hall, C. H. Thomas, A. H. Whyte.

CHANGES OF ADDRESS.

BOLAND, C. V., Raffles Chambers, Singapore.

CATFORD, E., Capt. R.A.M.C., Medical Officer i/c Families, Ewshott Camp, Fleet, Hants.

FEGAN, R. A., St. Andrew's Place, Lewes, Sussex.

GREAVES, H. G., 42, Cathedral Road, Cardiff.

GUNARATNAM-COOKE, F., "Roa Mahal." Cinnamon Gardens, Colombo, Ceylon.

JAY, M. B., London Jewish Hospital, Stepney Green, E.

JOEKES, TH., 86, Brook Street, Grosvenor Square, W. 1. (Tel. Mayfair 5000.)

LADELL, E. W. J., 130, Prince's Street, Port Elizabeth, S. Africa.

LLOYD, ERIC I., Hospital for Sick Children, Gt. Ormond Street, W.C.

LLOYD, F. G., 103, Oakwood Court, Addison Road, Kensington, W. (Tel. Park 732.)

LOWE, W. G., Clarehaven, Minnis Road, Birchington-on-Sea, Kent.

MCCALL, H. D., West Lodge, Leominster.

MELLE, B. G., Wanders Club, Johannesburg, S. Africa.

OGLE, J. G., Mount Cottage, Upper Bridge Road, Redhill.

PAGE, G. F., Glanmere, Bridge Street, Aldershot.

PIDCOCK, B. H., St. George's Hospital, S.W. 1.

PORTEOUS, L. D., 136, Mere Road, Leicester.

RAWLING, L. BATHE, 16, Montagu Street, Portman Square, W. 1. (Padd. 1286.)

SMYTHE, G. A., Dunkeld, S. Cross Road, Winchester.

TOWNSEND, Major R. S., I.M.S., Messrs. Grindlay & Co., London.

WILLIS, F. E. SAXBY, 60, Queen Anne Street, W. 1. (Tel. Mayfair 4876.)

WORTHINGTON, G. V., Villa Jeanne d'Arc, San Remo. (For *winter* practice.)

WRIGHT, Lieut.-Col. A., R.A.M.C., Craig Royston, Midhope Road, Woking, Surrey.

APPOINTMENTS.

HERINGTON, C. E. E., M.B., B.S.(Lond.), appointed Hon. Medical Officer, St. John's Hospital, Twickenham.

JAY, M. B., M.R.C.S., L.R.C.P., appointed Junior R.M.O., London Jewish Hospital, Stepney Green, E.

LLOYD, ERIC I., M.B., B.Ch.(Cantab.), F.R.C.S., appointed House-Surgeon to the Hospital for Sick Children, Great Ormond Street, W.C.

NELKEN, G. J. V., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Royal Waterloo Hospital for Children and Women.

PIDCOCK, B. H., M.B., B.S.(Lond.), F.R.C.S., appointed Resident Assistant Surgeon, St. George's Hospital, W.

BIRTH.

BATTEN.—On December 12th, at her father's house, 47, Ladbroke Square, W., to Mary, the wife of L. W. Batten, M.B., of 12, Lyndhurst Road, Hampstead—a daughter.

MARRIAGES.

ABRAHAMS—WALSH.—On December 21st, Dr. Adolphe Abrahams, of 17, Harley Street, to Augusta Adrienne Walsh, of Farnborough.

DRAUN—MYERS.—On November 15th, at 109, Lilly Avenue, Johannesburg, Loswel I. Braun, M.D., M.R.C.P., son of Mrs. Bertha Braun, to Freda, daughter of Mr. and Mrs. Isaac Myers, both of Johannesburg.

DOWNER—CRAIG.—On December 6th, at All Souls', Langham Place, by the Rev. Minos Devine, Incumbent of St. Peter's, Vere Street, assisted by the Rev. Arthur Buxton, the Rector of All Souls', Reginald L. E. Downer, M.D., College Hill, Shrewsbury, son of W. J. Downer, C.B., C.M.G., I.S.O., and of Mrs. Downer, Rushmere, St. Albans, to Eileen Maud, daughter of the late R. A. Craig and of Mrs. Craig, Beech Hill, Kingsland, Shrewsbury.

DEATH.

JEPSON.—On November 13th, 1922, Dr. E. Jepson, of Ruislip, aged 73.

St. Bartholomew's Hospital Journal.

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

VOL. XXX.—No. 5.] FEBRUARY 1ST, 1923. PRICE NINEPENCE.

CALENDAR.

Thurs., Feb. 1.—Professorial Lecture: Mr. Harmer, "Syphilis of the Ear, Nose and Throat."

Fri., „ 2.—Dr. Drysdale and Mr. Eccles on duty.
Clinical Lecture (Medicine), Sir T. Horder.

Sat., „ 3.—Rugby Football Match *v.* London Welsh (away).
Hockey Match *v.* Malden (away).

Mon., „ 5.—Clinical Lecture (Special Subject): Mr. Cumberbatch.

Tues., „ 6.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.

Wed., „ 7.—Clinical Lecture (Surgery), Mr. Eccles.

Thurs., „ 8.—Professorial Lecture: Dr. Thursfield, "Syphilis in Childhood."

Fri., „ 9.—Sir Thomas Horder and Sir C. Gordon Watson on duty.
Clinical Lecture (Medicine), Dr. Thursfield.

Sat., „ 10.—Rugby Football Match *v.* Rugby (away).
Hockey Match *v.* Woolwich Garrison (away).

Mon., „ 12.—Clinical Lecture (Special Subject), Mr. Elmslie.

Tues., „ 13.—Prof. Fraser and Prof. Gask on duty.

Wed., „ 14.—Clinical Lecture (Surgery), Sir C. Gordon-Watson.

Thurs., „ 15.—Professorial Lecture: Dr. John Adams, "Ante-natal and Post-natal Syphilis."

Fri., „ 16.—Dr. Morley Fletcher and Mr. Waring on duty.
Clinical Lecture (Medicine), Dr. Morley Fletcher.

Sat., „ 17.—Rugby Football Match *v.* O.M.T. (home).
Hockey Match *v.* Old Felstedians (home).

Mon., „ 19.—Clinical Lecture (Special Subject), Mr. Harmer.

Tues., „ 20.—Dr. Drysdale and Mr. Eccles on duty.
Last day for receiving matter for March Journal.

Wed., „ 21.—Clinical Lecture (Surgery), Sir C. Gordon-Watson.

Thurs., „ 22.—Professorial Lecture: Dr. Branson, "The Bearing of Syphilis upon Life Insurance."

Fri., „ 23.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
Clinical Lecture (Medicine), Sir P. Horton-Smith Hartley.

Sat., „ 24.—Rugby Football Match *v.* Old Alleynians (home).

Mon., „ 26.—Clinical Lecture (Special Subject), Mr. Scott.

Tues., „ 27.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.

Wed., „ 28—Clinical Lecture (Surgery), Mr. Rawling.

EDITORIAL.

OUR readers will remember with pleasure the visit of Prof. Harvey Cushing to this Hospital last year. His presence amongst us was pleasant, not only because of his surgical distinction, but as representing to some extent the *rapprochement* between British and American surgery. In the *Boston Medical and Surgical Journal* for November, 1922, there is published his Presidential Address before the American College of Surgeons, his thesis being—"It ought, however, to be understood that no one can be a good physician who has no idea of surgical operations, and a surgeon is nothing if ignorant of medicine. In a word one must be familiar with both departments of Medicine."

This position is theoretically incontrovertible. A doctor must surely realise that his business is, essentially, neither to drug nor to cut, but only to cure; and that before specialising either in the art of medicine or of surgery, he must first learn to identify clearly the conditions which on the one hand demand drugs, on the other the knife. Perhaps in America, where we imagine the tendency to ill-considered and immature specialism has gone further than in England, the injunction to become first a good doctor before even contemplating a specialism is more necessary than in this country. It is interesting to read Prof. Cushing's comments on the results of the British and American curricula, and pleading, as, on the whole, they are complimentary to our methods:

"It is a curious anomaly that the British surgeon, taken as a whole, is probably in practical ways a better trained physician than is the American surgeon, and yet he rarely possesses a full medical degree, and is apt to pride himself on not being called a doctor. Here, on the contrary, the surgeon, though graduated a Doctor of Medicine, not infrequently lapses into the state of being little more than a craftsman who, except for the external

parts of the body, makes little or no pretence at diagnosis, but expects the 'internist,' often without any expression of an independent judgment, to show him the way.

"Different countries—indeed different parts of the same country—vary greatly in the attitude of physicians or surgeons toward their problems. An illuminating experience of this past summer, during an all-too-short service as *locum tenens* for Mr. George Gask at St. Bartholomew's Hospital, has left me with the impression that the British student gets a more practical clinical course based upon far better training in anatomy and gross pathology than do most of our students, and that he is far less inclined to lean upon laboratory accessories in making his diagnosis. He, for a longer time and more intimately, is brought in contact with the 90 per cent. of human ailments upon which complicated laboratory tests have no special bearing, and through practical experience is apt to arrive at a reasonably sound conclusion in regard to his patient's disorder, and have a shrewd idea of the appropriate form of treatment. True, he may miss some of the more rare conditions, for which, after all, little can be done therapeutically—conditions which our students, with their vastly better laboratory facilities, might recognise in all likelihood. But, should we put side by side at work in a small town the average product of these two methods of teaching, I am inclined to think that the former would be the more resourceful, and exercise greater wisdom, though possessed perhaps of less learning. And, after all, the strength of a profession, as of a nation, is represented by its average product."

With regard to the application of these points to our position at Bart.'s, certain comments can be made. Practically all men from this College who intend to specialize become members of our resident staff for periods ranging from six months to two years. This is their opportunity, it seems to us, to acquire that fuller knowedge for which Prof. Cushing pleads. Never again will it be possible for physician and surgeon to work together so unitedly, to criticise each other's mistakes so freely, to learn each other's methods so well.

With regard to medical education, it seems to us that we manage adequately to proportion our time between clinical and pathological study. It is an admirable tradition of this place to learn from the patient; we believe that the student who conscientiously uses his time will be, when qualified, a practical rather than a theoretical practitioner. Moreover, he will understand the possibilities of modern diagnostic appliances and methods, even though he cannot himself use them. And this is all that can be expected. To make men proficient in elaborate procedure, which in general practice they may perhaps use once a year, is a heart-breaking waste of time. To understand the possibilities of their use is all that they need to learn.

* * *

The following letter is being sent to overseas Bart.'s men, and a similar one to Bart.'s nurses overseas:

"22nd January, 1923.

"DEAR SIR,

"*800th Anniversary of the Foundation of St. Bartholomew's Hospital.*

"It has been thought that old St. Bartholomew's men resident overseas might care to send a *Message of Congratulation* for the occasion of the Celebration in June, 1923.

"These messages would be framed under the heading of the different continents showing the wide distribution of the work of Bart.'s.

"If you would desire to send such a message, would you post it to the Editor of *St. Bartholomew's Hospital Journal*, St. Bartholomew's Hospital, London, E.C. 1, on receipt of this letter, as the messages must reach me not later than the first week in May.

"These messages will form another link between old Bart.'s men and their ancient Hospital.

"I am,

"Yours faithfully,

"(*Signed*) WILLIAM LAWRENCE,

"Chairman, Publicity Sub-Committee."

Will any who may chance to see this and who through inadvertence have not received a letter please reply to Sir William Lawrence in response to this notification?

* * *

Our heartiest congratulations to Sir Bernard H. Spilsbury on his well-earned knighthood. He was given a great ovation at lunch-time in the restaurant, to which demonstration he characteristically replied that he was "more sinned against than sinning." We hope that for many years he may enjoy his knighthood, teach us morbid anatomy, and continue to thrill press and public.

We are delighted to hear also that another recipient of the honour of knighthood is Dr. W. H. Hamer, Medical Officer of Health for the County of London and an old Bart.'s man.

* * *

Sir Thomas Horder has been appointed Physician-in-Ordinary to His Royal Highness the Prince of Wales.

* * *

We are gratified to see that electric lighting has been instituted in Museum and Library. Indeed, we are becoming quite modern.

Our readers will find on page 70 an interesting article on the Alexandra Hospital for Hip Disease. We congratulate Mr. W. Girling Ball on the success of his efforts, which have been largely instrumental in amalgamating this Hospital with Bart.'s. It will prove extremely useful to have this Home to which we can send some of our pathetic little tuberculous patients.

* * *

Who is the Manager of the Hospital? This is the question which met us at every turn after the issue of our last edition, wherein we suggested, by bad chance, that those desiring a copy of the octocentenary history of the Hospital should apply to the "Manager" for a copy. Who is the Manager of the Hospital? Indeed, we cannot say. We hope there is not one, but several names—not excluding those of ladies—have been canvassed as candidates for the office. We are sorry that the mistake occurred, and would advise those who want a copy of this book to write to Mr. G. L. Keynes.

* * *

We are glad to learn that Lady Baddeley, last year's Lady Mayoress, and an old nurse of this Hospital, has been appointed a Governor of St. Bartholomew's.

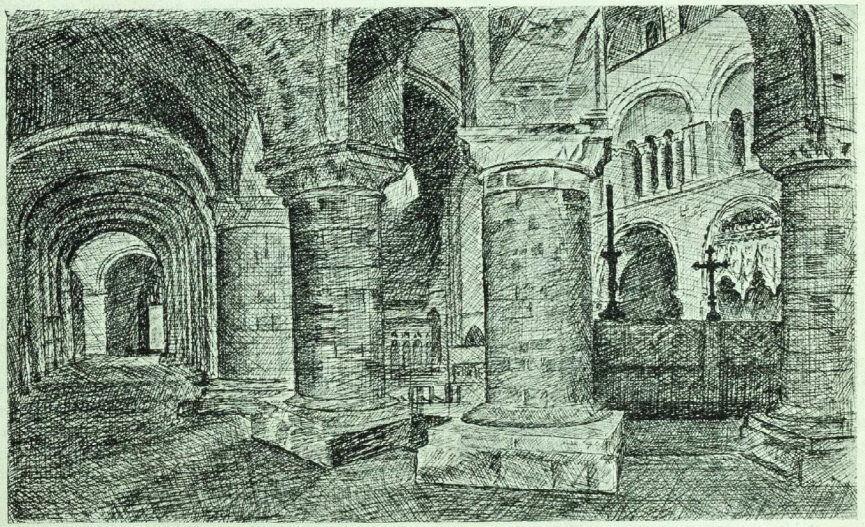
* * *

Our congratulations to Drs. F. E. Saxby Willis and F. H. Young on their appointments as Casualty Physicians, and to Messrs. H. E. Griffiths, E. A. Crook and S. L. Higgs on becoming Demonstrators of Anatomy.

* * *

We have received a letter which we print in our correspondence columns dealing with the difficulties incident upon the large number of students now desiring clinical appointments. That there are difficulties and will be difficulties in this matter is undoubted. It is one of the results of the war, no less real because it occurs in 1923 and not in 1919. Men will have to recognise that for a few terms in certain departments of the Hospital there will be fewer cases for students than has been our usual custom. Even so they will be a great deal better off at Bart.'s than they would be at many another hospital. Moreover, they should be thankful that there are here no students of a gentler sex to add an unequal element in the competition for cases.

We sincerely trust that the authorities will provide some other system for the registration of students in the midwifery department. It is quite correct to say that recently candidates began to arrive about midnight, retired by agreement to spend the night in the residents' quarters, and "queued up" again in the early morning. Which is absurd.



[*Drawn in pen and ink by R. Bolton.*

THE CHURCH OF ST. BARTHOLOMEW THE GREAT.

Our readers may remember that some months ago we published in the JOURNAL a series of articles dealing with the various medical services and professional opportunities available to young qualified men. One important service was omitted from the list—the I.M.S. We had wished to include it, with a fair appraisement of its advantages and disadvantages, but we found that in the opinion of men in the service well able to judge, the disadvantages at present so far exceed the advantages that they felt that they could not contribute a suitable article. To praise, they felt, were wrong; to blame, impolitic.

Our purpose in publishing this series of articles was to advise and guide. We therefore urge very careful consideration on men thinking of joining this service.

* * *

We are asked to remind Oxford men in London that they will meet friends from other hospitals at 7.30 p.m. on the first Friday of every month at the Chanticleer Restaurant in Soho. Evening dress is not expected.

* * *

Round the Fountain is now an assured financial success, and those who desire copies should lose no time in filling up the form supplied in our advertisement columns. The popularity of the latest edition of this little book is certainly equal to former editions.

* * *

The recent work of Dr. Banting and others at the University of Toronto on the physiological and therapeutic effects of insulin has aroused much interest, and the Medical Research Council have been invited to undertake in this country its control and development. With the Council's support work is now going forward in several hospitals and laboratories, and the Medical Professorial Unit are taking part in this scheme. The work on the preparation of insulin has been commenced, and the investigation of its therapeutic value in cases of diabetes mellitus will follow. The preparation is a difficult and tedious one, and small quantities only can be produced in the laboratory. Its use for patients must therefore be limited to two or three carefully selected cases for the purposes of investigation, and it will be some time before the preparation is on a large enough scale, and the therapeutic uses are sufficiently understood, for it to be available for the general treatment of patients.

* * *

Who is the oldest living Barts.'s man? In connection with the Octocentenary Celebrations we should much like to know.

THE OCTOCENTENARY OF THE FOUNDATION.

9. HARLEY WARD AND THE RIGHT HONOURABLE THOMAS HARLEY.

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

AS Benjamin Kenton and Thomas Harley were near neighbours during life, so the wards named after them are not far removed from each other in the Hospital, and I have often thought that in some measure they symbolised the lives of the two men: Kenton, easy and plain sailing, hardly altered from the original type; Harley, awkward from the beginning, for the front ward, on a different level, only to be arrived at by unexpected and breakneck stairs, which one is in constant danger of forgetting, to one's own destruction, is emblematic of the various dangers which beset Harley, and of the constant annoyances to which he was subjected throughout his life.

He was born in 1730, the third son of the Earl of Oxford, and by his marriage with an heiress was enabled to start business as a merchant in Aldersgate Street. The beginning of the American War found him a banker, and he was fortunate enough to become the Paymaster of the English Army serving in America. He paid in foreign gold, and it is said cleared £6,000,000 as his share of the profits; he was, moreover, the contractor for clothing this Army. In 1761 he was elected Alderman of Portsoken Ward, and it was in this position that he became acquainted with Benjamin Kenton. In the same year he was chosen to represent the City in Parliament. From Alderman he proceeded to Sheriff in 1763, and as Sheriff it became a part of his duty to see that the orders of Parliament were carried out in regard to the burning of No. 45 of the *North Briton* by the common hangman at the Royal Exchange. The paper was edited by John Wilkes, a scurrilous demagogue, and this particular number contained a libel upon Lord Bute, stating roundly that he had put a lie into the mouth of the King. Party feeling ran high. A mob gathered round the fire in which a copy of the *North Briton* was to be burned. The fire was scattered, and a piece of the glowing wood flung at the Sheriff's coach broke the windows. The constables were knocked about, their staves were broken, and though the executioner had thrown the paper into the fire the mob rescued some fragments and carried them off in triumph, whilst Harley went to the Mansion House to report to the Lord Mayor that the streets were in the hands of Wilkes' partizans. Parliament passed a vote of thanks to Harley for his services on this occasion, but a similar vote from the City was vetoed by the Lord Mayor. Harley himself was elected Lord Mayor in 1767, and during his year of office contested the City of London against Wilkes at the General Election. Wilkes was beaten, but five days later was returned for Middlesex. To celebrate the event a mob broke all the windows at the Mansion House. The country was passing through a period of great economic distress during the period of his mayoralty and there were frequent riots in different parts of the country. Harley, however, carried out his duties in the City with such signal success that he was again thanked by Parliament and was appointed to His Majesty's Privy Council, being the only Mayor of London who had received that honour since Sir William Walworth struck down Wat Tyler in Smithfield in 1381. Once again Harley was subjected to the violence of the mob when, in 1770, he was dragged from his coach whilst he was driving to St. James's Palace as one of a deputation to congratulate the King on the birth of the Princess Elizabeth.

He was chosen President of St. Bartholomew's Hospital in 1770, and served the Hospital diligently for many years. During the latter part of the time he could only have attended the meetings occasionally, for he retired from business in 1797, when the threat of a French invasion was causing much financial instability. He had built himself a house at Berrington, near Leominster in Herefordshire, and here he died on December 1st, 1804. He was succeeded as President of the Hospital by Mr. Peter Pritchard.

TO A REFRACTORY HEART.

Dear heart, when first we twain did meet,
  What hopes my breast did fire,
That you and I, in concord sweet,
  Would mutual trust inspire!

With joyous eyes, dear heart, I viewed
  Your youthful rhythmic line,
And watched you, quiv'ring, roseate-hued
  Like flower incarnadine.

But now, alas! O cruel sight!
  Inert lies my dear heart;
All ghostly pale; as still as night;
  Of death itself a part.

Ah! you have gone, dear heart, but I
  From duty must not swerve;
I must forget you, dear, and try—
  To do a "muscle-nerve."

I. L.

THE AMERICAN MEDICAL CURRICULUM.

By WILLIAM DARRACH, M.D.,
Dean of the Medical School, Columbia University.

A DESCRIPTION of the medical curriculum of to-day is a timely topic, for many of us hope that it will soon be a matter of history only. There is much discussion as to what will be done about it. We are unanimous only on one point. It must be radically changed.

With us medical education really falls into four stages. The first or pre-medical stage is carried on in the college. This college is more apt than not to be in a university other than that with which the medical school of the student is associated. In the course of working towards a Bachelor's degree, in Arts or Science, the student gets his grounding in Chemistry (usually including organic and often analytical), Physics, Biology, French or German and English. He must have two years, and the majority have at least three. Many of the schools require a full four years and the Bachelor's degree for entrance.

The second or pre-clinical stage occupies the greater part of the first two years in the medical school. The student is occupied with Anatomy, Histology, Physiology, Biochemistry, Bacteriology, Pharmacology and Pathology, Histology is associated with Anatomy rather than with Physiology.

The third stage is the clinical period. This is apt to begin in the last half of the second year with preliminary courses of one kind or another in Medicine and Surgery. In Columbia the medical courses are in physical diagnosis and in the laboratory methods of diagnosis. The surgical course is taken in the animal laboratory, and the subjects of inflammation and the process of repair are studied in detail on animals, both macro- and microscopically. Medicine and Surgery run through the last two years. During the former most of the teaching is in the out-patient department, while in the fourth year it is mainly in the wards of the hospital. The same is true of Neurology and Psychiatry. Pediatrics and Obstetrics, while the minor specialities are taught in the fourth year. With us the fourth year is divided into quarters. In one the student spends his whole day in the medical wards as a clerk, much as his brother does in Bart.'s. The same is true in his surgical quarter. Another quarter is devoted to Obstetrics and Pediatrics, while the fourth is spent in the minor specialities—Urology, Orthopedics, Dermatology and Syphilology, Ophthalmology and Oto-laryngology.

With us Hygiene and Immunology are taught by the department of Bacteriology, Contagious Diseases by both Pediatrics and Medicine. Preventive Medicine and Thera-

peutics are not taught as separate entities, but are interwoven throughout the whole course and taken up by all the departments as applied to their own field. The fourth-year men get thirty lectures, with a chance for field work on Public Health.

The fourth stage is the interne period. One year's internship is now required by some schools before they grant the medical degree. Many of the other schools grant the degree at the end of the four years, but practically every graduate of the better schools spends the next twelve, eighteen or twenty-four months as an interne in a hospital, unless he is going into scientific work alone. The number of lectures has been greatly decreased, being replaced by actual case work, conferences and recitations of an informal character.

During the last thirty years the tendency has been to crowd more and more into the curriculum until it has now reached the point of saturation. Some curricula contain forty hours a week of required work. It is recognised that it is impossible to teach a student all there is known of medicine to-day in a period of four, five, or even six years. The pendulum has started back, and the attempt is being made to reduce the required work for the degree to the fundamentals actually required by the general practitioner of medicine to start on his career and allow enough free time to think and digest; to ground him as thoroughly as possible in the fundamental sciences, to teach him to observe, to reason from his observations, and to train him to think: as one of your men so well put it, "To train intelligence rather than impart information." Most of us have forgotten the majority of what we were taught in our school days and have learnt to disbelieve much of the rest. Most of our present knowledge has been gained since we left the undergraduate days. Let us try to prepare our students so that they may go on with their education as surely and wisely as possible, rather than hope to graduate them as finished products.

ALEXANDRA HOSPITAL FOR TREATMENT OF HIP DISEASE.

By W. GIRLING BALL, F.R.C.S.

ST. BARTHOLOMEW'S is the first of the large London hospitals to possess a home of its own for the treatment of tuberculous bones and joints. This has been brought about by the recent amalgamation of the Alexandra Hospital for the treatment of hip disease with our Hospital. The connection between these two institutions has since the foundation of the former always been an intimate one, as the following record of its career will show.

About the year 1865, two ladies, Miss Jane Perceval and Miss Catherine Wood, who were nurses at the Hospital for Sick Children in Great Ormond Street, were struck by the fact that the children who were being admitted to that institution with chronic diseases of the joints were apparently receiving no lasting benefit from their treatment on account of the short period of time that they could be kept under treatment. They appreciated that in order to obtain permanently satisfactory results, or cure, of these tedious complaints, the treatment often necessitated rest in hospital for a period or two or three years, which could only be obtained by the provision of special beds for this class of case.

They brought this matter before a certain Mrs. Whitehead, the wife of a curate of St. Anne's, Soho, and a Miss Delf. These four ladies decided to move in the matter, and with this object interviewed such members of the medical profession as William Jenner, F. C. Skey, James Paget, Prescot Hewett, Timothy Holmes, and Henry Thompson, who gave them every encouragement to proceed with their project. They were at the same time encouraged to carry out their scheme by the medical officers at the Children's Hospital in Great Ormond Street. As a result of the advice of the above-named gentlemen, a house, No. 19, Queen Square, was purchased, and provision made for the treatment of ten children. The Home was opened on March 12th, 1867, by the Bishop of Gloucester, under the title of the "House of Relief." The wife of the Bishop, Mrs. Ellicott, was instrumental in raising a considerable sum of money to begin the work. Applications for admission to the Home became very numerous, and before the end of the year thirty beds had been opened.

These four ladies acted as the Committee until the year 1870, when they resigned the management into the hands of a committee of gentlemen, as there was urgent need for extending the work and the responsibility was becoming heavy. The adjoining house was purchased in that year, and the name of the institution was changed to that of the "Hospital for Hip Disease in Children," and twenty more beds were opened. During that year the Princess of Wales, now Her Majesty Queen Alexandra, became Patron to the hospital. In 1872, on account of the increasing pressure for beds, No. 18, Queen Square, was purchased, with the result that thirty beds became forty. In 1873 still more beds were needed, and so No. 17, Queen Square, was purchased, so that forty beds became sixty.

At this time a friend offered a cottage at Parkstone for the use of the sick children, which led at a later date to the opening at Bournemouth, under the Patronage of H.R.H. the Duchess of Albany, of the Helen Branch Hospital of twenty-one beds, which was sold about 1897 to help to build the new hospital at Queen Square. After Bournemouth was sold a Miss Wemyss placed a cottage at Painswick at the disposal of the hospital for eight children, where they remained till larger premises were taken in the same village for thirteen children. This was closed during the war and the work transferred to Clandon. The work, which was now firmly established and very prosperous, went on quietly with various developments, and an out-patient visitor was trained for the purpose of visiting at their homes the children discharged from the hospital, and for looking after the cases awaiting admission.

In the year 1881 the hospital was visited by H.R.H. the Princess of Wales, accompanied by her three daughters. On this occasion Her Royal Highness expressed herself much pleased with the institution and graciously gave permission that it should be named after herself. From that date onwards the hospital became known as the "Alexandra Hospital for Children with Hip Disease." In 1887, No. 1, Queen Square, was purchased and thrown into the existing buildings. This raised the number of beds to sixty-eight, and provided, in addition, isolation wards. The work continued in these converted old houses until the year 1889, when the new hospital for sixty-eight children, with a separate isolation block, was opened by Their Royal Highnesses the Princess of Wales and the Princess Victoria. In these premises the work was carried on until the building was sold in November, 1920, and the children were transferred by the kindness of the Governors of St. Bartholomew's Hospital to the Kettlewell Convalescent Home at Swanley, which was lent to the institution pending the provision of a permanent country home. For the past fifteen years it had become obvious that London was hardly the place in which to treat the children. It is true that the institution possessed a country home at Clandon, provided in 1903 by the kindly beneficence of one of the Governors, Mr. Arthur Wood, and his family; in this home provision was made for twenty-two patients. The hospital authorities considered, however, that it was desirable that a more permanent country hospital should be found. Several schemes were considered, but were so expensive that they had to be abandoned. The idea of amalgamation with St. Bartholomew's Hospital then became the prevalent motive, and this has recently been brought about, so that the Home at Swanley, which had been temporarily lent to the Alexandra Hospital, now becomes the Tuberculosis Home of St. Bartholomew's Hospital.

The arrangement which has been made is this, namely, that the Kettlewell Home shall be so developed into a tuberculosis home, that should at some future date the home be required for the treatment of convalescent patients of St. Bartholomew's, for which purpose it was founded, it can revert to that use.

The intimate connection between St. Bartholomew's and the Alexandra Hospital lies in these facts: Miss J. Perceval was the grand-daughter of Spenser Perceval, one time Prime Minister of England, and became the first wife of Mr. Howard Marsh, one of the Surgeons at St. Bartholomew's Hospital. From that time onwards the Surgeons have been St. Bartholomew's men, namely, following Mr. Marsh, who was Surgeon from 1867–1888, Mr. Butlin (1872–1878), John Morgan (1878–1885), Anthony Bowlby (1885–1918), James Berry (1888–1911), W. Girling Ball (1911 to the present time), and K. J. A. Davis (1914 to the present time). Sir Thomas Smith, in addition to these, was Consulting Surgeon from 1867–1909. The Physicians have been Samuel Gee (1867–1884), W. H. Steavenson (1884–1891), James Calvert (1891–1894), Archibald Garrod (1894–1896), Oswald Browne (1896–1907), H. Morley Fletcher (1907 to the present time). The Visiting Medical Officers have been Drs. Ramsay and Henry Burroughes.

Apart from these, the Special Departments have also rendered service to the hospital in providing Ophthalmic Surgeons, Throat and Ear Surgeons and Skin Physicians, so that the connection between the two institutions has always been a very intimate one. It is hoped now that the two have become so closely connected that the treatment of tuberculous joints, including those of the spine, will become still further developed, and that an up-to-date and fully equipped home will be eventually erected. The hospital now has a medical officer of its own resident at Swanley, in addition to the surgeons who visit it. It is intended that demonstrations shall take place at the institution from time to time on the diagnosis and treatment of tuberculous bone and joint diseases—a development which should be of the greatest benefit to the students at the hospital.

THE USE OF THE ELECTRO-CARDIOGRAPH.

By GEOFFREY BOURNE, M.D.

THE science of medicine is like an army in operation. At headquarters are gathered all the known principles of anatomy and physiology. Further afield are grouped the sciences of histology, bacteriology, chemistry, pathology, and many others. The front line is held by the research workers. These deal in known facts. Each advance by them means some addition to knowledge. Their ground is safe. They hold fast what they know; their steps must be slow, well-considered and firmly placed, and must have definite relation with facts accepted and proved before. The surgeon and the pathologist generally live within these front lines. The physician lives to some

extent within these lines. There are in pure medicine many proved facts, but much of his life must be spent in dealing with problems which the surgeon will not or cannot touch, and on which the pathologist can shed only a feeble ray of light. He moves beyond the front lines where he is surrounded by multitudes of unconquered facts, whose purport he may at times dimly apprehend, but whose meaning he is not in a position to prove. This is known as clinical experience. It is often unreliable, and many of its conclusions are apparently unfounded, but it is none the less of value. Far from being retrograde, it is often in advance of science: quinine was given in malaria, and mercury in syphilis, years before the causative organisms were found. The clinician, however, should never forget his base, for only by keeping in touch with the army whose scout he is will he be able to turn his observations to account.

An instrument of precision, such as the electrocardiograph, is always welcomed. It can state definite facts, and enlarges the area of scientific conquest. Its function may be said to be three-fold: (1) It has enabled an exact classification of heart irregularities to be made. (2) Familiarity with it ensures accuracy of thought when dealing with heart cases clinically. (3) It can be used for research.

It has proved useful to physiologist, research worker, and clinician.

By its use the physiologist has been able to prove the exact position of the site of the origin of the cardiac impulse, the sino-auricular node. He has also accurately traced the exact course of the cardiac impulse through the normal muscle.

Electrocardiography is of double value to the clinician. As a habit it confers very considerable benefit by the clear ideas of cardiac irregularities which it engenders. To see a case of arrhythmia, to examine it thoroughly from the clinical point of view, to form a definite opinion as to the nature, and finally to take an electrocardiograph and to see the exact record of the cardiac movements, is the best method of obtaining the habit of thinking accurately about cardiac irregularities.

No longer is there need to say of any condition that it is associated with irregularity of the pulse; indeed, there is no excuse for being indefinite. Thanks to the exact knowledge given to us by the electrocardiograph, we can definitely diagnose fibrillation, sinus arrythmia, and premature beats; we can strongly suspect auricular flutter and heart-block.

It may be urged that all this added knowledge has been of but slight influence upon the value of the treatment. Such a question is really beside the point, for accurate knowledge as to the nature of a pathological state is a necessary condition for its rational treatment. This is shown in the treatment of auricular fibrillation by quinidin. Though fatalities have occurred during quinidin administration, there is no doubt that the drug will, if rightly used, cure about 50 per cent. of cases of fibrillation, in that it will restore the normal rhythm. Had knowledge of the cardiac irregularities been less precise it is probable that this form of treatment would have escaped notice, or at the very least would have been attended by a risk so grave as to render it useless. Similarly, cases of flutter can not infrequently be cured by the now well-recognised method of giving sufficiently large quantities of digitalis, and, when fibrillation is established, of discontinuing the drug. Thanks to the electrocardiograph we can accurately trace the process, and can make use of our knowledge clinically.

The instrument has, however, not only enlarged the scope of accurate therapeutics, it will in any obscure case of arrythmia definitely solve the problem. In a few cases there is real difficulty in determining clinically whether or not auricular fibrillation is present, whether flutter with varying degrees of heart-block is to be suspected, or whether abnormally large numbers of premature beats are the cause of the irregularity. Exact knowledge will add to the value of treatment and of prognosis in these cases.

When compared with its power of defining cardiac irregularities, the ability of the electrocardiograph to estimate the health of the heart muscle is seen to be somewhat less. But there are several cardiographic findings which definitely convict the heart-muscle of disease. Lengthening of the auriculo-ventricular or P.R. interval proves delay in conduction of the impulse from auricle to ventricle. This is always of pathological significance, and is undiscoverable by any method other than an instrumental one. Lengthening of the Q.R.S. complex also is frequently found in cases of myocardial disease.

Change in the shape of the Q.R.S. complex, notching when associated with an opposite excursion of the T.-wave, has been proved to mean damage to one or other branch of the bundle of His.

All these three pieces of knowledge are to be found only by instrumental investigation, and they may be of very real clinical significance.

Lastly, the electrocardiograph has its place in research. The classification by it of the various irregularities has passed from the purview of the research worker to that of the clinician.

By its use, however, anyone who is working on any question connected with a cardiac irregularity is enabled to produce evidence in black and white, to the satisfaction of the most critical mind, as to the accuracy of his statements. Shortly, it can be used as a valuable recording agent during clinical research.

A second field of research in which the instrument has already won its place is that which deals with the effect of drugs upon the heart. The effect of digitalis upon the healthy heart has been worked out. We know that the drug will act upon normal auriculo-ventricular conduction, producing in healthy hearts a partial heart-block, and that this block is purely vagal, since it can be released by atropin. We know that it acts upon the ventricular muscle, for as more and more of the drug is taken, the T.-wave can be seen to become flattened, diphasic, or inverted. This effect cannot be removed by atropin, and takes many days to disappear.

We, therefore, have proof that the drug acts upon the method of contraction of the heart-muscle itself. Similarly, the effect of quinidin upon the heart is under investigation at present.

The electrocardiograph has already shown this to be a diminution both in contractibility and in conducting power. Enough, however, has hardly been done to justify any very dogmatic statement upon the subject. These two instances may be adduced to explain how the effect of drugs upon the heart-muscle can be detected electrocardiographically.

The clinician, especially the physician, moves in a No-man's land in which lurk many wild and untamed truths. It is only by employing every weapon with which science, logic and courage can supply him that he may hope to escape with his life. The electrocardiograph is such a weapon—indeed it is among the most trustworthy, for it cannot lie.

But one note of warning must be sounded, though this may seem superfluous. All precise evidence must be accepted at its face value exactly, at neither more nor less. The presence in a tracing of sinus arrythmia does not guarantee a healthy heart-muscle; the presence of fibrillation does not necessarily indicate a fatal issue in six months or six years. Exact diagnosis of cardiac function does not warrant similar exactitude in any conclusion that may be drawn.

So, even in the use of an instrument of precision the clinician does not escape from that most salutary influence, the critical artillery of his scientific friends at the base. But let him keep gloom at arm's length, for although the pure scientist frequently laughs to scorn some slight piece of clinical evidence placed before him by the clinician, this latter may yet rightly retort, "I have seen this before, and the result has been so-and-so." Accurate clinical observation not infrequently receives official scientific blessing after many years. After all he is but the poor scout; behind him toils the great marching army of science in which he also serves.

ANOTHER "DON'T" FOR FRESHMEN.

If you're starting to clerk in a medical ward,
Don't say you can't hear bronchial breathing.
You can spend all the rounds looking thoroughly bored
If you only will hear bronchial breathing.
You can auscultate first and forget to palpate,
Say pupils contract, when they really dilate;
You can diagnose croup as an effort at teething,
But never admit you can't hear bronchial breathing.

PECCAVI.

A CONGENITAL RENAL TUMOUR.

By R. KEENE.

CONGENITAL renal tumours are sufficiently rare to warrant a record of the following case.

Roland F—, æt. 1 1/2, was admitted to this Hospital on account of a large abdominal tumour. An only child, he had been healthy and active until the tumour was noticed four months prior to admission. Since then the tumour had increased in size without giving rise to any symptoms except that his legs were thought to be "wasting." There were no urinary symptoms.

On examination he appeared healthy though pallid, well nourished and active, though when standing somewhat overbalanced by a large abdominal tumour. This tumour arose from the left renal region, filling the left flank and left half abdomen, reaching nearly to the pubic symphysis and extending an inch to the right of the mid-line. The umbilicus was displaced considerably downwards; the greatest girth of abdomen 22½ in. immediately below umbilicus. The tumour presented the characteristics of a renal swelling; it was dull to percussion and non-translucent. The right kidney was not palpable.

Urine.—A trace of albumen present; no blood.

Blood-count.—Red blood-cells, 5,180,000 per c.mm.; white blood-cells, 12,400 per c.mm.; hæmoglobin, 45 per cent.; colour index ·45. Differential, relative lymphocytosis.

Provisional diagnosis. Congenital rhabdo-myo-sarcoma of left kidney.

Surgical consultations.—The child was shown at Surgical Consultations on September 21st, 1922 (see "Surgical Consultations," *St. Bartholomew's Hospital Journal*, October, 1922). The general opinion was that the diagnosis was correct, and that, although operation was attended by grave risks, nephrectomy should be performed.

Operation.—Nephrectomy was performed by Prof. Gask on September 26th under general anæsthesia.

Special precautions were taken to guard against shock: (1) Simultaneously with nephrectomy 150 c.c. citrated Gp. IV blood were transfused into the right saphenous vein at the knee. (2) The remaining limbs were bandaged in cotton-wool. (3) The child was laid on the table between two hot-water bottles, and held in the right lateral position. After the usual preparations the tumour was exposed through an oblique incision commencing at outer border of left erector spinæ muscle, running one-third below and parallel to the ribs and ending near the level of left anterior superior spine.

The tumour was found to be extra-peritoneal, arising from the left kidney. A few adhesions were divided. The renal vessels and the ureter were ligatured and divided, the

tumour removed without difficulty and the abdominal wall repaired and child returned to ward.

The macroscopic appearance of tumour is shown in the sketch. It appeared to be a cystic tumour arising from the upper two lobules of a six-lobed kidney, partly involving the remaining lobules and distending both pelvis and ureter, the latter being very dilated and tortuous. Once removed from the body the tumour could be transilluminated, and then the kidney substance of the upper lobules could be seen thinly spread over the periphery of the cyst for about $1\frac{3}{4}$ in.

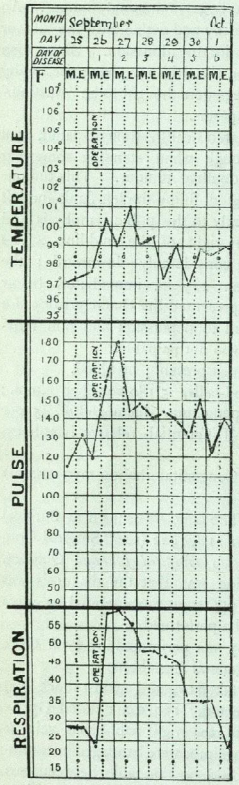
The notch felt *per* abdomen may have been the space between the main cyst and the dilated pelvis (× in Fig. A). The tumour was sent to the Museum for preservation and investigation.

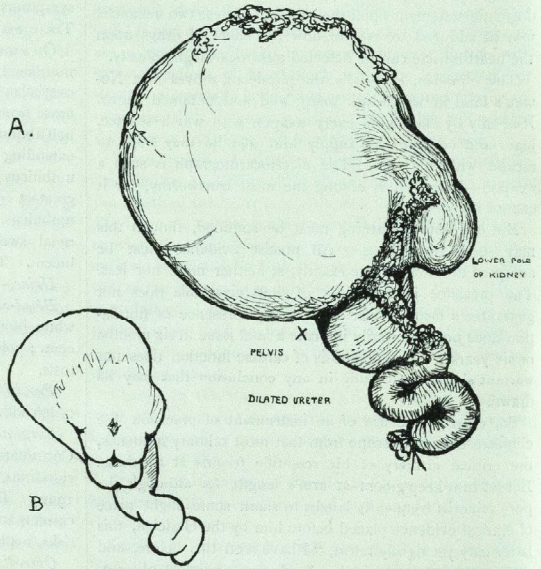
On section, after hardening, the tumour contained a large number of various-sized cysts containing myxomatous material. This condition extended into the dilated ureter. In general appearance it was not unlike an hydatid cyst.

The pathological report on the microscopic appearance of a section of the tumour was as follows:

"Section shows cysts lined by a definite epithelium, sometimes more than one layer of cells thick. Intermediate stroma of myxomatous type with round-cells mixed with the branched cells of the myxoma. ? Polycystic disease."

After operation there was, as shown in the chart reproduced, a large increase in the pulse and respiration rates accompanied by a less marked rise of temperature: numerous moist sounds could be heard over both lungs and the child was worried by a cough. As post-operative shock is not accompanied by a rise in temperature and as any untoward symptoms of blood transfusion are manifest usually within an hour of operation, presumably the causative factor of this reaction was the pulmonary condition.





A. LATERAL VIEW (× ⅓). B. POSTERIOR VIEW (REDUCED). DIMENSIONS: MAIN CYST—TRANSVERSE DIAMETER, 4¼ IN.; VERTICAL DIAMETER, 4½ IN.; CIRCUMFERENCE 15 IN. WEIGHT, 918 GRM.

The child, however, rapidly recovered, and the subsequent convalescence was interrupted only by a day or two of malaise due to teething.

I am indebted to the Director of the Surgical Unit for permission to publish these notes.

THE ACCIDENT, AND AFTER.

ON March 23rd, 1921, while leisurely crossing Gresham Street, the road being rather greasy, I slipped and fell on my left side with my right leg in the air. The fall was extraordinarily slow, and easy, without anything like a violent thud. Therefore I was astonished to find myself absolutely unable to rise.

My right leg immediately became stiff and painful. I thought I must have given it a little twist—nothing to speak of. I was lifted to my feet and assisted to the pavement, where I held on to the railings. The pain became very acute and nearly caused me to faint. I tried to walk but found it impossible.

As per usual a crowd gathered round in a twinkling, and a police ambulance arrived almost as quickly. Remarks, more or less sympathetic, fell from those about me. One piece of kindly advice tendered was, "Take more water with it," which, if not very original, was singularly *à propos*, and I had a strong desire to put it into practice there and then, but, alas, it was only 4 o'clock and the pubs. were closed.

The situation became embarrassing. I had to decide promptly what I should do. As nothing was to be gained by stopping there, and I could not walk away, the crowd all the time increasing, and the ambulance waiting, I got out of the one and into the other as fast as I could, and was rushed off to Bart.'s.

There the constable who brought me related to the surgeon in the receiving room what had happened, as if he were laying a charge against me, and I in turn endeavoured to make it clear that it was no more than a slight twist of the leg, that would be all right in no time. The surgeon seemed sceptical (it is a curious fact that a layman's opinions on such subjects are never endorsed by the faculty without much hesitation). He very unceremoniously ripped up my nice new trousers, thus giving me unmistakable proof that I was in for something serious—at any rate in the way of expense. After a glance at the knee he pronounced the ominous words "fractured patella," which I confess I did not exactly understand. When he explained, of course, I knew very well he was woefully mistaken, and felt sorry for him, such a fine young fellow, too, and no doubt clever, or he wouldn't be where he was. But we are none of us infallible.

How could I possibly have fractured a knee-cap when the fall was without force enough to fracture an egg? Even a stronger evidence against this ridiculous theory was the fact that the right leg, the injured one, had not touched the ground at all. However, upon his advice I was taken up into the ward.

Next day the leg was X-rayed. The photograph looked like a blurred map of Ireland with a wide gap extending from side to side, suggesting the political division between North and South. A larger blur at a distance represented England. I was told that Ireland was in reality my patella. As photographs never lie I realised with a shock that my patella was indeed fractured. The surgeon was right after all and I was wrong. It's funny how the smartest of us will make a mistake in a thing like that!

The fracture was very pronounced, judging by the map, and it was obvious to me that no human skill could possibly close such a breech.

Positive that I should never use the leg again without palpable reminder of the downfall at every step, the prospect was, I must say, distinctly unpromising, especially for one who was still mildly addicted to work, let alone bicycling and dancing.

On the third day I was operated upon. After the operation I lay perfectly helpless for about fourteen days, the pain being intense all the time; yet, strange to say, I was not unhappy. Unhappiness has no chance to exist at Bart.'s. The constant and careful attention of those nurses, their expertness in dressing and tending, their kindness and cheerfulness, leave no room whatever for unhappiness.

> "When pain and anguish wring the brow,
> A ministering angel thou."

Even with these borrowed golden words my tribute of admiration miserably fails to match the excellence of these women. Let it not be supposed for a moment, however, that they are devoid of innocent devilment. Laughter and merriment in the ward are evidence to the contrary.

The surgeon visited me frequently, said I was progressing, and that I would soon be all right again.

About April 12th I was lifted on to a couch to sit up for half an hour, and day by day for a little while longer each time, until the 16th, when two nurses put me on my feet and helped me to walk the length of the ward. It was but poor walking, and demanded a tremendous effort. After this I was allowed to get about the ward as best I could with a pair of sticks for a day or two, and also to take the air in the Square below, by using the lift.

On the 19th I was returning from the Square and took the notion of trying to walk upstairs. I managed the two flights somehow, and reported the achievement to Sister, expecting a little approbation, but got reprobation instead. Obviously it was sheer foolhardiness on my part to attempt such a feat. Luckily no harm came of it, and on April 20th, just twenty-four days after the accident, I went home convalescent.

For a week or two I hobbled about the house with two sticks, after which I went to the City daily, first with two sticks, then with one, and in three months discarded the sticks altogether. My recovery was uninterrupted, so that at eight months from the accident I was again riding the bike for two or three hours at a time without turning a hair, or walking a dozen miles at a stretch quite comfortably. I am thoroughly cured, and yet I had thought seriously that would be impossible.

In sporting phraseology the surgeon pulled off a splendid double by curing both patella and pessimism, and I sincerely regret the stakes are not more substantial than mere gratitude.

H. E.

ABERNETHIAN SOCIETY.

THE Winter Mid-Sessional Address to the Abernethian Society was delivered by Sir Almroth Wright on "The Logic of Medicine" in the presence of a large audience.

The logic of Aristotle divided facts into those which were certainly correct, and those which were only probably correct. The former were to be kept in sight and the latter to be put aside as useless.

Since that time this has had to be changed, probable facts being of equal if not of greater use than certain facts in the advancement of knowledge, or as Bishop Harman said in the eighteenth century, "Probability is the guide to life."

The logician accepts facts and draws inferences from them, like the mathematician, but the doctor, lawyer, etc., has both to get his facts and then draw his inferences. Pathologists and medical researchers are trying the whole time to get at facts; we must realise that these are only probable facts, but in order to draw inferences from them and to advance medical knowledge we must accept them as correct.

The elements of our knowledge are derived either from particular propositions or from generalisations. The former, which includes the study of individual cases, occupy the larger part of the medical education. In medicine we have first to get at the facts, which may be a very difficult thing to do, and then try to fit them into generalisations, the latter being even more important than the former.

In order to establish generalisations medical research and experimental work are necessary. Such experiments are either cumulative or crucial. Statistics are derived from cumulative experiments, *e. g.* treating a number of cases of the same disease by the same method, and noting the result in each case. Such experiments must always be faulty and thus give rise to fallacious generalisations, and may be termed the "saltus empiricus."

The only true way of making generalisations is by crucial experiment, or the "passus scientificus tutus," by watching the effect of treatment in a single case continuously. As an example of this may be given vaccine treatment; nothing would be more fallacious than saying that, because a patient had been treated by vaccines and had recovered, the vaccines had cured him. But crucial experiment, by estimating the resisting powers of the patient before and after the vaccinaton, might definitely establish the benefit derived from the vaccine.

A vote of thanks was proposed by Dr. Mervyn Gordon, who brought forward statistical evidence to show that typhoid inoculation, introduced by Sir Almroth, had saved many hundreds of thousands of lives in the Great War.

The vote of thanks was seconded by Sir Bernard Spilsbury, who was a student and demonstrator of pathology at St. Mary's Hospital under Sir Almroth Wright.

E. C.

LIFE VIEWED FROM THE DENTIST'S CHAIR.

"For there was never yet philosopher
That could endure the toothache patiently."
Shakespeare "Much Ado," V, 1.

O ye who've sat i' th' dentist's chair,
And undergone those tortures rare,
Ye know, alas! th' abomination
Of his relentless ministration,
When round and round revolves the drill,
That wakens an undreamt-of thrill;
That through your luckless tooth goes grating,
And sets each tender nerve vibrating;
When pointed probes, with skill uncanny,
Seek out each shelter'd nook and cranny.
If you would stop the slow decay,
This is the price you have to pay;
So there you sit in midst of throes
Unable to relieve your woes,
Unable e'en your teeth to gnash,
For fear of a more bloody gash.
You dare not lift your little finger,
But clench your hands, as there you linger.
That deadly drill must do its work,
To cure the ill which there doth lurk.
And thus in that dread chair you languish,
Though exquisitely fine your anguish;
'Tis true, it only lasts a minute,
But while it lasts, the Devil's in it.
At last you understand full well
What parsons mean who speak of Hell.
You envy the unhappy rogue
Who waits the executioner's stroke,
And think he's luckier by far,
And still finds mercy in his star;
For, though for him there's no appeal,
His head is off ere he can feel.
How happy seems yon sparrow there,
As he collects his humble fare;
He has no teeth, nor needs he any,
His little beak's worth e'er so many;
O wherefore, then, was man thus curs'd,
Of animals created first?
Whatever may on earth befal,
Your lot the hardest seems of all.
You'd rather be a beaten slave,
Or ocean's wildest fury brave;
You'd sell your dearest hope of Heaven,
Your present agony to leaven.
O! toothache is a fearful curse;
In all the world there's none that's worse.

ALEX. E. ROCHE.

ST. BARTHOLOMEW'S HOSPITAL DRAMATIC CLUB.

The St. Bartholomew's Hospital Amateur Dramatic Society presented their Annual Christmas Entertainment for the Nursing Staff on January 4th and 5th, preceded by a full-dress rehearsal on January 3rd.

The Spiders' Quartette (Mr. J. C. Ainsworth-Davis "at the Banjo"), the well-known Jazz Band, was responsible for the Entr'acte Music, and if anything could reconcile us to these negroid noises it would be this band, whose splendid musical talent deserves a better medium of expression.

On both evenings the Great Hall was crowded beyond the limits of its capacity, and next year the Dramatic Society should undoubtedly give three performances.

The play selected this year was "Fanny's First Play," by Bernard Shaw; many may have considered it ambitious to undertake a play of this character, but the Dramatic Society proved to everyone's satisfaction that a good play is not more difficult to perform than a bad one.

For this, while not one of the best of Shaw's plays, is undoubtedly one of the most amusing, and if some of the topical jesting is now out-of-date, the ruthless tilting at cant and hypocrisy is more entertaining and less shocking than it was fifteen years ago.

The acting of a play of this nature must be judged by the highest standards, and we say quite seriously that this performance was in many respects equal and in few respects inferior to the performance of the same play which is now being given by Miss Lena Ashwell's Company.

The Ladies who played for the Club, perhaps, on the whole excelled the men in finish of acting and in dramatic power, but the whole Company attained to a very high level of competence, which is only acquired by constant and arduous rehearsing, combined with natural talent. There is no doubt that after this performance the old question of the inclusion of ladies in the caste is settled so far as such a play as this is concerned. It would have been impossible to produce the play without such help as was obtained. Artistically the production was excellent; whether a farce played by men only might not have been even more enjoyable is another question.

To attempt some criticism of the acting: Mr. F. H. K. Green gave a delightful portrait of Count O'Dowda; he has a fine sense of the theatre, and his articulation and characterisation were perfect; he should, however, restrain his well-meant but misplaced anxiety for the other performers, which leads him to "mouth" their words while not speaking himself.

Mr. Heckford gave an adequate and workmanlike representation of a theatrical agent; and Miss Phyllis Capps was charming as Fanny—a great advance, we think, on her last year's performance.

The four critics were uncommonly well suited to their parts: Mr. Payne seemed possessed by the moral earnestness of Vaughan; Mr. Taylor delighted in the superior flippancy of Gunn, though his articulation was not as clear as it might have been; Mr. Tothill blossomed amazingly as Flawner Bannal; and Mr. E. B. Brook as Trotter, the best of the four, declaimed so heartily against Cambridge education that one might have imagined he owed nothing to it, instead of which ——.

As to Fanny's play itself, Mr. Abercrombie as Juggins the Footman made the hit of the evening; it is the best "acting" part in the show, and he played it very well. Not only did he act his part with delightful humour; but later, when describing the events which led him butlerwards, admirably "got across" the note of sincerity. Mr. Barnsley as Bobby and Miss Lucienne Davies as Margaret were responsible for the most amusing minutes of the play, and there was a charming absence of restraint about their acting which delighted everyone. Mr. Brigg had an impeccable accent as a French naval officer, and supported tolerably well the extraordinarily dull and irrelevant speech in Act III. Miss Stubbs as Darling Dora gave a perfect picture of a stage "daughter of joy." A distinguished member of the Staff turned and asked me, "Who is that lady?" I feigned ignorance, but, later, passed on to her his benign, if somewhat ambiguous, approval.

The elderly quartette had more difficult parts: Mr. Cullinan was good enough as the Mr. Gilbey, though he might have been given something that suited him better; Mr. C. W. Brook gave a thoroughgoing representation of the objectionable Mr. Knox; Miss Jackson made the most of her opportunities as Mrs. Gilbey; Miss Revill was as adequate as professional ladies before her have been as Mrs. Knox, though this is a part which, I think, is consistently misplayed; she is one of the few characters in the play with whom G. B. S. shows any sympathy, and she is meant to be a sincere, intelligent (within her limits), Christian of the Old School, as is shown by her reactions to her daughter's escapade, and to the episode in which Juggins relates why he became a footman.

That the wheels could be heard creaking a few times no one will deny, but everyone must admit that the performance was highly creditable, and shows that "amateurs of distinction" (to quote the *Daily Telegraph* critic) are capable, within stage limits, of tackling anything.

Messrs. Capps and Payne must have put in a tremendous amount of spade work to bring about this result, and are to be heartily congratulated on the success of their work.

STUDENTS' UNION.

ST. BART.'S RUGBY UNION FOOTBALL CLUB.

The respective averages of football clubs are not often much criterion when two teams vie with one another in a stern contest.

Yet this is the only possible method of dealing with past histories in the world of sport. The Hospital at present hold the unique position of top amongst the leading English clubs, and this despite the fact that since November last the Hospital has been unable to field representative sides owing to a heavy injured list.

G. W. C. Parker, the captain, can well be proud of the fact that the Hospital has defeated such doughty sides as Richmond, Cambridge University (away), United Services and the Harlequins, all within a period of three months. We have not previously performed such a good feat.

FORTHCOMING FIXTURES.

January 27th	away		Devonport Services.
January 29th	away		Camborne.
February 3rd	away		London Welsh.
February 10th	away		Rugby.
February 15th	away		*King's College Hospital.
February 17th	home		O.M.T.
February 24th	home		Old Alleynians.

*2nd Round Hospital Cup Tie.

ST. BARTHOLOMEW'S HOSPITAL *v.* HARLEQUINS.

This match was played at Winchmore Hill on January 6th. The Hospital lacked the services of W. T. Gaisford, who was assisting Somerset in the county championship, G. W. C. Parker (capt.), and E. S. Vergette (Secretary), both of whom stood down through injuries.

The Harlequins were without T. G. Davies and A. L. Gracie.

The following represented the Hospital:

E. K. Frederick, *back*; W. Moody-Jones, M. G. Thomas, H. McGregor, L. C. Nevile, *three-quarters*; H. B. Savage, P. O. Davies, *halves*; H. G. Anderson, A. E. Beith, A. Carnegie-Brown, A. D. Cooper, G. Dietrich, M. L. Maley, W. S. Morgan, A. W. L. Row, *forwards*.

After a most exhilarating game Bart.'s secured the verdict by 1 placed goal, 1 drop goal and 3 tries (17 points) to 1 placed goal 4 tries (16 points).

The Hospital secured possession from the majority of the scrums, and scored most of their points by clever combination. The game was fast and open, with the result always in doubt. Nevertheless the Hospital fully deserved their victory. The visitors combined well and gave some delightful exhibitions of passing, but though the respective scores appear superabundant, superb tackling saved a bigger score.

A. W. L. Row played a stalwart game for the Hospital. He was ably supported by Carnegie-Brown, Beith, Cooper and Co. P. O. Davies showed to advantage at outside half. For the Quins., J. C. Gibbs was brilliant and scored three tries. Morton, Curric, Wakelam and Adams played well for the visitors, the last-named scoring twice. It will delight all Bart.'s enthusiasts to learn that the crowd was a record one for the Winchmore Hill ground.

ST. BARTHOLOMEW'S HOSPITAL *v.* OLD BLUES.

Bart.'s entertained the Old Christ's Hospital Boys at Winchmore Hill on January 13th.

The Hospital fielded a weak side, which contained two reserve three quarters and three reserve forwards. A. W. L. Row, by special request from the English Union, was representing Blackheath against the Harlequins. A notable feature was the return of G. W. C. Parker (capt.), after a long period of absence through injury.

The following fielded for the Hospital:

W. T. Gaisford, *back*; P. Viviers, H. McGregor, M. G. Thomas, G. Fitzgerald, *three-quarters*; H. B. Savage, P. O. Davies, *halves*; G. W. C. Parker (capt.), A. E. Beith, A. Carnegie-Brown, A. B. Cooper, J. W. Baltery, M. L. Maley, W. S. Morgan, G. Dietrich, *forwards*.

A heavy ground and a greasy ball rendered open play difficult. The Old Blues set up a hot pace at the commencement, during which Middleditch and Moore were prominent. Then the Bart.'s forwards took the game in hand, but C. D. Wales repeatedly saved cleverly by a series of long kicks. Following a bout of passing Bennet scored with a try for the Old Blues, after a most obvious knock-on, so much so that the Hospital defenders looked on while their opponents scored. The referee's view was obscured. This should be a lesson to the Hospital to play to the whistle. Mayne failed to convert from a difficult angle. During the second half the Hospital set up a strong attack. Viviers once was very unfortunate in slipping after he had beaten the full back. During this stage a few of the Hospital forwards seemed very slow, and in bad training. After a period of intermittent attacks by both sides, Parker, Cooper and Carnegie-Brown made strenuous rushes for the line. Following this, Baltery tried to bullock his way through on receiving from a drop-out. But Dame Fortune did not smile. Davies and Thomas repeatedly made good runs and defended stoutly at this period, while Gaisford at back demonstrated his kicking abilities.

Just before the end Gaisford saved the situation by kicking a fine penalty goal. McGregor ran well for the Hospital at times, but was noticed to miss his *vis-à-vis* on more than one occasion. Wales was good in attack and defence for the visitors, while among the forwards, Cockerill, Moore and Middleditch were always to the fore. The game ended in a draw of three points each, which appeared a fair result when the play is taken as a whole. The referee was very good, and did not indulge in the excessive whistling that one occasionally hears.

J. L. C. D.

UNITED HOSPITALS HARE AND HOUNDS *v.* UNIVERSITY COLLEGE, LONDON.

This match was held on Wednesday, November 22nd, over the University Five-Mile Course at Perivale. Running eight a side and counting five, the Hospitals lost by a margin of ten points. M. E. M. Jago (Guy's) made a fast start and led till within half a mile of home, when he was overtaken by G. F. McCormick, who finished first.

Score: U. H. H. H., 2, 5½, 7, 8, 10 = 32½; U. C. L., 1, 3, 4, 5½, 9 = 22½.

The attention of anyone who is at all interested in cross-country running is drawn to the above-named club. Training runs are held every Wednesday afternoon at Chislehurst, when packs are formed to suit the pace of all. It is hoped that as many men as possible will represent the Hospital in the race for the "Kent-Hughes" Cup on March 21st.

CORRESPONDENCE.

CLINICAL APPOINTMENTS FOR STUDENTS.

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

DEAR SIR,—May I use your columns to protest against the scandalous state of affairs now prevailing at this Hospital in the matter of clinical appointments for students.

The climax of the whole affair appears to be reached in the midwifery appointments. For those commencing January, 1924, a queue formed at 12.15 a.m. on January 1st, 1923.

The trouble seems to be that the authorities are admitting students to the Hospital without reference to the accommodation for practical clinical work.

It matters little, after all, whether there be five or fifteen students attending a lecture; but it is a very different matter when it comes to the distribution of some 40 cases to the clerks of a medical firm.

The best interests of both the students and the Hospital would surely be served by exercising such forethought as would prevent the Pathological Block entrance from looking like the outside of the pit on a first night.

I am, Sir,
Yours, etc.,
STUDENT.

ST. BARTHOLOMEW'S HOSPITAL;
January 2nd, 1923.

REVIEWS.

A SIMPLE TREATMENT FOR TUBERCULOSIS. By OWEN F. PAGET, M.D. With introduction by J. GEORGE ADAMI, M.D., F.R.S., and prefatory remarks by W. P. BIRMINGHAM, B.A., M.D. (London: Constable & Co., Ltd.) Pp. xvii + 80. Price 5s. net.

This book contains an account of the *rationale* and details of treatment of tuberculosis by insufflation of dead tubercle bacilli into the nose. The author believes that stimulation of the bactericidal properties of the nasal mucous membrane is the key to the treatment of tubercle, and that "no nose breather can be infected with tubercle through the respiratory tract." There is too much in this volume of what Sir Almroth Wright would call the "saltus empiricus," and not enough of the "passus scientificus tutus." The author is an enthusiast and suffers from the enthusiast's obsessions. A grain of salt should be taken with the book, and Prof. Adami's introduction provides such a grain. On p. 24 "every alternative day" is written instead of "every alternate day"! Though the results are not convincing, there is much in this work which is very suggestive: the treatment is certainly deserving of a scientific trial.

THE DIAGNOSIS AND TREATMENT OF HEART DISEASE. Practical points for students and practitioners, by E. M. BROCKBANK, M.D.(Vict.), F.R.C.P. Fifth Edition. With illustrations. Cr. 8vo. Pp. xi + 232. Price 6s. 6d. net.

The first edition of this book was entitled *Heart Sounds and Murmurs: Their Causation and Differentiation.* This fact gives the key to the whole book: heart murmurs are its main thesis; heart-function takes (doubtless unintentionally) a subsidiary place. Heart-sounds are dealt with very fully, but there are many statements as to their causation which appear to us both academic and unnecessarily dogmatic. The author argues at length that the crescendo murmur of mitral stenosis is early ventricular-systolic in time. He does not mention anywhere in the book that this murmur disappears when auricular fibrillation sets in—a fact almost impossible to explain if his theory is true. This, the fifth edition, has been revised and enlarged: we hope the sixth will allow malignant endocarditis more than the three-quarters of a page allotted to it in this.

MISTAKES AND ACCIDENTS OF SURGERY. By HAROLD BURROWS, C.B.E., M.B., B.S.(Lond.), F.R.C.S. (London: Baillière, Tindall & Cox.) Demy 8vo. Pp. viii + 470. Price 10s. 6d. net.

It was a misfortune that the lay press seized upon this book on publication and exploited it as the subject of scare headlines and articles. We suppose that the sale of the volume would benefit by this publicity, as unwelcome as it was unwise; we fear that many medical men and young surgeons might believe that the book was too popular to be sound, or even, perhaps, generally disloyal in its tone to the profession. We have read the book carefully; it is an honest and sensible exposition of mistakes which may easily be made; it may be read with great benefit by all young surgeons and many old ones; the style is clear and easy.

There is, however, one fault which in a book of this type should have been avoided; we refer to a certain flippancy of style constantly noticed throughout the work. It is hard for a reviewer of scientific books to condemn humour. But in this particular case, on this special subject, with a lay as well as a medical public, flippancy which may easily be mistaken for heartlessness is a mistake.

With regard to the contents of the book we feel that surgical mistakes are of two kinds. On the one hand are those involving gross carelessness—as when a wrong limb is amputated. Such cases are scandalous, and must in these days be very rare. On the other hand are those in which a very considerable scientific perplexity is involved, as when, for instance, an unnecessary amputation is performed in a case involving differential diagnosis between Paget's quiet necrosis and sarcoma. Such may be a true surgical mistake, and since to be forewarned is to some extent to be forearmed, the warnings of such a book as this should be most valuable.

The author dates many of his mistakes from diagnostic errors, his accidents from the operating theatre. There are occasional omissions. Surely gastro-enteritis of children is more often a cause of mistaken diagnosis in cases of intussusception than purpura. We do not agree that "no one would advocate the treatment (of empyema) by intercostal incision on other grounds than that the patient was too ill to undergo resection." We should have thought that one of the dangers to inexperienced operators, in cases of tracheotomy in children, was to go through the trachea into the œsophagus.

But these are matters of opinion. Misprints occur on pages 44, 88, and 165.

We can heartily recommend the book to the senior student, the young surgeon, and especially to those attempting higher surgical examinations.

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

ARMSTRONG, RICHARD R., M.D., M.R.C.P. "Application of the Absorption of Agglutinin Test to the Serological Study of Pneumococci." *British Journal Experimental Pathology*, December, 1922.

AUDEN, G. A., M.A., M.D., F.R.C.P. "Behaviour Changes Supervening upon Encephalitis in Children." *Lancet*, October 28th, 1922.

BURROWS, HAROLD, C.B.E., M.B., B.S.(Lond.), F.R.C.S. *Mistakes and Accidents of Surgery*. London: Baillière, Tindall & Cox, 1923.

CAMMIDGE, P. J., M.D. (with J. A. CAIRNS FORSYTH, F.R.C.S., and H. A. H. HOWARD, B.Sc.). "Drugs in the Treatment of Diabetes Mellitus." *Lancet*, December 23rd, 1922.

CHAPLIN, ARNOLD, M.D., F.R.C.P. The Harveian Oration on "Medicine in the Century before Harvey." *British Medical Journal* and *Lancet*, October 21st, 1922.

CLARK, A. J., M.C., M.D., F.R.C.P. (CATHERINE H. CUWARD, M.Sc., and A. J. C.) "The Vitamin Content of Certain Proprietary Preparations." *British Medical Journal*, January 6th, 1923.

COLEMAN, FRANK, M.C., L.R.C.P., M.R.C.S., L.D.S. *Materia Medica for Dentists*. 5th Edition. London: Henry Frowde & Hodder & Stoughton.

—— "Suppurating Dental Cyst Involving Floor of Nose and causing Necrosis of Palate." *Proceedings Royal Society Medicine*, October, 1922.

—— "Types of Difficult Extraction and their Treatment." *Ibid.*

DAVIS, HALDIN, F.R.C.S. "Case of Epidermolysis Bullosa." *Ibid.*, November, 1922.

DOUGLAS, S. R., M.R.C.S., F.R.S., Capt. I.M.S. (ret.). "A New Medium for the Isolation of *B. diphtheriæ*." *British Journal Experimental Pathology*, December, 1922.

DUNDAS GRANT, SIR JAMES, K.B.E., M.D., F.R.C.S. "A Safe Artificial Ear Drum." *Lancet*, November 18th, 1922.

—— "Case of Epithelioma of the Right Half of the Fauces Treated by Diathermy (with Section)." *Proceedings Royal Society Medicine*, October, 1922.

—— "Case of Tuberculous Ulceration of the Gum of the Lower Jaw, of the Tip of the Tongue, and, previously, of the Sublingual Tissues." *Ibid.*

—— "Case of Tuberculosis of the Larynx Treated mainly by Transnasal Inhalations into the Larynx." *Ibid.*

—— "Throat, Nose and Ear." *Practitioner*, January, 1923.

EDWARDS, F. SWINFORD, F.R.C.S. "Genito-Urinary Operations." *Ibid.*

GORDON-WATSON, SIR CHARLES, K.B.E., C.M.G., F.R.C.S. "Case of Retro-Rectal Sarcoma (Chordoma?)." (With Microscopical Report on Sections from the Tumour by W. B. Gabriel, M.B.) *Proceedings Royal Society Medicine*, October, 1922.

—— "Specimen showing Carcinoma of the Pelvic Colon and Rectum Co-existing and Causing Acute Obstruction." *Ibid.*

—— "The Rectum." *Practitioner*, January, 1923.

HADFIELD, CHARLES F., M.B.E., M.A., M.D.(Camb.). *Practical Anæsthetics for the Student and General Practitioner*. London: Baillière, Tindall & Cox.

HAWES, C. LANGTON, M.B., B.S.(Lond.), M.R.C.S.(Eng.), L.R.C.P.(Lond.). *Anæsthesia in Children*. London: H. K. Lewis & Co., Ltd.

HINE, T. G. M., M.D. "Serological Classification of the Staphylococci." *Lancet*, December 30th, 1922.

HOWELL, B. WHITCHURCH, F.R.C.S. "Case for Diagnosis." *Proceedings Royal Society Medicine*, October, 1922.

MACAULAY, H. M. CAMERON, M.D., B.Sc., D.P.H. "Cheese Poisoning: with Special Reference to the Dover Outbreak." *Lancet*, November 18th, 1922.

MACKENZIE WALLIS, R. L., M.D. "Bio-Chemistry in Children's Diseases." (Bernard Myers' *Practical Handbook on the Diseases of Children*. London: H. K. Lewis & Co., Ltd.), 1922.

—— "The Internal Secretion of the Pancreas and its Application to the Treatment of Diabetes Mellitus." *Lancet*, December 2nd, 1922.

MACPHAIL, Prof. ALEXANDER, M.B., C.M., F.R.F.P.S. "Introductory Remarks Section of Anatomy, B.M.A. Annual Meeting at Glasgow." *British Medical Journal*, October 28th, 1922.

—— "Discussion on the Administration of the Anatomy Act." Opening Paper, Section of Anatomy, B.M.A. Annual Meeting at Glasgow, *Ibid.*

MAINGOT, RODNEY, F.R.C.S. "Dermoid Cyst of the Rectum." *Proceedings Royal Society Medicine*, October, 1922.

MANSELL, R. A., R.A.M.C. "The Chlorination of Milk." *Journal Royal Army Medical Corps*, November, 1922.
MORTIMER, J. D., M.B., F.R.C.S. "A Lecture on the Medico-Legal Position of the Anæsthetist." *Lancet*, December 2nd, 1922.
MYERS, BERNARD E., C.M.G., M.D.(Ed.), M.R.C.P. *Practical Handbook on the Diseases of Children.* London: H. K. Lewis & Co., Ltd., 1922.
POWER, Sir D'ARCY, K.B.E., F.R.C.S. "Some Surgical Emergencies." *Practitioner*, January, 1923.
PYBUS, FREDERICK C., M.S., F.R.C.S. "Fractures in Childhood." *Clinical Journal*, November 6th and 13th, 1922.
ROLLESTON, Sir HUMPHRY, K.C.B., M.D., D.C.L., LL.D. Opening Paper. Section of Medicine, B.M.A. Annual Meeting, Glasgow. *British Medical Journal*, December 2nd, 1922.
—— "An Address on the Present Status of Radiology." *Lancet*, November 25th, 1922.
—— "An Address on Acute Constitutional Symptoms due to Radiations." *British Medical Journal*, January 6th, 1923.
RYLAND, ARCHER, F.R.C.S.(Ed.). "Case Illustrating very Rapid Advance of Laryngeal Cancer." *Proceedings Royal Society Medicine*, October, 1922.
SHERREN, Sir BENNARD B., M.D. "The Morbid Anatomy and Histology of Gastric Ulcer, with Special Reference to its Relationship to Cancer of the Stomach." *Ibid.*
THURSFIELD, HUGH, M.D., F.R.C.P. "Types of Meningitis in Children." *Clinical Journal*, November 1st, 1922.
—— "The Treatment of Empyema in Infants and Young Children." *Ibid.*, December 27th, 1922.
—— (and DONALD PATERSON, M.B.). "Case of Dermato-Polyneuritis." *Proceedings Royal Society Medicine*, October, 1922.
—— (F. JOHN POYNTON, M.D., F.R.C.P., H.T., and DONALD PATERSON, M.B., M.R.C.P.) "The Severe Blood Diseases of Childhood: A Series of Observations from the Hospital for Sick Children, Great Ormond Street. Part II, Leukæmia." *British Journal Children's Diseases*, July–September, 1922.
TREVAN, J. (and BROCK, E.) "The Effect of Section of the Vagi on the Respiration of the Cat." *Journal of Physiology*, July 21st, 1922.
TWORT, C. C., M.D.Aberd. "The Isolation and Preservation of Tubercle Bacilli by means of Glycerine." *Lancet*, December 9th, 1922.
WALKER, KENNETH, O.B.E., M.B., F.R.C.S. "Legislative Measures for the Enforcement of Continuous Treatment in Venereal Diseases." *Medical Officer*, October 7th, 1922.
—— "The Comparative Anatomy of the Accessory Sexual Glands" (Abstract). *Proceedings Royal Society Medicine*, October, 1922.
WILLIAMSON, HERBERT, F.R.C.P. "The Pituitary Gland in its Relation to Obstetrics and Gynæcology." *Clinical Journal*, November 15th, 1922.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:
M.B., B.Ch.—W. L. Berry.
M.B.—S. P. Castell.

UNIVERSITY OF LONDON.

First Examination for Medical Degrees, December, 1922.

H. L. W. Beach, J. F. Bradbury, B. W. Brown, E. V. Frederick, C. T. Jones, B. J. Loveley, M. J. Malley, P. Nathanson, P. M. Oxley, I. M. Robertson.

ROYAL COLLEGE OF SURGEONS.

At the *Primary Examination for the Fellowship* the following were approved:

W. M. Cotter, M.B., B.Ch.(New Zealand), T. A. J. M. Dodd, C. M. Greenslade, M.B., B.Ch.(New Zealand), R. J. B. Hall, M.B., Ch.B. (New Zealand), C. H. Thomas, M.B., B.S.(Lond.), A. H. Whyte, M.B., B.S.(Durh.).

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.

The following Diplomas in Tropical Medicine have been conferred: T. L. Bomford, W. H. Hamilton, M. J. Holgate.

CHANGES OF ADDRESS.

ALLEN, F., R.M.O., Borough Sanatorium, Bear Road, Brighton.
CARVER, A. F. A., 59, Newhall Street, Birmingham. (Tel. Central 7584.)
CHURCHILL, H. J., 16, Devonport Street, Hyde Park, W. 2.
COX, H. C., 42, Avenue Road, Highgate, N. 6.
DRAKE, C. H., Ashfield, Harlequin Lane, Crowborough. (Tel. Crowborough 254.)
HEPPER, J. E., Hale Cottage, Frimley, Surrey. (Tel. Farnborough 15.)
HOBART, N. H., Vale Mount, Salisbury Road, Shaftsbury, Dorset
KINGDON, J. R., Lockeley, Locks Heath, Hants.
MARSHALL, A. L., Raveningham, Norwich.
MAWER, P. U., 69, Wimpole Street, W. 1.
ROSTEN, L. M., White Gables, Park Road, Hampton Hill, Middlesex.
TURNER, P. E., Travancore, Warltersville Road, Crouch Hill, N. 19. (Tel. Hornsey 3485.)
WHITE, A. DENHAM, Major I.M.S., 18, Abingdon Villas, Kensington, W. (temporary).

APPOINTMENTS.

ALLEN, F., M.B., B.Ch.(Cantab.), appointed Resident Medical Officer at the Borough Sanatorium, Bear Road, Brighton.
BATTEN, L. W., M.B., M.R.C.S., appointed Medical Officer, Northcourt Hospital for Sick Children, Hampstead.
FISHER, A. G. T., F.R.C.S., appointed Assistant to the Professorial Surgical Unit, University College Hospital, London.
HOWELL, W. E., M.R.C.S., L.R.C.P., appointed House-Physician, Royal Waterloo Hospital for Children and Women, S.E. 1.
TURNER, P. E., M.D., B.S., D.P.H., appointed Chief Medical Officer to the Salvation Army.
WINNICOTT, D. W., M.R.C.P., appointed Physician to Out-Patients, Paddington Green Children's Hospital.

BIRTHS.

AINSWORH-DAVIS.—On December 20th, at 5, The Terrace, Champion Hill, to Mr. and Mrs. Jack Ainsworth-Davis—a daughter.
GARROD.—On January 21st, at a nursing home, to Marjorie Garrod (*née* Pierce), the wife of Lawrence P. Garrod, of 65, Queen's Gardens, W. 2—a daughter.
FOSTER.—On Christmas Eve, at Stoke Cottage, Devonport, the wife of Major R. L. V. Foster, M.A., M.B., R.A.M.C., of a son.
HEPPER.—On January 16th, at Frimley, Surrey, Rosalind (*née* Bowker), wife of Dr. John E. Hepper—a son.
SHAH.—At Delhi on November 25th, the wife of Capt. J. M. Shah, M.B.E., I.M.S., Deputy Assistant Director-General, Indian Medical Service, of a son.

MARRIAGES.

HUGHES—MUSKER.—On January 6th, at the Church of the Ascension, Lavender Hill, by the Vicar, the Rev. J. A. M. Montford, cousin of the bridegroom, John Brierley Hughes, M.D.(Cantab.), of Macclesfield, to Annie Stoddart Musker, of Buxton.
STORRS—HAMILTON-GRANT.—On Monday, November 27th, at St. Peter's, Bournemouth, Jack A. F. Storrs, eldest son of Rev. A. and Mrs. Storrs, of Corscombe Rectory, Dorset, to Florence Gertrude, only daughter of Mr. and Mrs. Hamilton-Grant, of Sillwood Maxwell Road, Bournemouth.

NOTICE.

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

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., *at the Hospital.*

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, *the Journal Office, St. Bartholomew's Hospital, E.C. Telephone: City 510.*

St. Bartholomew's Hospital JOURNAL.

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

VOL. XXX.—No. 6.] MARCH 1ST, 1923. PRICE NINEPENCE.

CALENDAR.

Thurs., Mar. 1.—Professorial Lecture: Col. L. W. Harrison, "The Prevention of Syphilis."
Rugby Football Cup-tie *v.* St. Thomas's Hospital, at Richmond, 3 p.m.
Fri., ,, 2.—Prof. Fraser and Prof. Gask on duty.
Clinical Lecture (Medicine), Sir P. Horton-Smith Hartley.
Sat., ,, 3.—Rugby Football Match *v.* Rosslyn Park (away).
Mon., ,, 5.—Clinical Lecture (Special Subject): Mr. Rose.
Tues., ,, 6.—Dr. Morley Fletcher and Mr. Waring on duty
Wed., ,, 7.—Clinical Lecture (Surgery), Mr. Rawling.
Thurs., ,, 8.—Professorial Lecture: Dr. John Adams.
Fri., ,, 9.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Sat., ,, 10.—Rugby Football Match *v.* Old Paulines (home).
Mon., ,, 12.—Clinical Lecture (Special Subject), Mr. Elmslie.
Tues., ,, 13.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
Wed., ,, 14.—Rugby Football Match: Final of Hospitals' Cup.
Thurs., ,, 15.—**Abernethian Society. Lecture by Mr. Edmund Gosse, C.B., on "Medicine and Literature in the 17th Century," 8.30 p.m.**
Fri., ,, 16.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Sat., ,, 17.—Rugby Football Match *v.* Old Leysians (away).
Mon., ,, 19.—Clinical Lecture (Special Subject), Mr. Just.
Tues., ,, 20.—Prof. Fraser and Prof. Gask on duty.
Fri., ,, 23.—Dr. Morley Fletcher and Mr. Waring on duty.
Inter-Hospital Boxing Competition at the National Sporting Club.
Tues., ,, 27.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Fri., ,, 30.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
Sat., ,, 31.—Rugby Football Match *v.* London Scottish (home).

EDITORIAL.

WE are glad to hear that the Council of the Medical College has recently contracted to purchase the Giltspur Street premises of Messrs. Arnold & Sons, and will shortly enter into possession of their new property. It is proposed to convert the building into a new and up-to-date Physiological Department. Floors will be given to Experimental, Histological and Chemical Physiology and numerous rooms will be reserved for research.

For long the accommodation of our Physiological Department has been inadequate, and the Professor and Demonstrators have been working at very considerable disadvantage. When the alterations are completed this will be altered and better work will be more easily done.

We are glad to notice that accommodation will be provided for research. There is nothing more indicative of scientific life in an institution than the desire to do original work. The authorities are to be congratulated on the acquisition of a building worthy of the Hospital.

* * *

The problem of corporate life in the University of London is one exceptionally difficult of solution. The fact that the Colleges and Schools of the University are so widely separated has always made for lack of cohesion. Moreover the Hospitals are largely recruited from other Universities. Each has very definite traditions of its own, and its students have found their time largely occupied with inter-Hospital games and societies. All these factors have made against a University spirit.

In November last, however, a University Union Society was formed, and has already furnished a temporary Debating Hall, Lounge, and Committee Room in Malet Street, Bloomsbury. This building is on the site chosen by th University for its new central buildings, in the plans for which space has been left for adequate Union accommodation.

The present premises were opened by Lord Haldane in November last. Lectures and debates have already been held, and a well-edited fortnightly journal, *The Vincula*, has been started.

We think that members of the University of London, of which Mr. Waring is Vice-Chancellor, should support the enterprise. It lies in the hands of the under-

graduates of the University to foster a University as well as a Hospital *esprit de corps*. Further particulars may be obtained from the Secretary, The University Union, Malet Street, W.C. 1.

* * *

The preparations for the great Octocentenary Celebrations are steadily and quietly going forward. As, to a very large extent, the work of each sub-committee must be approved by the General Committee before it is published, it is not desirable at the present moment to say much about the details of the festivities. Certain small facts have recently come to our notice. The tableaux are under the direction of the following gentlemen: Sir Aston Webb, P.R.A.; W. Richard Jack, Esq., R.A.; Charles Ricketts, Esq., A.R.A.; Charles H. Shannon, Esq., R.A.; Charles Sims, Esq., R.A.; and Solomon J. Solomon, Esq., R.A.—so, artistically, they will be as perfect as it is possible to be. The Post Office Square has been very kindly lent to the Hospital for part of the Fair.

Amongst the exhibitions of the Scientific Sub-committee will be:

Pathological Specimens.	Laryngological Instruments.
Ancient Surgical Instruments.	Exhibition of Nursing.
Hospital Kitchen.	Exhibition of Medical Gymnastics.
Hospital Dispensary.	Chemical Phenomena.
X-Rays.	Physical Phenomena.
Electrical Apparatus.	Blood Transfusion.
Ophthalmic Instruments.	Short Lectures.

An interesting exhibit will also be a large map of the world, with lines radiating from London to the various parts of the globe containing Bart.'s men or nurses.

* * *

Readers will remember that in the last number of the JOURNAL we commented on Prof. Harvey Cushing's Presidential Address before the American College of Surgeons, and suggested that the months which men spend holding those resident appointments was the time *par excellence* "to become familiar with both departments of Medicine." We accepted unreservedly the real danger of too early specialism, and the necessity for a good surgeon to know medicine and for a good physician to know something of surgery. We suggested that the constant co-operation of House-Physicians and House-Surgeons made for the benefit of both. We regard this matter as so important that we should like now to go a step further. At St. Bartholomew's the chief House Appointments are for a year. At most hospitals they are for six months. We would not alter our own term of office. We believe tha six months is not long enough to ensure that degree of competency which the reputation of the Hospital demands; but we suggest that during that year the House-Physicians and House-Surgeons might, with enormous advantage to themselves, interchange for two months with their opposite numbers.

We well realise that this would cause some inconvenience to members of the Senior Staff and to the Sisters. We believe that this inconvenience would be well justified by results. Our men would reap immense advantage in increased self-confidence and skill, whilst the moral effect, in the Hospital and beyond, of the knowledge that at Bart.'s, medicine and surgery were regarded as so closely allied that it was desirable to give men practical experience in both, would count for not a little.

Nor would the patients suffer, for so soon after qualification the physician has not yet forgotten his surgery nor the surgeon his medicine. It is practical experience that is wanted.

* * *

We shall publish in the next number of the *Journal* a review of the first part of Volume LVI of the *St. Bartholomew's Hospital Reports*. This is the first volume published under the auspices of the new committee of management appointed by the Medical College, which has now taken over responsibility for the publication of the *Reports*. We understand that the question of abolishing the *Reports* altogether was carefully considered, but that it was finally decided to carry on the publication after reorganisation. The whole question of *Hospital Reports* was recently discussed at length in a leading article in the *Lancet*, and the conclusion was reached that it should be possible for any large medical school to maintain a publication of this sort, which should not, however, consist largely, as hitherto, of statistical and similar material of doubtful value, but should reflect in some measure the activities of the school producing it. We are in agreement with our contemporary on this point, and we notice with approval that our *Hospital Reports* are no longer to be overweighted with bulky statistical tables or catalogues of museum specimens, but are to contain only articles of clinical, scientific, historical or literary interest. We hope that the publication may in consequence enjoy an era of renewed prosperity. It is clear, however, that it cannot survive for more than a very short time unless it is given a proper measure of support by the past and present members of the Medical College. We have been asked, therefore, to appeal in these columns for a substantial increase in the number of subscribers among the old students of the Hospital. The *Reports* will in future be published twice a year, in January and July, the cost to subscribers being 7*s*. 6*d*. for each part. We notice that the paper and general appearance of the *Reports* has been improved, though the high cost of production still makes it necessary to issue each part in paper covers. We look forward to the time when it will be possible to present a largely increased number of subscribers with a cloth bound volume, perhaps even containing illustrations in colour and other luxuries.

* * *

The following old Bart.'s men hold office in the scientific sections of the British Medical Association's 91st Annual Meeting at Portsmouth on July 24th to 27th, 1923:

Medicine: Sir THOMAS J. HORDER, M.D., F.R.C.P.; GEOFFREY EVANS, M.D., F.R.C.P.

Surgery: HAROLD BURROWS, C.B.E., F.R.C.S.

Pathology and Bacteriology: R. L. MACKENZIE WALLIS, M.D.

Neurology and Psychological Medicine: C. M. HINDS HOWELL, M.D., F.R.C.P.

Ophthalmology: RANSOM PICKARD, C.B., C.M.G., M.S., F.R.C.S.; M. W. B. OLIVER, O.B.E., F.R.C.S.

Public Health: E. LEWYS-LLOYD, M.R.C.S., D.P.H.

Diseases of Children: EDMUND CAUTLEY, M.D., F.R.C.P.; E. A. COCKAYNE, M.D., F.R.C.P.

Laryngology and Otology: E. B. WAGGETT, D.S.O., M.B., B.Ch.; H. G. BEDFORD RUSSELL, F.R.C.S.

Radiology: G. T. LOUGHBOROUGH, M.R.C.S., L.R.C.P.

Tuberculosis: Sir HENRY J. GAUVAIN, M.D., M.Ch.

Medical Sociology: ARNOLD LYNDON, M.D.

Orthopædics: P. J. VERRALL, F.R.C.S.

Venereal Diseases: KENNETH M. WALKER, O.B.E., F.R.C.S.

Anæsthetics: H. E. G. BOYLE, O.B.E., M.R.C.S., L.R.C.P.

Hon. Local General Secretary: C. A. SCOTT RIDOUT, M.S., F.R.C.S.

* * *

The Goulstonian Lectures will be delivered at the Royal College of Physicians by Dr. Geoffrey Evans on "The Nature of Arterio-Sclerosis," on March 6th, 8th, and 13th; and the Lumleian Lectures by Dr. Arthur J. Hall, on March 15th, 20th, and 22nd, on "Encephalitis Lethargica (Epidemic Encephalitis)."

* * *

Our congratulations to Major-General G. G. Giffard, C.I.E., I.M.S., upon receiving the honour of Knight Commander of the Indian Empire.

* * *

Dr. R. A. Peters, M.A., Fellow of Gonville and Caius College, Cambridge, has been elected to the Whiteley Professorship of Bio-Chemistry at Oxford.

* * *

At a meeting of the Royal College of Physicians of London held on January 25th, 1913, Sir George Newman was elected a member of the Council. Sir Francis Champneys was elected a representative of the College on the Central Midwives Board.

* * *

We recently had the opportunity of watching the trying-out matches of the Boxing Club, and were delighted with the sound and clean boxing which resulted. It was not long ago since the Boxing Club was one of the less sound amongst the clubs affiliated to the Students' Union. It had a habit of remaining stable for a few months, and then disappearing until a clamour arose for its resurrection. We are glad that under its present management it seems to be going from strength to strength.

* * *

We are still receiving daily inquiries for *Round the Fountain*. We would remind readers that the easiest way to purchase the volume is through the tear-off coupon found in our advertisement pages.

* * *

We have received several replies in response to our query: "Who is the oldest living Bart.'s man?" We may state that we now want particulars of some old Bart.'s man who has played his hundred up. For we know of one who has nearly done so.

* * *

The great mound of stones which for some weeks pathetically represented the demolished portion of the old Christ's Hospital buildings now passes unnoticed before the rapid rise of the first fine block of the new Nurses' Home. We are delighted at the speed with which the contractors are completing their work, but there is perhaps something melancholy and even sad in the downfall of an old building which has meant so much to many of our forefathers. What efforts were made by Sir Christopher Wren to design a structure, so cramped and inconvenient to us, excellent and handsome long ago? What tragedies and comedies have those old walls known, whose separated stones now lie bare and exposed in the builder's yard? We wonder whether our Bart.'s nurses have realised that they have lived in a building crowded with memories of names great in English history and tradition.

Christ's Hospital was originally a priory of Grey Friars or Franciscans. Their chapel was commenced in 1306 in the last year of the reign of Edward I—a turbulent time when men spoke their minds and held their lives in their

hand. John Richard Green tells how Bigod, Earl of Norfolk, had been ordered to lead a force to Gascony, whilst the King himself sailed for Flanders. "By God, Sir Earl," swore the King to Bigod, "you shall either go or hang!" "By God, Sir King," was the cool reply, "I will neither go nor hang." Then came the Hundred Years War, the War of the Roses, and finally the Reformation and the bestowal of the old priory on the City of London. Shortly afterwards it became a school for poor boys. The Great Fire dealt hardly with it, and soon the buildings in some of which our nurses have lived were designed by Sir Christopher Wren, and built under his direction. There were considerable alterations in the nineteenth century, and later still in 1902 the Blue Coat boys left London. Their school became part of St. Bartholomew's Hospital, and the old walls, which so long had echoed to the shouts of small unruly boys, became accustomed to gentler voices and prettier ways.

But before this time Bishop Stillingfleet and Bishop Middleton, Richardson the novelist, Coleridge, Leigh Hunt and Charles Lamb and many another famous man had had time to work and play as boys in the old buildings, and it is perhaps largely through the Essay of Elia on Christ's Hospital, so sadly reminiscent of a shy and awkward boy flung into the life of a great school, that the place is known to-day wherever literature exists.

We could write many pages on incidents associated with the place. The boys rose at six in summer and seven in winter. The food was poor in quality and meagre in quantity. Of it Leigh Hunt says: "Our breakfast was bread and water, for the beer was too bad to drink. The bread consisted of the half of a three-halfpenny loaf, according to the prices then existing. I suppose it would now be a good twopenny one—certainly not a threepenny. This was not much for young boys who had nothing to eat from six to seven o'clock the preceding day.

"For dinner we had the same quantity of bread with meat only every other day, and that consisted of a small slice such as would be given to an infant three or four years old. Yet even that with all our hunger we very often left half-eaten; the meat was so high." The masters were of the old school, rough and ready with the birch.

"B." says Elia, "had two wigs, both pedantic, but of different omen. The one serene, smiling, fresh powdered, betokening a mild day. The other, an old, discoloured, unkempt, angry caxon, denoting frequent and bloody execution. Woe to the school, when he made his morning appearance in his *passy*, or *passionate wig*. No comet expounded surer.—J. B. had a heavy hand. I have known him double his knotty fist at a poor trembling child (the maternal milk hardly dry upon its lips) with a 'Sirrah, do you presume to set your wits at me?'—Nothing was more common than to see him make a headlong entry into the school-room, from his inner recess, or library, and, with turbulent eye, singling out a lad, roar out, 'Od's my life, Sirrah' (his favourite adjuration), 'I have a great mind to whip you'—then, with as sudden a retracting impulse, fling back into his lair—and, after a cooling lapse of some minutes (during which all but the culprit had totally forgotten the context) drive headlong out again, piecing out his imperfect sense, as if it had been some Devil's Litany, with the expletory yell—'*and I* WILL *too*.' In his gentler moods, when the *rabidus furor* was assuaged, he had resort to an ingenious method, peculiar, for what I have heard, to himself, of whipping the boy, and reading the Debates, at the same time; a paragraph and a lash between; which in those times when parliamentary oratory was most at a height and flourishing in these realms, was not calculated to impress the patient with a veneration for the diffuser graces of rhetoric."

Coleridge when a boy at the school was bold enough to tell a master he was an infidel. "So Sirrah," said the master, "you are an infidel, are you? I'll flog the infidelity out of you." These in their rough way were famous men enough, but it is by a gentler spirit that in the hearts of most the old Christ's Hospital will always be remembered. For seven years Charles Lamb, "a poor friendless boy," he says, was at the school. Food as we have said was scarce.

"I remember the good old relative (in whom love forbade pride) squatting down upon some odd stone in a by-nook of the cloisters, disclosing the viands (of higher regale than those cakes which the ravens ministered to the Tishbite); and the contending passions of L. at the unfolding. There was love for the bringer; shame for the thing brought, and the manner of its bringing; sympathy for those who were too many to share in it; and, at top of all, hunger (eldest, strongest of the passions!) predominant, breaking down the stony fences of shame and awkwardness, and a troubling over-consciousness."

Surely as human a paragraph as ever was written.

Lamb left Christ's Hospital at fifteen, and soon became a clerk in the East India Company, and of what befell him let Augustine Birrell tell:

"He had been three years in the service of the Company when the great tragedy—Elizabethan in its horror of his life befell him. Old John Lamb and his wife, their daughter Mary, an aunt, and Charles, were living huddled together in an obscure lodging in Little Queen Street, Holborn. An exceedingly ugly church now stands upon the site of the houses. Mary Lamb, who was ten years her younger brother's senior, was a dressmaker on a small scale. She always had what her mother, who does not seem greatly to have cared for her, called 'moithered' brains, and on this fateful day, the 23rd of September, 1796, just before dinner, she seized a case-knife which was lying on the table, and pursued a little girl, her apprentice, round the room, hurled about the dinner-forks and finally stabbed her mother to the heart. When Charles came into the room, and snatched the knife out of her hand, it was to find his aunt lying apparently dying, his father with a wound on his forehead, and his mother a murdered corpse. He was then twenty-one years of age, and had spent some weeks of this very year in the Hoxton Lunatic Asylum. His elder brother John, who had a comfortable place in the South Sea House, did nothing but look after his own leg, which one is thankful to believe gave him a good deal of pain. The whole weight of the family fell upon Charles. His love for his sister manifested itself in his determination that as soon as possible she should be released from confinement and live at home, he undertaking ever to be on the watch for the fits of frenzy he was assured only too truthfully would necessarily be recurrent. For his father and his aunt, so long as they lived, he maintained a home. Poor Mary in her asylum was often heard to say that she had one brother who wished her to remain all her days in a madhouse, but another who would not have it so. Charles succeeded in obtaining her discharge upon entering into a solemn undertaking to take care of her for ever thereafter. At first he provided lodgings for her at Hackney, and spent all his Sundays and holidays with her, but soon after he took her to live with him altogether. Mr. Procter (Barry Cornwall), from whose account the above facts are taken in their entirety, says: 'Whenever the approach of one of her fits of insanity was announced by some irritability or change of manner, he would take her under his arm to Hoxton Asylum. It was very affecting to encounter the young brother and sister walking together (weeping) on this painful errand, Mary herself, although sad, very conscious of the necessity of a temporary separation from her only friend. They used to carry a strait waistcoat with them."

Lamb was lame, and shy and awkward. He was too fond of gin-and-water, though, as he told a lady, he never got drunk twice in the same house. But what are faults like these after a paragraph like that!

"The old order changeth, yielding place to new." The old place sheltered many a great man, and in our Bart.'s pride we may add many a great woman too. Now it gives way to something better and more useful than its own great past.

THE OCTOCENTENARY OF THE FOUNDATION.

10. THOMAS WHEELER, 1754–1847.

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

THOMAS WHEELER, Apothecary to St. Bartholomew's Hospital from 1806 to 1821, was a man to be remembered for his learning, as well as for the many stories which clustered round him later in life. He came of an old medical family, for his grandfather, John Wheeler, who was surgeon to the Bethlehem Hospital, died in 1740 whilst holding office as Master of the United Company of Barber Surgeons. Thomas Wheeler was educated at St. Paul's School, where he became an excellent classical scholar, and was afterwards trained at St. Thomas's Hospital. My father, who was apprenticed to his son, Thomas Lowe Wheeler, gives the following account: "The family to which I was sent was the Wheelers. Clara Wheeler, the mistress of the house, was the sister of Captain Wells, my aunt's husband. The family consisted of 'the old gentleman,' as he was called, who was a very superior man. He was ninety years of age, of spare figure and short, and had been the Dispenser or Resident Medical Officer at St. Bartholomew's Hospital, and, I think, the Curator or Lecturer at the Garden of the Apothecaries, Chelsea, close to the Children's Hospital. He knew his botany and materia medica well, was familiar with Latin, and at seventy-five taught himself Hebrew. He used to sing the Psalms in that language in a quavering voice as he wandered about the house.

"He died from a fall in his bedroom, at 61, Gracechurch Street, which gave him a fracture of the neck of his femur in 1845, but 'the old gentleman,' as he was always called, was able to move to Newcastle Court, where he lived on bedridden but very cheerful until his death on 10 August, 1847. I remember one afternoon going into his room on hearing him groan. I said 'Are you in pain, Sir?' 'Yes, my dear, yes, the pains of strength,' which struck me as comical at the age of ninety-one.

"He was a total abstainer from alcohol and was not a smoker. Sir William Lawrence was once passing through the Square of St. Bartholomew's, and meeting Mr. Wheeler asked him whether he really took no alcohol. 'No, Mr. Lawrence, none' 'Then what do you do when you put yourself upon low diet, Mr. Wheeler?' 'Drink less of it, Sir,' was the ready reply. I was present at his post-mortem examination and every organ of the body was found to be perfectly healthy. He died from old age. I asked him one day when I went in to see him, 'What have you been thinking about, Mr. Wheeler?' 'Wicked

thoughts, my dear, wicked thoughts,' was the prompt answer.

"He helped me with *Celsus* and Gregory's *Conspectus* and the *Excerpta* much. He was a very charming com panion. His big round silver spectacles are on my nose as I write these lines."

It was not more easy to score off Sir William Lawrence when he was a young man than it was to get even with the late Mr. C. B. Lockwood, and if Mr. Wheeler seemed to have got the best of it in the story told above Lawrence managed to have his revenge before very long. Sitting in the back room of the Dispensary one wet evening with several of his pupils, Mr. Wheeler was discoursing about superfluities in dress and how little was really necessary for a happy life. Lawrence listened to the end and then said quietly, "But, Mr. Wheeler, why do you not practise what you preach; surely this is unnecessary," taking hold of the tail of his periwig. Wheeler was somewhat taken aback for the moment, but replied, "So it is, my dear Sir, so it is. Pray cut it off," which of course Lawrence did at once, to the huge delight of his fellow-students.

Dr. Semple, who was a connection by marriage of Mr. Wheeler, also gives an account of him. He says: "The first appearance of Mr. Thomas Wheeler was certainly very striking. A short, wiry and thin old man (for at the time to which these reminiscences refer he was between seventy and eighty years of age), he entered with the alacrity of youth upon the scene, with an old hat in one hand and a botanical knife in the other, with a pair of massive spectacles covering his keen and grey eyes, and clad in an old threadbare black coat and waistcoat and breeches and a pair of long leather gaiters. But those who might be inclined to smile at his somewhat *outré* appearance were soon convinced that they were in the presence of no common person, and that the outer rough husk covered as true and genuine a man as ever adorned the profession of medicine, or by his scientific and literary attainments shed lustre upon the Society of Apothecaries. This veteran always accompanied the herborising excursions [of which more will be said in a future article—ED.], was the prominent figure in the procession, was the guiding star of the botanical party, and excelled all the rest in the brightness of his intelligence, the extent of his information and the activity of his movements. Looking back it is really wonderful how this octogenarian preserved his animal spirits throughout the long and delightful summer days, and how his physical energy enabled him to overcome the fatigue which might have wearied many a younger and more robust man.

"He was an excellent, and, indeed, for his period, a profound botanist, and withal a classical scholar, and he conveyed his information most readily in all departments of learning. He was very particular about what is called the *quantity* of Greek and Latin words, and he seemed to be, or perhaps really was, horrified at hearing any pupil make a mistake in this respect. He would then suddenly stop, and summoning all the students, would shout with a loud voice the proper pronunciation of the word, warning them to be particular in future, and laying stress upon the difference between a scholar and an ignoramus. On the other hand he was delighted when he found any of the youths giving evidence of a sound classical education, and he would frequently halt on the way in order to deliver some moral axiom illustrated from the vast stores of his learning. This was all done, however, in such a humorous and good-natured manner that a journey on foot of twenty miles during the day was made attractive and secured the attention of the pupils, who were at first amused by his eccentricities, but afterwards impressed by his varied stores of information. On the subject of botany, and especially indigenous botany, his knowledge was profound, and on such difficult matters, for instance, as the distinctions of the grasses, the sedges, the Umbelliferæ, the Compositæ, the rushes, he was never at fault, but he both gave to every specimen its right name, and explained minutely the points on which each species differed from one another."

Many other stories are told of Thomas Wheeler. He was once driving in the neighbourhood of Maidstone in an open barouche and was sitting on the box by the side of the driver with his hat off, his thin light hair blowing about his face, and his large spectacles (which I still hold in trust) on his nose, alternately laughing and chatting with the driver, and diving into his hat with his huge pocket-knife, separating and examining a bundle of wild plants. Such a figure naturally attracted attention along the road, and when stopping at a turnpike gate the party were naturally rather surprised by the evident interest and eagerness of the toll-keeper as he scratched his head and, pointing to Mr. Wheeler, exclaimed in his blunt, Kentish dialect, "So ye ha' got him at last?" This was incomprehensible to all the party until they arrived at a small inn close to the parish of Barming, where there was a placard offering a reward for the capture of an escaped lunatic. He was very tenacious of his professional dignity, and once when a reverend prelate seemed to question the treatment of a patient under his care at the Hospital, and expressed his own opinion in a somewhat inflated manner, Wheeler replied by imitating in his answer the pompous and arrogant tone of the Bishop, whereupon a bystander said, "Why, Mr. Wheeler, what a proud man you are?" and he replied at once "Inter superbos tantum superbus." So it was indeed with him: he was "proud only amongst the proud," but to the poor he was the kindest of the kind. Once discussing with his wife the expediency of devoting some rather large portion of their limited means to the relief of a necessitous person, he said, "We are too poor, my dear, to curtail our charities." This was in all probability literally correct, as he only received £350 a year and a house from the Hospital, the sum being raised to £400 in 1813, after seven years' service. He had six sons, the eldest of whom succeeded him as Demonstrator of Botany at the Society of Apothecaries, and the second was appointed Apothecary to the Hospital.

THE CHRONIC APPENDIX.*

By RODNEY MAINGOT, F.R.C.S.,
Chief Assistant to a Surgical Unit, St. Bartholomew's Hospital; Surgical Registrar, West London Hospital.

MR. PRESIDENT AND GENTLEMEN,—

> "The success or failure of an operation may be due not only to the procedure itself, but also to its performance in cases which did not need it."
> These are the words of Sir Berkeley Moynihan.

It is generally accepted and taught that the chronic inflammations of the vermiform appendix (briefly titled, the chronic appendix) are diseases of great frequency and ease of diagnosis. The appendix is frequently accused as being an important ætiological factor in the production of gastric and duodenal ulcers, cholelithiasis, pancreatitis, colitis, and a host of chronic or subacute intra-abdominal lesions, aches, pains, and discomforts. Furthermore, appendicectomy is alleged to cure or relieve the patient of all the symptoms from which he or she may be suffering.

On careful examination, it appears that the results of appendicectomy in these cases vary widely with the individual surgeon or pathologist. "In speaking of the results of an operation a surgeon may be a prejudiced witness as to his own efforts, or a bad judge of his own merit" (Moynihan).

The majority of patients suffering from chronic appendices are apparently cured—in hospital—as the case-sheets invariably read: "Chronic appendicitis—appendicectomy—cured." With a view of obtaining an idea of the permanency of these "cures" I recently collected the notes of some 200 cases from three different sources. The patients were all operated upon during the last ten years, and all were discharged as "cured." The last case in my series had appendicectomy performed about eight months ago.

Of these 200 cases only 114 were available for re-examination. Table I shows the results obtained by an examination of the first 100 cases:

* Given before the Abernethian Society on February 22nd, 1923.

Table I.—Cases.

	Total number examined.	Total number cured.	Total number greatly improved.	Total number slightly improved.	Total number of cases unrelieved.	
					Total number *in statu quo.*	Total number definitely worse.
	100	33	8	7	19	11
Males .	36	26	3	—	5	2
Females .	64	29	5	7	14	9

Table II.—Incisions employed, with Results.

Incision.	Sex.	Total.	Cured.	Greatly improved.	Slightly improved.	Unrelieved.	
						In statu quo.	Worse
"Gridiron"	M. 20 F. 35	55	24	3	4	16	8
Battle's para-rectal	M. 11 F. 24	35	24	4	3	2	2
Right para-median	M. 5 F. 3	8	7	1	—	—	—
Mid-line	M. 0 F. 2	2	—	—	—	1	1

Cases where any operation other than appendicectomy was performed are not recorded in these series.

Whilst recognising the fact that 100 is not a large series, yet some useful and general inferences may be drawn from these tables, viz.:

(1) That 30 per cent. of these cases were not cured by their operation
(2) 11 per cent. are definitely worse.
(3) When the "gridiron" incision was used 50 per cent. were unrelieved.
(4) With Battle's incision only 12 per cent. were unrelieved.
(5) The majority of unrelieved cases occurred in females.

These figures conform closely to those of Lake, Doolin, and numerous authors on the subject.

During the last eighteen months I have investigated 43 cases which were admitted to hospital with abdominal trouble following appendicectomy for "chronic appendicitis."

All these patients were either in the *same* condition as they were before appendicectomy had been performed, or decidedly worse. Twelve of these cases were relegated to the physicians, and amongst them were one case of phthisis, two cases of mucous colitis, and one case each of cirrhosis of the liver, visceroptosis, and chlorosis.

Thirty-one cases had a further operation. A right para-median incision was employed in each case. I was present

at all these operations, and notes of the "findings," surgical procedure adopted for each case, the after-treatment and late results have been kept. The last case (in this series of 31) was operated upon two and a half months ago.

The results (following the second operation) may be briefly stated as follows:

Total number of cases explored = 31
" " " cured = 19
" " " improved = 4
" " " unrelieved = 8 (*in statu quo* = 4; worse = 2; died = 2)

Quite a large number of cases therefore diagnosed as "chronic appendicitis," in which a useless appendicectomy has been done through a small incision, can be shown to possess definite lesions demanding appropriate surgical treatment. Therefore the thorough exploration of the whole abdominal cavity in cases of chronic appendicitis is emphasised.

The following are generally taught as the *signs and symptoms* on which the diagnosis of a chronic appendix is based:

1. *Tenderness and pain in right iliac fossa,* unaccompanied by pyrexia. Probably the commonest cause of pain and tenderness in the right iliac fossa—in the absence

TABLE III.—*Analysis of these Thirty-one Cases.*

Disease found.	No. of cases.	M.	F.	Operation.	Result.	Remarks.
Gastric ulcer	2	2	—	(1) Post-gastro-enterostomy	(1) Cured	(2) Died 7 days after operation from pneumonia.
				(2) Gastrectomy	(2) Died	
Duodenal ulcer	6	6	—	Post-gastro-enterostomy	All cured	—
Chronic cholecystitis	1	—	1	Cholecystectomy	Cured	Gall-bladder small and fibrotic.
Gall-stones	2	—	2	Cholecystectomy	Both cured	—
(?) Chronic pancreatitis	1	—	1	—	*In statu quo*	Pancreas felt small and hard, liver cirrhotic.
Adhesions and pericolitis	2	—	2	(1) Freeing of adhesions and colopexy	(1) Improved	(1) Only one-fourth of appendix removed at first operation.
				(2) Freeing of adhesions and cæcopexy	(2) Worse	
Colonic stasis	1	—	1	Colectomy	Died	Died 6 hours after operation from shock.
Morbid mobile colon and visceroptosis	10	2	8	Colopexy	1 case worse 2 cases *i.s.q.* 2 " improved 5 " cured	In 8 of these cases only the cæcum and ascending colon were "fixed." In 2 cases cæcum, ascending colon and transverse colon were "fixed."
Ileo-cæcal T.B. adenitis	1	—	1	Removal of T.B. glands	Improved	This patient had to be re-opened 10 hours after operation for hæmorrhage.
Retro-flexed uterus	2	—	2	"Fixation" of uterus	Cured	—
Chronic salpingitis or salpingo-oöphoritis	3	—	3	Salpingectomy or salpingo-oöphorectomy	Cured	1 case of hydrosalpinx.
	31	10	21			

Inferences to be drawn from a study of Table III:

(1) That in each of 31 cases in which symptoms persisted after appendicectomy other lesions were found.
(2) That in 23 (74 per cent.) of these cases cure or relief was effected by operation.
(3) That 70 per cent. of these 31 cases had had a previous "gridiron."
(4) That half of these cases had duodenal ulcers or morbid mobile colons, of which only three were unrelieved by a second operation.
(5) That eight (30 per cent.) were unrelieved or worse; and that two died.

of inflammatory lesions—is a flatulent cæcum. In this category are placed cases of visceroptosis and cæcal crises.

In this connection also should be remembered cases of sacro-iliac sprain, and osteo-arthritis of the lumbar vertebræ. Appendicectomy *has* been performed for these cases! The majority of people are tender in their right iliac fossa on *deep* palpitation. This, therefore, as a clinical sign is of no value at all.

2. *Gastro-intestinal disturbances* which do not conform to any known type of disease. "It is remarkable how slight these disturbances frequently are, the patient finding them serious only after their gravity has been pointed out by the surgeon" (Whiteford).

3. *Symptoms resembling those of gall-stones or gastric and duodenal ulcer.*—Often the diagnosis of chronic appendix is not made until the gall-bladder and stomach are found normal at laparotomy.

With regard to *appendicular dyspepsia,* it has been said that in a number of these cases for which appendicectomy has been performed the main lesion accounting for the symptoms is found—not in the appendix, as it is usually quite normal in appearance—but in the mucous membrane of the stomach.

Undoubtedly some patients suffering from dyspepsia have been cured by appendicectomy; and it is also interesting to note that a "controlling appendix" is frequently associated with gastric disorders.

There are no typical signs and symptoms of appendicular dyspepsia, although Moynihan states that the condition can be diagnosed with certainty during operation. He writes: "I feel sure that there is, I think I may say always, such a change in the appearance of the stomach as will enable the most absolute prediction to be made that the appendix is diseased. These changes are—a vivid infection, a deep congestion of the pyloric portion of the stomach over a distance of two or three inches at least; a great, irregular, eager activity of contraction, the muscles of the part appearing to writhe in angry contortions; and thirdly, an enlargement of the sub-pyloric group of glands. The explanation of these changes is, I think, not clear; of their existence there is no longer any doubt."

A similar condition is frequently seen during laparotomy when the stomach has been freely handled.

4. "*A history of previous attacks of acute appendicitis as an argument in favour of the diagnosis of a chronic appendix.*"—A number of writers state that the absence of previous acute attacks is no bar to a diagnosis of a chronic appendix. Other writers suggest that a history of one or more attacks of acute appendicitis implies the existence of a chronic appendix. As to what constitutes an acute attack, Maclaren says—with much truth: "We do not believe in the chronic appendicitis, not associated with, at least, one true attack," and defines an acute attack as one associated with localised peritonitis of sufficient severity to lay the patient up at some stage of the attack.

"The appendix which has had repeated genuine attacks of acute inflammation, as a rule, should be removed provided the last attack has been recent. Unless the attack has occurred recently there is rarely any strong indication for operation.

"There is not much advantage in removing the appendix of a man of 50 whose last attack occurred at the age of 25. In these cases the appendix is removed in order to prevent further acute attacks, not with the object of curing symptoms said to be due to a chronic appendix" (Whiteford).

Some observations on the *pathology of the chronic appendix* are considered under the following heads: (1) Adhesions, (2) fæcolitis, (3) obliteration of the lumen of the appendix, (4) chronic catarrhal appendicitis, and (5) "hæmorrhagic appendicitis."

(1) *Adhesions per se* do not give rise, as a rule, to any trouble. In the majority of cases "adhesions" found in the appendicular region are developmental rather than inflammatory in origin. Adhesions only produce symptoms when they mechanically interfere with the lumen or neuro-vascular supply of the appendix or adjacent gut. If they cause obstruction the portion of the gut proximal to the block should be hypertrophied or distended.

It is not uncommon to find no adhesions at all at operation in patients who have had repeated attacks of acute appendicitis.

Again, many unsuccessful appendicectomies are attributed to the formation of crippling post-operative adhesions. The patient rarely derives any benefit when a subsequent "freeing of adhesions" is performed, except, of course, in those cases of acute obstruction due to "bands and adhesions."

(2) *Fæcolitis.*—Probably one of the commonest causes of obstruction of the lumen of the appendix is concretions, and it is stated that there is no appendicitis without obstruction. Undoubtedly these concretions are a potent predisposing factor of acute inflammations of the organ.

It is said that they occur most frequently in appendices that are diseased and in which peristalsis is feeble and sluggish.

Appendices harbouring *large,* and especially *hard* concretions should, in all cases, be removed.

(3) *Obliteration of the lumen of the appendix.*—Obliteration may be due to (*a*) inflammation, or (*b*) an involutionary process.

An appendix with a completely obliterated lumen does not give rise to symptoms, as it is an atrophied, useless and harmless structure.

It is stated in the Mayo Clinic reports (1910) that appendices with partial or complete occlusion of their lumina are often associated with chronic disease of the biliary passages, and especially with gall-stones (44 per cent.), the usual sequence being: appendicitis—obliteration of lumen—cholecystitis—gall-stones.

This may be so; but it is significant that about 20 per cent. of partially or completely "obliterated" appendices were found at autopsy in 2500 cases conducted at the Mayo Clinic.

As an involuted or obliterated appendix is harmless, its removal is not to be advised.

(4) *Chronic catarrhal appendicitis.*—A "catarrhal appendix" is one in which there is a fibrous deposit in the wall of the organ.

Battle records 1000 cases of appendicectomy in the

quiescent period, and states that 271 of these cases had at least four attacks of acute appendicitis.

In 183 cases of these 271 the appendix was found *non-adherent*. These non-adherent appendices are described as catarrhal. Ribbert holds that the majority of so-called catarrhal appendices are in reality appendices tha are undergoing or have undergone a process of involution.

Even if the catarrhal appendix is due to a past inflammatory lesion it will give rise to no symptom provided that the lumen of the appendix remains patent.

It is said that it is impossible to tell with the naked eye whether an appendix is diseased or not.

If, at operation, there are no gross abnormalities to be seen on examination of the organ, and its contents can be expressed and its walls felt to be soft and elastic, it should be assumed that the appendix is normal. If, again, the appendix is represented as a fibrous cord, it is innocuous and symptomless. It is interesting to note that it is common to find a mucocele of the appendix which has given rise to no symptoms at all. Appendices acutely kinked, and those by virtue of their positions or attachments acting as bands, "adhesions," and "cripplers," should be excised.

Localised appendicular tuberculosis, new growth of the appendix, and actinomycosis of the appendix, etc., should be dealt with on radical lines, but they are too rare to be considered in this paper.

The majority of chronic appendices removed show no naked-eye abnormality whatsoever. They are invariably sent to the pathologist for microscopic investigation, and his report, as a rule, is quite unconvincing. Occasionally the appendix is found to contain some slight evidence of disease—usually "fibrosis" or "round-celled infiltration."

"I believe that *every* appendix is pathologically condemned by some pathologist somewhere" (Maclaren).

(5) *The hæmorrhagic appendix.*—The "hæmorrhagic" or "petechial" types of chronic appendicitis are obviously artefacts, and are due to clamping or crushing the appendix and its mesentery.

"Submucous hæmorrhages" are always present in the chronic appendix—*after* removal.

"There appears to be a 'cerebral' variety of the chronic appendix in which the disease is localised in the imagination of the investigator rather than in the appendix of the patient" (Whiteford). Lesions demonstrated only by the microscope do not cause the symptoms attributed to the chronic appendix.

* * *

In these tedious words I have tried to show that the chronic lesions of the appendix are macroscopic, that an appendix that looks normal is not in the least likely to give rise to symptoms, and that, therefore, these must be looked for in other organs.

Removal of the appendix cannot be expected to cure disease of the stomach, or gall stones, "yet how often do we see patients with obscure abdominal symptoms in whom the appendix has been removed through an incision which makes thorough abdominal exploration impossible?" (Sherren). Although the "gridiron" incision may be useful in some cases of acute appendicitis, it should never be employed when dealing with the chronic appendix. It is a physical impossibility to explore satisfactorily the abdomen through McBurney's muscle-spli ting incision. "It is one of the limitations of abdominal surgery at the present time that it is impossible to exclude disease without examining by *sight* and touch the suspected organs" (Sherren). The right paramedian incision fulfils all requirements for a general exploration.

NOTES ON NURSING OF HÆMATEMESIS.

CASES of gastric or duodenal ulcer with hæmatemesis or melæna need considerable care and patience in their nursing treatment, most patients being intolerant of the enforced absolute rest in the recumbent position and the monotony of the Lenhartz Diet.

Position. The patient should lie flat on his back, with one pillow, but should he want to lie on his side it is better for the nurse to roll him over very gently and support his back with a pillow than to insist that it is not permissible; he will inevitably turn himself, which is a greater strain for him.

Clothing. A light garment open down the back, to avoid unnecessary movement in changing it, bed-socks (the extremities are cold, if bleeding has been severe and hot bottles are obviously inadmissible), a sheet, two blankets and quilt are sufficient covering, even if the patient seems cold.

Washing. No washing is undertaken till the patient has shown no signs of bleeding for at least four days, then face and hands may be gently sponged morning and evening; a little more may be attempted each day if the condition of the patient is satisfactory.

Back. An air ring is necessary, as the patient cannot be moved to have his back washed; if he lies on his side at times, the back can be very gently rubbed with hazeline solution, or methylated spirit, and powdered with some plain starch powder.

Mouth. This requires very great care; owing to the loss of fluid from the hæmorrhage and the small amount the patient is allowed to drink the tongue becomes furred and dry. When the patient is allowed nothing to drink, the nurse must swab the mouth out every half hour, using some wool wrapped round a stick dipped in a solution of sod. bic. (sod. bic. ʒj, water ʒv, flavour with glycothymoline or Listerine, if desired) for the purpose; later it is sufficient to cleanse it before and after every feed. *N.B.*—The vessel containing the solution must not be left within the reach of the patient, or, being exceedingly thirsty, he will drink the solution. Mouth-washes are inadvisable, as the patient will swallow them.

If, in spite of every care, parotitis threatens, swab mouth very frequently with acid. acetic ɱv in water to ʒj.

Food. As a general rule, nothing is given by mouth for 24 hours after the hæmorrhage has occurred; then the patient is given some form of modified Lenhartz diet (see Table), being fed 2-hourly by day, and 4-hourly by night, 10 feeds in the 24 hours. When the 9th day is reached it is better to increase every other day. The solid food is divided so as to come with the fluids at 4-hourly intervals by day to avoid over-taxing the digestion (*i. e.* 10*th day*, 6 *a.m.*, 4 buttered rusks; 10 *a.m.*, blancmange 3½ oz.; 2 *p.m.*, pounded fish 2 oz., buttered rusks 2; 6 *p.m.*, blancmange 3½ oz.). If the patient dislikes Glaxo, milk and water, equal parts, may be substituted, and sugar may be replaced by increasing the plasmon, if the patient dislikes sweet things. Minced chicken may be used instead of pounded fish, provided no tests for occult blood are to be carried out. The whole of this diet is given cold, iced if possible. The patient is fed with a spoon till the solid food is begun, when he is well enough to lie on his side and feed himself slowly. Although the patients are always dissatisfied with this diet, most of them can be persuaded to go through the course. When it is finished the patient is allowed to sit up in bed, and to take during the 24 hours 2 lightly poached eggs, crustless bread and butter, minced chicken, custard and buttered rusks, cocoa, milk and Benger's food, not more than ʒvj of fluids at a time. After 2 days minced mutton replaces the chicken; gradually a little mashed potato may be added, then boiled and roast mutton take the place of minced meat. Green vegetables and fruits should be avoided.

Medicines. These patients are not usually given medicine unless it be morphia hypodermically. Should adrenalin be ordered, it must not be diluted before administration.

Sleep. Unless morphia has been given, the patient is wakened at the proper times for his feeds, both day and night. Punctuality in feeding is of the greatest importance.

MODIFIED LENHARTZ DIET.

GLAXO, ½-STRENGTH: ALTERNATE FEEDS.

Date														
Day . . .	1	2	3	4	5	6	7	8	9–10	11–12	13–14	15–16	17–18	19–20
Eggs . . .	1	1½	2	2½	3	3½	4	4	3	3	3	2	2	2
Milk (about) . oz.	3	4½	6	7½	9	10½	12	17	18	19	20	21	22	23
Total fluid (Egg and Milk together) oz.	5	7½	10	12½	15	17½	20	25	25	25	25	25	25	25
Glaxo ½ strength ,,	5	7½	10	12½	15	17½	20	25	25	25	25	25	25	25
Sugar ½ in Glaxo dr.	—	—	6	6	8	8	12	12	14	14	14	14	14	14
Plasmon . . ,,	—	—	—	—	—	2	3	3	3	3	3	3	3	3
Blancmange . oz.	—	—	—	—	—	—	—	3½	3½	7	7	10	10	10
Rusks . . ,,	—	—	—	—	—	—	—	—	¾	1½	2	2½	3	4
Pounded Fish . ,,	—	—	—	—	—	—	—	—	2	2	2	2	2	2
Butter . . ,,	—	—	—	—	—	—	—	—	—	¾	1	1½	1½	1½
Quantity given each feed . . ,,	1	1½	2	2½	3	3½	4	5	5	5	5	5	5	5
Calory Value approx.	160	240	400	475	580	685	825	1115	1185	1650	1820	2010	2080	2200

Bowels. The first enema must never be given without direct orders from the doctor, as it may cause faintness, collapse, or even death. Should the case go on well, the enemata should be repeated every other day. Should this prove insufficient, ʒiv or ʒv warm olive oil may be run in at night, to be followed in the morning by a soap-and-water enema. Should these injections always make the patient feel faint, which occurs in some cases, a glycerine enema (ʒij) may suit him better. No aperients are given till the Lenhartz course is ended.

Hæmorrhage. Should any signs of recurrence of hæmorrhage occur, stop all feeds till the doctor has seen the patient; give the morphia injection if it has been ordered for use in emergency. Keep the patient as quiet as possible. If the pulse be very feeble, raise the foot of the bed *well*—a few inches is useless—and take out the pillow. A pillow tied up against the bed

head is necessary for the head to rest against as the patient always tends to slip downwards.

Most patients are able to begin getting up about 2 days after finishing the Lenhartz course.

FASTING.

WHEN we are reminded by the appearance of the pancake at dinner, and the publication in the morning's paper of the photograph of a dishevelled Westminster school-boy, that the Lenten fast has begun, we are naturally inclined to associate these events with the traditions of the Christian churches. But in reality we are confronted by one of the essential phenomena of human existence. Ceremonial fasting was by no means an invention of Christianity: it existed long before Christ was born, and exists now among nations who have never adopted, and perhaps have never heard of, the Christian religion. More still, it is bound up not only with ceremonial religion, but has its place in the oldest folk-lore and among the most primitive peoples. It is always associated with the non-material facts of existence. The maiden who wishes to view the face of her future husband in the mirror must fast; the savage who would secure the aid of the devil-spirits must abstain from food; Saul, when he wished to raise the spirit of Samuel, "had eaten no bread all the day, nor all the night." The Greeks made fasting a part of most of their religious rites, and fasting is enjoined as a practice in nearly all the non-Christian religions, always with the same underlying notion that man can bring himself into closer relationship with the unseen spiritual world than if he pursues his wonted routine. It was no new tradition which Christianity found, and adopted. It was an all but universal practice to which the Early Fathers added a new meaning and a higher sanction.

But in modern life and in the turmoil of the town to many men the fast is unknown; the gradual corruption of the earlier traditions of the Church has so altered the original conception of the fast that to most of us there is no cessation and but little diminution in the work which we demand of our digestive functions. *We* can summon devils on a full, as easily as on an empty, stomach; and the spiritual value of the fast is all but entirely forgotten. But the physician deals with gross matter as well as, sometimes, with affairs of the spirit, and even from the purely physical aspect it might be worth his while to ask whether some return to the habits of our ancestors would not be of bodily benefit to the sedentary townsman—whether fixed days of fasting would not be a boon. We ask our diabetic patients to give their digestive functions a complete rest, sometimes to their great advantage, but we, the luckier folk, fail to consider whether we might not derive an equivalent profit by adopting such a precept. It is a speculation which for my own part, I must confess with a certain degree of shame, I have never sought to verify; custom lies upon me—

"with a weight,
Heavy as frost, and deep almost as life."

To end with a jesting inquiry. What if we plain citizens had demanded of the representatives of the nations at the Lausanne and other conferences that they should fast so long as they deliberated? Would not their spirits, released from the bonds of the flesh, have soared to a purer air and viewed their problems in a wider and deeper fashion, and perhaps even—who knows?—have the sooner celebrated their return to the fleshpots?

A NEW PATIENT'S FIRST IMPRESSIONS AND ACTIONS ON "FULL DAY."

2 *o'clock Surgical Ward—Perfect silence—Sister and Nurses spotless—Atmosphere of suspense.*

1. Enter, apparently with heavy footsteps, hundreds of men.
2. As "round" approaches her bed patient develops palpitations, sinking feeling, and a wild desire to scream.
3. Impression of being stared at by a thousand curious eyes.
4. Tries to listen with unconcerned expression to her "past history."
5. Thanks God she has led a good life.
6. Starts blushing.
7. Catches Sister's eye and tries a feeble smile—no response.
8. Makes unintelligible replies to simple questions.
9. Tries to understand diagnosis.
10. Fails.
11. Starts counting all visible feet and admiring socks.
12. Round passes on.

G. E. H.

CHRISTIAN UNION.

DEAN INGE addressed a crowded and representative meeting in the Library on February 9th, taking as his theme "The Mind of Christ."

He pointed out how much the background of the time had altered the general form of Christianity at different periods of history; how the background of Greek civilisation had replaced that of Jewish nationalism, in turn to be replaced by the superstition of the Middle Ages, the dawning freedom of the Reformation, and the triumphant Victorian Age. He showed that these accretions had never been able to blot out the true spirit of Christianity. —"the mind which was in Christ Jesus."

Formulæ evolved for the needs of one age had proved insufficient for the needs of the succeeding one. Aspects of Christ had been taken to be the whole truth about Him, and yet in some cases fresh study had shown them to be only partially true—a modern movement had even gone so far as to claim Him to be pre-eminently a social agitator!

Christ, in His task of showing mankind by His life and teaching what God was really like, was not building for one, but for all successive generations; He therefore lived and preached a spirit rather than a code. Above all things He hated and attacked Hypocrisy, Hardness and Materialism.

Finally Dean Inge advised us not to worry too much about the maze of so-called and often differing theological "fundamentals," but to live our lives out on the assumption of "a God like Jesus Christ" being at the helm of both individual and collective experience.

DEBATING SOCIETY.

VERMEER OF DELFT.

A lantern lecture by Mr. E. V. LUCAS.

ON January 16th Mr. E. V. Lucas gave a most interesting lecture to a large audience of nurses and members of the Debating Society. His subject was "Vermeer of Delft."

He showed several slides—unfortunately not in colour—to illustrate Vermeer's technique, among them being: (1) "Portrait of a Girl," (2) "Delft" ("a glorious landscape, never bettered" [E.V.L.]), (3) "The Little Street," (4) "Maidservant pouring Milk," (5) "A Dutch Interior," (6) "A Woman with a Water Jug," (7) "A Woman reading a Letter" ("the most beautiful thing in America" [E.V.L.]), (8) "The Courtesan," (9) "A Lace-maker." These pictures served to illustrate various points in the lecture.

Art, said Mr Lucas, like everything else, flourished in Holland in the 17th century, England at this time being too busy beheading its king to attend to such matters.

Vermeer he considered to be the greatest of the great Dutch Masters. In contrast with Rembrandt he said Rembrandt used to paint "to show what paint could do," whilst Vermeer "used it so subtly that you wonder what makes the picture appear from the canvas." One of his characteristics was the miraculous way he illuminated his subjects and interiors, usually with the light coming from the left.

Although his pictures suggest prosperity, yet Vermeer was a poor man, "with a large family and an importunate butcher."

Only thirty-eight of his pictures are known and they are scattered all over the world.

Contrast this with the production of Rembrandt, of whom it has been said "there are seven hundred and fifty genuine Rembrandts, two thousand of which are in America."

Vermeer's work was not popular in his lifetime, nor for many years afterwards, "tho' he did his best to stimulate interest in his work by dying young."

One of his most beautiful pictures is in Berlin. This picture, in Mr. Lucas's opinion, would be adequate in discharge of Germany's reparation debt to us.

This account should have appeared in the JOURNAL for February, but was withheld by accident.

STUDENTS' UNION.

ABERNETHIAN SOCIETY.

A MEETING of the Society was held on Thursday, February 15th, at which the Senior House-Surgeons were asked to deal with the subject of "The Acute Abdomen."

The views expressed varied considerably, and greater gain would have resulted from more careful preparation and teamwork; but the experiment proved in many ways an interesting one.

Mr. ABERCROMBIE emphasised the importance of early and accurate diagnosis as the first step in treatment; he then took the acute appendix as an example, and dealt very lucidly with the pre-operative, operative and post-operative treatment of it.

Mr. MITCHELL'S remarks, while covering a larger field, were preceded by a definition of the "acute abdomen," which in great measure kept them inter-connected.

Mr. SHAW, though in general agreement with the two preceding speakers, laid great stress on the resistive powers of the peritoneum, and questioned the necessity for drainage after operations for such emergencies as appendix abscess.

Mr. EVANS prefaced his remarks by an allusion to the influence of fashion in other than feminine circles, and though deeply moved by Mr. Shaw's remarks, expressed his desire for the insertion of at least half-a-dozen drainage-tubes should pus ever be discovered in his own peritoneal cavity!

In the discussion which followed such points as the inadequacy of text-book methods of diagnosis, treatment of bleeding peptic ulcers, and non-consent of patients to operation, where the only chance of life lay in such treatment, were dealt with; and a brief summary was provided by Mr. GACKETT, who stressed the danger of surgical interference where Nature was efficiently carrying out her work, and pleaded for greater gentleness in operative technique.

The Society have been fortunate in persuading Mr. Edmund Gosse, C.B., the famous writer and historian, to speak at an evening meeting on Thursday, March 15th, at 8.30 p.m. His subject will be "Medicine and Literature in the 17th Century."

RUGBY FOOTBALL CLUB.

THE inability of the Hospital to place representative sides in the field is becoming disconcerting. Let us hope that Dame Fortune will smile more favourably during our forthcoming cup-tie (semi-final) encounter with St. Thomas's Hospital on March 1st. If we are successful on St. David's Day, Guy's or U.C.H. will vic with us for the cup on March 14th.

The "A" XV record for the last month is an imposing one :

	Team.		*Pts.*
Jan. 27th	Old Paulines "A"	Won	30—0
Feb. 3rd	Southend	Won	22—0
,, 10th	West Herts	Won	11—0
,, 15th	Bedford Thursday	Lost	3—5
,, 17th	Upper Clapton	Won	31—0

"B" XV :

Jan. 20th	Northampton College	Won	39—5
,, 27th	St. Thomas's	Won	20—0
Feb. 3rd	Mr. Hobson's XV	Won	36—3
,, 10th	H.A.C. "B"	Won	32—0

"C" XV : Won 2 ; Lost 1 ; Drawn 1.

Forthcoming fixtures : March 1st (Cup-tie semi-final), St. Thomas's Hospital ; March 3rd, Rosslyn Park, away ; March 10th, Old Paulines, home ; March 17th, Old Leysians, away ; March 31st, London Scottish.

ST. BART.'S TOUR DEVON AND THE RIVIERA.

ST. BARTHOLOMEW'S HOSPITAL *v.* DEVONPORT SERVICES.

This match was played at Devonport on January 27th. It was a keen, open and sporting game. The thirty contestants thoroughly enjoyed it ; the spectators applauded vociferously ; the referee was a mass of smiles.

The Hospital eventually won by two goals (1 dropped) and one try to a penalty goal and a try. The Hospital scored first after a bout of passing which ended in Davies selling Gilbert—the English full-back—the loveliest of "dummies" ; Gaisford added the extra points. Neville scored before half-time. Dobbie kicked a penalty goal for the Services. In the second half Parker dropped a neat goal. This half was keenly contested, Sargent scoring a try for the Services.

Final score : Bart.'s, 12 points ; Devonport Services, 6 points.

The following represented the Hospital : W. F. Gaisford, *back* ; L. C. Neville, M. G. Thomas, H. McGregor, P. O. Davies, *three-quarters* ; H. B. Savage, J. D. Games, *halves* ; G. W. C. Parker (Capt.), A. E. Beith, A. B. Cooper, A. Carnegie-Brown, M. L. Maley, G. Dietrich, J. W. Buttery, A. W. L. Row, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL *v.* CAMBORNE.

This duel took place at Camborne on January 29th.

The game was chiefly confined to the forwards, who played a hard game on a soft ground. Payne and Hamblyn scored for Camborne in the first half. McGregor scored for the Hospital in the second half ; Gaisford converted.

Final score : Camborne, 6 pts.; Bart.'s, 5 pts.

The following represented the Hospital : W. F. Gaisford, *back* ; L. C. Neville, P. O. Davies, H. McGregor, H. Royle, *three-quarters* ; J. D. Games, G. W. C. Parker (Capt.), *halves* ; A. Carnegie-Brown, A. E. Beith, A. B. Cooper, J. W. Buttery, M. L. Maley, W. S. Morgan, G. Dietrich, A. L. Rowe, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL *v.* LONDON WELSH.

At Herne Hill, on Saturday, February 3rd, the London Welsh just managed to snatch a victory by a dropped goal to a try. Just before the final whistle went Gaisford should have kicked a penalty goal from a fairly easy angle. On this day nothing went quite right for the Hospital. M. G. Thomas, after one of his characteristic breakthroughs, literally presented the left centre with a try—but he missed the pass. There were misses galore. In the scrums the London Welsh, though not getting possession very often, were far better at wheeling, and superior in the line-out.

The Hospital pressed during the first few minutes of the game, but Michael and Francis led a Welsh dribble to the Bart's "25." The Hospital relieved and tried some passing without good effect. The Welsh soon pressed again, and Evans receiving in some loose play dropped a goal. Just before the interval a bout of passing *via* Thomas and McGregor enabled Neville to put in a good run. He swerved round the full-back and scored a try.

During the second half the Hospital tried to break through by opening out the game. But the defence was stubborn, and whenever a score seemed likely, a knock-on was usually the outcome.

Rowe made a good run, Thomas broke through more than once, Parker gained ground, but in each instance the final transfer was not taken. McGregor had the line at his mercy on one occasion, but he elected to pass to Neville. Carnegie-Brown, Beith and Cooper worked hard in the tight. The ball, however, took a long time to pass into the rear rank, with the result that Williams was greatly hampered and occasionally tempted to assist it. This, coupled with the rapid breaking up of the Welsh forwards, nullified the good efforts of the Bart.'s hookers. Royle played a sound game at right wing, and should develop into a more than useful player. He took difficult passes well and tackled with determination.

For the Welsh, Cattell and Osborne Jones tackled well ; L. J. Evans at outside half was the most conspicuous ; of the forwards perhaps Michael and Francis were the most prominent.

Final score : Bart.'s, 1 try (3 pts.) ; London Welsh, 1 dropped goal (4 pts.).

Teams.—London Welsh : C. A. Marques, *back* ; B. B. Parry, H. W. Richards, G. T. Cattell, Osborne Jones, *three-quarters* ; L. J. Evans, W. G. Powell, *halves* ; W. L. Michael (Capt.), Gwyn Francis, E. Marsden Jones, Noel Rhys, G. E. Poppe, I. J. Baxter, G. F. Taylor, and F. R. Butler, *forwards*.

St. Bartholomew's Hospital : W. F. Gaisford, *back* ; H. Royle, Melbourne Thomas, H. R. McGregor, L. C. Neville, *three-quarters* ; J. D. Games, T. P. Williams, *halves* ; G. W. C. Parker (Capt.) A. W. Row, A. B. Cooper, A. Carnegie-Brown, G. Dietrich, W. S. Morgan, A. E. Beith, and J. W. Buttery, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL *v.* RUGBY.

Though Jupiter Pluvius had been putting in overtime work at Rugby, the Hospital found the ground in excellent condition for this match on February 10th. The initial stage of the game was very even, with the Rugby pack usually obtaining possession from the scrums. After fifteen minutes' play McGregor made an opening and transferred to Neville, who ran well, but was tackled by Broadley, who elected to let him go. Gaisford converted. A few minutes later Cooper scored after several had handled. After this Rugby pressed, and Lines kicked a good penalty goal. Neville again sprinted down the touch-line and punted over the full-back to score another try, which Gaisford converted. Parker scored just before the interval by diving over with half the opponents' side on top of him.

Rugby played better with the wind for a period. The Hospital forwards, however, improved in the tight, and the passing of the backs appeared to demoralise the home defence. The Bart.'s forwards, emulating the backs, brought off one lovely bout of passing, extending over half the length of the field. The spectators loudly applauded this short passing game amongst the forwards.

P. O. Davies had less to do than usual, the ball usually travelling to the other wings. The outside half played well and passed neatly but was inclined to pass before his *vis-à-vis* was drawn. Neville scored 4 tries ; Cooper, Parker and Davies obtained one each. Gaisford converted three. All the forwards played well but should settle down sooner. Parker played up to his best standard, frequently coupling brain and brawn in the line-out and loose scrums.

Rugby was well served at inside half and forward. When they gained ground, it was usually due to kick, rush and tumble tactics. The Hospital played only fourteen men.

Bart.'s, 3 goals 4 tries (27 pts.) ; Rugby, 1 penalty goal 1 try (6 pts.).

Teams.—Rugby : C. H. Garrett, *back* ; F. R. Broadley, C. Read, E. Stretton, T. S. Hill, *three-quarters* ; D. Colston, I. Worrall, *halves* : B. Parker, Dr. D. Cramb, R. M. Carey, S. Taylor, H. J. Jeacock, E. T. Atkinson, E. Lines, and A. Elliott, *forwards*.

Bart.'s : W. F. Gaisford, *back* ; ; W. S. Morgan, H. McGregor, P. O. Davies, L. C. Neville, *three-quarters* ; D. Games, H. B. Savage, *halves* ; A. B. Beith, A. B. Cooper, A. Carnegie-Brown, J. W. Buttery, G. W. Parker, A. W. Row, and E. S. Vergette, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL *v.* O.M.Ts.

There was a large attendance at Winchmore Hill on Saturday, February 17th, to witness the annual encounter with the O.M.Ts. The Hospital fielded a weak side, and lacked the services of M. G. Thomas, H. McGregor, W. T. Gaisford, W. S. Morgan, E. S. Vergette, G. W. C. Parker, H. G. Anderson and A. B. Cooper. After the game had been in progress for a few minutes Melhuish received from the scrum and passed to Cheesman, who put Abbott in for a try in the corner. The Hospital rarely got possession in the scrums and so the three-quarters had very few opportunities. Bryant was the next to score for the Old Boys, after a dribble, in which he showed a wonderful command of the ball. Abbott scored again for the visitors just before half-time. Neville and P. O. Davies saved well on more than one occasion, while Rowe in the *rôle* of wing forward did some good spoiling work. In the second half, the Bart.'s forwards, admirably led by Carnegie-Brown, fought more sternly against a heavier and a better pack. After a few minutes' play P. O. Davies—who was the best three-quarter on the field in attack and defence—cut out an opening for Neville, who elected to punt over the full-back's head. Unfortunately he was tackled, so a good chance was lost.

The visitors went further ahead with tries from McGregor and Bryant, the former of which was converted by Tebbutt.

The Hospital were beaten badly in the scrums.

If the Hospital had utilised more weight in the scrums, the score would have been a little more favourable. Tebbutt, H. Cove-Smith and Bryant were prominent amongst the forwards. With the Old Boys obtaining possession from nearly every scrum, it is difficult to explain why Melhuish elected to kick into touch so frequently when in an attacking position.

Final score : O.M.Ts., 1 goal 3 tries (17 pts.) ; Bart.'s, *nil*.

Teams.—Bart.'s : F. V. Frederick, *back* ; P. Vivier, M. Fitzgerald, P. O. Davies, L. C. Neville, *three-quarters* ; J. D. Games, H. B. Savage, *halves* ; A. Carnegie-Brown, J. W. Buttery, Colenzo-Jones, M. L. Maley, R. Hunt-Cooke, A. W. Rowe, D. J. F. Stephens, and R. D. Reid, *forwards*.

O.M.Ts : J. S. Jones, *back* ; W. M. McGregor, G. H. Earle, W. I. Cheeseman, A. C. Abbott, *three-quarters* ; D. O. Hodson, R. H. Melhuish, *halves* ; R. Cove-Smith, G. R. Bryant, A. T. Ketchley, H. H. Fagnani, R. R. MacLennan, W. N. Devonshire, G. E. King-Turner, and R. F. Tebbutt, *forwards*.

We extend our congratulations to Melbourne G. Thomas on being chosen for the fourth time to represent Wales in the Rugger field.

THE ROWING CLUB.

ON Wednesday and Saturday afternoons visitors to the London Rowing Club will find the swelling band of rowing men from the Hospital practising assiduously. Frequently an "eight" or a "four" are out for extended bursts under the guidance of the Captain and the energetic Secretary, Mr. J. T. Gray. If anyone is keen on good healthy exercise, and possibly a seat in the Bart.'s boat against our rivals beyond London Bridge, he is advised to consult one of the above-mentioned officers.

"NEPTUNE BATTLEAXE."

BOXING CLUB.

IN order to find light-heavy and light-weight representatives for the forthcoming Inter-Hospital Competitions, "try-outs" were held on Tuesday, February 13th, in the Club Room.

The Boxing Room was filled to its utmost capacity with Hospital men, among whom we were pleased to see a number of the Staff. The boxing—or at times the fighting—was always interesting, and the entertainment was much appreciated.

No decisions were given—perhaps as well, as the majority of the bouts were very evenly contested, and careful judging would have been required to find the winners.

It was rather a pity that A. E. Ross, who should have boxed M. J. Maley, was indisposed. There is little doubt but that the meeting of these two light-weights would have been well worth seeing. The spectators had an opportunity of judging the ability of Maley in the exhibition given by Matt Wells with him.

The programme was as follows :—C. A. H. Green *v.* J. H. H. Chataway : Green was slightly the heavier and taller of the two, and made good use of the "straight left." Chataway appeared the fitter, but both tired perceptibly towards the end of each round, as was to be expected considering the heavy blows exchanged, and they literally fought each other to a standstill ; however, the minute interval was sufficient for them to recuperate in.

T. Royden *v.* M. Bryer : Royden, a few inches the taller, was a few pounds lighter than Bryer. The former boxed better than the latter, though Bryer's blows were the heavier and he depended more on fighting his opponent.

G. L. Colenzo-Jones *v.* D. J. F. Stephens : Jones, the heavier of the two, was handicapped by lack of experience, which Stephens possessed. Stephens, on the other hand, was at a disadvantage owing to an injured thumb. The two put up a good fight, although they did not go all out, and it will be interesting to see what improvement each will make during the next few weeks when their respective handicaps have been overcome.

G. H. Rossdale *v.* L. M. Marcuse : this was more in the nature of an exhibition than a "try-out," as it is hoped both will be able to represent the Hospital in different weights, *i. e.* middles and welters respectively.

The exhibition given by Matt Wells with E. S. Vergette was very entertaining, and our instructor was able to display the finer points in boxing by clever slipping, ducking and side-stepping. It was as well that he possesses such a sound defence, as the blows of our heavy-weight, from the writer's experience, would hardly be welcome.

The Inter-Hospital Competitions will be held on Friday, March 23rd, at the National Sporting Club. Last year the Hospital was able to put in a full team, but this year we are handicapped in not having representatives in the fly (8 st.), bantam (8st. 6 lb.), and feather (9 st.) weights, as those who boxed last year are not available, and there are no other boxers to take their places. As a rule there are very few entries for the 8 st. and 8 st. 6 lb. divisions, and therefore these weights do not require much winning ; in any case points can often be got for merely stepping into the ring as a runner-up. Especially as two points may make all the difference between losing and winning the Cup, it is hoped that should this be read by any Bart.'s men weighing 9 st. and under, stripped, who are willing to learn to box during the next few weeks, they will be good enough to see the Secretary or Captain of the Boxing Club. In the remaining five weights, should nothing untoward happen, the Hospital representatives are sure to give a good account of themselves, and even if we do not win the Cup—although we stand a fair chance of doing so—Bart.'s supporters will see some close fights between Bart.'s boxers and their opponents on the 23rd of March.

REVIEWS.

MANUAL OF OPERATIVE SURGERY. By H. J. WARING, M.S., M.B., B.Sc.(Lond.), F.R.C.S. (London : Henry Frowde & Hodder & Stoughton.) Fifth Edition. Illustrated with 572 figures. Pp. 829. Price 15s. net.

The book before us has long passed the period of probation, and has become a student's classic, ranking with Quain and Cunningham and Gray in this regard. The first edition was published in 1898. Now, twenty-five years later, the fifth edition lies before us.

The work has been thoroughly revised, and a chapter on ophthalmic operations has been added by Mr. Foster Moore. Throughout the book infelicities of style have been amended, and the work is now as excellent in literary style as it has always been in educational value. At the beginning 64 most valuable pages are devoted to general surgical technique—pages whose importance cannot be exaggerated. The operations are then described in detail, preceded, as before, by indication, location, special instruments, position. We well realise the danger of widely enlarging a book of this type, but we could wish that after each operation a list of common mistakes might be added. The actual operations described are very complete, but no method of removing the medial meniscus of the knee is given. Misprints occur on pp. 87, 168, 435.

The book is first of its kind—a student's classic ; we are glad to think that it comes from this School.

ANÆSTHESIA IN CHILDREN. By C. LANGTON HEWER, M.B., B.S., M.R.C.S., L.R.C.P. (London : H. K. Lewis & Co., Ltd.) Cr. 8vo. Illustrations 31. Pp. vii + 111. Price 4s. 6d. net.

We believe that Mr. Hewer has broken new ground in the excellent little book now before us. It is so short (the type is large) that it can easily be read through in an evening ; it contains so much practical common sense and technical tips that every anæsthetic clerk should read it.

There is a prevailing opinion that children are easy to anæsthetise. We believe that the miraculous way in which baby candidates for circumcision "go off" in the surgery is responsible for this, but the young anæsthetist has not been long about his work before he realises the difficulties he is up against.

The author gives a careful account of the preparation and after-

treatment of the patient, then a chapter on general principles, then one on short anæsthesias, and finally describes the various agents employed. Naturally ethanesal looms large in his regard.

His account of anæsthesia in common operations is especially clear and good. For the drainage of empyemata the author likes endotracheal insufflation, but if this is not available chloroform or ethanesal with plenty of oxygen. For removal of tonsils and adenoids he likes the open ethyl chloride-ethanesal sequence.

Mr. Hewer's style is easy, colloquial, and therefore readable. Occasionally he allows it to become involved. We commend the book, and believe it fills a distinct place in the literature of anæsthesia.

PRACTICAL ANÆSTHETICS. By CHARLES F. HADFIELD, M.B.E., M.A., M.D.(Camb.). (London: Baillière, Tindall & Cox.) Demy 8vo. 32 figures. Pp. x + 244. Price 7*s.* 6*d.* net.

The title of this book describes its purposes. The author has not aimed at making an elaborate treatise, or at describing in detail theories of questionable value. He has determined always in writing its pages to help the student and practitioner who may be called upon to administer an anæsthetic. The result has been a work of unquestioned value. The book is one which in practice will help.

The author is not inclined to make dogmatic statements. He prefers rather to state a case and leave the matter then for the reader to decide. In cases of shock, however, he unhesitatingly suggests the use of nitrous oxide with oxygen and ether.

Upon the use of ethanesal he is very modestly undecided.

We are sorry that local and regional anæsthesia (with the exception of spinal anæsthesia) has been entirely omitted. We believe that in selected cases there is nothing comparable to this method. The teaching of the book is sound: it will be a real help to all who read it.

THE ESSENTIALS OF CHEMICAL PHYSIOLOGY. By W. D. HALLIBURTON, M.D., LL.D., F.R.S. Eleventh Edition. (Longmans, Green & Co., 1922.) Price 8*s.* 6*d.* net.

A book by Prof. Halliburton which has been in existence in successive editions since 1893 scarcely calls for critical review, and it is therefore only necessary here to record the appearance of a new edition, which does not differ markedly from the last. New exercises dealing with detection of enzymes, estimation of oxygen in blood, and of gastric acid, etc., have been inserted, and the section on blood-coagulation re-written, but beyond such small changes the book is little altered, and will depend therefore for its popularity among the students for whose use it is intended, not on any review, but on the more substantial basis of the impression it has itself created among a long series of past users in the laboratories of physiology.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:

M.B., B.Ch.—C. L. Pasricha, N. G. Thomson.

ROYAL COLLEGE OF PHYSICIANS.

The following have been admitted *Members*:

C. H. Andrewes, M.D.(Lond.), L. W. Batten, M.B.(Cantab.), G. T. Burke, M.D.(Lond.), L. P. Garrod, M.B.(Cantab.).

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.

The diploma in *Ophthalmic Medicine* and *Surgery* has been granted to D. D. Evans.

CONJOINT EXAMINING BOARD.

First Examination, January, 1923.

Chemistry.—G. R. Fetherston, J. E. Snow, H. D. K. Wright.

Physics.—G. R. Fetherston, H. J. Romer, H. C. Thomas.

Elementary Biology.—R. Zeitlin,

Second Examination, January, 1923.

Part I. Anatomy and Physiology. S. B. Benton, A. T. Bettinson, R. W. Boyce (*p*), J. G. Cox (*a*), L. F. A. Harrison, W. S. Hinton (*a*), H. P. Lehmann(*a*), G. R. Malkin, E. W. Morgan (*a*), C. E. Ogden (*p*), G. F. D. Perrott, J. I. Reeve, W. F. Waudby-Smith, W. B. Webster (*a*), T. P. Williams (*a*).

(*a*) Anatomy. (*p*) Physiology.

Part II. Pharmacology and Materia Medica.—A. T. Bettinson, R. W. Boyce, G. W. S. Foster, R. A. Foucar, C. M. H. Hicks, B. L. Hodge, H. B. Howell, G. R. Malkin, H. A. Nicholls, C. E. Ogden, P. R. Rainey, H. G. Seymour-Isaacs, W. C. Stuart-Low, W. F. Waudby-Smith.

The following have completed the examinations for the Diplomas of M.R.C.S., L.R.C.P.:

W. F. T. Adams, G. H. Caiger, F. S. Coleman, G. S. W. de Saram, W. Edwards, R. R. Foote, K. M. Geldart, C. F. Harris, J. W. Joule, R. Keene, G. Klionsky, J. W. Mackay-Ross, G. S. Morgan, H. V. Morlock, T. P. Rees, G. B. Tait, R. W. Taylor, B. M. Tracey, W. R. Ward, H. W. M. Williams.

APPOINTMENTS.

BARNES, F. G. L., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer in London County Council Mental Hospital Service.

DONELAN, C. J., M.R.C.S., L.R.C.P., appointed Senior Resident Medical Officer, Stockport Infirmary.

HOLTHUSEN, A. W., M.B., B.S., appointed Hon. Surgeon to Out-patients at the Southend Victoria Hospital.

CHANGES OF ADDRESS.

BARNES, F. G. L., Claybury Mental Hospital, Woodford Bridge, Woodford Green, Essex.

BOLAND, C. VINCENT, M.D., B.S.(Lond.), D.T.M.&H.(Eng.), Raffles Chambers, Raffles Square, Singapore.

BUTCHER, W. H., 114, Lower Richmond Road, Putney. (Putney 2033.)

COOK, A. R., C.M.G., O.B.E., P.O. Box 123, Kampala, Uganda, B.E. Africa.

CRONK, H. G., 104, Handside Lane, Welwyn Garden City, Herts.

DIA, C., 11, Victoria Square, Clifton, Bristol.

DONELAN, C. J., The Stockport Infirmary, Stockport, Cheshire.

JOYCE, L., Devonshire Lodge, 10, Bath Road, Reading. (Tel. 1179.)

MEADEN, C. A., 13, Tideswell Road, Putney.

TAYLOR, R. W., The Gables, Syston, Leicestershire.

THOMAS, C. H., 60, Queen Anne Street, W. 1.

WELLS-COLE, G. C., The Choristers' House, 10, Minster Yard, Lincoln.

BIRTHS.

HUDLESTON.—On February 10th, at 76, Gloucester Terrace, Hyde Park, W. 2, the wife of Lt.-Col. Ivor R. Hudleston, D.S.O., of a son.

ROBERTS.—The wife of Surgeon-Lieut.-Commander W. E. Roberts, R.A.N., of a son, at Taggscroft, Beresford Road, Rose Bay, Sydney.

MARRIAGE.

SALMON—MOORE.—On January 4th, at Christ Church, Steamer Point, Aden, Theodore C. M. Salmon, son of the Rev. H. D. Salmon, of Woldingham, Surrey, to Anne Turland, daughter of Mr. and Mrs. G. J. Moore, of Northampton.

DEATH.

SPEAR.—On January 27th, 1923, at "Coppice Hanger," Pulborough, George Arthur Whitworth Spear, M.R.C.S., L.R.C.P.

NOTICE.

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

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., *at the Hospital.*

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, *The Journal Office, St. Bartholomew's Hospital, E.C. Telephone: City 510.*

St. Bartholomew's Hospital Journal.

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

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CALENDAR.

Mon., Apr. 2.—Bank Holiday. No out-patients seen.
Tues., ,, 3.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Final Conjoint Board Examination begins.
Fri., ,, 6.—Prof. Fraser and Prof. Gask on duty.
Tues., ,, 10.—Dr. Morley Fletcher and Mr. Waring on duty.
Fri., ,, 13.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Tues., ,, 17.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
Fri., ,, 20.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.

Last day for receiving matter for May issue of Journal.

Tues., ,, 24.—Prof. Fraser and Prof. Gask on duty.
Fri., ,, 27.—Dr. Morley Fletcher and Mr. Waring on duty.

EDITORIAL.

GRADUALLY, through the persistent efforts of the Sub-Committees, the Octocentenary Celebrations are shaping in an ordered and most elaborate programme. No one can read the reports without being struck by the very large scale upon which the celebrations will be carried out.

The Religious Services Committee have been compelled to cancel the service at St. Paul's proposed for June 7th. There will be a service to commence the celebrations at the Priory Church of St. Bartholomew the Great, at 10.30 a.m. in the morning of Tuesday, June 5th.

The Solemnity in the Hospital Square, commencing at 11.30 a.m. on Tuesday, June 5th, will be of a very elaborate nature.

Five processions will be formed:

(*a*) A procession of Augustinian Canons chanting the ancient hymn used at the foundation of an Augustinian Priory.
(*b*) A procession illustrating the departure of Rahere on his pilgrimage to Rome.
(*c*) A procession of King Henry VIII with the Lord Mayor, commonalty and citizens of London. Mr. Arthur Bourchier has promised to enact the part of Henry VIII.
(*d*) A procession of R.A.M.C., with ambulance, etc., as used in the Great War.
(*e*) A procession of the President, Treasurer and Chief Officers of the Hospital.

Each procession will be preceded by a fanfare of silver trumpets.

Appropriate music will be played by the band of the Coldstream Guards.

The Augustinian Canons will march round the Square and then leave the Hospital.

The other processions will be arranged in the centre of the Square facing the Entrance Gateway.

It is hoped that members of the Heralds' College may be present in uniform, and that one of them may be authorised by the President to read a Proclamation announcing the opening of the celebrations.

The National Anthem will then be played, and the processions will retire in reverse order to their entrance.

Col. Mackenzie Rogan, C.V.O., has kindly promised to organise the musical part of this pageant.

Visitors will be seated on all sides of the Square, leaving sufficient room for the service of the Hospital.

A Luncheon for Delegates, Governors and others has been arranged by the Lord Mayor.

The Tableaux will be performed on five or six occasions. Sir Alexander Mackenzie, Mus.D., F.R.A.M., Principal of the Royal Academy of Music, has kindly consented to provide appropriate music.

An evening party will be held in the Out-Patients' Department. The Hospital Square will be illuminated on this occasion.

For the reproduction of the Bartholomew Fair the City Corporation has generously promised the use of part of the road in front of the Hospital and of the Recreation Ground.

It is proposed to present the Fair as in the reign of Henry VIII. Booths, etc., of the period will be erected, at which various goods will be sold; there will be reproductions of old English Sports—tumbling and acrobatic performances—and an attempt made to show the Fair as it was in the Middle Ages in most of its details. The Students' Union has kindly undertaken to organise the various items.

The Exhibition Sub-Committee have arranged for the exhibition of—

(1) Charters and other MSS. of historical interest.
(2) Some of the Hospital possessions, such as the silver, etc.
(3) Portraits and prints.
(4) Books by, or connected with, the Hospital Staff.
(5) Maps of the Hospital and neighbourhood.
(6) Surgical instruments connected with the Hospital Staff.

With regard to advertising the Octocentenary Celebrations there are few means of propagating news which will not be used. We would advise our readers to "wait and see."