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St. Bartholomew's Hospital



JOURNAL.

"Æquam memento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

VOL. XXXI.—No. 1.]

OCTOBER 1ST, 1923.

PRICE NINEPENCE.

CALENDAR.

Tues., Oct. 2.	Dr. Morley Fletcher and Mr. Waring on duty.
Fri., " 5.	Dr. Drysdale and Mr. McAdam Eccles on duty.
Mon., " 8.	Special Subjects Lecture, Mr. Elmslie.
Tues., " 9.	Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
Wed., " 10.	Clinical Lecture, Sir C. Gordon-Watson.
Fri., " 12.	Sir Thomas Horder and Sir C. Gordon-Watson on duty.
	Clinical Lecture, Sir Thomas Horder.
Mon., " 15.	Special Subjects Lecture, Mr. Harmer.
Tues., " 16.	Prof. Fraser and Prof. Gask on duty.
Wed., " 17.	Clinical Lecture, Sir C. Gordon-Watson.
Fri., " 19.	Dr. Morley Fletcher and Mr. Waring on duty
	Clinical Lecture, Dr. Morley Fletcher.
Mon., " 22.	Special Subjects Lecture, Mr. Just.
	First Day of "Fleet Street Week for Bart.'s."
	Last date for receiving matter for next issue of Journal.
Tues., " 23.	Dr. Drysdale and Mr. McAdam Eccles on duty.
Wed., " 24.	Clinical Lecture, Mr. McAdam Eccles.
Fri., " 26.	Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
	Clinical Lecture, Sir Thomas Horder.
	Flag Day.
Mon., " 29.	Special Subjects Lecture, Dr. Cumberbatch.
Tues., " 30.	Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Wed., " 31.	Clinical Lecture, Mr. McAdam Eccles.

EDITORIAL.

WHENCE again in this first number of the academic year we are glad to welcome many new students. We believe that they have done well in making St. Bartholomew's the hospital of their choice, for by so doing they have made themselves heirs of a great and ancient tradition. Of these traditions and of their

practical application in the rough-and-tumble of student life we do not speak, for Sir D'Arcy Power and Mr. Reginald M. Vick have chosen the subject for an address at an early meeting of the Abernethian Society.

New men will soon find that they have entered into a brotherhood none the less real because limited by few rules nor defined by the written word. If we dare speak to those beginning medicine we would say: Whatever you do let it be of your best. What you shall be depends upon what you are. Work hard and play hard. Help the Hospital in every way your gifts and inclinations make possible. Meet the rebuffs you will encounter with a smile; and, if you do these things, you will find yourself, when your five years have all too quickly gone, so rich in friendship and in knowledge of your art, that it is with difficulty that you will leave this ancient place, into which now, as a newcomer, you are entering.

* * *

For many years the Wardens of the College, a long and distinguished line beginning with Sir James Paget, have lived with their families in the old, and, we imagine, exceedingly inconvenient house known to us all. During the temporary suspension of the College it has not been thought necessary for the Warden to live in the Hospital at night. Mr. and Mrs. Reginald M. Vick have moved therefore to a new address.

We greatly hope that at some future time the College will be re-established in new buildings, for such an institution is an incalculable help in the maintenance of student *moral*. When this occurs the Warden's office will doubtless again become a residential one. In the meantime the old house, which must have been a source of domestic worry to a long succession of Wardens' wives, has been put to other uses.

* * *

We are sorry to hear that Dr. Alex. Macphail has been

seriously ill. Very many friends at the Hospital will wish him a complete recovery.

We heartily congratulate Sir Robert Armstrong-Jones upon his appointment as Consulting Physician to the Department of Psychological Medicine at St. Bartholomew's. We understand that this appointment was made in view of Sir Robert's distinguished services to the Hospital.

We have before us a little handbook which we should like especially to recommend to recently qualified men. It is *A Handbook for Recently Qualified Medical Practitioners* (British Medical Association, 2s. 6d. net). It contains a wealth of most valuable information, including many pages dealing with possible careers in the profession. The Association is to be congratulated on its enterprise.

Our hearty good wishes go with our late Assistant-Editor, Dr. C. H. Andrewes, on his departure to do post-graduate work in America. We hope to publish soon "Impressions" from his pen.

We call attention to a letter in our correspondence columns dealing with the binding of the *Bart.'s Surgery*. Like our correspondent we have never used the book as a missile; like his copy, ours is in pieces. In a word, the binding is at present totally inadequate to withstand hard wear.

"FLEET STREET WEEK FOR BART.'S."

MR. MATTHEW BLYTHE, Chairman of the Organising Committee of the Fleet Street Week for Bart.'s, sends us the following notes:

We are glad that our funds have already been considerably strengthened by a generous gift of one thousand guineas from Lord Rothermere. This is an excellent and most promising start, and I am more than pleased.

This fine example, set by one of the most prominent public men in Fleet Street, will be a powerful incentive to all.

The Week will take place from October 22nd to the 27th. The following are detailed particulars of the arrangements:

We are out to break records, and our hopes in this direction are centred on the enthusiasm and energy put into the work by all concerned.

The part to be taken by the members of the Students' Union has already been announced, and the organising of that section is in the hands of a committee appointed by the Council, comprising the following gentlemen: F. G. Greenwood, J. H. Attwood, B. A. J. Mayo, H. Royle, E. U. H. Pentreath, J. A. Robson, G. E. Burgess, E. S. Vergette, and W. Holdsworth.

We have the support of nearly all the representative organisations of Fleet Street.

Our programme, which is an excellent one, is practically completed in all details. On Monday, October 22nd, there will be an 'All for Bart.'s' Bazaar at the Mansion House, which is being arranged by the Lady Mayoress. Her Majesty the Queen has graciously consented to become a patron, and has sent a rare china bowl to be sold in aid of the funds.

The Co-Optimists have again very kindly consented to help us. They will give a special matinee on Tuesday afternoon.

On Wednesday there will be a Whist Drive at the Cricklewood Rink, organised by Mr. W. M. Wilson.

Members of the Hospital Boxing Club, the Stock Exchange, the Belsize Club, etc., will take part in a boxing display under the auspices of Lord Desborough the following evening at the Holborn Stadium Club.

Friday is a great Flag Day organised by the students of Bart.'s. There will be house-to-house collections in the City. This day is expected to be one of the most successful of the Week, and I anticipate that more will be collected on that day than on any other. In the evening there is to be a dance at the Cricklewood Dance Hall, which has again been generously lent by the proprietor for the benefit of Bart.'s.

On Saturday collections will be made at the various football matches throughout London.

In addition to the above items, there will be two special prize draws. In one, a great National Draw, there will be many valuable prizes. The other draw will be personally supervised by Mr. Jack Hobbs, who, with his usual kindness, has arranged to present one of his 'Century' bats in addition to many other prizes. Mr. Flood, the winner of the bat autographed by the 1921 Australia and England teams, has generously given this valuable souvenir to be drawn for again.

With typical generosity Lord Rothermere has shown how the cause of Bart.'s should be supported, and with such a splendid array of good things to come, I am more than ever hopeful of achieving really wonderful results.

ON ENTERING THE PROFESSION.

By Dr. LOVATT EVANS, Dr. MACPHAIL, Dr. GEOFFREY BOURNE and Mr. J. B. HUME.

TO THOSE COMMENCING THE STUDY OF PHYSIOLOGY.

By C. LOVATT EVANS, D.Sc., M.R.C.S.

SUBJECTS required for the medical curriculum are of permanent value to the student only in so far as they bear, immediately or remotely, on the problems of medical practice. The student about to commence the study of the intermediate medical subjects is entitled to inquire what is the importance of physiology to him. The answer is that physiology is of some importance because it happens to be the foundation on which medical science is built.

That is all!

It is true that anatomy is equally essential, but without physiology it would be a rattling of dead bones. Pathology has certainly more intimate connection with the phenomena of disease, but pathology can only exist as a science in proportion to the development of physiology. Surgery depends for its success on exact physiological as well as anatomical knowledge. Therapy which ignores physiological principles is empiricism, and signifies nothing. In 1875 Claude Bernard said, "La physiologie est la partie fondamentale de la médecine scientifique," and the intervening years have not failed to bring this truth home to us.

Physiology, like chemistry and biology, and other sciences now more or less removed from the actual practice of medicine, took its origin in the needs of medicine for more light. It has now for some time attained the dignity of a science, to be pursued for its own ends, to which a lifetime may be devoted, within whose borders specialist branches have sprung up, endlessly growing. Yet, though it is an independent science, physiology is highly dependent on such other sciences as physics, chemistry, physical chemistry, biology, anatomy, and pharmacology. From the remotest antiquity physiology has nearly always walked hand-in-hand with medical knowledge—nor can these two exist for long apart without loss to both. The service which physiology renders to medicine is to present it with knowledge concerning the normal working of the body—its reward takes the form of new light shed by medicine on the consequences of derangement of the normal functions of the body.

Physiological knowledge is derived from observations of three different kinds: anatomical and microscopical observations of normal structure; chemical investigations concerning the chemical changes which happen in the vital laboratories; experimental observations, in which direct experiment is carried out, by chemical or physical methods, on the living animal or on man. As physiology is important as the immediate basis of medical science, so physics and chemistry are vital for physiology; physiological phenomena are interpreted in terms of physics and chemistry, pathological phenomena in terms of physiological knowledge.

This, in my opinion, represents the importance of physiology to the medical student. For the immediate present it is a key which will admit you to the wards; when you have got there do not let it rust, and you will find that it will also help you to understand what you see and hear there.

TO THOSE COMMENCING ANATOMY.

By ALEX. MACPHAIL, M.D., C.M., F.R.F.P.&S.G., Emeritus Professor of Anatomy to St. Mungo's College, Glasgow, formerly Lecturer on Anatomy, St. Bartholomew's Hospital.

WHAT an accurate working knowledge of Anatomy is the salvation of the medical student, throughout both his student course and his subsequent career in practice, is the gospel I have been privileged to preach for many years; and now, though no longer enjoying a pulpit of my own, I gladly accept the invitation of the JOURNAL to offer a few words of advice to the student about to enter the Rooms.

Youth, on the alluring threshold of fresh experience, is wont to be somewhat restive if plied too vigorously with history and tradition; yet I venture to suggest that you will enjoy your anatomical studies all the more if you know something of the struggles and sacrifices through which the facilities, now offered you in these, have been won. Both life and treasure have been sacrificed in the course of centuries to advance the study of anatomy. In the days of the Renaissance, Vesalius sacrificed his life to gain a mere moiety of the opportunities you can now enjoy of studying this subject; yet

from this moiety he contrived to produce what still remains the supreme anatomical work. Not so long ago, John Hunter, out of his inconsiderable means, had to expend five hundred pounds to secure a particular anatomical specimen which was to prove the foundation of all modern studies of giantism and its antithesis. These two instances alone should prove sufficient to prevent the danger, when you enter the Rooms, of your having to be redeemed from the shame of neglecting opportunities which now seem so easy and so cheap, though so dearly bought by your predecessors in bygone times.

Learn the bones thoroughly; read, finger and place them; you will need to know them as intimately as the shepherd knows the crags of his native hills. Remember always, as you handle the dry specimens, that in living man bones are *living* things, that, as in Ezekiel's vision (Cap. xxxvii), "sinews and flesh will be laid on them and they will be covered with skin." Though osteology sets are not always easily come by, you can always learn a deal by fingering the out-cropping of your own skeleton; and the same applies to the knowledge of the sinews and muscles in action.

Lectures on anatomy are said by some to be out-of-date since the advent of text-books, with their mass of detail and copious illustrations; but, in my opinion, there is no subject wherein lectures can be more helpful; they will save you from despair in facing what seems, at first sight, the hopeless array of minutiae in the thousand and one pages of your text-book, they will save you from failing to "see the wood" on account of the many trees. The surest way to profit from lectures is to make a practice of reading-up the subject in advance, so that you may appreciate fully the personal presentation of the subject by the lecturer.

You should diligently practise copying and making simple diagrams, which will be of more use to you than the often too complicated ones in your text-books. Simple modelling in plasticine or wax or clay is better still, as it compels accuracy in all three dimensions.

The dissecting room, however, is where your career in anatomy will be made or marred. Nemesis, both soon and late, overtakes the man who does not, from the beginning, realise that in the Rooms he is given probably his one chance of testing and proving for himself the gross facts, at least, of human anatomy; he may be excused for missing out the small type but not the large. Reading and discussion must go hand in hand with dissection. If structures are to be clearly remembered they must be clean-cut and carefully preserved for re-examination; this means a skilful hand and a sharp scalpel, and, as neither of these can be acquired in a day, you must persevere in attaining them. It is perhaps due to the increasing time required for collateral studies that the standard

of dissecting is not what it used to be; that "pride in a part," of other days, is not so frequently met with now. There are always, in each new generation of students, *born* dissectors who cannot help producing work which is a joy to behold; but the crowding of the curriculum seems to have left the others less chance of emulating them. Thus a large part of the advantage of practical anatomy—to wit, training and practice in the care and use of the scalpel—is in danger of being lost unless you daily remember to do with all thy might whatever thy hand findeth to do. There is no royal road to useful anatomical knowledge—whether for examination, clinical or any other purposes—save through conscientious work in the dissecting-room. There the steady spade-work must be done by yourself, leaving it to your teachers to complete the top-dressing; there is no need to despair should the latter process sometimes take the form of a *down-dressing*—it will be kindly meant and ultimately for your good. The spirit of true reverence, it need hardly be said, must pervade all work and behaviour in the Rooms; anything other would imply the hoeligan spirit which it would be to the lasting shame of any member of a medical school to confess to.

Lastly, I congratulate you on the skill and efficiency of your present Teachers in the Rooms; if you fail to be infected by their energy and enthusiasm, if, under their guidance, you fail both to *know* and to *love* your Anatomy, you will prove to be somebody not worthy of the traditions of your School.

ON STARTING MEDICINE.

By GEOFFREY BOURNE, M.D., M.R.C.P.

THE science of medicine is so illimitable that no sort of knowledge of it can be gained in the short space of three months. But though its uncharted seas remain for years beyond the explorer's ken, yet even in the space of three months he may learn, so to speak, the use of the compass and the rule of the sea.

Before beginning work in a medical ward many strange ideas are held by students; nearly as strange are they as some of the notions formed by some when that work is ended.

The physician, by the uninitiated, is regarded as a sort of magician. His arts, for whose exercise no obvious instruments such as probes, splints, scalpels and dressings are necessary, seem far more subtle than those of the surgeon, but also more effective. He goes from case to case around the ward, criticising what seem to be un-

important minutiae in the notes and apparently doing little on behalf of the patients.

At the end of three months the clerk is apt to think "medicine is all very well in its way, but anyhow in surgery you do seem to do something for the patients."

Such an attitude is superficially justified, for the percentage of direct and obvious successes in surgery is much higher.

If one analyses this position one sees that there are two groups of patients—those who are suffering from some definite localised mechanical defect, such as a broken bone, a ruptured intestine, or the presence of a tumour, and those who are suffering from some generalised, or from some inaccessible pathological condition. A certain proportion of the former class can be cured by surgery; all the others must be treated by someone, so fall into the hands of the physician.

It is thus seen that in surgery a succession of definite mechanical problems is presented, many of which are capable of immediate solution; in medicine the problems are often cryptic and the solution elusive.

Two tasks are always before the practitioner of medicine, whether he be a third year student or the highest in the land:

- (1) To learn to observe.
- (2) To learn to interpret observations correctly.

The art of observation will come only by actual conscientious practice. There is no congenitally inherent capacity which makes one man an observer and his neighbour blind as a bat; observation is one of the consciously or unconsciously acquired arts. An abnormality which has first been seen in a patient as a result of hard search will be seen in the second and third cases with a speed almost proportional to the length of the first effort. A reflex is thus established. It is for this reason that physical examination of a patient always follows a definite routine, for in that way all the ground is covered, and an opportunity is given for the abnormality to start its particular reflex in the observer.

To descend from generalities, the first essentials to be acquired are the powers of recognising pallor, cyanosis, jaundice, the powers of localising the apex beat, of describing accurately the character of the pulse, of feeling an enlarged spleen or liver, of percussing the area of cardiac dullness, or recognising *râles* and bronchial breathing.

In dealing with any particular case the wrong method is to find out, from whatever source, what the disease is, to read up the symptoms and then to return and make the patient fit the picture. The right way is to sit by the bedside, obtain as full a history as is possible, examine the patient as well as can be done, and to form an opinion from the principles of physiology and from a knowledge of the processes of inflammation as to what is wrong.

Having thus made a full search, the disease can then be read up and a second search made to see whether anything had been previously left undiscovered. In this way an impression will be formed of the patient and his disease that will remain.

A correct history is the most valuable clue to diagnosis, but it is also the hardest part of the task. A full and perfect history cannot be taken without a complete knowledge of medicine—in other words it is impossible of attainment. The essentials in taking a history are the answers to:

- (1) What does the patient now complain of?
- (2) When was he last in perfect health or in his usual health?

The history of each symptom is then investigated fully and separately.

Ward-clerking offers an opportunity for clinical examination of patients never afterwards obtainable. Sitting at ease in the out-patient room listening tolerantly to the remarks of the teacher and seeing a rather rapid succession of interesting cases titillates the mental palate, but does not provide the solid mental meals that are necessary—even at the expense of some slight indigestion—to proper clinical growth.

Thus examination of one's in-patients should be as thorough and as complete as is possible, for it provides a foundation for all that comes after.

One warning is necessary. Treat the pathologist and his reports kindly, even credulously, but do not regard him as the definite and final arbiter of fate. He, too, can make mistakes. Do not let pathological evidence necessarily out-balance proved clinical facts. The function of a clinical clerk is clinical medicine, the use of eyes, nose, ears and hands.

It must never be forgotten that the whole aim and object, even the *raison d'être*, of medicine is the successful treatment of disease.

Treatment should always come first in one's thoughts. Diagnosis in so far as it is necessary to successful treatment takes priority in position, but not in importance.

One part of treatment is not often talked about, but it is none the less essential, and that is the treatment of the patient's feelings. Discussion about a hopeless prognosis or remarks likely in any way to cause terror or apprehension must never be made in the patient's hearing.

Finally it must be born in mind that by his position the physician shoulders the weight of responsibility that illness brings. The patient before he sees the doctor is burdened with fears about his future health; afterwards he feels that the outcome is in safe hands, and knowledge about the future is definite and fixed. The full burden of this weight is only completely realised when, having been completely baffled by a case, one is told by the

patient, "I have such complete confidence in you." The real meaning is, "I know that you know what is best to be done with me, and am content to leave it in your hands." Responsibility is shifted, and the patient can concentrate upon trying to get well.

To conclude, in the words of a great man, "If you have at the end of three months learnt definitely to recognise bronchial breathing, you will have done very well."

ON STARTING SURGERY.

By J. B. HUME, M.B., B.S., F.R.C.S.

CAN one depict for the guidance of the tyro those first few days in the Surgery? The feeling of being utterly lost is the predominating one, as he will have already realised. He must first of all learn the mysteries of the coloured papers. As he will have read *Round the Fountain* he will know that peculiar punishments await the dresser who deals out the papers of another firm when he is on duty.

Having got his cases he will find that every one presents some new problem for which he will certainly seek the aid of the Junior H.S. Perhaps he should remember that that unfortunate individual is being harassed as he moves about the Surgery by eight or ten other dressers in similar plight.

He must learn at once to study his cases, and to make detailed observations of their local condition and the results of his treatment. In this he will be helped by reading-up in some standard text-book the "processes of inflammation." All this he was taught in his physiological studies while examining the web of the frog, but in 99 per cent. of cases he will have forgotten all about it,

BAD DEBTS:

OR THE COLLECTION OF OVERDUE FEES AND ACCOUNTS OF THE MEDICAL PROFESSION.

IT is said that "medicine is a good profession but a bad trade."

There is no profession, except it be the Church, in which so much is done for so little, or for nothing at all. And yet a doctor as well as any other member of the community must live. Most marry, and they have to feed, clothe and educate their families like other people, and it

together with other highly important physiological facts, which he has dismissed as "frog jumping" or "stinks." His knowledge of anatomy will be equally deficient, but his thoughtless chiefs will attempt to make him apply this forgotten information, and even ask him absurd questions about the physical laws of wedges and pulleys. At the end of a fortnight he will have realised the depth of his ignorance, together with the importance of many of the facts he has dismissed as trivial.

The dreary round of "fots," plasters and esol packs will be enlivened by visits to the wards. Here more pitfalls await him. Sister will be charming and altogether helpful, provided he does not come in to do dressings at 12 o'clock, or sit on the beds, or put his feet on the lockers. Both of these have to be kept clean, and the dresser who leaves a trail of water from the "slab," *i. e.* the basin, to the bed, will be very unpopular with the probationers however charming a personality he may possess.

Another study, secondary in importance only to the acquisition of surgical knowledge, is the understanding of the personality and idiosyncrasies of his chief. Each firm has its own peculiarities, ranging from the meticulous accuracy with which its notes are kept, to minor details of terminology. Woe betide the dresser with a "digital adornment," a grubby white coat, or a tendency to unpunctuality. All these minutiae should be carefully noted and stored up for future reference in his later period of "in-patient" dressing.

Finally let him remember that the patients themselves are his principal mentors. Who has not heard the well-known aphorism: "You learn surgery from the patient and not from me"? The knowledge acquired by personal observation is of infinitely greater value than that obtained either in the lecture theatre or from text-books. Thus and thus only is laid a sound foundation for a surgical career.

cannot be done on thin air, and certainly not on gratuitous night visits.

There are the two extremes in regard to fees; one the medical man who demands and sees his fee before he attends a patient—possibly one *in extremis* from an accident. He is wrong, grossly wrong, and his professional brethren should let him know in no measured terms that he is wrong. The other is often a careless man, who does not book his visits systematically, who lets his patients, particularly his poor ones, off any payments at all. He often has private means, and this allows him to be independent. But he is wrong, wrong to his patients, for

it causes them often to be under a sense of obligation which may be humiliating, and wrong to many of his professional brethren, and now sisters, who literally cannot afford to let fees slip. The first is a tradesman pure and simple, the second is a slipshod professional man, and both should mend their ways.

The happy mean is the medical practitioner who is always ready to help where aid is needed, who looks after the payment for his services, in a sense as a secondary matter, but at the same time as a business man, and collects his fees systematically, either directly or indirectly.

There are, however, such things as "bad debts"—bad for the time being or permanently. They are due to the fact that there are persons who cannot, or who will not, pay.

The collection of debts; bad or indifferent, due to members of the medical profession is entirely another matter to that of collection of *trade* debts, and for the following reasons:

(1) The unsatisfactory manner in many cases of the rendering of medical accounts.

(2) The general impression amongst the public that doctors do *not* sue for their fees.

(3) The fact that a doctor who apparently presses for the payment of fees may become an object of dislike in his locality, and thereby lose recommendation from patient to patient.

All medical practitioners ought to have some instruction before they embark on practice in medical book-keeping and accountancy. This would save a considerable amount of trouble and annoyance in the future of their career.

Suing for the payment of just fees must always be a somewhat disagreeable business, but it is quite legitimate. Preferably it is best carried out impersonally, and through a well-established medical protection society.

If, before having recurrence to such a stringent measure as the law, pressure can be brought to bear tactfully upon the debtor by similar means, the result is in the majority of cases satisfactory. There are existing persons who will never pay their debts except at the last minute, and then only under some real pressure. To such, a letter addressed from the London office of a recognised medical protection society will have a far greater moral effect than the personal application of the medical practitioner, or even of a solicitor.

There are certainly persons existing who "change their doctors" merely to avoid payment of money owing to the one they leave. These creatures should be known, and possibly a "black list" of the more notorious might be compiled by a respectable medical protection society, in the same manner as is done by the larger insurance societies.

Whilst not desirous of becoming a trade, still less a trade union, it is a fact that the medical profession is not infrequently exploited by the public in a manner which is hardly creditable to either party.

For this and other reasons it is suitable that there should be in existence such a body as "The British Medical Protection Society," partly governed and controlled by members of both the medical and the dental professions, to whom practitioners in difficulties concerning overdue accounts can turn for help.

A VISIT TO SWANLEY.

AMOSPHERE! you must have the right atmosphere," as old Peter used to say.

Followers of John Buchan need not be reminded of how successful was old Peter in producing the right atmosphere and using it to good purpose.

Can you imagine a worse "atmosphere" in which to discuss the treatment of a tuberculous hip than that which surrounds the corner bed in the back ward of Coborne?

It may seem a long cry from a magic carpet to a Tilling-Stevens petrol-electric char-à-banc, but on Wednesday last we managed to transport ourselves to Swanley, and there we discussed the tuberculous hip under really suitable surroundings.

Sixty of us formed into a semi-circle in front of the entrance hall at Swanley while Mr. Girling Ball told us briefly the history of the Swanley Home.

Then we gathered indoors in a room large enough to accommodate the whole crowd of us in comfort and give us all a good view of the proceedings. First we saw an abscess aspirated in a boy of 14; then a similar aspiration in a little Russian fellow who was not to be petted into silence even by Mr. Ball's small change.

Then case followed case for a good hour, each demonstrating some stage in the progress of the disease or some detail in the method of treatment.

We saw several early acute cases which afforded material for discussion on early diagnosis and the first stages of treatment. These were all accompanied with skiagrams which greatly assisted in clarifying our conception of the disease.

Then we saw cases who had been for some time under treatment—some in plaster jackets extending from the axillæ to beyond the ankle-joint, others in long Liston splints, and finally cases in which the disease appeared to be arrested. We were also shown some cases in whom deformity had returned after their discharge from hospital and the appropriate warnings were brought home to us.

The other side of the picture was not kept from us, for

we saw little Willie Jenkins, an almost "peach bloom" case of amyloid disease, with sears of sinuses in almost every conceivable position round his left hip.

Not the least appreciated item in the proceedings was the tea, which arrived as soon as the demonstration was over. It was dispensed to us by a blue-uniformed lady, who many of us remember when only her belt was blue.

There was then opportunity to wander round the wards and shelters and examine more intimate nursing details.

As our chers-à-banes moved off we were loudly cheered by the united lungs of the out-door patients. Heaven knows what we had done to merit cheering, but, feeling cheerful, we cheered back.

So ended a most enjoyable and most instructive afternoon.

It is hoped that this will not be an isolated visit. Those of us who have been will want to go again, and if we have a shred of public-spiritedness we shall want other people to go too.

The suggestion of a short series of demonstrations at Swanley, recurring periodically, obviously appealed to Mr. Ball's audience last Wednesday. We sincerely hope that the suggestion will soon become an established fact.

NOTES ON THE NURSING OF THROAT, NOSE AND EAR CASES.

Kinds of tubes.

Various forms of tracheotomy tubes are used: (1) Parker's tracheotomy tube; (2) Durham's lobster-tailed; (3) Marrant Baker's

flexible rubber tube.

The most satisfactory one is the Durham's lobster-tailed, which has a lobster-tailed introducer (the pilot). This can easily be introduced into the opening of trachea, for it has an oval-shaped end which the outer tube of tracheotomy has not got. The important point about this tube is that its length may be altered to suit the condition of the patient and the shield can be moved to fit depth of the neck. In Parker's tube no alteration can be made, and the introduction is difficult unless a pilot is at hand; moreover the tube may not quite fit, and may cause ulceration by pressing with the lower end into anterior wall of trachea.

Rubber tubes

are unsatisfactory, especially at the time of operation, for they contain no outer tube; consequently the end of the tube gets blocked with frequent coughing up of mucus and patient becomes restless and distressed, and the tube has hurriedly to be removed for cleaning purposes. Dilators are placed

in opening to prevent the patient from choking. After this has been performed many times in the twenty-four hours your patient becomes exhausted and realises the tube is not helping his health in any way. Rubber tubes are only satisfactory when secretions have ceased, and the tube has to be worn indefinitely, as in some cases of cancer, syphilis, tubercle or stenosis.

Parker's tubes

are used mostly in an emergency and also when the lobster-tailed tube is not satisfactory. They are also very useful for children.

Treatment after tracheotomy.

Patient should be brought back from the theatre in an upright position and placed in bed well propped up, head not distended. A knee pillow and air ring for these people should be used. A blanket next the patient is well drawn up to cover shoulders. Socks or a hot-water bottle must be remembered.

Form of dressing.

This consists of key-hole dressing of gauze and jaconet, cut U-shaped. The first piece of gauze is soaked in lotio calaminæ composita, then placed well under shield of tube and the two sides of gauze drawn well under tapes, which are fastened through sides of tracheotomy tube so as to meet in the centre of the line of neck and also well under top part of shield. The jaconet is then put on exactly in the same way and is well drawn round and under shield; this prevents any secretions infecting the wound and skin round the tube. Over all this is placed a folded piece of gauze, fastened round the neck with tape. This prevents any foreign body being inhaled into tube, and does not allow secretions to be coughed on to bed or round ward.

Position of tube held in neck.

Cut two pieces of narrow tape a little longer than size of neck, double one piece, slip uncut end through slot of shield, divide it, and pull through the cut ends, forming a firm knot on shield. Do the same the other side, and then round patient's neck, with a double knot. If only one knot is used the constant friction and movement often loosens the tape—a good cough from the patient and the tube is found at the end of the bed. This causes great distress to the patient.

The patient must at first be fed carefully with sips of sterilised water, for frequently tracheotomy causes anaesthesia of the larynx, coughing follows, and the patient gets anxious and worried. Reassure patient, stop drinks for a few hours, and then within twenty-four hours the patient settles down, gets used to tube, and will be anxious to take feeds. The diet chiefly depends upon the reason for which tracheotomy has been performed. Some cases can swallow semi-solids better than fluids, such as thick Benger's food, custards

etc. By the end of the first week ordinary diet may be taken if the condition of the patient permits. For the first week or so a nurse should be on duty constantly to wipe away any material coughed up, so that it may not get sucked back into trachea, to see tube does not get displaced, and also to change inner tube when it becomes clogged. The outer tube may be left in position for about a week before changing for the first time, and afterwards just when necessary. By this time patient has become used to tube and is not afraid when tube is being changed. One nurse should have charge of patient, not a different nurse every day. The main point is to get the confidence of your patient and all will be well: never show fear that things are not quite satisfactory. Tracheotomy patients are most sensitive and apprehensive. If condition allows get patient out of bed on the third or fourth day.

Let us use a glass waggon with two shelves.

Necessary requirements for use after tracheotomy.

Top shelf.—Bowl with extra tracheotomy tube—same size as used for operation. Dilators. Forceps for placing gauze under tape round neck and removal of soiled dressing. Gallipot with paroline to grease tube before insertion. Second bowl containing gallipot with lotio calaminæ composita for gauze. Dirty dressing bowl. This all covered with clean towel.

Lower shelf.—Packet of sterile gauze for collecting material coughed through tube; packet of sterile jaconet for dressing; packet of sterile gauze for placing over tube. Brown wool pad to cover patient's chest—as shirt is open all way down front, and chest needs protection. Sterile towel for first few days tucked round shirt when changing and cleaning tube. Bowl with bicarbonate of soda, teaspoonful to pint, and small bottle-brush to cleanse tube.

Wool on no account to be used—small particles get sucked into tube and patient coughs.

Feathers not necessary if tube is constantly changed—they get broken at ends and lodged in trachea.

The position in bed after operation is with the patient well on side with pillow tucked into back. Stone cloth and mackintosh for head. Tin bowl under chin for vomiting. Two finger-stall plugs filled lightly with wool having been placed up each side of the nose after operation with strapping across to keep them in place; these remain in for twenty-four hours, then are carefully removed with forceps, the patient being warned not to sneeze or blow the nose for at least twenty-four hours afterwards in case of hæmorrhage or re-opening of wound, which has been lightly drawn together with horsehair suture. This is removed about the third or fourth day. A nasal douche of coll. alkalinum is given on the third day, and this is

used three or four times a day. If the nose becomes dry and crusting an oily spray may be used. A slight amount of blood-stained discharge is continually trickling down the sides of the plugs; this is just swabbed up, and after plugs have been removed ceases within next twenty-four hours. Patient has very little ill-effects—slight headache only—and is able to be up within twenty-four hours of operation. Diet is light for first day and then ordinary food. Frequent mouth-washes and gargles are used, due to the mouth and throat becoming dry with blocking of nose and patient having to breathe through mouth.

Patient is well on side after operation. **Treatment of nasal polypi.**

No head pillow for first few hours, but a mackintosh and stone cloth. Continual discharge at first from nose; this ceases within twenty-four hours. Nasal douche of collunarium alkalinum three to four times a day is given. Patient is up and about next day. Ordinary diet.

Position in bed after operation is most important. Bed is prepared for ordinary operation case, except for the head; no

pillow is used; in its place a mackintosh and towel. Patient is placed well on side with pillow tucked into back, hot bottle to feet, blanket next patient, and the sheet and quilt tucked well in all round. A straightforward tonsil case is then left with a tin bowl under chin, and attended to when vomiting is present. This may occur frequently, or only once or twice within the next twelve or twenty-four hours. Usually a certain amount of dark blood is seen, but this gives no cause for anxiety. Fluids are not taken until patient has quite stopped vomiting, but mouth-washes are given frequently. First fluids taken are small amount of cold water, then weak warm tea, essence milk, jelly and custard—this for first twelve hours; then semi-solids, such as pounded fish, bread-and-milk, chicken etc. On no account give toast or bread and butter with crust on for at least ten days after operation. Patient is up and about within three or four days of operation.

Inject nepenthe or morphine, the amount being according to age; warm bicarbonate of soda half to pint. Grapes sometimes help to stop vomiting. Ice to suck is not satisfactory.

Mouth-washes. Listerine, potassium permanganate, etc., for first twenty-four hours as a mouth-wash only, then gargling frequently before and after food.

Apertients. Calomel according to age on the morning after operation, followed by haustus menthæ sulphuricus cum magnesi sulphate. Do not irrigate cavity or remove sloughs: these separate any time after fourth day.

Indications: Pallor, quick pulse, restlessness and the vomiting of bright red blood. **Hæmorrhage after tonsillectomy.** When this has been diagnosed see that the patient is placed well on his side. If the blood does not cease in a few minutes, or recurs, the throat should be examined under a good light, well sponged, to see exactly where the bleeding is coming from. If the vessel can be seen and the patient will tolerate it without an anæsthetic, a long-handled pair of pressure-forceps is clamped on to the vessel. This may be left on for a few moments, but it is much more satisfactory to pass a ligature. Another method is to pack the cavity with strip of gauze and draw the edges of pillars together with two Michael's clips or suture pillars across. The stitch may be left for twenty-four hours and then removed. Before this treatment it is wise to get your patient quiet, so give injection of morphine or nepenthe.

After-treatment Frequent mouth-washes for first twenty four hours, then gargling. Fluids only for first forty-eight hours, then on to semi-solids and ordinary food about end of first week. If patient is fairly collapsed after a big hæmorrhage, give plenty of fluids—any amount of water. Salines are not frequently needed. These patients should be kept in bed a few days longer than the ordinary straight-forward tonsil case.

FOR STUDENTS BY STUDENTS.

By VARIOUS AUTHORS.

KEENNESS in a student, like a low voice in a woman, is an excellent thing; but to create an impression of keenness is almost as useful as this and considerably easier; your colleagues will not be deceived, but your Chiefs may be.

Do not be appalled when you read through the Regulations for your Course of Study. It is almost certain, unlikely as it may seem to your relations, that bigger fools than you have reached Harley Street.

If you come to the Hospital straight from school, with its athletic autocracy, remember that the Lord delighteth not in the legs of a man.

Cultivate your slightest talent; many a mediocre medical man has reached a proud eminence with nothing

more remarkable than a gift of epigrammatic expression to help him.

It has been said, though not in official circles, that there are three ways, and three only, of obtaining a house appointment. They are given to men of real merit, to distinguished sportsmen, and to those who have insinuated themselves into the graces of their chiefs. As it is essential to the success of your career that you should have a house job, make up your mind to be in one of these three classes.

Flee pomposity as you would the *Spirochæta pallida*; it is the besetting sin of medical men—as of parsons. You will see many excellent examples of it around you, so that you may learn to recognise and avoid it.

Essentially, the surgeon is a dogmatist and the physician a sceptic; but every student must assume dogmatism if he is to pass the Conjoint Examinations; do not forget, however, that a reasoned scepticism is the most valuable attitude of mind that results from a medical training.

Do not sit on the beds or look over screens; if a certain lady in a certain ward sees you doing either of these things you will feel inclined to pray that this may be your last act on earth—an unbecoming prayer from a young man at the outset of his career.

(1) Dogmatism is good for the beginner. Accept—or try to accept—implicitly all you are taught in your first six months. Believe your physician—except when he speaks of politics or surgeons; your surgeon—except when he speaks of other surgeons. Some day you may become a urinologist and allow yourself more latitude.

(2) Precision and accuracy are not synonyms. Three-eighths of an inch wasting is precise. Query slight wasting may be more accurate. Uncertainty is not *always* an indication of muddled thought. Nevertheless, beware of "slight fluctuations" on Saturday mornings.

(3) Do not cultivate a reputation for doctoring your friends immediately you have entered the wards. If you do your reputation on qualifying will be lowered, though that of the hospital may receive but a temporary set-back.

From the *Academy*: "The ordinary practitioner, when you get him away from the epigastrium and the opsonic index, has nothing to talk about."

Take heed therefore and don't talk shop at meals.

When chemistry, physics and biology are absorbing all your working hours you may be apt to forget that you are really on the road which leads to a medical degree.

Correct your point of view by paying a visit to the gallery of Theatre A, or to the post-mortem room. But don't go to the post-mortem room before 1.45. There are other men for whom such visits are a necessity and not a luxury. Don't compel them to peer over your shoulders.

TRADITION AND THE PRESENT.

NE frequently hears the assertion that the medical student of to-day is not by any means what he was. While it is true that we may well congratulate ourselves on this "metamorphosis," it is nevertheless a fact, only too apparent to those who observe, that there is something lacking in the life of the modern student of medicine. In the old days he was regarded with some awe and respect by the general public, and, perhaps, even the to aim of the law, he was essentially a force to be reckoned with seriously. No one wishes to return to the days when the behaviour of London students was little short of hooliganism. Public property, and in many cases the individual, has to be protected from anything which so exceeds the bounds of propriety as to become really dangerous. Civilisation has progressed a little, in spite of the war. To-day, however, the situation is little short of ridiculous. Stagnation seems to have crept into our lives. We make no attempt to assert that superiority which has been handed down to us by those who fought for it and kept it in the past. Outside our work we are nonentities; the public merely smile, where once they talked with some amount of diffidence. What is the reason? What are the circumstances, existing in every hospital in London, which have brought about this condition? The state of affairs is not by any means localised. A student often complains that the *esprit de corps* of his own hospital is at fault. He may be right, but he should remember that the

statement applies equally well to a large number of other institutions, whose internal economy is conducted on very similar lines. The cause may almost certainly be summed up in the one word—*APATHY*. For no apparent reason we have all settled into a groove, probably ready to come out again if only somebody else would make a start.

It is here that a very difficult and important question arises, and one which should be of supreme interest to every student in this Hospital. If there is to be some attempt generally on the part of London students to wake up a little, and if, as is only natural, the lead is to come from this Hospital, are we liable to depart in any way from those traditions and principles which have been passed on to us from generations before, and which we honour and endeavour to observe? It is, probably, the answer to this question, which will decide the future course of events. It is a question which must inevitably give rise to a large variation of opinion, and is obviously one which can only be answered on general lines.

The observance of tradition is one of the finest factors in the life of an institution, provided that it is justified by results which bring about a condition of affairs better than they would otherwise have been. Unless this is so, it cannot be contended that the blind following of tradition is a thing to be upheld. When we apply this fact to the consideration of certain behaviour, common to other hospitals, but from which, mainly for reasons of tradition, we ourselves withhold, we are tempted to wonder whether, in the long run, we are not really making things much more unpleasant for ourselves. Until we can clearly decide what our policy should be in simple cases, for instance, of inter-hospital "ragging," it is quite impossible for us honestly to consider any other and more general policy. The fact that our policy on this particular question is undecided is quite apparent from our behaviour at any inter-hospital contest, and particularly at the Rugby Cup Finals. A quarter of our students accept the various challenges from our opponents and fight it out. The rest remain seated on wooden benches and tradition, and refuse to do anything. This is but an example of the sort of thing that ought never to happen again. Whatever we do in the future must be done by *everybody*; and what we do is definitely a matter which the student himself must decide. While keeping in mind the general sentiment of tradition, he should also remember that one must move with the times, and whatever he decides, that must he have the courage to apply in practice.

Even within the last few years opinion and feeling has, in this Hospital, undergone a considerable change. The most conservative of us are becoming more modern in our line of thought. We are not lacking in *esprit*, we have youth and energy waiting to be served, we have our

organisation always ready to carry out to the best advantage the wishes of the majority—but at present we are undecided. We must make up our minds. If we find it necessary to depart to some extent from those unwritten laws which we have been taught carefully to observe since we first came, we need not really have very much regret. We are out to serve the Hospital. If, in the rush of modern life and the rapid changing of conditions, we can best serve her by adopting modern methods, we ought gladly to seize the opportunity.

Those who feel strongly should act at once. They should endeavour to find out what the general opinion is, and to see that it is expressed in the right way. They should help to stir up the lethargic attitude of a large number of their colleagues, and get a little life into what threatens to become a dead concern. They need not be afraid that any attempt of a fanatical minority to foist their views on the entire community will in any way succeed. A general feeling must exist, and to get a body of people to express what they feel is not sowing the seeds of revolution, but is the aim of any properly constituted Government.

If, as one strongly suspects, opinion is in favour of advance, then, under proper direction and with good organisation, there are no limits to the successes we may gain. Very quickly the influence of our activities will spread; we shall join with others in more concerted and united action; and the result, inevitably, will be what we have all, consciously or subconsciously, been wanting for many years—a brighter London.

These words should primarily concern those of the earlier years in the Hospital, into whose hands the management of affairs will sooner or later pass.

They must see, now, that no false step is taken, and that in whatever direction it is decided future events shall move, their work is done well and truly.

In shaping out the future, they should also realise that the Hospital's greatness is based, to a large extent, on her past. The ideas of the past may have to give way to those of the present, but our actions must only be such that, on looking back, we cannot say that we have in any way sullied the fair name of our *Alma Mater*. If we make certain that what we do is done in the right way, we need have no fear of this. And the right way is, surely, the *thorough* way—"Whatsoever thy hand findeth to do, do it with thy might." W. H.

FROM MY NOTE-BOOK.

SHINGLES is liable to be a most interesting business in general practice, so often is it the "dark horse" of diagnosis, and so resistant to one's efforts to cure. From the etymology of the name for *cingulum* is a girdle—it might be supposed the early nomenclature-people must have seen more bilateral cases than we do. I have met with it encircling but once, and that case was not fatal. I have seen second attacks apart from the recurrent shingles, such as herpes preputialis, and a form of facial, not labial herpes, occurring in dysmenorrhoea.

Its etymology is interesting. Of the three classic girdles, the topmost was the *cingulum*, the matron's girdle (children-to-be were said "to lie beneath the girdle"; the lowest, lying obliquely along the inguinal regions, was the *zona* (Greek, *zoster*), the virgin's girdle, likewise made of wool (*zonem solvere* was the bridegroom's privilege); and the girdle or cestus of Venus was between. This was bejewelled, and spoke of the passions, joys, and sorrows of love.

We see these various girdles in the belts of modern frocks and we muse thereon. Such tit-bits of knowledge, little memories of our classics, may also be not without some practical value. I have frequently cheered up an old scholar thus. I remember he said he could bear his pain better after looking up the quantity of the *i* in angina, and he had to look up the Arnolds of Rugby; and an apt quotation turns the tide of passion to a hunt for its source. I remember a case of angina pectoris whose presumed attack resisted all efforts to relieve till the tell-tale spots showed he had left-sided shingles. I never hesitate, in cases of obscure pain, to suggest herpes. There may be a delay of ten days in the appearance of spots, and it is conceivable the pain may be present without those clustered vesicles. Most of us have been "let in" by wrong diagnoses of appendix, pleurisy, neuritis, neuralgia, glaucoma, erysipelas (an old name for shingles is *ignis sacer*, and a name for erysipelas is St. Anthony's fire), neuritis, not herpetic neuritis, rheumatism—subsequently to be cleared up by the comparatively welcomed spots. But they are by no means always welcome. Many an elderly man dates his decline from an attack of shingles. After 50 no man knows when the pain will go, many physicians are consulted and much worry ensues, much loss of temper and confidence.

The latest treatment seems the application of picric acid, 5 per cent. as ointment or solution, and a neighbour tells me he gets good results from pituitrin injected. It is generally best to do something locally. Painting

with collodion is a mistake—it sticks, and is a special nuisance in cases of pustulation. I like best a cream of menthol, zinc, bismuth, zinc and vaseline, which can be frequently applied, and later on antiphiogistine is very useful if its pressure can be borne. If it cannot, a solution of menthol in camphorated oil is good. Internally a cachet of pyramidon, aspirin and caffeine every 4 hours is most valuable in the earlier stages, and later quinine and arsenic with alcohol. Rest is essential, and I never grumble at my panel patients for asking a certificate to knock off work. We must try to believe in our remedies; we unconsciously produce an atmosphere of hope, whilst all around appear distressing signs of endless remedies! Quinine and cocaine ionisation are often useful apparently apart from faith.

I have often seen the curious association with varicella, and on the whole think it is coincidental. Still, it is tempting, when one comes across varicella supervening on shingles, to think the former is a diffused form of the latter. There is no doubt of shingles outbreaks, no doubt of the outbreaks of both being often synchronous, and no doubt of the rarity of second attacks of both. During the prevalence of cerebro-spinal fever in the Great War I came across several cases of preceding shingles in the same house. We know the disease in all ages, along the course of almost any nerve, on some mucous membranes, especially palatal, on any sex, on rich and poor. Finally, words of warning: when confronted with herpes ophthalmicus, carefully examine the cornea; call in an oculist very early indeed, and on *him* let there fall the blame of the inevitable nebula or worse, and do not be misguided too easily into a diagnosis of erysipelas because of the fever. I have known a rise of temperature in shingles of quite the ordinary variety. The older people thought it a good sign—perhaps because the patient was ill enough to go to bed. W. H. M.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

At the commencement of a season the majority of enthusiasts are fond of the prophet's mantle. In accordance with custom we will boldly venture—after the fashion of the ancient Delphic oracle—to predict a very fine season.

The *personnel* of last year's team is intact. This gained experience, the addition of fresh talent and the possible improvement of the reserves, should prove a great asset in view of the forthcoming stiff programme. An interesting criticism of Bart's rugger—ancient and modern—appears in the second issue of the new weekly Rugby periodical.

The following are the Club's officers for the season:
President: Dr. J. H. DRYSDALE.
Vice-Presidents: Mr. W. GIRLING BALL, Mr. T. H. JUST, Mr. REGINALD M. VICK, Mr. H. E. G. BOYLE.

Captain: G. W. C. PARKER.
Vice-Captain: A. CARNEGIE-BROWN.
Hon. Secretary: P. O. DAVIES.
Hon. Treasurer: J. L. T. DAVIES.
Captain, 2nd XV: H. ROYLE.
Hon. Secretary, 2nd XV: J. D. ALLEN.
Hon. Secretary, 3rd XV: R. R. FELLOES.
Additional Selection Committee: A. W. L. ROW, WILFRID F. GAISFORD.

FIRST FIFTEEN FIXTURE CARD.

Date 1923.	Opponents.	Ground.
Oct. 6	Old Millhillians	Away.
" 13	Richmond	Away.
" 20	London Irish	Home.
" 24	Cambridge	Home.
" 27	R.M.A. Woolwich	Away.
" 31	Cardiff	Away.
Nov. 3	R.M.C., Sandhurst	Home.
" 10	H.A.C.	Away.
" 17	Bristol	Away.
" 24	Moseley	Home.
Dec. 1	(Open.)	
" 5	Old Boys' R.F.U.	Home.
" 8	Old Paulines	Home.
" 13	(Open.)	
1924.		
Jan. 5	Harlequins	Home.
" 12	Old Blues	Away.
" 19	Coventry	Away.
" 23	Oxford	Away.
" 26	Devonport	Away.
Feb. 2	London Welsh	Home.
" 9	Pontypool	Home.
" 16	O.M.T's.	Away.
" 23	Rugby	Home.
Mar. 1	Coventry	Home.
" 8	Bath	Away.
" 13	London Scottish	Away.
" 22	Gloucester	Away.
" 29	Plymouth Albion	Away.

DRAW FOR THE HOSPITAL CUP.

1st round.	2nd round.	Semi-final.	Final.
	*1. King's	Tuesday, Feb. 12th	Thurs., Feb. 28th
	*2. Mary's	Feb. 19th	
4. Chating Cross	*3. London	Tuesday, Feb. 19th	Wed., March 12th
5. St. George's	Tuesday, Feb. 5th	Feb. 19th	
6. St. Bart's	Thursday, Jan. 31st	Thursday, Feb. 14th	Tues., Feb. 26th
7. St. Thomas's	*8. Middlesex	Feb. 14th	
	*9. Guy's	Thursday, Feb. 7th	
	*10. U.C.H.	Feb. 7th	

* Byes.

The following, including reserves, represented the Hospital last season, and are again available:

Full back: Wilfrid F. Gaisford.
Three-quarters: M. G. Thomas, P. O. Davies, H. McGregor, L. C. Neville, P. R. Viviers.

Halfes: J. D. Games, T. P. Williams, H. B. Savage, M. Fitzgerald.
Forwards: G. W. C. Parker (*Capt.*), A. Carnegie-Brown, A. E. Beith, A. B. Cooper, H. G. Anderson, E. S. Vergette, T. J. Pittard, A. W. L. Row, G. Dietrich, J. W. D. Buttery, M. L. Maley, W. S. Morgan.

ASSOCIATION FOOTBALL CLUB.

The Association Football Club commenced its 1st XI matches on Saturday, September 22nd, with a home fixture against Shaesbrook. The other teams commence their season at the beginning of October.

All the teams have strong fixture lists, especially the 1st XI, which meets several clubs we have not played before.

Whilst being fortunate in still having the services of most of last year's players the Club is looking forward to finding a number of recruits amongst the Freshmen. Any new players are requested either to add their names to the list on the Soccer notice-board or to introduce themselves to one of the Club secretaries.

ALEX. E. ROSS,
Hon. Sec. A.F.C.

HOCKEY CLUB.

It is much hoped that this season will see the prestige of the Hospital in hockey still further raised.

The fixtures have been arranged with this in view, and there should be no difficulty in attaining it if we exert our full strength, as a hospital, and individually.

As a new departure some dozen fixtures have been made for a 3rd XI; and there will be practice games on Wednesdays if enough wish to play.

Will any who want to play hockey and have not yet put their names on the list on the notice-board kindly do so as soon as possible? The Captain, T. S. Goodwin, and Secretary, J. E. Church, will be glad if all newcomers who have previously played for any teams, or students who have played for clubs outside the Hospital, will speak to one of them.

CORRESPONDENCE.

"SMITHFIELD" WARD.

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

DEAR SIR,—As one of the oldest students of Bart's I wish to protest against the alteration of the name of "John" Ward to that of "Smithfield."

Believe me,
Yours faithfully,
WILLIAM ODELL.

FERNDALE,
TORQUAY;
September 5th, 1923.

TO CAMBRIDGE MEN IN LONDON.

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

DEAR SIR,—May I be permitted through the medium of your columns to bring to the notice of the Cambridge men in your Hospital a rule of the Cambridge University Medical Society, which states that old Cambridge men may become Hon. Members of the Society on making application.

No subscription is required, but Hon. Members are asked to become subscribers to the magazine of the Society, which is published terminally, and will be forwarded post free for the coming academical year on receipt of 5s.

The magazine is a purely scientific journal, artistically produced, and containing articles by leading members of the medical profession, together with the news of the Cambridge Medical School.

It is hoped that the magazine, which has a circulation in Cambridge alone of over 500, will afford an excellent means of linking up old Cambridge men who have "gone down" with their *alma mater*.

Short articles, correspondence, etc., for publication will always be welcomed, and should be addressed to me as under.

Application for Hon. Membership of the Society together with subscriptions to the magazine should be forwarded in the first place to me at Downing College.

Yours faithfully,
E. S. FELLOWES-FARROW,
Editor.

THE BART'S "SURGERY."

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

DEAR SIR,—May I call your attention to the very inferior quality of the binding of the Bart's 'Surgery'? My own copy has been in for less than a year, and yet though it has never been used as a

missile, the back is broken in several places and numerous leaves have left their moorings altogether. Others, I am told, have had a similar experience. I suggest that the publishers be asked to see that an improvement is effected even if the price has to be raised by a few shillings.

Yours truly,
G. L. A.

REVIEWS.

PRINCIPLES OF DIAGNOSIS AND TREATMENT IN HEART AFFECTIONS. By SIR JAMES MACKENZIE, F.R.S. (London: Henry Frowde & Hodder & Stoughton.) Second Edition. Pp. vii + 247. Price 7s. 6d. net.

The second edition of this book has been edited by Dr. James Orr. We have no hesitation in pronouncing it far better than the bulk of books on "hearts" of the same size. Sir James Mackenzie has a wealth of clinical experience to draw upon, which is of the utmost value to the practitioner and student; and combined with this long experience are an originality of outlook and refusal to be bound by old fetishes. There are very useful chapters—to mention but a few on breathlessness, syncope, sense of exhaustion, heart attacks and prognosis. A chapter on acute affections of the heart resembles a mixed grill—leucemic hearts, "septic endocarditis," and the irritable heart of soldiers are included. The author talks somewhat disparagingly of blood-pressure measurements, and still more so of those who draw deductions from them. Many recent advances in cardiology are incorporated: so we read in the preface, and we find brief mention of quinidine and other matters, though rapid digitalisation is not referred to. The term "gunshot pre-scription," which occurs on p. 199, sounds to us more terrifying and fatal than the familiar expression "shotgun." There is an appendix on medical research devoted to an exposition of Sir James's well-known views on the beginnings of disease, and the place of the "G.P." in the advancement of medicine.

A MANUAL OF HISTOLOGY. By V. H. MOTTRAM, M.A., Professor of Physiology in the University of London, King's College for Women. (Methuen & Co., Ltd., 1923.) Pp. 293. With 224 figures. Price 14s. net.

At a time when the teaching of histology in physiological laboratories has reached a low ebb, it is encouraging to see such a sign of improvement in the state of affairs as this publication indicates. It is evidently the product of extensive teaching experience, and from this point of view the arrangement of the matter could not be improved upon. The chief attraction of the book is the excellent figures with which it is illustrated: there is no confusing admixture of line drawings, half-tones and photomicrographs, but all the drawings are in line. Just as a student with the necessary artistic gift would draw them. That the author himself has the gift is proved by the ease with which one can identify any of the preparations illustrated by merely glancing at his figure. The text is written in an original and interesting style, and all superfluous detail is omitted. As the author truly remarks, text-books "have a habit of diverging towards the new, or the exciting, or the difficult, and leave the commonplace and ordinary on one side. But it is the ordinary and commonplace which are essential to the student." We congratulate the author most heartily on having given us a book which we really wanted.

THE SURGICAL DYSPEPSIAS. By A. J. WALTON, M.S., M.B., B.Sc. (Lond.), F.R.C.S. (Eng.). (London: Edward Arnold & Co.) Pp. 728 + x. Illustrated. Price 42s.

The title of this book will be a challenge to the curious, and if, as a consequence, it succeeds in attracting the attention of men somewhat averse to works on abdominal surgery it will have its justification; for the book is very well worth reading.

The writer commences with a chapter on the surgical anatomy of the stomach, and then proceeds to a most careful description of the examination of a case of dyspepsia. A carefully detailed history taken by the surgeon himself is, in the writer's opinion, of more value as a method of investigation than physical examination, test-

meal or X-rays. Mr. Walton points out that the acidity of the gastric content is not diminished in chronic gastric ulcer, and that early carcinoma may give a normal or increased acidity. We think that the value of a fractional meal is not sufficiently emphasised.

The writer proceeds to give a very full account of gastric lesions in all their aspects. His treatment is, on the whole, orthodox. It is a pity that in a work of this size and scope it was not possible to give a more exact technical description of the operations advised.

The latter part of the book includes a very full account of the surgery of the gall-bladder and bile-passages, and of the pancreas. Here the operative technique is much more detailed. Cholecystectomy is advised in preference to cholecystotomy, and cholecyst-enterostomy rather than an anastomosis of gall-bladder to stomach or duodenum. The scope and thoroughness of the book may be gathered from the fact that the chapter on the aetiology and pathology of gall-stones occupies 44 pages, and the references at the end of this chapter alone are 105. A chapter on visceroprostasis and appendix dyspepsia—the latter accorded a comparatively small space—finishes the volume.

We have nothing but praise for this most valuable and elaborate book. It is well written and well produced. The number of references is really prodigious. The illustrations are numerous, adequate, but somewhat crude.

A MANUAL OF SURGICAL ANATOMY. By LEWIS BEESLEY, F.R.C.S. (Edin.), and T. B. JOHNSON, M.B., Ch.B. (London: Henry Frowde & Hodder & Stoughton.) Second Edition. Illustrated. Pp. 561. Price 18s. net.

This book is now in its second edition. On publication it immediately received a well-deserved popularity. It is produced in the manner made well known by the smaller "Cunningham," and will seem familiar to men who have learnt their anatomy from this well-known manual. In the present edition considerable improvements have been made in the sections on the nervous system. The drawings and descriptions of joints merit special praise where all is good.

THE HYGIENE OF MARRIAGE. By ISABEL EMSLIE HUTTON, M.D. (London: William Heinemann (Medical Books), Ltd.) Pp. 112. Price 6s.

This book, with an introduction by Prof. A. Louise Mellroy, is the best of its sort we know. It is safe, sane, and reasonably complete.

CHRONOLOGIA MEDICA: A HAND-LIST OF PERSONS, PERIODS AND EVENTS IN THE HISTORY OF MEDICINE. By SIR D'ARCY POWER, K.B.E., M.B. (OXON.), F.R.C.S. (ENG.), and C. J. S. THOMPSON, M.B.E. (London: John Bale, Sons & Danielsson, Ltd.) Illustrated. Pp. 278 + iv. Price 10s. 6d. net.

This delightful little book should be on the shelves of all. The writers have adopted the chronological plan, beginning with "ca. 5000 B.C.—Ea or Oannes, 'He who knows all things,' The Lord of Deep Wisdom." The earliest known deity associated with healing . . . He is represented as a man with the head of a fish or clothed in a fish skin" and ending "1905—Schaudinn discovers the parasite of syphilis."

And between 5000 B.C. and 1905 A.D. we are told the essential facts about the great men and events in medicine. Rahere is mentioned under the date of the foundation of the Hospital. The author of the Third Gospel and of the "Acts" (ὁ ἱατροὺς ὁ ἀγαπῶν) might find a place in the chronology. There is a valuable chronology of drugs and universities. Thank you, Sir D'Arcy and Mr. Thompson.

DISEASES OF THE SKIN: A MANUAL FOR STUDENTS AND PRACTITIONERS. By ROBERT W. MACKENNA, M.A., M.D., B.Ch. Royal Soc. Pp. x + 460. 160 figures. (London: Baillière, Tindall & Cox.) Price 21s. net.

In this new manual of skin-diseases the author has succeeded well in the aim set out in his preface; he has concisely given the

important facts concerning diagnosis and treatment, and has not allotted too much space to the rarer diseases. While in a work on diseases of the skin the absence of coloured pictures is always to be regretted, the numerous uncoloured photographs which illustrate the text strike us as being mostly very successful and likely to be a great help in diagnosis. It is perhaps inevitable that in those diseases whose aetiology is obscure (and their name is legion), we are regularly advised to seek for a hidden septic focus and to try poly-glandular extracts. There is a misprint on p. 189.

TENTH DECENNIAL CLUB.

The Second Annual Dinner of the Tenth Decennial Contemporary Club will be held this year on November 9th, at the Langham Hotel. All men who entered the Hospital during the years 1905 to 1915, and subsequently qualified, are members of this Decennial Club.

Notices will shortly be sent out to all members. It is hoped that every available member will attend, and that this second Dinner will be as great a success as the Inaugural Dinner of the Club last year.

All inquiries about the Club should be addressed to one of the Secretaries, Dr. A. W. Stott or Mr. Reginald M. Vick.

SUBSCRIBERS TO BART'S WAR MEMORIAL FUND.

FIFTH LIST.

Binney, C. N., Tadworth, £1 12.; Pearce, J. Gerard, Weymouth, £1 12.; Langridge, Lt.-Col. G. T., Bourne-mouth, £2 2.; Paterson, H. J., London, £1 12.; Ormerod, E. W., Wimborne, £1 12.; Gillies, H. D., London, £1 5.; McCurrich, H. J., London, £1 12.; Savage, Edward, Cardiff, £1.; Moore, C. A., Leicester, £1 12.; Gillespie, T., Southampton, £1.; Swinford-Edwards, P., London, £2 2.; Nixon, Dr., Heidelberg, Transvaal, £1 12.; Sloman, S. G., Farnham, £1.; Hartill, S., East Cowes, 10s. 6d. Total subscriptions received, £1784 8s. 0d.

SUBSCRIBERS TO THE YEAR BOOK.

10s.; Doyle, H. E. G.; 2s.; Bennett, G. H.; 2s. 6d.; Furber, E. F.; Elmistie, R. C.; Strorer, R. V.; Fowler, P. H. C.; Moore, C. A.; Gillespie, T.; Patrick, N. C.; Dru Drury, H. G.; 2s.; Slet, G. M. J.; 18s.; Pearce, J. Gerard; Burnsted, H. J.; Browne, G. D.; McCurrich, H. J.; Boucard, M. V.; Maxwell, J. L.; Evans, D. D.; Gilmore, R. W.; Cronk, H. G.; Thomas, C. H.; Smith, N. F.; Colt, G. H.; Dickins, S. J. O.; Jay, M. B.; Anderson, M. J. B.; Selgan, A. R.; Bennett, H. G.; Mercer, W. B.; Clapham, J. T.; Robinson, G. S.; Young, F. P.; Metcalf, H. D.; Joyce, H. C. C.; Hine, T. G. M.; Graham, C. H.; Metvier, V. M.; Brook, W. H. B.

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

ADAMSON, H. G., M.D. "Case of Recurrent Cellulitis." *Proceedings Royal Society of Medicine*, June, 1923.
BALL, W. GIBLING, F.R.C.S. "Necrosis of Kidney following Ligation of Abnormal Renal Vessels." *Ibid.*, May, 1923.
"Specimen showing Transitional-Celled Growth of the Kidney." *Ibid.*, May, 1923.
"Absent Right Kidney: Deformity of Left Ureter." *Ibid.*, May, 1923.
DANNO, J. D., F.R.C.S. "Two Specimens of Sarcoma of the Uterus." *Ibid.*, June, 1922.
BROWN, W. LANGDON, M.A., M.D., F.R.C.P. *The Sympathetic Nervous System in Disease*, 2nd Edition. London: Henry Frowde & Hodder & Stoughton.
"The Factors in Uremia." *Clinical Journal*, August 15th, 1923.
CANTY, R. C., M.D. *Vide Donaldson*, Malcom.

- CHANDLER, F. G., M.A., M.D., M.R.C.P. "Artificial Pneumothorax." *Practitioner*, September, 1923.
- CLARK, A. J., M.C., M.D., F.R.C.P. "The Experimental Basis of Endocrine Therapy." *British Medical Journal*, July 14th, 1923.
- CLARKE, ERNEST, M.D., F.R.C.S. "Tips" in Ophthalmology for the General Practitioner." *Clinical Journal*, July 25th, 1923.
- CUMBERBATCH, E. F., B.M., B.Ch., M.R.C.P. "Opening Paper in Discussion on Medical Diathermy." *British Medical Journal*, August 24th, 1923.
- and ROBINSON, C. A., M.B., B.Ch. "Treatment of Gonococcal Infection by Diathermy." *Ibid.*, July 14th, 1923.
- DALK, H. H., C.B.E., M.D., F.R.C.P., F.R.S. "The Oliver-Sharpey Lecture on the Activity of the Capillary Blood-Vessels, and its Relation to Certain Forms of Toxaemia." *British Medical Journal*, June 9th and 16th, 1923.
- DAVIES, ARTHUR T., M.D., F.R.C.P. "A Note on Thomas Davies, Introducer of the Exploratory Needle." *Proceedings Royal Society of Medicine*, June, 1923.
- DAVIES, IVOR J., M.D., M.R.C.P. *Fide Hartley, Sir Percival.*
- DAVIS, HALDIS, M.B. "Psoriasis of Anomalous Type." *Proceedings Royal Society of Medicine*, June, 1923.
- DONALDSON, MARGARET, F.R.C.S. (and CANTI, R. G., M.D.). "Observations on Fifty Cases of Carcinoma of the Cervix treated with Radium." *British Medical Journal*, July 7th, 1923.
- DUNDAS-GRAVE, SIR JAMES, K.B.E., M.D. "Case of Hoarseness due to Singer's Nodes." *Proceedings Royal Society of Medicine*, April, 1923.
- "Case of Complete Nerve-Deafness due to Syphilis of Internal Ears; Caloric and Rotation Tests Negative, Galvanic Positive." *Ibid.*, April, 1923.
- "Case of Vertigo, with Fixation of the Ossicles, cured by Ossiclectomy." *Ibid.*, April, 1923.
- "Case of Vertigo (simulating 'Meniere's Disease') with Anomalous Nystagmus Reactions." *Ibid.*, April, 1923.
- "Case of Outgrowth from the Ventricle in a Subject of Pulmonary Tuberculosis." *Ibid.*, June, 1923.
- ELMSLIE, R. C., F.R.C.S. "Case of Haemophilic Arthritis of the Knee." *Proceedings Royal Society of Medicine*, May, 1923.
- "Arthritis due to Dental Sepsis diagnosed and treated as Tuberculosis." *Ibid.*, May, 1923.
- FISHER, A. G. TIMBRELL, M.C., F.R.C.S. "The Nature of the so-called Rheumatoid Arthritis and Osteo-Arthritis." *British Medical Journal*, July 21st, 1923.
- "Some Researches into the Physiological Principles underlying the Treatment of Injuries and Diseases of the Articulations." *Lancet*, September 14th, 1923.
- FORBES, I. GRAHAM, M.D., F.R.C.P., D.P.H. (and G. H. COLVERWELL, M.D., D.P.H. and J.G.F.). "The Toothbrush as a Carrier of Virulent Diphtheria Bacilli." *British Journal of Dental Diseases*, August 15th, 1923.
- GARDNER, PROF. SIR ARCHIBALD E., K.C.M.G., D.M., LL.D., F.R.S., F.R.C.P. *Inborn Errors of Metabolism*. 2nd Edition. London: Henry Frowde & Hodder & Stoughton.
- GRIFFITH, H. K., F.R.C.S. See White-Cooper, W.R.
- GRIFFITH, WALTER, M.B. "A Case of Congenital Subluxation of Humeri." *Proceedings Royal Society of Medicine*, May, 1923.
- HARTLEY, SIR PERCIVAL HORTON-SMITH, C.V.O., M.D., F.R.C.P. (and DAVIES, IVOR J., M.D., M.R.C.P.). "A Case of Pseudo-Cataract." *British Medical Journal*, June 23rd, 1923.
- HEWER, C. L., M.B. "The Effects of Vagal Trauma on the Anaesthetised Patient." *Proceedings Royal Society of Medicine*, June, 1923.
- HINE, T. G. M., O.B.E., M.A., M.D. "Auto-Dissociation of Agglutinin-Antigen Complex." *British Journal of Experimental Pathology*, August, 1923.
- HOBBS, SIR THOMAS, BART, M.D. "Three Cases of Rheumatoid Arthritis." *Clinical Journal*, July 11th, 1923.
- "Introductory Remarks in Discussion on Diabetes and Insulin." *British Medical Journal*, September 15th, 1923.
- HOVVELL, C. M. HENRI, M.D. "Case of Syringomyelia with much Sensory and Motor Impairment and little Wasting." *Proceedings Royal Society of Medicine*, April, 1923.
- "Case for Diagnosis." *Ibid.*, April, 1923.

EXAMINATIONS, ETC.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

The following candidates were successful at the examination recently held for the Diplomas of F.R.C.S.E.:

Denham-White, A., Harvey, F.

CHANGES OF ADDRESS.

- ANDREWES, C. H., The Rockefeller Institute, 66th Street and Avenue A., New York City, U.S.A.
- BAKER, H. S., 142, Camden Road, N.W. 1. (Tel. North 3657.)
- BOYLE, H. E. G., 12, Montagu Place, Bryanston Square, W. 1. (Tel. Padd. 2140.)
- CATFORD, E., Chelston, Torquay, Devon.
- CHAMPNEYS, Capt. W., 13, Old Quebec Street, W. 1, and Guards Club.
- DAVENPORT, R. C., 39, Devonshire Place, W. 1. (Tel. Paddington 5244.)

- DONELAN, C. J., Flat 5, 9, Roxborough Park, Harrow-on-the-Hill.
- EVANS, D. D., "Harrow." Hamlet Court Road, Westcliff-on-Sea.
- HIND, HENRY, Rooker's Close, Sharrow, Ripon. (Tel. Ripon 30.)
- MAWER, P. U., 17, Wimpole Street, W. 1. (Tel. Mayfair 3791.)
- SCOTT, R. S., 30, Devonshire Place, W. 1. (Tel. Paddington 5244.)
- SQUARE, W. RUSSELL, Banting, Kuala Langat, Selangor, Federated Malay States.
- VICK, REGINALD M., 152, Harley Street, W. 1. (Tel. Langham 1268) and (Office only) The Warden's House, St. Bartholomew's Hospital.
- WITHERS, F. E., Casa Drago, Corso Garibaldi, Diana Marina, Italy.

APPOINTMENTS.

SAUNDERS, W. E. ROPER, M.R.C.S., L.R.C.P., D.P.H., appointed Medical Officer of Health for Urban District of Ashby-de-la-Zouch.

BIRTHS.

- BREWERTON.—On September 23rd, at 73, Harley Street, W. 1, the wife of Elmore Brewerton, F.R.C.S., of a daughter.
- HEYWOOD-WADDINGTON.—On July 26th, at Beach House Nursing Home, Littlehampton, to Madeline, wife of W. B. Heywood-Waddington, M.B., Arundel—a son.
- MC-CALL.—On August 21st, at West Lodge, Leominster, the wife of H. Dundas McCall, M.R.C.S., L.R.C.P., of a daughter.

MARRIAGES.

- CHADWICK—BUTT.—On September 14th, at St. Peter's Church, Petersham, Surrey, Norman Ellis, son of Mr. and Mrs. Ellis Chadwick, of Parkstone, Dorset, to Constance Morton, daughter of Mr. and Mrs. Morton Butt, of Richmond, Surrey.
- GELDART—DIXON.—On August 14th, at Holy Trinity, Loddon, Norfolk, Richard Morton Geldart, M.A. (Camb.), M.R.C.S., L.R.C.P., of Worthing, Sussex, to Margaret Lucy, youngest daughter of Rev. and Mrs. Dixon, of Loddon Vicarage, Norfolk.
- HAIGH—KRUGER.—On September 8th, at Geneva, William E. Haigh, F.R.C.S., D.T.M., Epidemic Commission, Health section, League of Nations, to Catherine Marguerite, daughter of the late Pastor Frederic H. Kruger, Société des Missions Evangéliques, Paris, and of Madame Kruger, 22, Schertlinggasse, Basle.

DEATH.

INNES.—On March 13th, 1923, C. B. Innes, of Wanganui, New Zealand, aged 62 years.

NOTICE.

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

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St. Bartholomew's Hospital



JOURNAL.

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

VOL. XXXI.—No. 2.]

NOVEMBER 1ST, 1923.

PRICE NINEPENCE.

CALENDAR.

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|--------|---------|---|
| Fri., | Nov. 2. | —Prof. Fraser and Prof. Gask on duty.
Clinical Lecture (Medicine), Sir P. Horton-Smith Hartley. |
| Mon., | " 5. | —Special Subject Lecture, Mr. Rose. |
| Tues., | " 6. | —Dr. Morley Fletcher and Mr. Waring on duty. |
| Wed., | " 7. | —Clinical Lecture (Surgery), Mr. Rawling. |
| Fri., | " 9. | —Dr. Drysdale and Mr. McAdam Eccles on duty.
Clinical Lecture (Medicine), Sir P. Horton-Smith Hartley. |
| Mon., | " 12. | —Special Subject Lecture, Mr. Elmslie. |
| Tues., | " 13. | —Sir P. Horton-Smith Hartley and Mr. Rawling on duty. |
| Wed., | " 14. | —Clinical Lecture (Surgery), Mr. Waring. |
| Fri., | " 16. | —Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Clinical Lecture, Dr. Morley Fletcher. |
| Mon., | " 19. | —Special Subject Lecture, Mr. Scott. |
| Tues., | " 20. | —Prof. Fraser and Prof. Gask on duty.
Last day for receiving matter for next issue of Journal. |
| Wed., | " 21. | —Clinical Lecture, Mr. Waring. |
| Fri., | " 23. | —Dr. Morley Fletcher and Mr. Waring on duty.
Clinical Lecture, Dr. Drysdale. |
| Mon., | " 26. | —Special Subject Lecture, Mr. Harmer. |
| Tues., | " 27. | —Dr. Drysdale and Mr. McAdam Eccles on duty. |
| Wed., | " 28. | —Clinical Lecture, Mr. Rawling. |
| Fri., | " 30. | —Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
Clinical Lecture, Dr. Drysdale. |

EDITORIAL.



General Meeting of the Students' Union was held recently to discuss the question of organised ragging. This is a subject whose perennial interest usually becomes most acute about the time of the Rugby Final. This year its interest has been precipitated by the reception of an anonymous letter suggesting that Bart's could, if it wished, become the owner (or perhaps we should say better, guardian) of a mascot, "a Scotsman, better than Phineas." The idea that a Scotsman (and a Scotsman better than Phineas) was, so to speak, on the loose, would have been sufficient alone to stimulate public interest, but the Students' Union Council rightly thought that with the reception or rejection of the Scotsman lay bound the whole subject of organised ragging. To possess

a Scotsman (and a Scotsman better than Phineas) would clearly be absurd if he could not be suitably protected, for if he appeared at Richmond without a very strong body-guard he would in about half a minute become a Scotsman considerably worse than Phineas. But the Bart's tradition has always been to refrain from organised ragging. Hence the discussion in the Medical and Surgical Theatre.

The place was packed. It was fuller than it has been since that historic occasion eight years ago when the Dean solemnly informed a delighted and enthusiastic meeting of first- and second-year men that their duty lay now, not at Bart's, but with the forces.

The meeting on October 17th was well organised, well conducted, and the debating was upon a very high level. Men spoke on both sides with earnestness and considerable vigour, and yet with a good humour and freedom from personalities which might set an example to many a more senior gathering. Moreover it was clear that whatever the opinion of the speaker, the reputation of the Hospital was first in his thoughts. The final result was a determination by 132 votes to 113 to maintain the old tradition and not to "rag" at cup-ties. The aim of each party was to improve student *esprit de corps*; and there can be no doubt that some very serious argument must be advanced before any means of organising the student forces in one combined effort can be neglected. Such an argument was forthcoming.

A rag, as one speaker said, contains the elements of revel and of riot. To the first no one can object; the second all decent people must condemn. Why has it been the immemorial custom of Bart's men not to rag? No doubt our forefathers felt the same itch to be up and at them which the younger men of our own day feel. Why did they refrain? We believe the answer is simple: They must have realised that it was impossible to take part in the organised "rags" about which we speak, and maintain that standard of conduct by which Bart's has

always been known. We do not believe, moreover, that our men—for the most part typically English in their desire to be inconspicuous—will paint their faces, put on women's gear, and prance about Richmond in the middle of an important social function, without the previous administration of our best known cerebral depressant. It may be argued academically that such "rags" could take place without any alcoholic indulgence. Practically, every sane man knows that they cannot.

We should not care one iota if Bart.'s stood quite alone in its determination not to take part in the scenes of disorder which have characterised some recent cup-ties. Bart.'s must lead and not follow; but we are glad to know that the students of at least one other great hospital—one whose prestige and reputation have always stood especially high in the medical world—are with us in this matter.

The subject was, we repeat, debated at length with great skill and moderation. We believe that the decision of the meeting was sound. It was a decision of the students themselves. No member of the Senior Staff was present. It now remains for each member of the Students' Union loyally to carry out the wishes of the majority.

We hope that the Hospital will realise one other thing from this meeting—the very urgent desire on the part of the students for corporate expression. There was much talk in this meeting of "revelling," as opposed to "rioting" or "ragging." There can be no doubt that the whole meeting was in favour of organised "revels." We do not propose to define our terms. The meaning implied by the word must be clear. It is the duty of the Students' Union Council to give the students as many opportunities as possible for such expression.

We include in this issue of the JOURNAL an article by Mr. H. G. Anderson of the University of London Union. Some may in this way hear of the Union for the first time, and it is for their benefit that we may consider this new organisation in relation to Bart.'s. The University of London has always been a problem. Consisting of no less than 37 schools—schools, moreover, of a truly amazing diversity of importance and of tradition—having within itself few, if any, resident colleges, openly boasting of its huge number of external students, containing within itself many men and women who, not taking university degrees, are working for various diplomas, and may therefore not even be matriculants of the University, or may be matriculants or graduates of any other university in the United Kingdom—with all these disadvantages the University of London has made its degrees respected throughout the world as of singular merit, and its University honours coveted by

the very elect. Academically London may compare favourably with any university in the world.

But academic excellence is not everything. Even in the hard and often arid pursuit of knowledge, the heart and the affections cannot be altogether silenced, and for long there have been many who have desired to see in London men the *esprit de corps* and pride in their University which so happily distinguishes Oxford and Cambridge. The University of London Union Society is a gallant attempt to establish in London something of the university spirit. What has already been done, what will be done in the future, will be found described in the article on another page. Few can realise the immense difficulties which have already been overcome, and to those who have worked quietly and persistently our heartfelt congratulations are already due. Moreover, this matter is of particular interest to Bart.'s men, since Mr. Waring is the Vice-Chancellor of the University, and Mr. H. G. Anderson (to whom we convey our good wishes on his election) is President Designate of the Union Society.

What are the relations of Bart.'s to the Society? Some time ago the Union Society requested the schools of the University to send representatives to a meeting in the Society's rooms to discuss the election of a commission to consider the whole question of the relations between the Union Society and the schools of the University. The St. Bartholomew's Hospital Students' Union Council sent, therefore, a representative to the meeting on the understanding that the commission should be one entirely of investigation, and that Bart.'s should not be pledged in any way to support its findings. We are not yet at liberty to make known the Chairman of this Commission. He will be found later to be a man of distinguished eminence in our public life.

Everyone will breath a pious prayer of well-wishing towards this thriving infant amongst union societies. We shall in these pages be fulfilling a more useful purpose if we boldly envisage the difficulties which it may have to face.

One of the most important of these is the question of finance. This will be a question which the Commission will discuss, but it was, we believe, hoped that the various hospitals and schools of the University would come in as institutions and pay a yearly *per capita* fee. Even if this were the comparatively small sum of 10s. a year per man, from our own school would be expected a sum of £300 or £400 per year. This we believe to be impossible. At Bart.'s there are "Conjoint" men not matriculants of any university, and there are graduates and undergraduates of almost every university in Great Britain; there is a strong and well-organised Students' Union which provides social amusement of every kind; there are playing-fields which are not seriously inadequate. To

Bart.'s as a whole there would be no compensate return for the expenditure of several hundreds a year, even if such an expenditure were possible. We hope that this idea of an institutional affiliation will die away. Perhaps it is already dead. The University of London Union Society has come to stay. Its difficulties are immense, for London differs from Oxford and Cambridge—and this is the fundamental point—in that it is not a resident university. But if it attempt to establish a university spirit and to co-ordinate university athletics and sports into something capable of meeting on equal terms Oxford or Cambridge, it will be doing most excellent work. Every London University undergraduate should be a member of the Society, and so, in gratitude, should "Conjoint" men accepting the advantages of the University schools.

We are sorry to hear that Mr. W. Holdsworth, the Senior Secretary of the Students' Union, has retired from that office. Mr. Holdsworth has been the Senior Secretary during a particularly trying period. In it has been included the Octocentenary Celebrations, the students' share in which was brilliantly successful. Much organisation in connection with this fell on Mr. Holdsworth's shoulders, and few can realise the amount of work which even the routine of Senior Secretary to the Students' Union involves. We congratulate and thank Mr. Holdsworth for his services, and hope that he will have the same success when the time comes in satisfying the examiners as he has had in satisfying his fellow-students.

We wish to draw the attention of our readers to the fact that the War Memorial Fund will close on the last day of November. Less than £2000 has been raised. There must be many who have not yet subscribed who would be unwilling to have no share in the memorial. To such and especially to the younger men we would appeal to send a subscription, however small, to the Secretary, Mr. Ball, before it is too late.

The many friends of Mr. Rupert Scott will join with us in congratulating him upon his appointment as Demonstrator of Anatomy.

Col. C. H. Bowle Evans, I.M.S., has been appointed Hon. Physician to the King, Indian Military Forces.

Our congratulations to Dr. Arthur T. Davies, M.D., F.R.C.P., upon his election as an Honorary Member of Les Sociétés d'Histoire de la Médecine, Paris.

We regret to record the retirement of Thomas Murray, for 26 years Head Porter to the Hospital. We shall all

miss Mr. Murray's stalwart and watchful figure from the Hospital precincts. Mr. Murray is succeeded by his son, Mr. R. J. Murray.

Our heartiest congratulations to Miss D. A. Robertson in winning the Gold Medal in the recent Nurses' Qualifying Examination.

We should like to draw the attention of Freshmen to the fact that certain books are still obtainable which will help them to understand their Hospital. One is Sir D'Arcy Power's and Mr. Waring's *Short History of the Hospital*; the other is *Round the Fountain*, a small volume of humorous verse and prose by many authors.

The students' share in the Fleet Street Week for Bart.'s seems to have been most successful. We shall publish an account next month.

OBITUARIES.

JOSEPH FREER BRADBURY.

JOSEPH FREER BRADBURY suffered during the early years of his life from tuberculous trouble, which confined him for some time to a spinal carriage. Educated at Highgate School, he came to St. Bartholomew's Hospital in October, 1921, and was to have sat for the 2nd M.B. (London) in March next. Despite the handicap of his early illness, he was nevertheless of a naturally bright disposition and possessed a keen sense of humour. He was liked by all with whom he came in contact, and his early death will deprive his many friends of a cheery companion and earnest fellow-student.

ARDINGTON,
NEW BARNET;
October 17th, 1923.

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

DEAR SIR,—By your kind courtesy I desire, through the medium of the Bart.'s magazine, to convey to the Hospital authorities, and to all surgeons, nurses, students and attendants with whom I was brought into contact, my warmest thanks for all they did for my son after his accident, and for the unvarying courtesy with which they treated me during the anxious hours I spent at the Hospital.

I feel absolutely certain that everything that surgical skill and devoted nursing could do was done, and it is comforting to think that my boy received all this attention in the Hospital at which he was so proud to be a student.

Yours faithfully,
J. BRADBURY.

SIR FREDERICK BRADSHAW, K.C.B., M.R.C.P.

Major-General Sir Alexander Frederick Bradshaw, K.C.B., K.H.P., Army Medical Service (retired), died suddenly at Oxford on September 27th, aged 88.

He was born in London on December 5th, 1834, the son of Mr. G. Bradshaw, of the Inland Revenue Department, and was educated at St. Bartholomew's Hospital, taking the L.S.A. in 1856 and the M.R.C.S. in 1857. He entered the army as assistant surgeon in 1857, attained the rank of surgeon-major-general on March 10th, 1891, and retired on March 10th, 1895, after a very distinguished military career.

From his promotion to surgeon-general till his retirement he held the appointment of P.M.O. of H.M.'s forces in India—the second post in the service, next to that of Director-General. He was appointed Honorary Physician to the Queen in 1899, and promoted to K.C.B. in 1912. He was also a F.R.G.S., and in 1882 had taken the M.R.C.P.(Lond.).

After his retirement he settled in Oxford, where he did much public work as honorary secretary of the Oxford Eye Hospital, as member of the Oxford Town Council, and as a member of the committee of the Warneford Asylum. He became a Fellow Commoner of Worcester College in 1897; the University gave him the honorary degree of M.A. in 1900, and the full degree of M.A. in 1910. During the late war he acted as Honorary Consulting Physician to the Military Hospitals in Oxford. He edited a memoir of Katherine Grace Loch, R.R.C., who was Chief Lady Superintendent of Queen Alexandra's Military Nursing Service for India. In 1864 he married Ellen, daughter of Colonel R. S. Ewart, Bengal Army, and had a large family. His youngest son was killed in the late war. The other two sons are Lieut.-Colonel F. E. Bradshaw, D.S.O., late Rifle Brigade, and Colonel C. R. Bradshaw, Indian Army. His daughters are Lady Lenox-Cunningham, O.B.E., Mrs. Cecil Kekewich, Mrs. Hunt, wife of Prof. A. S. Hunt of Oxford, and Mrs. Stewart Gordon. His remains were cremated at Golders Green on October 2nd, a funeral service being held at the same time at St. Margaret's Church, Oxford.

DR. MICHAEL SADLER.

A correspondent writes: "Doctor Michael Thomas Sadler, who has died at Rugby, practised medicine in Barnsley and its neighbourhood for forty-four years. Born in 1834, he was educated at Wesley College, Sheffield, and at Edinburgh and London Universities, and was a student at St. Bartholomew's Hospital. He was for many years Medical Officer of Health for the borough of Barnsley and the surrounding district, and during his years of practice in Yorkshire was a steady advocate of

improvements in secondary education and was also, deeply interested in public hygiene. He was a widely-read man, especially in French and Italian literature. At one time he knew by heart *Paradise Lost*, the first part of *Faust*, and Dante's *Inferno*, and used to repeat long passages to himself during his country drives.


"After his retirement he gave much of his leisure to the work of the Charity Organisation Society. His father, who bore the same name and was also a doctor in Barnsley, was the author of *The Bible: The People's Charter*, and his great uncle was Michael Thomas Sadler, of Leeds, M.P. for Newark, social reformer and political economist. Partly of Huguenot descent, Dr. Sadler traced his lineage from Sir Ralph Sadleir (1507-1587), and another of his ancestors, who lived in Dovedale, was a fishing friend of Isaak Walton.

"Dr. Sadler was the father of Sir Michael Sadler, Master of University College, Oxford, and the grandfather of Mr. Michael Sadleir, the novelist. His second son, Dr. F. J. Sadler, of Barnsley, carries on the family practice. It was at the house of his eldest daughter—the widow of Mr. William Dewar, of Rugby School—that Dr. Sadler died."

OUR TRADITION. THE PAST.

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

*The Introductory Address at the Abernethian Society,
October 18th, 1923.*

OU set me no easy task, Sir, when you asked me to tell our newly joined fellow students something of the heritage they share and of the burden they have undertaken if they intend to maintain OUR TRADITION pure and unsullied, as we received it from our predecessors. It is, however, a pleasant task, for it is right that they should learn from the very beginning of their work here that we are all one family, and that we carry with us to the uttermost ends of the earth the undefined and indefinable stamp of our School, beloved of many, envied by some.

The tradition is complex. There is the tradition of the patients; the tradition of the Hospital as a place of healing; the tradition of its administration; the tradition of the Medical and Surgical Staff; the tradition of the students and their teaching; and lastly the tradition of the nursing. All are distinct, for all can be considered separately, but all are combined to make *the* Tradition. Let us think of them separately and then try to blend them.

I. *The Patients.*

*First and foremost are the patients, for the Hospital is founded for them, and from the very beginning they have always come first. We are now 800 years old, and for the first 400 years of our existence we were a religious foundation. Augustinian Canons devoted their lives to the Hospital and the patients were nursed by Sisters who were professed nuns. Four hundred years ago the standards of life were different, the moral law was predominant, and just as *Charitas* meant love and not charity, so morality meant religion, since people were neither moral nor immoral so long as they were religious. During these four hundred years the patients were received as if they were Christ himself, "tanquam Christus suscipiantur," says the old rule, and as late as the reign of Henry VIII, the citizens of London spoke of them as "Christ's very images created in his own similitude." The language appears strange to us in these latter days, but there is no doubt that it was accepted literally in our religious community. In other hospitals founded later the patients were spoken of officially as "the Objects," or "the poor Objects," and were treated accordingly. Our system has always been to consider them human beings and individuals like ourselves, except that they were sick, poor, and in pain. Go round the wards or into the Out-Patient Room and Surgery with any of the Medical and Surgical Staff and note the kindness and consideration with which even the most unworthy are treated. It is only amongst those endowed with a little brief authority that exceptions occur. The tradition comes to us directly from Skey, Paget and Tom Smith, who themselves inherited it from Burrows and Vincent, and they from Earle and Abernethy, to go no further back. It is recorded of Abernethy, who was notoriously rude to his private patients, that he never kept his patients at the Hospital waiting, and that he always treated them with courtesy, just as my own colleague, C. B. Lockwood, who had a great reputation for brusqueness, was as tender-hearted as a woman in cases of real distress. Look down that long vista of eight hundred years when you are tempted to speak inadvisedly with your lips, and consider how little the irritable word of one sick person should provoke you to anger amongst the hundreds of thousands who have been treated in the Hospital. Even the rough and out-spoken army surgeons of the Elizabethan period looked with compassion on our patients, for Gale says in 1563, "the surgeon should work gently, courteously, and with as little pain to the patient as conveniently you may and not roughly, butcherly and without accomplishment."

II. *The Hospital as a Place of Healing.*

The tradition of the Hospital as a place of healing is bound up inextricably with the tradition of the patient.

Our Hospital is so old that it used to be noised abroad as a miracle when anyone was cured though the miracle happens now when he is not cured. The records of our earliest cases show that the methods of treatment adopted did not differ greatly from those at present in use. Adwyn, for instance, a patient in the time of Richard Coeur de Lion, was cured by a system of graduated exercises, just as he would have been if he had applied for treatment to-day. It is said of this Adwyn that he was a man who lived "in a town called Dunwich on the sea who was so crippled that he had not the free use either of feet or hands. Indeed, with his calves cleaving to his thighs he could not walk at all, and with his hands bent backwards he could do no work; he could scarcely carry food to his mouth with just the tips of his fingers, which, too, the stiffness of his sinews had crippled. In such grievous sickness he had already passed the years of his youth and had attained to man's estate, but was not yet in control of his limbs. When the story of the miracles of the most blessed apostle reached him he began to raise his sorrowful spirit with a better hope and to promise himself that he would have help if he should be carried thither. Therefore, because he was far from the said church, he paid the passage money and was set on a ship, and being carried to the church, was set in the hospital of the poor and supported there some time of the alms of the said church. Meanwhile, by the virtue of the Apostle, he began to revive and his longed-for health began to return bit by bit. And so at first, bent though he was, he made with his hands little things such as distaffs and other girls' gear. Next as his steps grew stronger and his limbs enjoyed their natural vigour, he followed the more important works of those who cut logs with axe and adze, and not long after practised the craft of carpentry in the same church and throughout the City of London, as he had been taught as a boy, blessing God whose eyes are on them that fear Him and on those who hope in His mercy."

There was also an interesting medical patient about the same time whose illness I am not competent to diagnose. A man who was called "Dropsy" because he was dropsical, "for moisture beneath his skin had caused a swelling tumour and the disease which lurked within shewed outwardly by his swollen belly." One wonders what he really suffered from. It must have been a chronic disease or his neighbours would not have nicknamed him "Dropsy," but it is recorded that "he being brought to the Church of the most blessed Apostle Bartholomew, after rolling himself writhing on the pavement in different directions through the greatness of his pain, at length in sight of all discharged the poison and with his inwards thus purged of the deadly plague, returned sound to his home."

III. Sources of the Hospital Patients.

The stage of miraculous cures soon passed and the Hospital settled down to a long period of solid work and little show. Our founder, Rahere, designed the Hospital for poor people suffering from acute disease and for women in childbirth. For these reasons it has escaped the fate of many hospitals, founded about the same time, which have either vanished altogether or have become mere almshouses. During this early period you must think of London as a comparatively small town through which flowed many little streams; the town still walled and with the City ditch just outside the walls. The available space was thickly populated, the houses were small and uncomfortable, and life was largely spent in the open air. The tradesmen who lived over their shops were members of their respective guilds; each took two or three apprentices and employed one or more journeymen, who in many cases were themselves subordinate members of their masters' guild. Business was good, money was plentiful, and the Londoners ate and drank heartily. They were a sociable people, and loved a crowd just as we ourselves still do. They policed themselves too, and everyone went armed, the elders with swords and daggers, the apprentices with clubs and bills. Brawls were frequent, and at least once in every generation the City was the seat of a faction fight starting either amongst the apprentices, or as a quarrel between the apprentices and the young lawyers in the Temple, or less frequently amongst the citizens themselves owing to domestic political differences. The cry of "clubs and bills" was heard daily in some part of the city, and it never failed to bring out every apprentice within hearing. Sword cuts, dagger wounds, broken heads and broken bones provided the Hospital with a constant supply of patients. There were, too, the ordinary accidents incidental to the life of a medieval town—persons tossed by bulls or trampled on by cattle being driven to the shambles, drunken drivers who had fallen between the shafts of their carts, persons who had been run over or who had fallen into the Thames when shooting the dangerous rapids at London Bridge in their wherries. One can picture them all quite easily as they were brought up Giltepur Street, some from Blackfriars and Fleet Street, some from Cheapside along Newgate Street, a few up Snowhill and from Long Lane. Occasionally a nobleman would be brought in because the great tournaments were held in Smithfield, just outside our gate, and serious injuries were at least as frequent at these displays as they now are on the football field.

IV. The Professional Staff of the Hospital.

The personnel of the Hospital has not changed much except in numbers. There were originally a Master,

eight Brethren, and four Sisters. Three of the Brethren were always detailed for service as Chaplains, so there must have been a subordinate staff to carry on the work of the Hospital, but of this nothing is now known. The habit of the Brethren was black, for the Augustinians were known as the Black Canons, in contra-distinction to the Premonstratensians, who were the White Canons. They were tonsured where our present staff is bald. Young and alert they must have been, for spectacles were not common, and a presbyopic Canon who could not see to sew up a scalp wound must soon have discovered that he was better fitted to act as a chaplain than as a surgeon; the age limit for retirement, therefore, was probably earlier than it is at present.

I should like to know the relation which these religious Hospital surgeons bore to the fraternity of surgeons and the guild of barbers in the City of London. Both these bodies had absolute power to prevent unlicensed persons practicing surgery in London, or within seven miles, but they never seem to have interfered with the Hospital surgeons, who are not even mentioned in their records, so that they must have been tacitly recognised, or were in some way not amenable to civil discipline. The subject has not yet been investigated, but the position was anomalous, and might be worthy of elucidation. The civic position became regularised after the Reformation, because the physicians have always been Fellows of the College of Physicians, and the surgeons members of the United Company of Barbers and Surgeons, or more recently of the College of Surgeons of England. The character of the patient, too, altered after the Reformation, and for nearly 150 years accommodation was found for soldiers and sailors who had been wounded or disabled on military service.

V. Stability of the Hospital.

We are unique amongst the hospitals in England from the fact that we have remained on the site where we were first built. The Hospital has changed greatly in the course of 800 years. It has been reconstructed, re-built and re-arranged, but where our founder Rahere entered at the Smithfield Gate we enter, and where he left it by the Little Britain Gate to go to the Hospital cemetery, we leave to go to the Tube. Think as you go across the Square of the very many generations who have walked across it before you. Patients innumerable with their friends, some in the deepest grief and anxiety, others rejoicing in their new-found health. Great teachers, like Caius and Clowes, Harvey and Pott, going to lecture at the College of Physicians in Knightrider Street, or at the Barber Surgeons' Hall in Monkwell Street; now and again a false man like Dr. Lopez, our first Physician, going to his traitor's doom at the Tower for plotting to poison Queen

Elizabeth, his royal mistress, or again a political prisoner like the Governor of Dunkirk, whose nose was offended by the women who hung their "bedding and beastly rags before his door," where is now the house of the Warden, and who complained of the dirty habits of the Sisters, because they emptied their slops under his chamber window. Think also of those other occupants of the Hospital who were not medical men, and yet lived within its precincts, of Sir Thomas Bodley, the founder of the Bodleian Library at Oxford, and of Colonel Pride on the dull December morning when he started off to ride to Westminster to purge the House, and at Cromwell's command to take away "that bauble," the Mace. Think, too, of the uses to which the Fountain has been put in modern times—sometimes a place where probationers have learnt to skate and slide on frosty moonlight nights, at others a place of summary execution where punishment is meted out to the just and the unjust alike by a Velturgericht of students, more often as a mere club or gossip-shop. It is not very old as we count age in the Hospital—hardly a century—but we should be sorry to lose it, for with it might go the spirit which inspires those trifles, light as air, which add gaiety to the pages of our JOURNAL, and give pleasure to a succession of old students when they are collected into a new edition of *Round the Fountain*.

VI. The Administration—Vestigia.

Nothing shows our age so much as the administration of the Hospital. It is an epitome of every stage in our history. The essentials have been retained and the useless has been abandoned, until after 800 years of experience we have a first-rate administration which has maintained us as one of the few solvent hospitals in London. Think of "View Day"—an apparently meaningless ceremony—carried out on the second Wednesday in May by the Treasurer and Governors visiting the wards, and, until lately, dining together in the Great Hall. It takes us back at once to the beginning of the Hospital. "The View" used to take place early in the morning, and as nearly as possible to St. Patrick's Day.

Even in post-Reformation times it was preceded by a brief service in the Church, just as now the Courts of Governors are still opened by prayer. It is in short a survival of the Mass which was celebrated on the Foundation Festival, and the subsequent banquet represented the extra pittance with which the Brethren in every convent were accustomed to mark the outstanding days in the calendar of the religious house to which they were attached. The City companies retain a similar feast to this day upon "election," and it reminds us in like manner of the fact that they were once trade guilds, founded upon a basis of religion.

Then, too, we have our own Church, rebuilt several times, but still standing on the site of the principal chapel, dedicated, like the original Hospital, to the Exaltation of the Holy Cross. We have our own Vicar, the direct descendant of a brother who served the Chapel. The Vicar used to be distinct from the Hospital, whose care was for the patients, and who for some years after the Reformation still combined in himself the double duties of the older Brethren, for he attended to their bodies as well as to their souls.

The Hospital, like the religious houses and like the Colleges at Oxford and Cambridge, is self-contained, and has gates which are closed at ten o'clock every night. Some of the officers still fulfil the duties of the old obedientiaris, but under different names: surely the Steward is the Guest Master or Hospitarius with the added work of the Refectorian, whilst the Butler can be no other than the Sub-Cellarer of the old religious days, for what hospital in modern times ever had a Butler with a separate house within the walls? Of the sisters I shall have more to say. They have had a continued existence from the very first. For four hundred years they wore tunics and over-tunics of grey, which it is expressly stated were not to reach lower than their ankles, and for four hundred years they have been clothed in blue.

And just as these are vestigia of pre-Reformation days, so the Treasurer, the Clerk, the Renter Clerk, the Governors and the Courts of Governors remind us of post-Reformation times, and yet they, too, are not far removed from the beginning of our history. They form the constitution of a City Company adapted to the requirements of a City Hospital, and the City Companies themselves are only one step removed from the religious guilds. The Governors in other hospitals become governors by the mere payment of a subscription. In the case of the Royal Hospitals, the payment of a sum of money is not necessarily followed by election as a Governor. The election therefore is more than a simple formality, and a newly elected Governor is told of his appointment by receiving, "according to ancient custom," a green staff of office, whilst he is unable to vote until he has been duly admitted after receiving "a charge" setting forth his duties.

The thorough manner in which the Governors carried out the responsibilities of their office without fear or favour is well shown in a Report which was presented to them in 1747, when "a Committee was appointed to enquire into the duties of the several Officers of this Hospital, and in what manner they do attend and execute the same."

"They find that the Physicians by their Charge are to come to the Hospital three days in a week throughout the year, or oftener if required, to prescribe for the patients. But that it hath been a custom of the Hospital to observe

and keep holiday in the four weeks of Christmas, Easter, Whitsuntide and Bartholomewtide. And that the poor have not been admitted at these times unless in cases of sudden accident. Neither do the physicians attend to prescribe for the out-patients. And your Committee do recommend that an Order may be made for the future that the poor may be admitted into this Hospital in Christmas week, Easter, Whitsuntide and Bartholomewtide; and that the Physicians do attend the Hospital and prescribe for the patients in those weeks as at other times. And the Committee is of opinion that Dr. Richard Tyson and Dr. Piers Dod, physicians to this hospital, have regularly attended and executed their duty in all other respects and that they take no fee of the Poor.

"Then were read the Charge and the several Orders relating to the duty of the Surgeons of this Hospital and your Committee is of opinion that the three surgeons of this Hospital Mr. John Freke, Mr. James Phillips and Mr. Edward Nourse had done their duty and find that none of them take any fees of the Poor.

"Your Committee then enquired into the duty of the Surgeon and Guide of the Lock Hospital and also of the Surgeon and Guide of the Kingsland Hospital (two of the assistant surgeons) and is of opinion that they have well performed their respective duties and find that neither take any fees of the Poor.

"Your Committee then enquired into the duty of the Vicar and Hospitaller of this Hospital and find that his duty that 'he should constantly attend once every day, pray with, exhort and console the Patients in one ward of the Hospital' hath been greatly neglected.

"The duty of the Clerk was then considered, and it was found that John Tims the said clerk, hath duly attended and performed his duty.

"The Charges given to the Steward at his election and all the Orders relating to his office having been read, your Committee is of opinion that the Steward has been negligent in his duty to the great detriment of this Hospital. They recommend, therefore, that he should no longer be continued in the office of steward.

"Your Committee then proceeded to enquire into the duty of the Matron and doth find that she hath served this Hospital for 19 years with great care and diligence.

"Your Committee then took into consideration the duty of the Cook of this Hospital and find that the Cook by reason of her age and infirmities is not able alone to perform the business of her place but that the same hath been well executed by Agnes Rose, her daughter. And that she doth not take any fees of the Poor.

"Your Committee then took into consideration the duty of the four Beadles of this Hospital and find that they have well executed the same and take only the old and accustomed fees of the Poor.

"Your Committee then proceeded to enquire into the duty of the Brewer and find that he hath given a good account of the Brewery and hath done his duty.

"Finally your Committee is of opinion that the Sisters and Nurses have done their duty," though they hasten to add, perhaps a little unnecessarily, "there being no complaint of any misbehaviour on the part of any of them."

We thus have evidence in the administration of pre-Reformation and Reformation survivals; the memory of post-Reformation times is preserved in the fact that we form a parish with our own Churchwardens and Beadles. The general result is excellent, for out of all the best has been selected, and the Hospital remains virile, capable of receiving new impressions and of adapting itself to current needs.

The tradition of the staff is easy to follow. In the earliest days of the Hospital only those who felt specially called to the service of the poor would have volunteered for service as one of the eight Brethren or four Sisters. The Church was an avenue to honour and reward for many an ambitious man at the time of our foundation, but there is no record that any of the other Brethren of the Hospital attained any higher position. We know the names of many of the Masters of the Hospital but of the Brethren we know nothing at all, and of them we can only say with Kolereth: "Some there be which have no memorial, who are perished as though they had never been and are become as though they had never been born. But these were merciful men whose righteousness hath not been forgotten. Their bodies are buried in peace but their name liveth for evermore."

VI. Early Teaching.

It was different when the Hospital became secularised at the Reformation. Great surgeons like Vicary, Balthrop, Clowes and Woodall became members of the staff, whilst on the medical side William Harvey made our Hospital known to the whole world. The post of physician and surgeon was at first of no great pecuniary value though it was important for the experience it offered. It became valuable when the surgeons were allowed to bring their apprentices with them, and could show them in the wards what other surgeons could only teach them about theoretically. For many years after the reconstruction of the Hospital there was no systematic teaching, and the apprentices learnt by watching their master and by gathering such crumbs of knowledge as he chose to impart. Lectures on surgery and demonstrations on anatomy were given in the Hall of the Barber-Surgeons' Company in Monkwell Street, which, as you know, is immediately behind the Church of St. Giles, Cripplegate. Presently formal teaching began, at first by lectures on anatomy, later by lectures on surgery, later still by

lectures on medicine, but the teaching depended on the caprice of individual members of the staff. Nourse's lectures on anatomy, if they were given at all, were probably delivered at the hospital, because a dissecting-room had been provided. Percivall Pott certainly lectured on surgery in his own house. The lectures were largely attended, and as they were a source of profit and fame to the lecturer they soon became systematised under Pitcairn and Abernethy. Attendance upon them was made compulsory by the Society of Apothecaries and the College of Surgeons at the beginning of the last century, and the School was formally recognised about 1830. A few teachers at first taught all the subjects required, and even in my own time Sir James Paget, Sir William Savory and Mr. Morrant Baker lectured with equal ease upon physiology and upon surgery, whilst the recognised route to the Surgical Staff lay through hard service in the Dissecting Room.

There has been an excellent tradition for many generations that the assistant surgeons should actually help their seniors at operations on at least one day in the week. Both gain by this arrangement. The surgeon feels that he has a trusty assistant, and the assistant has an opportunity of noting the old-fashioned ways of his senior, whilst he observes the various devices by which he escapes the pitfalls and tight places which occur so frequently in every operating theatre. Being young and receptive, too, he can make mental notes of what he will not do when he occupies the place of his senior, only to discover in due course that with age comes experience, and when his own time arrives he has nothing better to offer. The tradition makes for good fellowship, and it has enabled us to continue our Thursday afternoon "Consultations," which are valuable to the student if he only learns from them that surgeons may take diametrically opposite views on diagnosis, prognosis and treatment, and yet remain friends.

VII. The Students.

Teaching began in the Hospital, as I have already said, when surgeons, as members of the Barber-Surgeons' Company, brought their apprentices with them into the wards. It is clear that at first their presence was not appreciated by the Governors, for the first notice of students occurs in 1664, when the Almoners complained that they were interrupted whilst admitting patients on Mondays in the Cloisters by "young men that were apprentices to the three surgeons who shew pressing importunity and saucy carriage to the Almoners to enforce such persons to be admitted as they recommend." These apprentices were doubtless of the class whom the Governors of St. Thomas's Hospital spoke of shortly as "Cubbs" on the few occa-

sions when they had occasion to mention them. There is evidence three years later that the Hospital had a better class of student—distinct perhaps from the apprentices—for it was determined in 1667 that there should be a Library for "the use of the Governors and the young University scholars." It was discovered as early as 1722 that a dissecting room would be useful, but it was not until 1735 that the Governors gave leave to the surgeons and assistant surgeons to lecture on anatomy in the Dissecting Room. The lectures, first of Pott, and afterwards of Abernethy, attracted large numbers of students to the Hospital, where they could attend individual courses on the payment of a small fee, though they were not given admission to the wards.

The teaching during the first half of the last century was both insufficient and bad, as is shown by the multiplication of private schools and "coaches" or "grinders" as they were called. The students at most of these schools were taught by a system of cram, the result of a careful study of the idiosyncrasies of the examiners, who were then appointed for life. The result was disastrous to many, and the term "medical student" became a byword and a synonym for rowdiness, which it has taken us a long time to live down. The fault did not lie wholly with the student, who was literally led into temptation. He usually came from a country home, where the conventions were much stricter than they are at present; he lived in second- or third-rate lodgings without much stimulus to work because the examinations were few and easy. There were no games. Vauxhall, Cremorne and Highbury Barn were each worse than the other. There was much drinking of beer and brandy and water, and there was no closing hour in the night houses of the West End. Small wonder, therefore, is it that too many succumbed to the attractions of the billiard room and an unlimited number of pots of "half and half," which was known as the medical students' drink. But in spite of this there was always a leaven for good in our school. Men like Sir James Paget, Luther Holden, Sir William Savory and my father must always have run straight, and as the number of University students increased and examinations became more numerous and more severe, the old habits were considered "bad form," and Bob Sawyer is now as dead as Mrs. Gamp. With us the change began about 1826, when "Tommy" Wormald, then Demonstrator of Anatomy, forbade beer being brought into the Dissecting Room and knocked the pipe out of the mouth of a man who defied his edict against smoking.

VIII. Nurses.

The nursing tradition is continuous. It extends unbroken for a single moment since the Hospital was founded in 1123 until the present day, and a very noble one it is.

Professed sisters for the first 400 years, the nurses lived entirely for and in the Hospital, sometimes bequeathing to it any little savings they might have acquired. The religious habit was abandoned with the Reformation, but the scheme of their life seems to have changed but little. The profession was practically for life, and all the Sisters slept together in one room, from which they were not allowed to come out at night except upon most special occasions. This common dormitory continued until 1787, when the sisters were assigned the small room partitioned off from their ward, which they still use as a bed-sitting-room. Even to our own time many of the sisters have served the Hospital and often the same ward for 30 years and more. Think of the knowledge that they had gained by experience in that time. It is well exemplified by the story Sir William Church tells of one of his old sisters, who used to say, "There's a many who comes into this ward and dies and the young doctor don't know what he dies of, and there are others who die and the physician don't know what he dies of, and there are some as comes in and even I don't know what he dies of." It is a standing wonder to patients who are not very ill and can watch the work in the ward how it is that so much can be done in so orderly and pleasant a manner. My answer is TRADITION.

IX. *The Tradition.*

What is the end of it all? The tradition is to be found in the words over the entrance to the School buildings: "Whatsoever thy hand findeth to do, do it with thy might." Put into plain English as she is spoke in this twentieth century, "Find the job you are fit for; do it thoroughly without counting the cost; stick to it; have a high standard of excellence and don't leave it till it is finished to your own satisfaction, and then, as we say elsewhere, "rising to eminence by merit you will live respected and die regretted." How often was it told us in the war, "We hate you Bart.'s men for your clannishness, but we know that if we give you a job we can rely on its being well done." Surely this is the tradition of the School as it is practised by everyone, from the Treasurer to the first year's student and the last joined probationary nurse. It is a tradition which has not grown up in a night.

THE PRESENT.

By REGINALD M. VICK, O.B.E., M.Ch., F.R.C.S.

MR. PRESIDENT, LADIES AND GENTLEMEN,—I appreciate keenly the honour of being asked to share with my old chief, Sir D'Arcy Power, the Inaugural Sessional Address to the Abernethian Society.

The key-note of the evening is TRADITION, and in my first sentence I have already mentioned two of the most famous products of our traditions:

SIR D'ARCY POWER—typical of the very best that our Hospital and Medical College produces; a Bart.'s man of famous Bart.'s stock, and possessing to the full all those qualities of which we are most justly proud.

A surgeon, who has given his whole life to this place; whose energy and labours for the necessitous poor have never been called upon in vain; whose kindness and courtesy have been a pattern to all, and whose gentle humour and hopefulness have lightened many a sad heart.

And the ABERNETHIAN SOCIETY—one of the oldest medical societies and still unequalled.

Monsters of ferro-concrete like the Royal Society of Medicine may overshadow her by their mere height, but the Abernethian Society stands proudly to her reputation, and, in spite of her age, grows daily more enlightened.

This learned society may be taken as another example of what this Hospital has done and does.

When the question of this address was first mooted, it was suggested that I might deal with my personal experiences of this Hospital during the last forty years. By no means encouraged by this liberal estimate of my age, I protested, and the title before you was agreed.

I was asked to take up the tale at the time that I entered the Hospital, and that reminded me of my first appearance here. In September, 1906—seventeen, not forty years ago—I drove into the Square in a hansom cab at half-past one.

To those of you who do not know our traditions, that would seem a small matter. But let me tell you that in doing so, I drove with collar bell jangling through a veritable network of custom.

The only people in those days who drove into the Square were the Senior Physicians and Surgeons—even the Assistants, if they were doing well enough to have carriages, left them outside.

But that custom has passed; a large car park now obscures the doubtful beauty of the parish church of St. Bartholomew the Less. Only the Warden still drives to his house through the Square. I trust that whoever steps into my shoes will continue to do that even though the Warden's House may fall.

This address is primarily intended for "FRESHMEN." You have, I hope, already been to a Freshers' Tea and heard of all the manifold activities in which you may indulge.

I remember when I came up from Cambridge some people resented being Freshers again. But I think that you are more truly Freshmen here than at either Oxford

or Cambridge. (That, by the way, necessarily is not the order of merit of those two ancient Universities—I think that it has something to do with the date of their Foundation.)

You have come to a place older than either of them. You have heard that we recently celebrated our 800th birthday.

You have come to a place steeped even more deeply in tradition—which has played so great a part in the history and fates of the ancient City of London—a place where learning has advanced hand-in-hand with education, where learning has been concentrated on the art of healing.

But at the older universities you remain a Freshman until you blossom into the glory of your second year.

Here you cease to be a Freshman at once. You will soon carry a weight of responsibility—small at first, but rapidly growing as you ascend the scale of official appointments. The patients whom you dress already, look upon you as their doctor. You are often more important to them than is anyone else.

Even before you are qualified you will preside unaided at some twenty dramatic scenes of childbirth, and, though we are told that childbirth is a natural process, you will feel unnatural enough!

Which reminds me of one of my greatest friends who, when on the District, went out to his second case of labour. On his arrival he was greeted by a huge navy—the husband—who said, "Thank Gawd you've come, Doctor." But being well brought up he received the implied suggestion of efficiency with perfect calm, although he had but the vaguest idea of what he was there to do.

I think that it is when you go on to the District—at any rate, as I knew it—and really work in the homes of the poor and help them to get their children born, that you first realise to the full what Bart.'s means to the City and a wide district around it.

So that touch of freshness will soon pass—on your first morning in the Surgery, after your interview with the Treasurer, or during your first days in the Laboratories, Dissecting Rooms or Lecture Theatres.

There is one thing I would wish to say before I go a step further. The Hospital and College will appeal to you all in different ways, according to the state of mind in which you approach it, and the place from which you come—I mean whether you come from your school or your university.

Your affections are still anchored and fixed deeply in your study at school, or your rooms in college, and in the friends you made there. May they long remain so!

But you may approach the Hospital with a faintly inimical feeling, and say in effect, "My heart is not large enough to embrace yet another *alma mater*; I cannot

form other friendships, and lay down another hearthstone; I am getting too old for that."

Let me give you one word of advice—one sentence of prophecy.

What ever may be your fate here, whether you qualify in the shortest time and go away, whether you qualify in the longest time possible, and then find it hard to leave, whether you serve the Hospital on the Staff, or whether you enhance her reputation as an efficient practitioner—as surely as one or other of these things happen to you, so surely will your affection for the place grow, so surely will she claim you.

Your love for your school is a calf love; you love your college with the changing enthusiasms of adolescence, but you bring to your Hospital the strong affections of manhood.

Such affections will be more placid but deeper. You might fight to defend the reputation of your school, or your college even, but you will be so sure set in your knowledge and love of your Hospital that no word of disparagement could touch her worth in your eyes.

The friendships you make here will last you till you die; some Bart.'s men have even found their life's mate within the grey walls of this once monastic institution.

You will find it easy to take up the professional side of your life; you may find it a little more difficult socially to "drop into things" than you did at school—(there you often dropped rather hard)—or than you did at your university, where things were made easy for you.

The Hospital is so large; the College itself has so many interests and side-shows. It is part of my object to-night in dealing with the present to introduce you to our habits and our customs.

The Hospital is governed by the Treasurer and Governors, represented so far as you will know at present by the Clerk to the Governors—beneficent and benevolent, suave and genial.

The College is governed by a College Council, appointed under its recent Charter, consisting of laymen and medical staff, with the Treasurer as President and Mr. Waring as Vice-President. The Council is represented, as far as you will know at present, by the Dean.

I need not introduce you to the Dean—you have met him. Let me give you a word of warning about him:

If you want advice and help, go to him—he is most sympathetic.

If you are not working, don't go to him and try and bluff him—avoid him like the plague. He has been here forty years.

Then there is the Sub-Dean: some of you may have met him at the Freshers' Tea. You will meet Mr. Ball often in the councils of the Students' Union. His interest in students is not by any means limited to their work.

Then there is the Warden. I need not introduce you to him. He is also an official of the Students' Union, and secretary of the Discipline Committee, but you need never know him on that account.

Then there is the Staff of the Hospital and Medical College—more than one hundred teachers. I cannot introduce you to them all, but there are three that you must know at once:

Our Senior Physician, Dr. Morley Fletcher—well known to all Cambridge men. Look out for the youngest, sprightliest and most energetic of our Senior Staff on the Medical Side, and that is our Senior Physician.

Our Senior Surgeon, Mr. Waring, Vice-Chancellor of the University of London, and Vice-President of the Medical College, to whose energy is largely due the obtaining of the Charter of our College and its continual advancement along all lines—distinguished by the whiteness of his hair, the crispness of his voice and the smallness of his hands.

And Dr. Drysdale, the President of the Students' Union, who is our second Senior Physician, whose interest in the Hospital, in the College, and in the Students is deep and lasting, who figures on endless committees and assists captains and secretaries with valuable advice at all times, and whom you will recognise at once when I tell you that no one would attempt to describe him! A man whose love for Bart.'s knows no end.

Then there are all your teachers—would that I could with a well-found phrase introduce some more of them to you. But you will know them soon enough.

If you intend to work and to get on you will know them well; if you are determined to take things easily, let me warn you—you will know them better.

There is an old Chinese code—"Even the shadow of a teacher must not be trodden on." I am afraid that you will not find this reverence for the teacher among the students of to-day. But I would ask you to realise that all your teachers are giving to you of their very best—that all their energy is for your advancement in the art of healing, and that they watch your development with the very keenest interest. To those who have the true spirit of teaching, the highest reward lies in the success of the men whom they have helped to train.

Sir D'Arcy Power has emphasised for you our great traditions—traditions which remain the same throughout the centuries.

The profession of the doctor differs from all the other learned professions (except, perhaps, the Church). It is a profession which demands self-abnegation.

If you have chosen to become a doctor solely with the idea of earning a livelihood, you will be woefully disappointed. I do not mean that you should not be business-like or that you will not be able to pay your way.

The business side of your work is, of course, important, as to-day's papers will tell you, and it would be a good thing if some patients could be reminded that their doctor has to live.

I often think that a small counter in the consulting room would act as a subtle hint to them. You will, when you have been in practice for some time, get accustomed to the patient whose cheery good-bye is not accompanied by the rustle of Treasury notes or the tinkle of silver.

One of the peculiar merits of this School is that it insists upon teaching you quite unconsciously, and yet no less clearly, that there are higher motives for your work than the making of a living, and that your patients are not only ill but human. Bart.'s treats her patients as human beings and with a sort of motherliness.

If your time here taught you nothing else it would have been well spent.

This Hospital is called "The Ark" by some of the upstarts founded hundreds of years later.

Our buildings are a little out-of-date, our tendencies are towards conservatism, but I make without hesitation the statement that you would know a Bart.'s man anywhere by his attitude towards his patients.

To put it simply, his interest in them is not confined to the diagnosis and treatment of their diseases.

Leaving for a moment the high moral planes on to which we have wandered, let me tell you of the size of the College that you have joined. These are the figures for October, 1921 to 1922:

Full-time Students.

Entry: Cambridge	48
Oxford	17
London	40
Conjoint, etc.	55
Total	169

Total number of Full-time Students.

University	463
Conjoint	186
Total	649

With part-time students about . 150

Grand total 799

75 per cent. of students are university students.

The entry this year was smaller, but the exact figures are not yet available.

It appears that the post-war rush is over. But our entries for October, 1922-23, indicate that our post-war numbers will still exceed those of the years before the war.

There is no doubt that as far as numbers are concerned the prosperity of the College is assured.

And as far as one can tell the increase in quantity has also improved the quality.

It is not so many years ago since the medical student was looked upon as a turbulent citizen. And, though valuable discussions may, and I believe do, still take place on the subject of ragging, the days of Bob Sawyer are over.

It is up to all of you to see that with the progress of years Bart.'s still produces an increasingly better type of doctor.

If time allowed (and we had a doctors' show on the plan of the Motor Show), I could tell you at some length of the 1923 model of doctor, whom we are turning out in large numbers. He is full of new gadgets, very efficient and smooth running, his gas mixture is perfect, and as far as I know the body-work is good.

His clinical instincts may be a little blurred by the innumerable aids to diagnosis with which he is surrounded.

But I can say from my knowledge of the model that he is a fully trained and highly efficient specimen, and certainly a credit to the factory from which he comes.

And now let us leave work. When you arrive at the Hospital you become automatically—after the payment of an appreciable subscription—a member of the Students' Union.

The social life and amenities of the Hospital as far as students are concerned are provided over by a benign body composed of students, known as the Council of the Students' Union. Its President and Treasurers are members of the Staff, but the majority vote is in the hands of representatives elected by the students. You have met one of its Vice-Presidents and the Secretaries at the Freshers' Tea.

All the clubs are either constituent clubs or affiliated to the Students' Union, and the Finance Committee of the Council provides them with funds, and controls, or attempts to control, their expenditure.

At the moment I commend to you among others the Rugger Club, the Soccer Club, the Hockey Club, the Boxing Club, the Fives Club—it if were summer time I might recommend others.

Seriously I do ask you to back your fancy in the matter of athletic relaxations. There is a lot of nonsense talked these days about the cult of athletics by certain disgruntled people who take not delight in the legs of a man.

But of one thing we are all assured—that the man who plays hard *very often* works hard, and even if he doesn't, he lives and works healthily. There is plenty of chance here whether you excel or merely take exercise at your games. There are teams suited to all classes.

I would advise you to go to Winchmore Hill. Get

used to the journey there before you are accustomed to matinees on Saturday afternoons—an undesirable way of spending daylight.

If you are not playing yourself, your presence and encouragement to the Hospital sides, whether in the glow of some stern fight or on some depressing suburban ground, is absolutely invaluable.

And now a brief glimpse into the future of the Hospital and the Medical College.

The College has recently acquired a large building in Giltspur Street, where you will be able to take up or continue the study of physiology.

The Hospital is building a Home for Nurses, one wing of which is to be opened this month, and another is to begin shortly. Here the nurses will be decently housed for the first time since the foundation.

Operating theatres of a modern type are to be built soon, and certain temporary theatres which have only been standing twenty years will go.

Our Residential College, never even faintly proportionate to the size of the Medical College is temporarily closed, and the Warden's House, condemned sixty years ago, is shortly to be demolished. Another expenditure in the near future on Medical School buildings should be for a new Residential College, which will almost certainly not be on this site, but probably quite close to the Hospital.

Other great alterations to bring the Hospital buildings up to modern standards are under discussion, and as the funds come in will be carried out.

All this is excellent, but on what does the future of the Hospital depend?

You, the students of the Hospital, are its present and its future, and just in so far as you advance the science and art of medicine will the great name of this Hospital and School be upheld.

In your hands the future lies, and knowing what I do of you and your predecessors I am certain that it is safe.


I would close by quoting to you those lines of Stevenson with which Stephen Paget, son of Sir James Paget, prefaces his *Confessio Medici*:

"The physician is the flower (such as it is) of our civilisation; and when that stage of man is done with, and only remembered to be marvelled at in history, he will be thought to have shared as little as any in the defects of the period, and most notably exhibited the virtues of the race."

May that ideal be ever before your eyes, and may the best of good fortune attend you in your time at this Hospital and at all times.

THE UNIVERSITY OF LONDON UNION.

THE PAST.

 FOUNDED by a resolution passed at a General Meeting in February, 1921, the Union is one of the, if not the, youngest societies in the University; yet in spite of its youth it has already a membership far larger than that of any of its contemporaries.

Nine months later the Senate granted its official recognition, and in April, 1922, the "Pickwick Club," Malet Street, W.C. 1, was purchased to serve as temporary premises. Since November, 1922, when the Union building was formally opened by Lord Haldane, it has been in constant use.

THE PRESENT.

While the present accommodation includes a Debating Hall (seating 500), men's lounge, committee rooms, offices, cloak rooms, kitchen and caretaker's sitting-room, plans have been approved for the complete furnishing of the women's lounge and the construction of a dining hall, common lounge, billiard room and caretaker's living accommodation, and it is hoped to put all these undertakings in hand before the end of the present session. The aim of the committee is to provide a club in every way suited to the tastes and pockets of the average student.

Existing activities include debates, lectures on subjects of special interest, frequent informal dances (on Wednesday evenings from 7.30 to 10.15), socials, bridge and ping-pong tournaments, and in addition the year's programme includes the Annual Dance, the Presentation Day Ball, and the Summer Garden Party. Most of these events take place on Tuesday evenings. The committee rooms and debating hall are already much used by university societies and can always be hired at a nominal charge. A locker room is available for the use of University clubs and societies.

The Union premises are open from 2.30 p.m. to 10.30 p.m., and both teas and light refreshments can be obtained.

Publications include *Vincula*, a fortnightly University paper, the annual *Union Magazine*, a very carefully prepared pocket diary, and a *Hand-book* containing full information as to the Union and its aims.

Membership is on an individual basis, and is open to all students taking courses at recognised hospitals and colleges. The entrance fee is half-a-guinea and the annual subscription one guinea, both of which can be paid by banker's order and in terminal instalments of 10s. 6d.

THE FUTURE.

Reciprocity of membership with the unions of Oxford, Cambridge, Edinburgh and Durham is under consideration, but no move in the matter is being made until the present

reconstruction plans are completed, when the advantages of such an arrangement will be so obvious as to make it easy of accomplishment.

A Commission is being formed, the Chairman of which has not yet been appointed, to investigate the possibilities of the Union as a centre of University life, the purchase of a University athletic ground, etc.

The Senate has very warmly supported the Union during the last two years, both with advice and grants of money, and a permanent and spacious Union building forms part of the present scheme for the new University of London. In fact with plans completed and a membership of 2000, every hope is entertained of commencing the erection of such a building within the next few years.

London University is rapidly becoming both European and International in its appeal, and the Union is destined to take an ever more important part in this process, provided that its activities are prevented from becoming in any way sectional.

(The *Union Handbook* and further information can be obtained from H. G. Anderson.)

CORRESPONDENCE.

"RAGGING."

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

DEAR SIR,—As the wishes of a majority are always a law unto the people—however small and unrepresentative the majority may be—we, as would-be raggers bow to the decision of those who swamped the meeting held on the 17th inst. We are therefore willing to forget that a good deal of those that carried the amendment were non-students and hence unjustified in voting—for surely a man who is no longer at Bart's having qualified, and either holding a job elsewhere or even one that is attached to the senior staff—and there were several present—ought to have no say in the matter. So, to prove our peaceful intentions of unity, everlasting, innocent brotherhood, we should like to make a few suggestions as to the nature of the revels to take place in the new era, inaugurated at Bart's mainly by those who show their love for the traditions of the old place by so conspicuously taking part in the previous Fleet Street collection, and even in the more recent celebrations of its Octocentenary.

As a preliminary we should suggest that the fountain at present honouring our square be replaced by a zailly-coloured and copiously-beribboned maypole, that instead of shelters, we should have square-shaped pens in which snow-white lambs be kept to gambol with us in our merry-makings. That a herd of cows be kept where we at present, cruelly and without justification incarcerate our little martyr guinea-pigs, the above-said cows providing the only beverage in keeping with the tone and the dignity of the proposed revels. That in lieu of writing paper, the automatic machine in the writing room be made to deliver innocuous marbles, toffees and gun-caps, all of which might be used where now bloodthirsty wars are waged.—we mean the boxing-room.

That skipping-ropes be carried instead of stethoscopes for use in the wards, to the greater moral uplifting of our patients. In addition that such games as "my mother says," touch, blind man's buff, he, etc. be energetically encouraged by the sports committee. In our evening meetings, mothers should be invited to be present to such merry-makings as spelling-bees, charades and tournaments of dominoes, draughts provided of course that the letter be not considered by the Union to stretch too far the intended meaning of "revelry." Morris-dancing lessons might be instituted and choir practices held.

In addition we should suggest that the Council of the Students' Union institute a weekly allowance of a penny per head—that that award of sixpence per term be granted by the Editors of the JOURNAL, to the "best boys," of the quarter. Needless to say this would take

place at a special general meeting to which the staff be invited. Matron might be asked to distribute the prizes.

There are, of course, many more suggestions we could bring forward, but we feel certain that the profound imagination of those who proposed and carried the Amendment, will provide for all other needs.

Assuring You that triviality is far from our minds, that we are truly sincere and ready to bear unflinchingly any taunts cast at us by others,

We remain yours soberly, peacefully and playfully,

SLOPS.

[We print this anonymous communication exactly as it stands lest those sending it should feel that their views are unrepresented in the JOURNAL. We would, however, remind all contributors of the well-known rule of journalism which says that letters intended for anonymous insertion must, as a sign of good faith, be accompanied by the name and address of the senders—not necessarily for publication.—Ed.]

SUBSCRIBERS TO BART'S WAR MEMORIAL FUND.

SIXTH LIST.

Nance, H. C., London, £2 2s.; Andrews, C. H., London, £1 11s.; Bull, J. V., Huddleston, £2 2s.; Atlee, W., Eton, £1 11s.; Finzel, Harry, Bristol, £1 11s.; Fison, W. F., Harrogate, £2 2s. Total subscriptions received, £193 17s.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. OLD MILLHILLIANS.

The Hospital played the Old Millhillians on their own ground on Saturday, October 6th. The game never reached a high standard. Individual merit was often conspicuous, but the combination and passing was deplorable. Lack of "thrust" in the three-quarter line was perhaps due to close marking by our opponents. Still, it should have occurred to them occasionally to try a short punt over their heads. Each forward was good in the open, but collectively they lacked cohesion and team work. In the second half W. S. Morgan crossed the line after a forward rush to draw first blood. A few minutes later P. L. Walker obtained from the line-out and ran strongly through the Bart's defence. He was well tackled just outside by List, but a try was gained. McLennan added the extra points. The tackling was occasionally keen on both sides. Millshaw played a very sound game for the Old Boys, and was probably responsible for his side's victory.

Bettington, Morgan and Carnegie-Brown always appeared to be doing good work. Davies was a source of strength in the defence. List, though lacking experience, played pluckily.

The Hospital turned out a weak side, containing two reserve forwards and four reserve backs.

Final score: Bart's 1 try (5 pts.); Old Millhillians, 1 goal (5 pts.). Team.—Bart's: P. M. List, back; P. R. Viviers, H. Pentreath, M. Fitzgerald, L. Neville, three-quarters; J. D. Games, P. O. Davies, halves; A. Carnegie-Brown, R. H. Bettington, H. G. Anderson, A. B. Cooper, J. R. A. Edwards, A. W. L. Rowe, E. S. Vergette, forwards.

ST. BARTHOLOMEW'S HOSPITAL v. RICHMOND.

Richmond were defeated on their own ground on Saturday, October 17th, by a penalty goal and a try to a penalty goal. Richmond played with the wind in the first half and had more of the game territorially. On every occasion the backs received the ball they kicked into touch with unfailing regularity. Considine was elusive, and insisted on finding touch instead of opening out the game. Every elementary student of tactics will agree that Considine—who held the pivotal position of half—erred again and again. The first half consisted chiefly in throwing the ball out of touch and kicking it in again, with a few stern contests between the forwards. Middleton kicked a penalty goal after twenty minutes' play from a difficult angle.

Bart's played up with greater vigour and dash after the interval, and occasionally gave glimpses of really good three-quarter play—this is mentioned in spite of a few press critics, who should really study the game more. Bart's have defeated Richmond every time since 1910, but on each occasion our critics have turned out to be

false prophets. The Bart's three-quarters will probably develop more after a few games. The try was a really good one. Melbourne Thomas started a round of passing which bewildered Richmond as it shot along from man to man, Davies eventually scoring near the posts. Gaisford—who was never at his best—failed to add the extra points.

Another good bout of passing, originated by Williams and McGregor, was almost successful. Neville on one occasion kicked across, and Rowe and Cooper might have proved dangerous but for an awkward bounce of the ball. A little later Gaisford atoned and kicked a fine penalty goal. Bettington also had hard luck with a difficult kick from the touch-line. Middleton had two attempts at penalties for offside, and was nearly successful on one occasion. Bart's just deserved their victory, and at times showed they had talent outside the scrum. Thwaites ran well at times for Richmond.

Greater observance must be paid to the offside rule—a penalty counts three points. More than this, it spoils the sporting aspect of the game.

Teams.—Richmond: J. A. Middleton, back; S. Cartwright, H. Gilmer, J. V. Richardson, T. Malherbe, three-quarters; A. P. Wayte, S. G. V. Considine, halves; P. H. Lawless, H. Hinde, L. Lovell, A. Lawless, R. O'Brien, F. Douglas, P. Patterson, P. Marsh, forwards.

Bart's: W. F. Gaisford, back; Melbourne Thomas, A. McGregor, P. O. Davies, L. C. Neville, three-quarters; T. P. Williams, H. McGregor, halves; G. W. C. Parker, (Capt.) A. Carnegie-Brown, A. E. Beith, H. G. Anderson, W. S. Morgan, R. H. Bettington, E. S. Vergette, A. W. L. Rowe, forwards.

ST. BARTHOLOMEW'S HOSPITAL v. LONDON IRISH.

The Hospital entertained the London Irish before a large crowd at Winchmore Hill on October 20th. The Irish forwards displayed great dash in the opening stages. When the home forwards started to let the ball out Williams quickly transferred to McGregor, who usually gained ground by a deceptive side step and swerve. The first try was gained through a dribble by Parker and a pass to Rowe, for H. McGregor to score. The second try was the result of a good pass from the scrum. The ball travelled to A. McGregor, who scored for Gaisford to add the extra points. In the second half Bart's gave a really spectacular display of passing. H. McGregor was very elusive. All the three-quarters ran well. The right centre must vary his play a little more. An attempt to dash through is good when it comes off. Near the line it frequently pays. But when there is a wing in attendance, give him a chance when he is in a better position. In spite of good tackling by the Irish backs the score was trebled in the second half. Similar displays occasionally will draw big crowds. Gaisford kicked a fine penalty goal from half-way.

Gaisford kicked well at times, but the last line of defence must find touch at the expense of length. Neville, Davies and A. McGregor scored tries in the second half. Gaisford converted two. The Irish forwards played a keen game and were well supported by Conway and Gummer. Reid, Cagney and West were the pick of the Irish forwards. Beith was prominent for his very good hooking in the second half.

Final score: Bart's, 4 goals (one penalty), 2 tries (24 pts.); London Irish, nil.

Team.—Bart's: W. F. Gaisford, back; J. R. W. Robertson, A. McGregor, P. O. Davies, L. C. Neville, three-quarters; T. P. Williams, H. McGregor, halves; G. C. W. Parker (Capt.), A. E. Beith, H. G. Anderson, A. B. Cooper, M. L. Maley, G. Dietrich, A. W. L. Rowe, E. S. Vergette, forwards.

At a General Meeting held on October 5th, Mr. C. Lane Roberts was co-opted on the election committee. His experience and sound advice should prove a valuable asset to the selectors of the team.

Mr. J. S. Aldridge has been elected secretary to the "C" XV.

The "A" XV are as yet undefeated.

The "B" XV have won five and lost one.

The "C" XV have also a proud record.

Comment on the above is superfluous—zeal and talent for the Rugby code superabundant.

The gate proceeds for the Bart's-Irish match exceeded twenty-five pounds—a happy augury for the Exchequer.

The Stand Loan is almost non est. It is confidently hoped that the slate will be clean before Christmas.

The frequent presence of our President and Vice-Presidents at the rugged matches is pleasing. Non-playing students—take example, display your esprit de corps and revel in this enjoyable pastime.

HOCKEY CLUB.

There is every prospect of a very successful season for the Hockey Club. This is the first occasion for many years that we have been able to run three regular teams. Two trial matches have been played, and over sixty names have been sent in of those desirous of playing.

We are fortunate in having every member of last year's 1st XI still with us, although one or two may have to be leaving before Christmas. The 1st XI beat Guy's—the present holders of the cup—in a friendly match 5—2, and also the City of London last Saturday 8—1. The 2nd XI were also victorious against the City of London 2nd XI, 11—2.

REVIEWS.

THE LOG OF THE ARK. By KENNETH WALKER and G. H. BOUMPHREY. (London: Constable & Co.) Pp. 214. With many illustrations. Price 7s. 6d. net.

If you are anything of an uncle at all you will buy this book for your small nephews and nieces this coming Christmas-time. And, if you are a sensible fellow, you will begin to read it first yourself, and then—well, certainly you will finish it at a sitting, as the delighted reviewer has done.

Mr. Walker has succeeded in a difficult task, for we imagine it to be much harder to write a book of this type than a ponderous tome on a medical subject. Moreover *this* will be read, and will, we predict, have a very large sale. The authors owe much to Rudyard Kipling and to Lewis Carroll—and to the Out-Patient Department of St. Bartholomew's. Their book is worthy to stand comparison with the giants. We follow, delighted, the life of the animals on a rainless earth, the coming of rain, the Ark, Noah and his wife and family, and best, but not least, "the leathly Scab." The book is beautifully written and charmingly illustrated. It is new ground indeed. But we have one bitter complaint. Why was not the JOURNAL offered the serial rights?

CONTRACEPTION. By Dr. MARIE STOPES, D.Sc., Ph.D. (London: John Bale, Sons & Danielsson, Ltd.) Pp. xxiv + 470. 4 full page plates. Demy 8vo. Price 12s. 6d. net.

This book contains introductory notes by Sir William Bayliss, Sir James Barr, Christopher Rolleston, Jane Hawthorne, and "Obscurus," and these notes are largely of the nature of appreciations of the author's work.

There can be few medical men who have not had thrust upon them the duty of advising with regard to the use of contraceptives. Unfortunately up to the present practically nothing has been taught in our medical schools upon the subject. The doctor is, therefore, often almost as ignorant as the layman. In the present work Dr. Stopes tells all that is at present known upon the subject. The book is a valuable contribution to the armamentarium of the general practitioner.

BRITISH PHARMACEUTICAL CODEX, 1923. An Imperial Dispensatory for the Use of Medical Practitioners and Pharmacists. New and revised edition. Published by direction of the Council of the Pharmaceutical Society of Great Britain. (London: Pharmaceutical Press, 1923.) Demy 8vo. Pp. vii + 1069. Price 30s. net.

This book—the third edition of the "Codex"—has been prepared by a committee composed of pharmacists, pure chemists, manufacturing chemists and pharmacologists. Each part of the subject-matter is therefore described by an expert. 1174 pages are devoted to short accounts of recognised drugs, the raw materials from which they come, a description of its chemistry, physics, pharmacology and therapeutics. Finally comes a list of preparations. The work contains the most recent information. "Insulin" appears under the heading of "Pancreatin."

The chief drugs mentioned in this edition of the Codex for the first time are acriflavine, emetine, bismuth, colloidal solutions, oil of Chaulmoogra, dried parathyroid, quinine, radium, and anti-botulinus serum.

The book is a most important and useful work of reference.

THE COMMON NEUROSES. By T. A. ROSS, M.D., F.R.C.P.E. (London: Edward Arnold & Co.) Demy 8vo. Pp. xi + 256. Price 12s. 6d. net.

This is an admirable book written for the general practitioner faced with the problem of functional nervous disease by one not only

with specialised knowledge, but with 17 years' experience of general practice. It may therefore be expected to be practical. In it the writer has had in his mind throughout the book an imaginary patient, and has considered what should be done with him as each new point and question has arisen.

The result is, the book is practical and helpful. Particularly valuable is the insistence of the distinction between the neuroses and the psychoses. The writer avows himself a disciple of Dejerine, and although paying a tribute to the memory of Freud, is anxious to dissociate himself from some of the methods of that school.

The book is interesting, and should be of practical value to many a practitioner lost in the wilderness of modern psycho-therapy.

CHANGES OF ADDRESS.

BAILEY, K. N. G., 2, Lansdowne Place, Brunswick Square, W.C. 1.
COOPER, K. N., Marshall Lodge, Cumballa Hill, Bombay.
DICK, J. L., 42, Choimeley Park, Highgate, N. 6.
FEILING, A., 17, Wimpole Street, W. 1. (Tel. Mayfair 3839; after 7 p.m., Padd. 3917).
JOY, N. H., 78, Crescent Road, Reading.
LE BRASSEUR, J. H., Foley Lodge, Palmeira Avenue, Hove. (Tel. Hove 2328.)
RICHARDS, W. G., Fitzwilliam House, The Avenue, Cambridge.
STOCKER, E. G., Maj. R.A.M.C., Trevean, Grampond Road, Cornwall.
STONE, G. K., 16, Clifford's Inn, E.C. 4. (Holborn 4860.)
TROTTER, W. O., Bishopsparth, Stockton-on-Tees.

APPOINTMENTS.

MELLE, B. G., B.M.(Oxon.), F.R.C.S.(Edin.), appointed Hon. Medical and Surgical Registrar, Transvaal Memorial Hospital for Children, Johannesburg.
THOMAS, T. B., M.R.C.S., L.R.C.P., appointed House Surgeon, Chester Royal Infirmary.

BIRTHS.

DAVIS.—On October 13th, at 24, Upper Berkeley Street, to Vera, wife of K. J. Acton Davis, M.Ch., F.R.C.S.—a daughter.
EVANS.—On October 16th, at 23, Park Square, N.W. 1, Ermine, wife of Geoffrey Evans—a daughter.
HARKER.—On October 6th, at 18, Queen's Road, Southport, to Dr. and Mrs. Thomas H. Harker—a son.
HAYNES.—On October 20th, at Greyfriars, Evesham, the wife of Horace E. Haynes—a son.
MALTBY.—On September 28th, to the wife of Dr. H. Wingate Maltby, M.C., of 2, Durlston Road, Upper Clapton, E. 5—a daughter.
STANLEY.—On October 5th, at Rue des Belles Feuilles, Paris, the wife of E. Gerald Stanley, M.S., F.R.C.S., M.D.—a son.
STONE.—On October 18th, to the wife of G. W. Stone, Cumnor, Dyke Road, Brighton—a son.
WELLER.—On September 23rd, at Alboro House, Thaxted, to Dr. and Mrs. Weller—a son.
WALDO.—On October 6th, at the Lodge, Barnwood, Gloucester, to Dorothy Mary and Henry Cecil Waldo—a daughter.

DEATHS.

BRADSHAW.—On September 27th, 1923, at 111, Banbury Road, Oxford, Sir A. Frederick Bradshaw, K.C.B.
NORMAN.—On October 14th, 1923, at Hadleigh, Suffolk, Dr. Joseph Clement Norman, aged 73.
SADLER.—On October 11th, 1923, at Horton House, Rugby, Michael Thomas Sadler, M.D., formerly of Barnsley, Yorks, in his 90th year.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEWS 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 5 City 510.



THE LATE MR. WILLIAM HARRISON CRIPPS, F.R.C.S.

Adlard & Son & West Newman, Ltd.

St. Bartholomew's Hospital



JOURNAL.

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

VOL. XXXI.—No. 3.]

DECEMBER 1ST, 1923.

PRICE NINEPENCE.

CALENDAR.

Fri.,	Nov. 30.	—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
Sat.,	Dec. 1.	—Association Football Match v. St. John's College, Cambridge, at Cambridge.
Mon.,	" 3.	—Special Subject Lecture, Mr. Elmslie.
Tues.,	" 4.	—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Wed.,	" 5.	— St. Bartholomew's Hospital Annual Dance, Prince's Galleries. Rugby Football Match v. Old Boys' R.F.U. at Winchmore.
Thurs.,	" 6.	—University Boxing Championship, Stadium Club.
Fri.,	" 7.	—Prof. Fraser and Prof. Gask on duty.
Sat.,	" 8.	—Rugby Football Match v. Old Paulines, at Winchmore. Association Football Match v. H.A.C. at Winchmore Hill.
Mon.,	" 10.	—Special Subject Lecture, Mr. Scott.
Tues.,	" 11.	—Dr. Morley Fletcher and Mr. Waring on duty.
Thurs.,	" 13.	— Abernethian Society. Dr. Cox, "An Introduction to Medical Politics."
Fri.,	" 14.	—Dr. Drysdale and Mr. McAdam Eccles on duty.
Tues.,	" 18.	—Sir P. Horton-Smith Hartley and Mr. Rawling on duty. Debating Society Meeting.
Fri.,	" 21.	—Sir Thomas Horder and Sir C. Gordon-Watson on duty. Last day for receiving matter for January edition of Journal.
Sat.,	" 22.	—Association Football Match v. King's College, at Perivale.
Tues.,	" 25.	—Christmas Day. Prof. Fraser and Prof. Gask on duty.
Fri.,	" 28.	—Dr. Morley Fletcher and Mr. Waring on duty.

EDITORIAL.

THERE is no season in the Hospital calendar so cheery as Christmas time. Already a doll-dressing factory has sprung into existence in our midst, and by the time this number of the JOURNAL is published it will be positively dangerous for any particularly charming little child to show its charming little nose within the Hospital precincts. Was it not last year that we asked a small patient what was the matter with it, and were told with a friendly smile, "Please, sir, I think I'm quite well now, but Sister thought it would be nice for me to stay here for Christmas"? We wish all our readers a very happy time.

The Hospital will very heartily welcome Mr. W. E. Le Gros Clark, the new Lecturer in Anatomy.

We hope that Mr. Clark will be very happy at St. Bart.'s. He will find an Anatomy Department whose efficiency has become almost proverbial amongst us. When greeting him we cannot refrain from thanking Dr. L. R. Shore, who has so ably filled the considerable gap between Dr. Macphail and the new lecturer.

Mr. Le Gros Clark was educated at St. Thomas's Hospital, where he gained an Entrance Science Scholarship. Subsequently he won the William Tite Scholarship and the Musgrove Scholarship at St. Thomas's. He qualified M.R.C.S., L.R.C.P. in 1917, and took the F.R.C.S. in 1919.

He has been Senior Demonstrator of Anatomy at St. Thomas's Hospital, and for a time was Principal Medical Officer at Sarawak, Borneo, on returning from which appointment he was again elected Senior Demonstrator of Anatomy at St. Thomas's Hospital.

His publications include the following papers: "Series of Ancient Eskimo Skulls," *Journal of the Anthropological Institute*, 1921; "Pacchionian Bodies," *Journal of Anatomy*, 1921.

* * *

The Hospital has, this month, lost through death one of its Consulting Surgeons—Mr. William Harrison Cripps. His passing will be lamented by many who received help at his hands. An appreciation of him appears on another page. Dr. Adolphe Abrahams writes to remind us that one of the most famous of the "Chronicles of Christopher" in *Round the Fountain*—the one dealing with conversations in the operating theatre—was inspired by him.

* * *

We are glad to notice the growing habit of making donations to the Medical College Endowment Fund, either for such general use as the authorities may find necessary, or earmarked for some special purpose. Every single gift is acceptable, and donors may be sure that

their money will be wisely used to meet the ever-increasing needs of our growing College. The following gifts must be gratefully acknowledged:

Mr. J. Bradbury, in memory of his son, J. F. Bradbury, 48 guineas.

Mrs. Arnold Chaplin, £31 10s. (for the Surgical Professorial Unit).

Sir Joseph Verco, £105.

Dr. Lewis E. Glover, £100.

Mr. R. G. Cross, £52 10s. (for the Surgical Professorial Unit).

Mr. O. H. Haslam, £5 5s.

* * *
Sir Humphry D. Rolleston, K.C.B., has been appointed a Physician-in-Ordinary to the King.


* * *
We publish in this issue an interesting article on medical assurance, and we advise those (and they should be many) who take out assurance policies diligently to study our advertisement columns in selecting the society with which they deal. There can be no question that all young doctors—and especially all young married doctors—should be adequately insured. Unfortunately the average young man commencing practice finds himself—when the practice is bought and the house furnished and the instruments paid for—in a somewhat precarious financial position, and the difficulty of finding money for adequate insurance is to many men a real one. The moral seems to be to begin assurance young.

* * *
This question of finance brings to our mind an unmitigated nuisance. No sooner is the name of a newly qualified man on the pass-list than he is besieged by a host of invitations from philanthropists who desire to lend him money, apparently at such trifling interest that it is hardly worth discussing and on no security. Often the paper heading bears a good old-fashioned English name, a sound, respectable, honest, generous sort of name, and beneath it in the tiniest letters (we suppose to comply with legal requirements), "late so-and-so,"—the "so-and-so"—smacking horribly of the tents of Israel.

* * *
We are glad to see that the first block of the new Nurses' Home is now occupied. This must be a matter of heartiest congratulation to all those concerned with the building scheme. The new home is a great advance on the old accommodation. The rooms are small, but adequate, and in each is a sensible supply of cupboards and drawers—a much appreciated advance on the old Home, where there was little space "for one's 'things.'" We understand that there is to be a formal opening at some future date. In the meantime the Home is completely filled, and soon an extension to the block is to be commenced.

OBITUARIES.

WILLIAM HARRISON CRIPPS, F.R.C.S.

 We deeply regret to record the death of one of the Consulting Surgeons to the Hospital, William Harrison Cripps, F.R.C.S. Mr. Harrison Cripps was born on January 15th, 1850, the second son of Henry William Cripps, Q.C., sometime Recorder of Lichfield, and Julia, the eldest daughter of Charles Lawrence. The family of Cripps had long been settled in Gloucestershire, where some members had practised in surgery at Cirencester in partnership with the Lawrences. It may have been through the Lawrence strain that Cripps inherited his ready and caustic wit.

He received his medical education at St. Bartholomew's Hospital, and qualified with the M.R.C.S.(Eng.) diploma in 1872. He immediately became a house-surgeon and the Demonstrator of Anatomy. He was appointed Surgical Registrar in 1879, and was elected Assistant Surgeon in March, 1882. In 1892 he was appointed Surgeon to the Women's Wards, and then began his happy association with Sir Francis Champneys, under whose care they were. In January, 1902, on the resignation of Alfred Willett he became a full Surgeon to the Hospital. From 1880 to 1890 he served as Surgeon to the Great Northern Hospital and the Royal Free Hospital.

One of his first considerable successes was the winning of the Jacksonian Prize of the Royal College of Surgeons of England in 1876. His essay was the subject of "Carcinoma of the Rectum: Its Cure by Excision." He was at that time well before his time in his advocacy of the operation of inguinal colostomy, both as a palliative measure and as a preliminary to the extensive perineal and trans-sacral excisions. He was elected to the Council of the Royal College of Surgeons in 1909, served as a member until 1920, and was Vice-President for the years 1918 and 1919. He served on the Finance Committee, in which office his remarkable business acumen was of the greatest service; he was also a representative of the College on the Executive Committee of the Imperial Cancer Research Fund.

Among his better known writings are *Ovariectomy and Abdominal Surgery*, published in 1898; *Cancer of the Rectum: the Possibility of Extirpation*, the fifth edition of which appeared in 1913; and *Diseases of the Rectum and Anus*, fourth edition, 1913. At the Annual Meeting of the British Medical Association at Liverpool in 1912 he opened the discussion on the surgical treatment of rectal cancer. In view of the present-day teaching of the value of temporary cæcostomy in some cases of obstruction, an article of his entitled "Temporary Typhlotomy for Intestinal

Obstruction," published in the *British Medical Journal* in 1893, is especially interesting.

As a surgeon Cripps developed a beautiful simplicity in his technique. He knew precisely what he wanted to do, and did it gently, quietly and unhurriedly. In the face of emergency he was prompt, efficient and courageous. He worked in the days when it was the custom for the Physician-Accoucheur to the Hospital to call in a surgeon to do abdominal operations, save in case of Casarean section. This work always specially interested Cripps, and there grew up in this somewhat anomalous position a warm friendship between himself and Sir Francis Champneys.

His wit and humour, which survived to the last, will always be remembered by those who knew him. Beneath a cynical exterior lay a great and tender-hearted personality. There was one side of him known to very few—his care for his poorer patients. It was his wont to follow their futures on their discharge from the Hospital and to help those in financial need.

A somewhat remarkable trait was his keen business sense. He early acquired an interest in the Metropolitan Electric Supply Company, and when that body sold a part of its interest to the Borough Council of St. Marylebone, Cripps remained Chairman of the original undertaking.

He was a keen sportsman, being particularly fond of fishing. He filled Abbotsford, which for a time he leased, and Glendarnel, Argyllshire, with guests whom he entertained generously and well.

Cripps married, first, Blanche, daughter of Richard Potter, of Standish House, Gloucestershire; she died in 1905, leaving him with four sons and two daughters; and secondly, Giulia, younger daughter of Colonel Michell Ravogli, of Rome, well known before her marriage for her sympathetic impersonation in Gluck's opera of *Orfeo*.

Cripps was a sound and progressive surgeon, a keen and successful business man, a generous and warm-hearted friend, and a good sportsman. *Requiescat in pace.*

DR. P. W. LATHAM.

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

DEAR SIR,—It is with great regret that I have heard of the death of Dr. P. W. Latham. He had been my friend for about 30 years. I remember him when I first started in practice, he was then in great demand as a consultant in Cambridge and for many miles around. One of his characteristics was great vigour; in his student days it was said of him that he could read eight hours at a stretch and not feel tired; another was his unfailing cheerfulness and geniality. I shall chiefly remember him for his courage in

advocating continuous counter-irritation in the treatment of rheumatoid arthritis. More courage is needed to revive an old remedy that has more or less fallen into disuse and bad repute than to institute something comparatively new. I was present at the meeting of the Cambridge Medical Society when he read his first paper on the subject. He walked into the room with his fine head erect, and his eyes sparkling, thus indicating to me that he had something good to tell us. When he had finished his paper I felt quite inspired. I said to myself, "At last, here is a real remedy for chronic rheumatism," and I there and then determined to give it a thorough trial. I was, however, almost alone in my appreciation; nearly all the other members present decried the procedure and talked freely of other remedies. Owing to his advanced age and other interests he did not himself carry out this treatment very extensively, but he gave me every encouragement, and, subsequently, also my friend Dr. S. Gurney Champion.

Dr. Latham, however, preferred to be remembered rather as one who had made a valuable contribution to the study of digestion than one who had been responsible for a highly efficacious and beneficent remedy—*Bio-Chemical Journal*, 1908, "Albumin: Its Complete Hydrolytic Decomposition and its Synthesis." In this respect he shared the tendency of the majority of medical men to be rather ashamed of being identified with some method of treatment. It has always been a matter of real sorrow to me that this great remedy has been so coldly received by the medical profession at large, but I hope that even yet it will become firmly established as an orthodox and widely-used method for the relief of a class of sufferers who, for the most part, are left to their fate to endure their miseries as best they can, with an occasional palliative, chiefly designed to relieve pain.

If so the best of all memorials will be erected to his memory:

"What higher aim can man attain
Than conquest over human pain?"

One day, as he and I were leaving a disgruntled patient's house, I said it was difficult to satisfy everybody. He said, "You will find that all along the line; if you do not cure them quickly they think you do not know your work."

I am, Dear Sir,
Yours faithfully,
WM. J. MIDELTON.

112, Chancery Lane,
Bournemouth;
November 16th, 1923.

ANAL FISSURE.

By RODNEY MAINGOT, F.R.C.S.,

Chief Assistant to a Surgical Unit, St. Bartholomew's Hospital;
Surgical Registrar, West London Hospital.

AN anal fissure is a crack, abrasion, or ulcer, situated at the anal margin, at the lower end of which is usually a tag or fold of skin—the "sentinel pile."

Fissure is one of the commonest of rectal troubles, and is, without doubt, one of the most painful.

The pain in these cases is out of all proportion to the lesion, which is, as a rule, minute in size.

The condition is commoner in the male; and may be found in any part of the anal margin.

In over 90 per cent. of patients the fissure is *single*, and is situated *posteriorly* in the middle line.

It is very rare indeed to see a lateral or anterior fissure *in ano* in a male subject.

Occasionally multiple fissures are encountered, but they are usually of infective origin—frequently of syphilitic nature and associated with condylomata.

Two types of fissure are described—(a) the acute, and (b) the chronic.

The *acute fissure*, which is of recent origin, is quite small, and represented as a minute tear in the mucous membrane of the anal margin. It is associated with severe and excruciating pain on and after defæcation.

The pain very often renders the patient's life miserable, and interferes with his usual work.

In (b), the *chronic variety*, the condition has been present for some time, and the fissure is often seen as a fairly large ulcer with indurated and elevated edges. The base of the ulcer is sometimes formed by the fibres of the external sphincter muscle, which is frequently hypertrophied and taut. At the superior and inferior angles of the fissure polypoid growths or oedematous tags are often present, and owe their origin to lymphatic obstruction following on the inflammatory process in the base of the fissure. This distal tag or nodule is called the "sentinel pile."

The causation of fissure in ano.—Fissure of the anus is produced in most cases by *trauma*, such as stretching of the anus during the passage of a constipated motion, a laceration from a fish-bone or foreign body in the fæces, or during careless cleaning of the parts with hard paper.

Multiple fissures, as stated before, are often of inflammatory origin; some are tuberculous, syphilitic, or "pyogenic" in nature.

It is said that a fissure results from the tearing down of one of the valves of Morgagni during defæcation. These

anal valves or pouches or valves of Morgagni are situated in the anal canal at the muco-cutaneous junction, and are supported by the tissues that constitute the pecten and the external sphincter muscle.

Ernest Miles describes a "pecten band"—the fibrous ring produced in this region—which is frequently well developed in cases of internal hæmorrhoids. This "pecten band" is not peculiar to piles, as it is found in many ano-rectal diseases associated with venous congestion of the parts.

Tearing down of an anal valve during defæcation may account for *some* cases of fissure, but does not apply to the majority, as very often the valves, on examination, are found to be quite intact. Lockhart Mummery's explanation is this: "It has always seemed to me that the true explanation of traumatic fissure *in ano* is to be found in the structure of the external sphincter. This muscle is not, as has often been supposed, a circular muscle, but consists of a band of muscle-fibres arising from the coccyx, which passes forward and splits to surround the anus; in front it is partly inserted into the perinæal point and partly continuous with the opposite side. The external sphincter muscle is therefore not really a circular muscle, but consists of two lateral halves. In front these halves are almost continuous, but posteriorly the fibres do not join end to end with those of the other side, but are for the most part placed parallel to each other. From the arrangement of the fibres of the external sphincter, it will be seen that the mucous membrane and skin of the anal canal are best supported at the sides, and least supported at the posterior commissure, the next weakest place being the anterior commissure. In women, owing to the presence of the vagina, the anterior commissure receives less support than is the case in men. The levator ani muscle also assists in supporting the sides of the anus, as the muscle passes on each side to be inserted into the coccyx and sides of the rectum.

"It is clear, then, that the weakest point of the anal orifice to any uniform stretching is at the posterior commissure, since here the fibres supporting it are not parallel to the bowel wall.

"The theory that a fissure results from a tear of the mucous membrane occurring at the point which has least support also accounts for the extreme rarity of multiple fissures. There cannot be more than one weakest point, and one would not expect the mucous membrane to give way at more than one point. If the sphincter ani is forcibly stretched in the cadaver, it will be found that tearing always occurs posteriorly."

Pruritus ani and fistula *in ano* are the chief complications of anal fissure.

Symptoms.—The chief symptom of a fissure is *pain*, and this may be local, reflex or referred.

The *local pain* comes on immediately after defæcation, but it may be postponed for a quarter to half an hour, or even later in some cases. It is of extreme severity, especially in the acute type of case already described.

The pain lasts an hour or more, and it is not uncommon to find it enduring for a day or two. Owing to the agonising nature of the pain produced when the bowels are opened the patient is afraid to go to stool, with the result that he becomes constipated, and the original ordeal is reproduced when his bowels are induced to act again.

The severity of the pain is emphasised by some patients, who affirm that during "the attacks" they are neither able to sleep nor follow their usual work.

In fissures of long standing, *i. e.* the chronic variety, the intensity of the pain varies considerably.

A chronic fissure is a chronic ulcer with a granular base. Therefore in these cases the pain is not so intense as in a recent crack, in which sensitive nerves are exposed and lie unprotected by fibrous tissue and chronic inflammatory exudates.

There is, as a rule, very little bleeding in these cases; at the most the fæces are "streaked" with blood.

The reflex and referred symptoms which may be associated with fissure *in ano* are grouped as follows:

- (1) Incontinence, or frequency of micturition;
- (2) Dysmenorrhœa, vaginismus, etc.;
- (3) Sacral ache; and
- (4) Sciatic pain.

Examination of a case of anal fissure.—It is important to realise that patients suffering from rectal complaints frequently give unconvincing and unsatisfactory histories. In well over 50 per cent. of cases a diagnosis made on the history alone will prove erroneous. When "taking a history," make it a rule to inquire systematically into the following: (a) *Pain*—note position, intensity, duration, and relation to defæcation; (b) *the condition of the bowels*, constipation, diarrhœa, or alternating diarrhœa and constipation; (c) *blood*—amount, colour, etc.; (d) *slime*; (e) *prolapse*; and (f) *loss of weight*.

The utmost gentleness is required when examining a patient suffering from a fissure *in ano*, as severe pain is set up by the least attempt to handle the parts. The left lateral semi-prone position is the best for this examination. The buttocks should be gently separated to enable one to see the anal margin, and the lower half of the fissure will, in most cases, be identified. It is necessary to make a rectal examination to ascertain the condition of the ulcer and of the gut above the lesion, but, before attempting to do so, it is best to render the parts anæsthetic by insufflating some *anæsthesin* powder on to the surface of the fissure and the areas around.

A rectal examination will also be tolerated when a

4 per cent. novocaine or kerocaine solution has been painted on the ulcer, but it is not so satisfactory as the powder. After the digital exploration it is advisable to introduce a small anal speculum and fully to inspect the fissure and surrounding parts.

In some cases, however, the examination should be conducted under a general anæsthetic, and any lesion then found should be dealt with on radical lines.

Treatment.—There are a certain number of cases of anal fissure which can be cured without an operation. It may be said that the acute fissures and fissures situated anteriorly and laterally can be cured by palliative measures, whilst chronic fissures with hard edges and granular bases should be submitted to operation.

Fissures complicated by hypertrophy of the external sphincter muscle or associated with internal or external hæmorrhoids or *hæmorrhoidæ* demand operation. Excision of a fissure that is resistant to palliative measures, or one that has existed over six months, is also advised.

Non-operative treatment.—Some acute fissures heal quite readily under simple palliative measures, such as regulation of the bowels and local applications to the seat of trouble.

In order to render the stools soft and unirritating, liquid paraffin in doses of $\frac{1}{2}$ to 1 oz. once or twice a day should be given. Should the patient object to the paraffin or one of the petroleum preparations, a rectal injection of warm olive oil (5 oz.) should be given every morning. Small doses of cascara, senna or mag. sulph. should be taken occasionally, and an "Alophen" pill at bedtime.

The following applications are used for two reasons: (1) To relieve the spasm and pain after the bowels have been opened, and (2) assist the ulcer in healing rapidly. The ointment should be introduced into the rectum.

(A) *Ung. bism. et cocainæ*:

R Bism. subnit.	gr. cxxx
Cocaine hydrochlorate	gr. viij
Lanoline	ʒj
M. f. ung.	

(B) *Ung. hydrarg. subchlor. co.*:

R Hydrarg. subchlor.	gr. xxxij
Pulv. opii co.	gr. xvj
Extr. belladon.	gr. xvj
Vaseline	ʒj
M. f. ung.	

The direct application of *fuming nitric acid* or *pure silver nitrate* to the fissure through an anal speculum should be tried in some cases. The caustics have to be applied *daily*, and the treatment will have to be persevered with sometimes over a period of weeks before healing obtains.

Operations for fissure of anus.—(1) Incision under (a)

general anæsthetic, and (b) local anæsthetic; and (2) excision and primary suture under (a) or (b).

In the *incision operation* the patient is prepared in the same way as for a case of internal hemorrhoids, and is placed in the lithotomy position. The rectum is then washed out with a weak solution of lysol (5j to the pint), the fissure painted with a little pure carbolic acid, and the skin of the perinæum is washed with 1:1000 biniodide of mercury solution.

The index fingers are now inserted into the rectum, and the external sphincter muscle is *gently* stretched so that the fissure should be fully exposed. The fissure is then incised in a vertical direction, starting a little above its superior point, and carrying the incision downwards so that at least two-thirds of the incision is below the inferior point of the fissure. The two flaps thus produced are picked up with dissecting forceps and undermined laterally for a little distance, and then cut away with scissors. The base of the fissure is next scraped with a Volkmann's spoon so as to remove any granulation-tissue. One's aim should be, not to leave a slit-like wound, but rather a flat, open, oval wound, two-thirds of which should be on the skin outside the anus and only one-third within the bowel. The object of this large wound is to provide adequate drainage.

It is found that the peri-anal skin heals much more rapidly than the mucous membrane of the anal canal; therefore, in order to ensure co-ordinate regeneration of the parts after operation the above method is employed. The incisions are made too small as a rule, so it is important to note that unless that part of the incision which lies in the skin is *considerably* larger than the anal portion of the wound, drainage will become ineffective during the latter part of the healing stage, which may easily result in the fissure failing to heal entirely.

Division of the external sphincter muscle is not recommended, as it is never necessary; nor "divulsion," as the results are so uncertain.

Some of the superficial fibres of the muscle, however, may be severed with advantage in those cases in which the fissure is very large and very chronic.

It is still taught that this muscle should be *completely* divided in the middle line posteriorly, as this procedure ensures complete rest to the parts and enables the fissure to heal. If, however, efficient drainage is established on the lines recommended, it is never necessary to sever this muscle. There are no bleeding points, as a rule, to tie; should there be any, however, it is sufficient to "crush" them.

The best dressing to apply to the wound itself is cotton-wool soaked in liquid lanoline. The usual dressings and T-shaped bandage are then applied.

This operation can also be performed *under a local*

anæsthetic by infiltrating the fissure and area around with 5-10 c.c. of 4 per cent. kerocaine or novocaine solution. It is also advisable to paralyse temporarily the external sphincter muscle by injecting into its mid-lateral points 5 c.c. of the same solution. This procedure will render the anal canal patulous, and full exposure of the fissure will be easily obtained.

The operation of *excision and primary suture of anal fissure* is not recommended owing to the uncertainty of its final results. The advantage claimed for this operation is that healing is rapid. If all the cases could be induced by this method to heal by first intention it would be the operation of choice, but unfortunately more than 50 per cent. of them suppurate, or "pocket with pus," and thereby demand further surgical treatment.

Post-operative treatment.—The bowels should be kept constipated for three days by giving the patient 1 oz. of the following mixture three times a day:

R Tinct. opii	℥ x
Spt. chlorof.	℥ xv
Ammon. acetate sol.	℥ xxx
Tinct. catechu	℥ xxx
Tinct. cardam. co.	ʒ j
Aq. cinnamomi @	ʒ j

M. f. haustus.

After the third day the bowels should be kept acting *daily* by some mild aperient.

Liquid paraffin is also administered daily, commencing from the second day after the operation.

It is not advisable to dress the wound during the first twenty-four hours.

On the morning of the second day the patient should sit in a hip-bath and soak the parts, and then the wound should be dressed with a piece of cotton-wool soaked in sterile olive oil, vaseline or lanoline. The wound is now dressed twice a day, and immediately after defæcation, until it is quite healed.

FLEET STREET WEEK FOR "BARTS."

UNDER the very able leadership of Mr. Matthew Blythe, Fleet Street has once again organised and carried out a brilliant "Week" in aid of the funds of this Hospital. While it is impossible, at the moment, to give the total amount of money which the "Week" has produced, enough is already known to state that it far exceeds that of the previous effort.

Although but a few months previously the students of this Hospital had been concerned with and had spent a lot of time over the never-to-be-forgotten "Bartholomew Fair," yet with characteristic energy they set to and helped Fleet Street with all the resources at their command.

They helped to make the Mansion House Bazaar "go"—they actually appeared on the stage as a beauty chorus in the Co-Optimists' Matinee; they helped with the Boxing and the Concert, and, of course, they ran as usual the Students' Flag Day. Easily the two most successful events in the "Week" were the Boxing at the Stadium Club and the Flag Day. These were almost entirely organised by the Students' Union, under the direction of Mr. W. Holdsworth and Mr. E. S. Vergette, and in the case of the boxing, Sir Ernest Flower, of "Celebration" fame, gave much help, support and encouragement.

On Flag Day the students employed all their usual methods of collecting money, and from an early hour the City was once more invaded by white-coated enthusiasts, who never let the weather damp their ardour in the smallest degree.

While it is not possible to describe in any detail all that went on, one would like to mention a few of the "stunts" that produced money and excitement. There was Mr. W. Pickup Greenwood's party with their "monster"—a really creditable production, and one on which the organisers and perpetrators are to be congratulated. Then there was Mr. Young's Jazz Band on a lorry, Mr. Church's fancy-dress party, Mr. Webster's "spinal carriage," and—if we may once more mention him in connection with barrel-organs—Mr. J. Elgood. Mr. Elgood probably raised his voice in a heartier stave than before, if it were possible—at any rate he tried hard! And while on the subject of voices, let us not forget Mr. C. H. Wight. What became of the ham which he and Mr. F. Greenwood so successfully raffled we do not know. All we know is that much money was forthcoming from this raffle, and that, exhausted after his tremendous efforts, Mr. Wight sought his bed early, and slept the calm, undisturbed sleep of those who know that their duty is done.

Space will not permit of the mention of further individual efforts, but thanks should be offered to all who helped to make the "Week" a success; and particularly are the students to be congratulated on the way in which they carried out what is, after all, a privileged duty to those who have at heart the interests of their *Alma Mater*.

INSURANCE FOR MEDICAL PRACTITIONERS.

PERHAPS there is no class in the community to whom insurance is more important than medical practitioners. Even before qualification insurance is valuable; after qualification it may be said to be essential.

Insurance naturally falls under no less than five heads so far as the medical profession is concerned: life insur-

ance, accident insurance, insurance against illness, insurance against malpraxis, claims, slander, etc., by patients, and motor insurance.

Life insurance.—Generally speaking all practitioners should take out a life policy, and the younger this is done the better. A life policy is good, particularly an endowment policy, in that it ensures a systematic saving on which income-tax need not be paid, is a provision for widow in case of marriage and early death, is a certainty of a lump sum, say, at the age of 50, it can be used as an aid to house purchase, or a loan at any time can be raised on it in case of an emergency.

Accident insurance.—Accidents will happen, and they happen to medicals as often if not more often than to others. There are the numerous motor and other vehicle accidents, accidents arising out of actual professional work, particularly infection of fingers and the like.

Insurance against sickness.—When a medical practitioner falls ill it means his practice has to be neglected or a *locum* has to be put in. In the first contingency there is full loss, in the second there is the fee and incidental diminution in practice receipts. If the illness is prolonged the loss becomes really serious. Every practitioner should insure for at least the amount per week he would have to pay for his *locum*.

Insurance against malpraxis claims, actions for slander, etc., is not to be lost sight of, for a practitioner never knows when a patient may turn against him. The premium for a policy of this kind is not heavy, but the security is very great.

Insurance of the professional motor, the driver and third party risk is again really essential, for the number of motor accidents is likely to increase steadily. It is well that such insurance should cover a reasonable cost for the hire of a car whilst the owner's car is undergoing repair.

When the total amount required for premiums for all these insurances is estimated it may appear to be large, and in the initial years of practice may be somewhat of a strain on the practitioner's resources.

An example may be tabulated thus. A healthy male practitioner of 25 years of age:

	Amount of yearly premiums. £ s. d.
1. Life insurance policy for £500 payable at age of 50	16 17 6
2. Accident and sickness policy to bring in £6 6s. per week of total disablement	10 0 0
3. Medical defence insurance	1 0 0
4. Insurance for car worth £500	15 15 0
Total	£43 12 6

DIALOGUE.

By γ.

1. *The Patient and the Doctor.*

RLEASE, Doctor, the dispenser says shall he put the medicine into two bottles?"

"What does he want to do that for?"

"Oh sir, I asked how to get the medicine home safely."

"But what's the difficulty in getting the medicine home?"

"The first time I had the medicine the cork suddenly blew out of the bottle and I lost half the medicine in my pocket. The next time I did not put the cork in, and I fell over on my way home and lost all the medicine. But it's good medicine."

The prescription:

Bismuth salicylate	gr. xv
Pot. bicarb.	gr. xv
Acid HCN dil.	℥ij
Aqua chloroformi ad	℥j

2. *The Two Doctors.*

"Look here, this patient says that the cork is blown out of the bottle. Can you see why? It can't be the prussic acid."

"No, I can't, and that medicine is very much prescribed."

"Well, I'll ask the dispenser, and meanwhile I'll take out the pot. bicarb."

3. *The Doctor and the Dispenser.*

"I say, can you tell me why gas comes off from this medicine?"

"Oh, that comes from the interaction of the bismuth oxy-salicylate and the bicarbonate. The bismuth is insoluble in water but slowly hydrolyses into salicylic acid, and that acts on the bicarbonate and liberates carbon dioxide, leaving a basic carbonate of bismuth and potassium salicylate. When it is ordered for an in-patient, we boil the mixture so as to get off all the gas before the bottle is corked, but we cannot do this for out-patients, and so we advise them not to put the corks in until they get home."

"But if you boil the bismuth salicylate and bicarbonate together so as to get off all the carbon dioxide you are destroying all the value of the bicarbonate."

"Yes, that's true, but even if it is ordered we can't have the medicine bottles blowing up in the wards as the

sisters don't like it, and we just get over the difficulty in that way."

Moral.—If you want your patients to have bismuth salicylate, only order it in the dry state.

AS THEY ARE SEEN.

[“Essentially the surgeon is a dogmatist and the physician a sceptic.”—*St. Bartholomew's Hospital Journal*, October, 1923.]

I had described the lump. I had even ventured on a diagnosis. “How would you treat this case?” asked the examiner. I hesitated. But he was not watching me. With hungry eyes he devoured the patient's abdomen. His fingers itched convulsively. “I should operate, sir,” said I, with an air of finality. “Good,” ejaculated the examiner, and wrote down 20 on the sheet of paper in his hand. I perspired happily.

“And what incision would you make?” Again I hesitated. But here he would brook no delay. “Median or para-median?” His right hand was travelling up and down his waistcoat buttons, but the waistcoat was not on straight, and I was uncertain. “Para-median,” said I, at length. The examiner shrugged his shoulders. I knew that all was lost. “Personally I prefer the mid-line,” he remarked easily, and crossed off the 20 on the little sheet of paper. Then the bell rang.

“Well?” queried the examiner, and looked tolerantly at me through spectacles. “A systolic murmur at the aortic base,” I ventured with some confidence. (Had I not heard it with a stethoscope borrowed from a house-physician?) “Would you be confident that it is produced by the aortic valves?” “No,” said I stoutly. The examiner nodded approvingly. “Go on,” said he. I told him four other possibilities, and together we scoffed at the theories regarding each. “How could you be sure the valve was stenosed?” he wound up. “Only by seeing the heart, opening it, and failing to get more than one finger-tip through the orifice.” This was child's play, once you got the idea. “Yes,” said the great man, writing down 25 on the back of an envelope which he carried, “and then I suppose it might have contracted post-mortem, or,” he added hopefully, “you might have a very big finger. . . . What do you make of that X-ray?”

Here, at last, I was safe indeed! I held it to the light. “Nothing,” I remarked cheerfully, handing it back. “No more do I,” was the approving comment. I looked exultantly for another question, but the examiner was adding two 25's together, and seemed incredulous at finding they came to 50. W.

A TRUE TALE.

WE have the greatest pleasure in presenting to our readers the following unique narrative, which is, we believe, without parallel in the history of this (or any other) hospital. So remarkable is it, indeed, that had we not heard it direct from a most distinguished member of the Senior Staff, we might have doubted its authenticity.

It appears that this gentleman drove up to Bart.'s one day and left his car as usual outside Theatre C. It so happened that he was kept late at Hospital, and was not able to leave till after dark. As it was a cold night, he adopted his habitual practice of priming the cylinders to ensure an easy start. Unfortunately, however, his small petrol squirt had run dry, and as he had some ethereal tincture of valerian in his bag, he poured a few drops of this liquid through each compression tap. Our friend then closed down the bonnet, got into the car, and pushed the self-starter button. To his horror a shrill scream resounded through the silence, and the engine began to run BACKWARDS! Astounded by these phenomena, he at once got down and observed, to his further amazement, that a number of elongated bodies were issuing in a rapid stream from his exhaust pipe. On further examination, these structures seemed, both in appearance and odour, to be hot and smoking sausages! Even as he gazed awestruck, one megalosausage in describing the hyperbolic path favoured by swiftly-moving projectiles, descended on the roof of Theatre D with a resounding crash, inflicting a comminuted fracture on a pane of glass. With his intellect reeling, our hero once again opened the bonnet of his car to investigate. He found that one of the Hospital cats (having escaped from the Pharmacology Lab. or the Catering Co.) had apparently come under the chemiotactic attraction of the valerian and had inserted its nose into the main air intake of the carburettor. At this precise moment Mr. X had pressed the self-starter, the engine had immediately fired, and the resulting fierce suction in the inlet pipe had carried puss up into the engine, where her unwonted presence had given the internal economy such a jar that the camshaft had jammed and altered the timing to such an extent that the engine ran backwards. The imagination of our readers can be relied upon to supply the exact nature of the processes whereby sausages issued from the exhaust.

In the unlikely event of any of our readers being of the baser sort, and incredulous of this story, we would say to such—“Go to Theatre D”—(This door must be kept shut. No person may enter without galoshes)—“and look at the fourth pane of glass in the roof.” Not only

is the stellate fracture visible, but a portion of inspissated sausage is still adherent.

The car was not a Ford.

We hope to continue month by month to relate similar little-known tales relating to the history of our *Alma mater*.

[*This veracious narrative has been received anonymously. Will the gifted scribe remember that we HATE anonymous communications.*—ED.]

SALV-HASSAN.

(With acknowledgments to the late James Elroy Flecker.)

SCENE: At the Gate of the Clinic, Golden Lane. Men's Day. Merchants, Grocers, Cab-drivers, Jews, all manner of people. By the barred gate stands the Porter with a key. Among the crowd of patients are four medical students, swinging their stethoscopes ostentatiously—a quite unnecessary precaution: they are sufficiently disreputable for their profession to be obvious.

THE MERCHANTS (*together, clamouring at the gate*):

Be swift, Dispenser of the Kharsivan,
Our spiro sniff it and their tails are down.
Plussed three times over was our Wassermann.
Inject the Merchant-Princes of the Town!

THE CHIEF DRAPER:

We wear the crown of Venus, red as wine,
And scalps with Alopecia gleaming bright.
Have ulcers of serpiginous design
And pupils which will not react to light.

[*Enter the DISPENSER OF THE KHARSIVAN in a blue two seater car with the usual incorrigible cylinder misfiring. Aside: Good heavens! What a crew! We shan't get them all behind the screen.*]

THE JEWS (*lifting their voices in chorus*):

Have we not I.O.U.'s, in varied styles,
Second-hand clothing only slightly worn,
Three golden balls to lure the poor Gentiles
Trying to put their microscopes in pawn.

THE MASTER OF THE KHARSIVAN:

But you are nothing but a lot of Jews.

PRINCIPAL JEW:

Yet even Jews have syph'lis and we pay.

THE MASTER OF THE KHARSIVAN:

And who are ye in soft hats, broken shoes,
Swinging your stethoscopes in shameless way?

FIRST MEDICO (*The keen student*):

We are the students, Master; we would know
Always a little more, and it may be

That as in years and knowledge both we grow,
For us the proud reward—L.R.C.P.

SECOND MEDICAL STUDENT (*He of the inquiring mind*):

But for an answer to one thing I crave:
Why are these pains endured by timid Man
For one brief hour of love? They must be brave
Who take the Golden Lane to Salvarsan.

[Enter, hurriedly, two unregistered medical practitioners,
who fear the disappearance of their lucrative practice.]

THE CHIEF MERCHANT:

We gnaw the nail of hurry, Sir—inject!

FIRST QUACK:

Why crowd you to this scheming Charlatan?
O Foolish men, what cures do you expect?

THE MERCHANTS (*in chorus*):

We take the Golden Lane to Salvarsan.

SECOND QUACK:

Are not our Pills and Ointments in your houses?
Be sure thou jumpest not from out the Pan
Into the Fire. God hateth him who roams.

MERCHANTS (*in chorus*):

We take the Golden Lane to Salvarsan.

THIRD MEDICAL STUDENT (*a sensuous, poetic soul*):

Sweet to come softly forth at high noon-day
And wander in the sun on Barbican,
Yet gaining knowledge as we take this way
Along the Golden Lane to Salvarsan.

FOURTH MEDICAL STUDENT (*of strong moral fibre*):

We did not come to dally in the sun.
What joy to see how frail a thing is man?
For lust of doing what should not be done,
They take the Golden Lane to Salvarsan.

THE MASTER OF THE KHARSIVAN, suddenly realising that
he has been listening to this astounding confabulation for
five minutes, works his motor-horn vigorously.

Open the gate. O Porter, thou art tight!

THE PORTER (*displaying a bottle*):

Ho, Sir, I open. But where is that man
Who could get drunk upon a beer so light.

THE MASTER OF THE KHARSIVAN drives his car through
the gate, followed by the whole crowd with the exception of
the two Quacks, who stand disconsolate.]

THE CROWD (*with a shout*):

We take the Golden Lane to Salvarsan.

THE PORTER (*consoling the Quacks*):

What would ye, doctors? It was ever thus.
Lo, he has won; and you, Sirs, also ran.

THE QUACKS (*turning away bitterly*):

God give them Wassermann's for ever plus.

VOICES OF THE CROWD (*in the distance stinging*):

We take the Golden Lane to Salvarsan.

[Curtain.]

DOUBLE ACROSTIC.

THIS is to that, as child unto its mother.
Forgetting that, you cannot learn the other.

1. Shouldered you arms in days when knights were Bolder?
2. Then *this* you had or arms were minus shoulder.
3. This is the cry of honest men when puzzled. "Idiopathic" say all fools unmuzzled.
4. Expert! you'll diagnose a cystic swelling. Where is it found? Why, that I am not telling.
5. Ah! say the French—to every man his taste. Taste this and to plain living you will waste.
6. This we all were and yet may be once more. So thought Pythagoras in days of yore.
7. Herein lies power—both fearful and benign. Herein lies death—for cells that are malign.
8. In doing this a maid-less bar you see. But since you're wise, this must behead be.

A medical acrostic will be a feature of the JOURNAL for the next six months. A prize of a book will be awarded at the end of that time to the competitor sending the best solutions during the six months. Entries must reach the Editor by the 25th of each month under a *non-de-plume*. The competitor's name should also be sent in a closed envelope.

NATIONAL UNION OF STUDENTS.

WINTER SPORT.

Is there a Faculty of Skiing in your University? If so, you had better avail yourself of this unique opportunity of becoming proficient in the Art and Science of Skiing, Tobogganning and Ice-Hockey. You can go either to Czechoslovakia or Norway (under the auspices of their respective National Students' Unions) for about one-quarter what it would cost you in Switzerland.

The party would leave London on Tuesday, January 1st, 1924, either from Liverpool Street at 8.30 p.m., or Victoria at 8.30 a.m., travelling across Germany to Prague, where you would arrive at the Wilson station at 4.5 p.m. There the party would be met, taken to hotels where accommodation will have been reserved, and the following day be shown something of the most interesting sights of Prague; they would have lunch at the Students' Union. In the afternoon the party will leave for Benecko in the Krkonose Mountains. From the 9th to the 12th there will be winter sports of every kind. Whether you are a novice or an expert you will find just what you want. There will be skiing, skating, tobogganning and ice-hockey. One item will be a three-day ski excursion to the highest mountains in Bohemia, viz. the Snezka, 1605 metres.

There is no need to be a linguist, for experienced guides will be provided. Toboggans will be there and also everything for ice-hockey. Bring your own skates and skis, if you have them. If not, mention that you will want to hire them when you apply, and they will be there waiting for you. Please also state which particular sport you want to take part in. The party would be best split into two—(a) for ice-hockey and skating, and (b) for skiing and tobogganning. But this will depend on the applicants themselves.

The numbers are limited to 25, so if you want to go, let us know at once. You will be back in London by the 14th of January, but probably if you wanted to stay longer it could be arranged.

CORRESPONDENCE.

KENYA MEDICAL SERVICE.

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

SIR,—The fact that there are at the present time some vacancies in the Kenya Medical Service has impelled me to draw the attention of Bart.'s men to some of the attractions of a career in this part of the world. I am now the only representative of the Hospital in this service, and I cannot help thinking that such a state of affairs is absolutely wrong and should be remedied at the first available opportunity!

Kenya is probably one of the healthiest parts of the tropics, a very considerable portion of the country being over 4000 ft. above sea-level, and in consequence the bad effects of a tropical climate are very much diminished. Medical work in this, as in all other tropical countries, is extraordinarily interesting and varied, and most men have opportunities to pursue to a large extent that branch of medicine which is their natural bent. Tropical medicine has a vast number of avenues as yet entirely unexplored, and a man who possesses instincts for research has possibilities of becoming a second Ross or Manson.

I, personally, am in charge of a native reserve containing about a quarter of a million inhabitants, and am responsible for their health, as well as for that of the resident Government officials and of a small area in the neighbourhood occupied by European settlers. At my headquarters there is a native hospital, consisting of 100 to 150 beds, and where among other things a large amount of surgical work is carried on; recently, for instance, 101 operations were performed during the course of two months. This hospital taps the whole of the reserve through a number of small dispensaries in charge of native dressers scattered about the district, and the varied diseases, tropical and otherwise, which are admitted are a constant source of interest and material for investigation.

As regards the other side of life, there never need be any complaint of lack of recreation. All the usual games are obtainable in the larger centres of European population, and there are very few formations which do not possess their own tennis courts. If other forms of sport are desired, Kenya is well known as a big game-hunter's paradise, and one's annual fortnight's local life gives opportunities for indulging such tastes. Regarding social life, that is nothing if not cheery, and probably Kenya has more public school and varsity men per unit of European population than most other parts of the world.

Too long a letter on the subject would only defeat its own object, and I will say little more. Every man, of course, has his own tastes, but how general practice in England, with its long vista of drab years probably to be spent in the same house in the same town, doing the same work every day, with little time for recreation or for keeping one's medical knowledge up-to-date, can be compared with twenty years of strenuous, free, open-air life in the warm sun, with ever-varying conditions of work, with sufficient recreation and with study and ordinary leave at home, to be followed by retirement on a pension while still young, with resulting opportunities to follow very largely whatever form of life or work one feels drawn towards, completely defeats me!

I am, etc.,
Kakamega, C. VINY BRAIMBRIDGE.
North Kavirondo,
Kenya,
September 10th, 1923.

"RAGGING."

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

DEAR SIR,—As a reader of the ST. BARTHOLOMEW'S HOSPITAL JOURNAL, though not a member of the Hospital, I was interested and surprised to see that "Slops," in the letter he contributed to last month's issue of the said Journal, placed spelling-bees amongst other suitable revels for students. It is strange he should have chosen a pastime so singularly ill-suited to his own talents, of which doubtless he otherwise has more than the normal allowance.

However, I feel many will support him in his selection of this particular revel, as it might stimulate a better sense of orthography in certain members of the Hospital who write for publication. I shall therefore be grateful to you for space to signify my approval of this one suggestion of "Slops."

Yours faithfully,
"SOLIDS."

The cost of the stay will be £6; the journey costs about £4 single, so that £14 will cover it all.

B. Norway.

The Trondhjem students have invited 20 English students to be their guests for a week at their cottage in the snows.

The party would leave Newcastle about December 27th, and the voyage would be the only expense.

There will be a ball in Trondhjem, probably in the College, and plenty of good skiing, ending up with a long torchlight toboggan run.

As you know, Norway is the real home and first father of skiing, and life at this hut up in the mountains will be the real thing.

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

- HUGHES, E. E., CH.M., F.R.C.S. "The Diagnosis of Swellings of the Testes." *Clinical Journal*, May 16th, 1923.
- INCHLEY, O., M.D. "The Action of Histamine on the Veins. A Method of Differential Perfusion: Nitrites in the Prevention of Histamine Shock." *British Medical Journal*, April 21st, 1923.
- JOEKES, TH., M.B., M.R.C.S. (and SIMPSON, R. H., M.D., M.R.C.P., D.P.H.). "Bronchomylariae." *Lancet*, July 21st, 1923.
- KEVENS, GEORGE, M.D., F.R.C.S. "Haber's Lecture on Chronic Mastitis." (With illustrations on Special Plate.) *Ibid.*, September 1st, 1923.
- "Chronic Mastitis." *British Journal of Surgery*, July, 1923.
- MCDONAGH, J. E. R., F.R.C.S. "Manganese as a Chemotherapeutic Agent." (Abstract.) *Proceedings Royal Society of Medicine*, May, 1923.
- MVERS, BENARD, C.M.G., M.D., (and W. DOUGLAS KIRKWOOD, M.D. and B.M.). "A Case of Oedema in a Newborn Infant." *Lancet*, July 14th, 1923.
- NAFFER, L., EVERARD, M.R.C.S., L.R.C.P. (and ERNEST MEIR, M.D., F.R.C.S., Ed.). *Kidney-Kear: A Handbook for Students and Practitioners*. London: Humphrey Milford, Oxford University Press.
- NIXON, J. A., C.M.G., M.D., F.R.C.P. *The Debt of Medicine to the Fine Arts*. Bristol: J. W. Arrowsmith.
- NOON, CHARLES, F.R.C.S. "Three Cases of Bilateral Renal Calculus." *Lancet*, August 18th, 1923.
- PAVEY-SMITH, A. M.C., M.B., F.R.C.S. "The Causes of Headache." *Ibid.*, September 8th, 1923.
- POWERS, SIR D'ARCY, K.B.E., F.R.C.S. "Eponyms—Pott's Disease of the Spine." *British Journal of Surgery*, July, 1923.
- (and C. J. S. THOMPSON, M.B.E.). *Chronologia Medica*. London: John Bale, Sons & Danielsson.
- REKES, RICHARD, C.B., M.D. "Progress and Problems in Epidemiology." *Proceedings Royal Society of Medicine*, April, 1923.
- RIMMOT, C. A. SNOTT, M.S. "Tracheal Obstruction due to Arrest of Development of the Trachea." *Ibid.*, June, 1923.
- RIVERS, CLIVE, M.D., F.R.C.P. "Diaphyte Tuberculin." *Lancet*, August 18th, 1923.
- ROBINSON, C. A., B.A., M.B., D.M.R.E. *Fide* Cumberland, E. P.
- RVLAND, ANCHER, F.R.C.S. (Ed.). "Case of Pharyngeal Pouch." *Proceedings Royal Society of Medicine*, April, 1923.
- "Skagrams showing Simple Fibrous Strictures of the Oesophagus in a Child." *Ibid.*, April, 1923.
- STUART-LOW, W., F.R.C.S. "Section in the Treatment of Septic Ears." *British Medical Journal*, July 14th, 1923.
- SCOTT, SYDNEY, M.S. "Ossification of Incus to Tegmen." *Proceedings Royal Society of Medicine*, April, 1923.
- SIMPSON, R. H., M.D., M.R.C.P., D.P.H. *Fide* Jones, T. H.
- SOUTHAM, A. H., M.D., M.Ch. (Oxon.), F.R.C.S. "Volvulus of the Large Intestine." *British Medical Journal*, June 23rd, 1923.
- "The Fixation of the Kidney." *Quarterly Journal of Medicine*, July, 1923.
- SPOCK, FREDERICK, M.D. "Swelling on Posterior Wall of Pharynx." *Proceedings Royal Society of Medicine*, June, 1923.
- THURFIELD, HUGH, M.D., F.R.C.P. "Case of Congenital Syphilis." *Ibid.*, May, 1923.
- UNDERHILL, S. W. F., M.A., B.M., B.Ch. (Oxon.). "The Relative Concentration Ratios of some Constituents of the Urine." II.—"The Relative Concentration Ratios of Urea, Creatinine, Inorganic Phosphate and Uric Acid." *British Journal of Experimental Pathology*, June, 1923.
- WALKER, KENNETH M., F.R.C.S. "Serous Cyst of the Kidney." *Proceedings Royal Society of Medicine*, May, 1923.
- "Opening Paper in Discussion on Prevention and Treatment of Chronic Gonococcal Prostatitis and Vesiculitis." *British Medical Journal*, September 15th, 1923.
- WARD, R. OGER, F.R.C.S. "A Large Renal Calculus." *Proceedings Royal Society of Medicine*, May, 1923.
- WEBER, F. PARKES, M.A., M.D., F.R.C.P. "An Extreme Case of Diffuse Syphilitic Fibrosis of the Lungs." *British Medical Journal*, June 23rd, 1923.
- "Some Cases of Clinical Interest." *Clinical Journal*, June 15th, 1923.
- "The Nature of Banti's Disease: Its Differentiation from other Types of Splenomegaly and its Relation to 'Idiopathic,' Non-Alcoholic, Progressive, Hepatic Cirrhosis in Children and Young Persons." *British Journal of Children's Diseases*, April-June, 1923.
- "Raynaud's Syndrome in a Non-Syphilitic Infant with a Remarkable Family History" (abstract). *Proceedings Royal Society of Medicine*, June, 1923.
- WHARREY, H. M., F.R.C.S. "Cyanosis during Operation, due to a Membranous Epiglottis." *British Medical Journal*, August 23rd, 1923.
- "Improved Antrum-Exploring Trocar and Cannula." *Proceedings Royal Society of Medicine*, June, 1923.
- WHITE, GEORGE, M.D., (and GEORGE H. K., F.R.C.S.). "Inversion of the Uterus occurring in the Third Week of the Puerperium." *Ibid.*, April, 1923.
- WOODMAN, E. MCGRAVE, M.S. "A Case of Sarcoma of the Nose cured by Radium." *Ibid.*, June, 1923.
- "Malignant Disease of the Upper Jaw; with Special Reference to Operative Technique." *British Journal of Surgery*, July, 1923.

THE UNITED HOSPITALS WINTER SPORTS CLUB.

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

SIR,—I trust that you will assist me to bring The United Hospitals Winter Sports Club to the notice of your readers.

The Club was founded to encourage Winter Sports amongst Past and Present Students of all recognised Medical Schools in the United Kingdom.

As the Grand Hotel, Griesalp, Bernese Oberland, was considered a success last season, it has been decided to make this the Club Hotel for 1923-24.

Our President, Lord Dawson, has very kindly consented to give a trophy for a ski-race to be held at Griesalp between January 6th and January 13th.

All particulars can be obtained from the Manager of the above hotel.

Yours sincerely,

Oldfield Lodge, Maidenhead; J. DUNCAN LYLE, Hon. Sec.
Oct. 22nd, 1923.

PRACTICAL MEDICINE AND SURGERY CLASSES DURING THE SUMMER.

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

DEAR SIR,—May I encroach on your valuable space to protest against the discontinuation of the Practical Medicine and Surgery Classes during the three summer months?

When one considers that the majority of students sit for their Finals in October, the special need for revision classes during the three months preceding that examination is obvious.

It may be said that the staff require a rest, and I should be the first to admit that they deserve one, but they do not all go away at the same time. The only alternative to these classes is private coaching, which is beyond the purse of many of us, and, when taken for the Conjoint Finals, is an insult to the School curriculum, as these are the examinations for which it is designed to prepare us.

I may add that as the writer has succeeded in hoodwinking the examiners, "sour grapes" are not the cause of this letter.

Yours faithfully,

October 12th, 1923. H. E. H.

"THE LOG OF THE ARK."

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

DEAR SIR,—An unfortunate misapprehension has arisen which I am anxious to correct as quickly as possible. Owing to the fact that in the same number of the JOURNAL there appear a review of my book, *The Log of the Ark*, and a report of Mr. Vick's address to the Abernethian Society, in which he states that "the Hospital is called by some the Ark," a rumour has got about that my innocent excursion into fiction has taken the form of satire. This error has received still further support from your reviewer's remark that the author, in writing the book, "owes much to the Out-Patients' Department of St. Bartholomew's Hospital."

Let me hasten to dispel the illusion that has arisen. My lumbering Ark, with its cargo of incongruous animals, lost on the waters of the flood, does not represent in any way the progress of an ancient foundation and its staff through the waters of modernity. I have not been guilty of writing a satire or of raising an impious voice in the sacred Square of Rabere. *The Log of the Ark* is nothing but a simple story told for children and childish adults.

Apologising for encroaching on your valuable space.

I am,

86, HARLEY STREET, W. 1; Yours faithfully,
November 8th, 1923. KENNETH L. WALKER,

REVIEWS.

ABDOMINAL SURGERY FOR NURSES. By H. BURROWS, C.B.E., M.B., B.S., F.R.C.S. (London: Scientific Press, Ltd.) Second edition. Illustrated. Pp. 144. Price 4s. net.

It must always be a difficult point to decide how far the scientific education of nurses should go. A nurse in training should not be expected, after a hard day's physical work, to be compelled by the demands of examiners to spend her evenings doing the work of a young medical student. These thoughts are aroused by the attractive little volume before us. Mr. Burrows deals with abdominal

conditions demanding surgery in a lucid and easy fashion. But is it not too advanced? All the elementary points are given, and given well, but why burden a tired girl's mind with talk of acute dilatation of the stomach? How many cases of acute gastric dilatation has Mr. Burrows himself seen?

ACUTE ABDOMINAL DISEASES. By JOSEPH E. ADAMS, M.B., M.S., F.R.C.S. (London: Baillière, Tindall & Cox.) Demy 8vo. Pp. x + 558. Illustrated. Price 16s. net.

The first edition of this book appeared under the names of Adams and Cassidy, and was the result of experience gained during the tenure of the posts of Resident Assistant Surgeon and Resident Assistant Physician respectively at St. Thomas's Hospital. Now, owing to the interest of Dr. Cassidy in cardiological work and to the fact that acute abdominal disease is to-day almost always the prerogative of the surgeon, Mr. Adams remains the sole author.

This revised and partly re-written second edition is an admirable account of the main findings of modern abdominal work. No great detail is possible and none is attempted. But the chief symptoms and signs and the general line of treatment in the common abdominal conditions are plainly set forth. The surgery is conservative and sound. There are many points of practice in which one would differ from the author. We do not believe, for instance, that tuberculin does much good in tuberculous peritonitis—but such are matters of opinion. The book is lucidly written and is well produced.

HERNIA AND ITS RADICAL CURE. By J. HUTCHINSON, F.R.C.S. (London: Henry Frowde & Hodder & Stoughton.) Demy 8vo. Pp. xiii + 264. 52 Figures, 2 Plates. 12s. 6d. net.

Of the making of many books on hernia there appears to be no end. In this volume Mr. J. Hutchinson describes the various forms of hernia, and gives a practical account of the methods he has found most useful in their cure. He describes the subject with a great lucidity, and with detailed descriptions of operations which will be particularly useful to young surgeons. With regard to the origin of hernia he believes that all direct inguinal hernia, some indirect, and practically all umbilical and femoral hernia are acquired. For buried sutures he strongly recommends kangaroo tendon, which finally becomes fibrous tissue.

In the cure of inguinal hernia he advises an operation in which the inguinal canal is closed by drawing down the conjoined tendon to the inguinal ligament in front of the cord. In treating strangulated hernia in which resection is necessary, the author advises making a second incision and performing an end-to-end anastomosis away from the confined area of the original incision. The book is very readable, stimulating and well produced; our own teachers are frequently mentioned in it.

PRACTICAL ZOOLOGY FOR MEDICAL AND JUNIOR STUDENTS. By I. D. F. GILCHRIST, M.A., D.Sc., Ph.D., and C. VON BONDE, M.A. (Edinburgh: E. & S. Livingstone, 1922.) 15s. net.

This volume takes the form of an annotated laboratory drawing-book, and has been compiled by the teachers of zoology in the University of Cape Town more especially for the use of students in South Africa. In order to make the work of more general value the usual European types are also described.

The book contains detailed instructions for dissection as well as notes on the anatomy of these forms, while—in marked contrast with other works of this kind—it is provided with a large number of illustrations. These are for the most part original and have been drawn from actual preparations. While the numerous figures (105) are a great aid to understanding the descriptions, the wisdom of including them at all in such a work is perhaps open to question. It is clear that the authors realise the possibility of misuse, since they say in the Preface, "The figures are not to be copied by the student." We fear that, to the average student, the temptation will be almost irresistible when figure and blank drawing-page face one another, as they do in this book. Nevertheless both illustrations and letterpress may be welcomed as a useful addition to available text-books, especially since they deal with some less familiar types. The size of page (quarto) has, moreover, made it possible to print the annotations of the figures in full, and thus avoid vexatious references to a detailed explanation. This feature is to be highly commended, and it is regrettable that exigencies of space usually forbid its adoption. The glossy paper necessary for the reproduction of the diagrams is unfortunately by no means suitable for pencil drawings.

HODGKIN'S DISEASE. By ALLAN BENNETT, M.D.(Lond.), M.R.C.P. (Bristol: John Wright & Sons, Ltd.) Price 2s.

A little volume in which the author discusses with clearness and precision, very briefly, the clinical, histological and other features relating to this mysterious disease. The chapter on the aetiology is perhaps the most interesting, although by no means the most convincing. The author inclines to the hypothesis of many previous investigators that the tubercle bacillus of an abnormal type, in an individual with special peculiarities in his lymphoid tissue, is the most likely causal agent of the disease—an idea which he agrees it is easy to upset. One notices that in the discussion on the excitants of a lymphatic hyperplasia, the most powerful of them all, the filter-passing virus, has received scanty consideration. As regards treatment, X rays showed themselves to be slightly superior to arsenic in the few cases under personal observation. Most present-day workers will agree with the author that Hodgkin's disease is entitled to a place by itself. Altogether the 30 odd pages have been read through with considerable interest, although one cannot help feeling that the review of the matter in hand is rather unnecessarily incomplete.

C. C. T.

HOUSE APPOINTMENTS.

The following gentlemen have been nominated to House Appointments from November 1st, 1923:

<i>Junior House-Physicians—</i>	
Dr. Morley Fletcher.	R. Hunt Cooke.
Dr. Drysdale.	N. E. Chadwick.
Sir P. H. S. Hartley.	G. S. Morgan.
Prof. F. R. Fraser.	H. V. Morlock.
Sir Thomas Horder, Bt.	V. F. Farr.
<i>Junior House-Surgeons—</i>	
Mr. H. J. Waring.	N. A. Jory.
Mr. McAdam Eccles.	N. L. Capener.
Mr. L. Bathe Rawling.	C. M. Pearce.
Prof. G. E. Gask.	G. S. W. Evans.
Sir C. Gordon Watson.	A. J. C. Eland.
<i>Intern Midwifery Assistant (Resident)</i>	B. L. Jeaffreson.
<i>Intern Midwifery Assistant (Non-Resident)</i>	H. Tothill.
<i>Extern Midwifery Assistant</i>	C. O. S. B. Brooke.*
<i>H.-S. to Throat Department</i>	A. C. Visick
<i>H.-S. to Ophthalmic Department</i>	J. P. Hosford.
<i>H.-S. to Orthopaedic Department</i>	C. J. Donelan.
<i>House-Physician to Venereal and Skin Department</i>	G. L. Brocklehurst.†
	E. B. Brooke.‡
	* 3 months. † 3 months, November. ‡ 3 months, February.
	All others 6 months.

ABERNETHIAN SOCIETY.

The Sessional Inaugural Address was delivered before a crowded meeting of the Society in the Medical and Surgical Theatre at 8.30 p.m. on Thursday, October 18th.

The addresses of both Sir D'Arcy Power and Mr. Vick have been published elsewhere, and those who were not fortunate enough to be present will be able to gather from them the cause of the tremendous ovation which both speakers received at the conclusion of their speeches.

In proposing the vote of thanks to the speakers, Mr. MITCHELL (representing the Abernethian Society) expressed himself as deeply in the speakers' debt for removing something of the feeling of ignorance which even a sixth-year student has on being asked quite simple questions as to the history and traditions of the Hospital. Mr. HOSFORD (representing the Students' Union) seconded Mr. Mitchell. He congratulated the speakers and the Society on the great success of the evening, and made a telling reference to the rather vexed question of "ragging" which had recently been exercising the minds of most of his hearers;

A Clinical Evening was held on November 1st. Five cases were shown.

The first was shown by Mr. Rawlins. He considered the case was one of syphilitic periostitis of the tibia. The second case, shown by Mr. Howell, was one of wide-spread glandular enlargement. It was generally considered to be a case of Hodgkin's disease, and Mr. Howell undertook to demonstrate the microscopic slide of a gland at the next clinical evening.

The next case, shown by Mr. Bolton, was considered to be one of haemorrhage into a glioma. The fourth case, one of morbus cordis, was shown by Mr. Wilson. The last case, one of a man with morbus cordis and very low blood-pressure, was shown by Mr. MacDougal.

A large proportion of the members present took part in the discussions.

On Thursday, November 15th, Dr. Graham addressed a crowded meeting of the Society on the subject of "Insulin." Purposely dealing rather with the historical and experimental than with the clinical aspects of the drug, he reminded the meeting that not until Mehring and Minkowsky's discovery that excision of the pancreas in the case of a dog would cause symptoms of diabetes was Thomas Willis's observation that the urine of diabetic patients "tasted sweet like honey" improved upon.

At the end of last century Langerhans, when only 20 years old, demonstrated the existence of the islets which bear his name; and his work was carried further by Allen in Canada, who established the fact that ligature of the pancreatic ducts did not result in the destruction of the islets of Langerhans; that there were two species of cells, "α" and "β," in these islets; that the "β" cells were concerned with carbohydrate metabolism; and that starvation, by resting the pancreas as a whole, might enable damaged islets to function sufficiently to control carbohydrate metabolism.

Banting, another young man, is responsible for the latest and most important advance. His experiments proved that extracts of the islets obtained in a variety of ways, when injected into a depaneatised dog, caused a diminution or cessation of the symptoms of diabetes. Prof. McLeod was so impressed by this work that he placed a well-equipped laboratory and skilled assistance at Banting's disposal, and very interesting and important results have been obtained.

"Insulin" (originally so-named by Prof. Schafer) is now obtained pure as the hydrochloride by a process of fractional crystallisation. It was originally found that 10 mgrm. of the crude extract injected into a rabbit produced convulsions and hypoglycaemia; 1 mgrm. of the purified product (i.e., 3 "units"), however, is sufficient.

In man the symptoms of such a hypoglycaemia are, first, headache, lassitude, nausea, or even vomiting, and, in the cases of large overdoses of insulin, convulsive twitchings and unconsciousness. Mild symptoms may be met by giving a hot drink or the next meal due, and severer symptoms by the administration of barley-sugar, or intravenous injection of adrenalin or dextrose. Such symptoms come on from four to six hours after injection of insulin.

Even in coma, insulin has proved efficacious. The dose varies from 10 to 140 units, but these larger doses should be controlled by blood-sugar estimations. Such an effect has made it possible for precipitating causes of the coma to be investigated.

It yet remains to be proved whether insulin given in the early stage of diabetes can, by resting the "β" cells affected, bring about a restoration of their function. But it can at any rate co-operate with or replace the effect of the damaged islets sufficiently as to diminish markedly or abolish the symptoms of diabetes mellitus.

In conclusion, Dr. Graham stressed the part young experimenters had played in the discovery of insulin, and urged his hearers to take full advantage of their present facilities for laboratory work.

NOTES ON APPARATUS.

THE Acoustique of 95, Wigmore Street, W. 1, are the manufacturers of apparatus for the use of the deaf. There are no less than 22 types of instrument, including a special stethoscope for the use of deaf doctors.

The principle is the one of magnification of sound. The instrument cannot cure deaf people; it can and will enable those partially deaf to make the utmost use of such hearing as they have left.

The apparatus is small and light; we heartily commend it to the notice of medical men.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. CAMBRIDGE UNIVERSITY.

Cambridge made their first appearance in London on October 24th, when they met St. Bart's Hospital at Winchmore Hill, and prevailed by a margin of a penalty goal and three tries to a penalty goal.

But they were fortunate. Beaten forward, they should have suffered a reverse, and they would have done so had the Bart's outsiders displayed any idea of combination. Parker, who really must be seriously considered for a Welsh "cap" this season—he is of Cardiff extraction—led the Hospital forwards as would a Wakefield. Well supported by Anderson, Row, and Reith—Reg. Bettington in these days is too slow—Parker gave his outsiders sufficient chances to win this and many other games.

But they failed, and failed badly, chiefly owing to two reasons—an inability to accept reasonable chances of advancement and the deplorable alignment of the three-quarters, who through this fact gave and accepted passes that had of necessity to be forward. It was fatal, and many promising movements were spoiled through this lamentable operation.

In Macyn and Tucker they have two forwards who must in course of time represent their respective counties. And yet neither of this pair is a greater player than Scott, who played a devastating game in the loose, when Cambridge were fighting almost for their very existence.

The "Varsity" "threes": But where Cambridge may cause the discomfiture of Oxford is at three-quarter. The combination of Hamilton-Wickes and Gardiner will develop into a very great one before long. Powell, the fast-flying Clifton schoolboy—who jumps in the region of 23 feet long—is a certainty for the left wing; he is an I. J. Pittman with a greater knowledge of the game than has the Etonian, and if he can obtain a partner more energetic, more audacious than is Thomson (such a one as H. P. Jacob of Blackheath), he will be a great winger indeed.

Cambridge may be said to possess no chance at all against the might of Oxford. We have read already this ridiculous assertion, but the Cantab side that defeated Parker and his men in this game will develop into a combination that, while it may not emulate the deeds of Wakefield and his team of last season, will present many difficulties to their hereditary rivals.

The game may be briefly described. Douty gave the Cantabs the lead in the first half, Gaisford equals with a magnificent penalty goal, and then Bart's—quite undeservedly—were well beaten, Gardiner scored a glorious try for Cambridge, Francis dropped a magnificent penalty goal, and Hamilton-Wickes, from the first chance he received in the game, galloped across the Bart's line.

Final score: Bart's, 3 points; Cambridge University, 12 points.
Teams.—Bart's: W. F. Gaisford, *back*; M. Thomas, A. Macgregor, P. O. Davies, L. C. Neville, *three-quarters*; T. P. Williams, H. Macgregor, *halves*; W. C. Parker, A. W. L. Rowe, E. S. Vergette, M. L. Maley, A. B. Cooper, A. E. Beith, R. H. Bettington, H. G. Anderson, *forwards*.

Cambridge University: D. H. Roeyn-Jones, *back*; R. H. Hamilton-Wickes, F. A. Gardiner, A. G. B. Thomson, V. B. Powell, *three-quarters*; T. E. S. Francis, P. S. Douty, *halves*; D. J. Macyn, W. E. Tucker, D. C. Cumming, D. C. Ryder, R. H. Lowry, F. Padmore, W. B. Scott, C. S. Barlow, *forwards*.

Referee: Mr. E. W. Calver.

ST. BARTHOLOMEW'S HOSPITAL v. R.M.A. (Woolwich).

At Woolwich on Saturday, October 27th, a keen and interesting game between the R.M.A. and St. Bartholomew's Hospital resulted in a win for the latter by 23 points to 16.

The visitors were always playing a stronger game than the Academy. Five minutes after the start P. O. Davies, from a line-out near the "25" line, went over between the posts, and Gaisford easily converted. Three minutes later Danby got over, and Harman added the extra points.

McGregor soon put the visitors ahead with a try wide out, Gaisford kicking a fine goal. Robertson scored another try, but Gaisford failed to convert. Just before the interval Harman replied with a try for the R.M.A., and Wilkinson was successful with the kick. Thomas and McGregor scored further tries after the interval for the Hospital, both being converted by Gaisford.

Stratton and Harman scored for the Academy, but Wilkinson failed with both kicks. Gaisford's kicking was a feature of the game.
Teams.—R.M.A.: R. P. De Winton, *back*; J. H. Stratton, R. H. A. Foster, C. R. Harman, C. C. Danby, *three-quarters*; D. M. B. Hunt, A. T. Edgington, *halves*; S. R. Osmond, D. E. Pantin, G. O. Sutherland, M. T. L. Wilkinson, R. H. M. Hill, G. C. Pope, D. R. Guinness, H. H. C. Withers, *forwards*.

Bart's: W. F. Gaisford, *back*; Melbourne Thomas, D. B. Cooper, P. O. Davies, J. B. Robertson, *three-quarters*; J. D. Games, H. McGregor, *halves*; R. H. Bettington, A. W. Rowe, M. L. Maley, J. D. Buttery, G. M. O'Kell, J. Pittard, A. T. Colenso-Jones, H. T. Dietrich, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL v. CARDIFF.

Before 10,000 spectators at Cardiff on October 31st, St. Bart's Hospital put up a splendid show against the Cardiff team, which however, badly missed the services of Cornish and Johnson at three-quarter.

The Hospital forwards played a strong exhilarating game throughout, but they were poorly supported by their halves and three-quarters. Gaisford at full back played a really wonderful game, and his fine defensive play in the second half robbed Cardiff of a much bigger victory.

Time after time Gaisford picked up at the feet of the oncoming Cardiff forwards, and always found touch with long kicks. Cardiff were the first to score; a brilliant break-through by Delahay ended in that player passing to Rees, who scored after a quarter of an hour's play. Dr. Wallace, who made a welcome reappearance in the Cardiff side, failed to convert.

The Hospital replied with several hot attacks, and Melbourne Thomas cleverly intercepted and, running past both Wallace and Maile, scored a well-earned try, which Gaisford failed to convert. Near the interval the Hospital were penalised for off-side play, and Wallace kicked a penalty goal.

The second half provided a splendid struggle, with Cardiff mostly the aggressors, but Bart's proved fine tacklers, and Gaisford a great full back.

Final score: Cardiff, 6 points; Bart's, 3 points.
The Hospital lacked the services of G. W. C. Parker (capt.) and W. S. Morgan.

Teams.—Cardiff: B. Maile, *back*; Dr. Wallace, Daph Davies, K. Turnbull, G. Rees, *three-quarters*; W. Delahay, Dan Davies, *halves*; J. Richards, G. Grant, W. Palmer, G. Davies, W. Cornish, J. Brown, F. Stephens, W. Turnbull, *forwards*.

Bart's: W. Gaisford, *back*; Melbourne Thomas, A. McGregor, P. O. Davies, L. Neville, *three-quarters*; T. Williams, H. McGregor, *halves*; A. Beith, A. Carnegie-Brown, J. Buttery, R. M. Bettington, A. Cooper, M. Maile, E. Vergette, A. Rowe.

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

Played at Winchmore Hill on November 3rd. Although the R.M.C. were defeated by St. Bartholomew's Hospital by 3 goals and a try (18 points) to a try (3 points), they were not on the general run of the play so badly beaten as the final scores would suggest.

With the wind in their favour St. Bart's did all the attacking during the first twenty minutes, and tries were scored by Carnegie-Brown and Viviers, one being converted by Bettington. After this, however, the Cadets shined better, and a pretty try was scored for them by Dalrymple, their right wing three-quarter.

Just after the interval Rowe scored an easy try, which was converted by Bettington. It was near the close when Neville got possession and crossed the Cadets' line for Bettington to kick his third goal.

Team.—Bart's: E. V. Frederick, *back*; Melbourne Thomas, A. McGregor, P. O. Davies, L. C. Neville, *three-quarters*; T. P. Williams, H. McGregor, *halves*; A. Carnegie-Brown, Colenso-Jones, R. H. Bettington, A. W. L. Rowe, E. S. Vergette, A. B. Cooper, J. W. Buttery, M. L. Mailey, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL v. H.A.C.

A year ago St. Bartholomew's Hospital beat the H.A.C. by a margin of over 30 points, and consequently they were justified in including several reserves in their side on Saturday, November 10th, when they were successful at the H.A.C. headquarters, Finsbury Pavement, by 2 goals and 2 tries (16 points) to nil. The Hospital forwards laid the foundation of the victory, out-weighting the H.A.C., and exhibiting quicker breaking-up characteristics. Play never reached a high standard, but one could overlook that because a delightful keenness prevailed from start to finish.

For a quarter of an hour Nathan, the veteran wing three-quarter of the H.A.C. was off the field, getting a gashed head plastered up, but he pluckily returned to do quite well for his side. It was somewhat of a novelty to see the big Hospital captain, Parker, playing centre three-quarter, and when he was on the move he took a deal of stopping. The H.A.C. did not score, only because they lacked finish. At times they gave Bart's plenty of work, and Gaisford at full back acquitted himself in a first-class manner, fielding, kicking, and tackling consistently.

In the first half Neville concluded a splendid bout of passing by getting across, and in the second half Neville again, and McGregor twice, scored tries, Gaisford converting the first two, and hitting the post from a very difficult position after the last try. The H.A.C. are a well balanced side, and on the whole gave quite as good a display as the best regular combinations.

Teams.—Bart's: W. F. Gaisford, *back*; M. G. Thomas, G. C. M. Parker, P. O. Davies, L. C. Neville, *three-quarters*; T. P. Williams, H. McGregor, *halves*; R. H. Bettington, G. L. Colenso-Jones, A. B. Cooper, J. A. R. Edwards, W. S. Morgan, L. Mailey, J. T. Pittard, J. W. Buttery, *forwards*.

H.A.C.: R. L. Kerr, *back*; J. Nathan, E. M. S. Lloyd, D. M. Houston, F. C. O'Brien, *three-quarters*; R. C. B. McDermid, A. S. Moore, *halves*; A. W. Hawes, N. H. Radford, B. R. Brown, J. E. M. Maw, G. Poland, W. L. Longley, F. I. Hepworth-Thompson, V. Shepherd, *forwards*.

Referee: Major C. J. O. Partridge.

The "A" XV have won 7 matches and lost 1.

The "B" XV have won 7 and lost 3.

A. Carnegie Brown (capt.), M. Fitzgerald, W. F. Gaisford, G. W. C. Parker, M. McGregor and A. E. Beith journeyed to Dublin to vie in contest for the United Hospitals against Dublin University. A singular feature was the absence of the Gny's contingent, and the big part played by this Hospital in the victory. Tries were scored by McGregor (2) and Neville (1).

Congratulations to Melbourne Thomas on figuring in the Welsh Trial match. He played well and scored twice.

A. Carnegie Brown, T. P. Williams, A. L. Rowe and A. McGregor have represented Middlesex.

Surrey have been represented by L. C. Neville, P. O. Davies and E. S. Vergette.

A. E. Beith has been hooking for Kent.
W. F. Gaisford has represented Somerset at full back. We hope he will figure in their final match, but trust he will not infringe the Scottish rules—as interpreted beyond the Border!

On October 31st Dr. T. T. Buiet (an old Bart's man) entertained the team after the match. A very enjoyable evening was spent.

THE ASSOCIATION FOOTBALL CLUB.

1st Eleven.—The team is to be congratulated on its success to date. Although only five matches have been played, all five have been decisively won. The "attack" has registered no less than 28 goals, whilst the "defence" has been beaten on only 6 occasions. C. Wroth and G. G. Holmes may be mentioned as playing particularly well and consistently.

Due to the fact that we have several strong reserves this season, the Selection Committee has found difficulty in making its final selection. It is therefore unwise for anyone (anxious to keep his position) to have, too often, "another appointment" on a Saturday afternoon.

During the present month the eleven will be fully tested, as they are due to play St. John's College, Cambridge (away), H.A.C. (home), and King's College (away). We wish them the best of luck.

2nd Eleven.—Despite the fact that a glance at the results achieved by this team do not indicate a very successful commencement of the season, it is felt that the material is present for the development of quite a good team. Unfortunately the team that does play is usually not that originally selected, and thus that essential factor of co-ordination of movement is lacking, especially in the forward line. However, it is hoped that in future a regular team will be played, and then the mutual understanding will ensure efficiency, and this combined with enthusiasm will mean the return of the Junior Hospital Cup at the end of the season.

Results to date:

Oct. 27th.—Old Brentwoods	Lost	2-5
Nov. 3rd.—Old Citizens	Won	2-1
" 10th.—Glyn's F.C.	Lost	1-2
" 17th.—Foxe's F.C.	Won	6-0

Freshmen are again requested to make themselves known to E. S. Evans (Hon. Sec. 2nd XI) and J. Phelps (Hon. Sec. 3rd XI).

HOCKEY CLUB.

The hockey season continues very satisfactorily and several of our matches have been favourably reported in the press.

The 1st XI have shown great improvement, and the fact that they have only lost one match, in which seven 2nd XI men were playing, shows that they have proved themselves more than equal to the better standard of fixtures that have been arranged for this year.

Our victory over Hendon, which was one of the best matches of the season, ought to enable us next year to secure fixtures with some of the first-class teams.

The 2nd XI are settling down well and have won the last four matches.

There has never been any difficulty in raising a 3rd XI owing to the numbers wishing to play.

It is regretted that the captain of the 1st XI is leaving the Hospital this month; as centre half he was the key of the defence, and will be a great loss, but we hope we shall find someone to take his place. J. E. Church, J. G. Milner and T. S. Goodwin have played for the United Hospitals and the first two also for Middlesex "A." C. J. P. Grosvenor has played for Herts, and J. H. Attwood for Herts "A."

The 1st XI results have been as follow:

Sat., Oct. 6th.—Guy's Hospital	Won	5-2
" 20th.—City of London H.C.	Won	8-1
Wed., " 24th.—Woolwich Garrison	Lost	0-0
Sat., " 27th.—Old Felstedians	Won	6-2
" Nov. 3rd.—University College Hospital	Won	7-1
" 10th.—Sandhurst	Won	6-3
" 17th.—Hendon	Won	3-2

AMATEUR DRAMATIC SOCIETY.

It is proposed to produce for this year's Christmas Entertainment the melodrama "Sherlock Holmes," by Sir A. Conan Doyle and William Gillette.

As many were unable to obtain tickets for last year's play owing to limited seating accommodation, the Governors have kindly consented to the giving of an extra performance this year. The dates are to be January 15th, 16th, and 17th.

The usual Dress Rehearsal, to which all students without tickets can obtain admission, is billed for January 14th.

The Committee is anxious that it should be clearly understood that this play "Sherlock Holmes" is not the same as "The Return of Sherlock Holmes," now running in London.

Tickets will be available shortly.

BOXING CLUB.

The first practice of the Boxing Club was held on Thursday, November 22nd, and will continue on every Thursday from 4 to 6 p.m., on which nights Matt Wells will be in attendance to instruct. It is hoped as many as possible will come down and start training for the Inter-Hospital Contests, and the Cadets, Hospitals and Universities Championships.

SWIMMING CLUB.

At the Annual General Meeting of the Swimming Club the following officers were elected for the season 1924:

President: Mr. R. Vick.
Vice-Presidents: Mr. Lane Roberts, Dr. Dudley Stone.
Captain: G. H. Day.
Hon. Secretary: M. J. Harker.
Committee: D. A. Abernethy, G. D. Drury, N. A. Jory, P. R. Viviers.

GOLF CLUB.

The Annual General Meeting was held in the Abernethian Room on Wednesday, November 7th. Officers for the year 1923-24:

President.—Mr. Gilling Ball.
Vice-President.—Dr. G. Graham.
Captain.—H. Smith.
Secretary.—H. E. Houtton.
Committee.—J. H. T. Davies, J. Holmes, W. F. Chillingworth.
A Medal Competition was held at Cassiobury Park, Watford, on Wednesday, October 31st. There were about 20 entries. Winner: C. A. Francis. Runner-up: J. Holmes.
Pipes were presented to the winner and runner-up by Mr. G. W. Jones, a former captain of the West Herts Golf Club.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:

M.D.—F. T. Burkitt.
B.Ch.—S. Orchard, T. M. Thomas.

Diploma in Medical Radiology and Electricity.

Part II.—N. M. Bodas.

Second Examination for Medical Degrees, October, 1923.

Part III. Pharmacology and General Pathology.—B. Alexander, H. J. Burrows, J. W. D. Buttery, J. V. Dockray, M. G. Fitzgerald, M. J. Harker, G. G. Holmes, W. K. McKinstry, L. V. Pearson, H. Smith, R. S. Tooth, F. G. Winterton.

UNIVERSITY OF LONDON.

Third (M.B., B.S.) Examination for Medical Degrees:

Pass.—R. S. Coldrey, L. M. Jennings, G. Khionsky, W. E. M. Mitchell.

Supplementary Pass List.

Group I.—J. W. Joulé.

Group II.—K. H. Dean, J. R. Hamerton, G. S. Morgan, C. S. C. Prance, H. N. Rose.

Diploma in Psychological Medicine. Part A.—A. Walk.

CONJOINT EXAMINING BOARD.

First Examination, October, 1923.

Chemistry.—J. G. Galt, A. Myerson, I. E. Phelps, J. M. Taylor.
Physics.—J. G. Galt, H. Stevens, I. M. Taylor.
Biology.—W. R. Batt, A. Myerson.

Second Examination.

Part I. Anatomy and Physiology.—O. H. Bellerby, P. J. Cowin, W. W. Darley, T. G. Davies (p), C. W. L. de Souza, J. A. Edward, S. Farfel, B. H. Gibson, L. L. G. Jenkins (p), D. A. Llewelyn (p), P. B. P. Mellows (a), J. Spencer.

(a) Anatomy only. (b) Physiology only.

Part II. Pharmacology and Materia Medica.—P. J. Cowin, W. W. Darley, J. T. C. Gray, E. F. D. Owen, G. F. D. Perrot, S. B. S. Smith, E. O. Watson.

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

J. C. Ainsworth-Davis, R. S. Anderson, I. Atkin, E. J. Blackaby, C. O. S. B. Brooke, D. H. Cockell, A. B. Cooper, I. G. Davies, T. D. Deighton, D. Diamond, G. S. W. Evans, H. H. Fisher, T. S. Goodwin, P. D. Griffiths, C. J. P. Grosvenor, H. E. Harris, A. H. Johns, C. de W. Kitcat, R. A. E. Klaber, A. R. Macdonald, G. B. McMichael, C. I. N. Morvan, N. Moulson, J. Parrish, J. O. M. Rees, R. D. Reid, D. J. Rose, J. M. Scott, A. J. D. Smith, R. G. R. West.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

The following, having passed the requisite examinations, have been admitted Fellows:

E. B. Barnes, R. C. Clifford, D. S. Pracy, Herbert B. Scott.

CHANGES OF ADDRESS.

BARNES, E. B., 87, St. Giles' Street, Northampton.
COX, H. CHAVE, Chadwell, Orleans Road, N. 19.
DENHAM, H. K., Ingleside, Annerley, South Brisbane, Australia.
HARRISON, S. G., Fanning Island, Pacific Ocean.
HUXLEY, H., 11, Nottingham Place, W. 1, and Great Enton, Witley, Surrey.
JAMESON, R. W., Beckenham Road, West Wickham, Kent.
MARTIN, E. L., Glenoot, Fleet, Hants.
NELSON, H. A. DE B., 1, Church Lane, Merton Park, S.W. 19.
OULTON, E. V., 21, Lansdowne Place, Hove, Sussex.
SOAMES, R. M., The Moorings, Havant Road, Enworth, Hants.
THOMPSON, A., 39, Upper Rock Gardens, Brighton, Sussex.
VINTER, N. S. B., Victoria Hospital, Castries, St. Lucia, B.W.I.

APPOINTMENTS.

DEIGHTON, T. D., M.R.C.S., L.R.C.P., appointed House-Surgeon at the East Suffolk and Ipswich Hospital.
GRIFFITHS, P. D., M.R.C.S., L.R.C.P., appointed House-Physician at the Metropolitan Hospital, Kingsland Road.

HARRIS, H. E., M.R.C.S., L.R.C.P., appointed House-Surgeon at the East London Hospital for Children, Shadwell.

HARRISON, S. G., M.R.C.S., L.R.C.P., appointed Medical Officer to Fanning Island, Ltd.

HARVEY, F., Lt.-Col. R.A.M.C., appointed Lecturer (whole-time) at the Battersea Polytechnic in Hygiene, Sanitary Law and Administration under the London County Council, Ministry of Health, and Board of Education.

HERINGTON, C. E. E., M.B., B.S. (Lond.), D.P.H., appointed Assistant Medical Officer, Surrey County Council.

HOWELL, B. W., F.R.C.S., appointed Visiting Surgeon to Ministry of Pensions Hospital, Shepherds Bush.

KITCAT, C. DE W., M.R.C.S., L.R.C.P., appointed House-Physician to the West End Hospital for Nervous Diseases, Welbeck Street.

MAINPRISE, C. W., D.S.O., Lt.-Col. R.A.M.C., appointed Assistant Director of Medical Services, Headquarters, Government House, Portsmouth.

VINTER, N. S. B., M.B., B.S. (Lond.), appointed Resident Surgeon, Victoria Hospital, Castries, St. Lucia, B.W.I.

BIRTHS.

BALLINGALL.—On October 24th, at Alexandria, Egypt, the wife of Capt. D. C. G. Ballingall, M.C., R.A.M.C.—a son. (By cable.)

CHAMBERLAIN.—On October 22nd, at 40, Granville Gardens, Holland Park, W. 12, to Molly, wife of A. G. Chamberlain—a son.

COOK.—On October 30th, at Lyme Regis, to Mona (nee Schofield), the wife of P. Nield Cook, M.B.—a daughter.

MORSON.—On November 14th, at 16, Elsworth Road, N.W. 3, the wife of A. Clifford Morson, O.B.E., F.R.C.S.—a son.

PRIDHAM.—On November 4th, at Hillfield, Broadway, Dorset, to Margaret, wife of J. A. Pridham, M.C.—a daughter.

RIVIÈRE.—On November 18th, at St. Giles' Plain, Norwich, to Veronica, wife of Bernard B. Rivière, F.R.C.S.—a son.

ROSSDALE.—On November 13th, at 47, Upper Berkeley Street, W., to Kate, the wife of Dr. George Rossdale—a son.

STANLEY.—On October 5th, at Rue des Belles Feuilles, Paris, the wife of E. Gerald Stanley, M.S., F.R.C.S., M.D.—a daughter. (Corrected notice.)

MARRIAGES.

FIRMAN-EDWARDS-ANDERSON.—On September 15th, at St. John's Church, Coulsdon, Surrey, Langdon Firman-Edwards, M.B. (Cantab.), to Hylda, younger daughter of Mr. and Mrs. C. Labat Anderson, The Durdans, Purley, Surrey.

PATON PULLEINE.—On November 8th, at All Souls', Langham Place, Robin Young Paton, M.A., M.B., B.Ch. (Cantab.), F.R.C.S., to Daphne, youngest daughter of the late B. C. Pulleine, Esq., Headingley, Yorkshire.

DEATHS.

CRIPPS.—On November 8th, 1923, at 19, Bentinck Street, W. 1, William Harrison Cripps, F.R.C.S., of Glendarnel, Argyllshire, N.B., and 19, Bentinck Street, aged 73.

LATHAM.—On October 29th, 1923, at 15, York Crescent, Clifton, Bristol, Peter Wallwork Latham, M.D., F.R.C.P., late Downing Professor of Medicine in the University of Cambridge, aged 91.

WESTCOTT.—On November 6th, 1923, at Queen Alexandra's Military Hospital, Millbank, Colonel Sinclair Westcott, C.B., C.M.G., beloved husband of Ethel Westcott, 8, Cromwell Place, S.W., aged 64.

WOODROOFE.—On November 9th, 1923, George Borries, M.B., B.C. (Cantab.), of Intake, Sheffield, son of the late Henry Reade Woodroffe, Archdeacon of Grahamstown, S.A., aged 54.

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. SAROANT, 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. XXXI.—No. 4.]

JANUARY 1ST, 1924.

PRICE NINEPENCE.

CALENDAR.

Tues., Jan. 1.	—Dr. Drysdale and Mr. McAdam Eccles on duty.
Fri., " 4.	—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
Sat., " 5.	—Rugby Football Match v. Harlequins, at Winchmore Hill. Association Football Match v. Old Mercers, away.
Thurs., " 8.	—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Fri., " 11.	—Prof. Fraser and Prof. Gask on duty.
Sat., " 12.	—Rugby Football Match v. Old Blue (away).
Mon., " 14.	—Amateur Dramatic Society. Full dress rehearsal.
Tues., " 15.	—Dr. Morley Fletcher and Mr. Waring on duty.
Tues., " 15.	A.D.S.—"The Return of Sherlock Holmes."
Wed., " 16.	
Thurs., " 17.	—Abernethian Society, Clinical Evening.
Fri., " 18.	—Dr. Drysdale and Mr. McAdam Eccles on duty.
Sat., " 19.	—Rugby Football Match v. Coventry (away). Association Football Match v. Old Russelians (away). Hockey Match v. Malden (home).
Tues., " 22.	—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
Last day for receiving matter for February issue of Journal.	
Wed., " 23.	—Rugby Football Match v. Oxford (away).
Fri., " 25.	—Sir Thomas Horder and Mr. Rawling on duty.
Sat., " 26.	—Rugby Football Match v. Devonport (away). Association Football Match v. Old Citizens (away). Hockey Match v. Old Catherinians (home).
Tues., " 29.	—Prof. Fraser and Prof. Gask on duty.
Thurs., " 31.	—Meeting of Abernethian Society.

EDITORIAL.

THE Christmas Celebrations passed off with their customary success. We think that there were considerably fewer visitors on Christmas Day than has been the case for several years past. But the troupes were more numerous and sang and acted better than usual. Everyone who took part has good reason to congratulate himself on his efforts. The Tin-Tacks, The Rejuvenation, The Greens and The Crackers struck us as particularly good—possibly because they were all that we were able to see. The costumes were most skilfully made and really fitted! As for the Wards, they were as pretty as last year and couldn't be prettier. Ward Decoration at Bart.'s has long been a very

highly developed art. Many a tired Nurse must have looked round on Christmas Day and decided that her efforts had been successful.

Many visitors to Darker Ward this Christmas will have been saddened amidst their pleasure to think that this is the last time that Sister Darker (Miss E. Hay Borthwick) will dispense her kindly and well-known hospitality from her ward. For thirty years Miss Borthwick has served the Hospital, preserving always by precept and example its highest traditions. She retires the Senior Sister, and will carry with her to her Scottish home the good wishes of great numbers of patients and of doctors whom she has so eagerly helped.

The question of providing new operation theatres has for some time been engaging the attention of the Hospital authorities. We understand that the Committee engaged upon the consideration of the new plans will shortly be ready to report to the General Court, and before long we may hope to see some definite scheme adopted. All will agree that this cannot happen a moment too soon. A new block of modern twin-theatres, with appropriate annexes, will greatly help the surgery of the Hospital. It is not right that the surgeons of this surgical hospital should work handicapped by structural difficulties, and it says much for the efficiency of the theatre staff that these difficulties are at present so manifestly minimised.

We understand that this year two Bart.'s surgeons will be candidates for election to the Council of the Royal College of Surgeons of England, Mr. W. McAdam Eccles and Sir Charles Gordon-Watson. It is hoped that all Bart.'s Fellows will, when the time comes, increase the Bart.'s representation on the Council by voting for these gentlemen.

Our readers will be interested in the account of the American visit of Mr. J. P. Ross, published in the present

number of the JOURNAL, and will eagerly desire him (if we may use an appropriate phrase) to "get busy" on the further article suggested on American teaching methods. The exodus of our men to the States still continues, for before these words are read Mr. J. D. Hume will have relinquished his offices of Chief Assistant to a Surgical Unit and Joint-Lecturer in Anatomy, to work for a while under the direction of Prof. Hugh Cabot in the University of Michigan, Ann Arbor.

It is of the first importance that we at Bart.'s should be willing to learn from America—and for that matter from every other hospital and medical school on the face of the earth. To learn new ideas, to practise new details, to glean the best from the best minds of other countries, to use and to adapt this knowledge is a sign, not of weakness, but of strength. Let us admit, however, that it comes hard to our British temperament. We are (in spite of Westminster) inherently a conservative nation. What we have done we like to do—and to keep on doing. W. H. Page, the late cultured and friendly American Ambassador to the Court of St. James, wrote in 1914 in a private letter to President Wilson:

"Several centuries ago somebody tried to break into the Bank of England. A special guard was detached—a little company of soldiers—to stand watch at night. The bank has twice been moved, and is now housed in a building that would stand a siege; but that guard, in the same uniform, goes on duty every night. Nothing is ever abolished, nothing ever changed. . . . In every house, too (to show how nothing ever changes), the towels are folded in the same peculiar way. In every grate in the kingdom the coal fire is laid in precisely the same way. There is not a salesman in any shop in Piccadilly who does not, in the season, wear a long-tail coat. Everywhere they say a second grace at dinner—not at the end, but before the dessert—because two hundred years ago they dared not wait longer lest the parson be under the table; the grace is said to-day *before* the dessert!"

We would not at this Hospital sacrifice the quaint survivals which link us with antiquity, but it should be our care that whenever a thing is seen to be done better elsewhere, it should be done better here also, and with all the promptitude that enthusiasm and efficiency can manage.

Our heartiest congratulations to the following gentlemen on becoming Fellows of the Royal College of Surgeons of England: D. J. Batterham, H. J. McCurrich, W. F. M. Mitchell, S. M. Majumdar, W. G. Rose.

It must be very unusual for a family to have three brothers at the Hospital, all of whom have passed the Primary Fellowship and one the Final Examination. So we congratulate especially Mr. R. W. P. Hosford on his

Fellowship, Mr. J. P. Hosford on his Primary taken some years ago, and Mr. B. B. Hosford on the recent honour. Some family!

The Musical Society, one of the oldest students' clubs in the Hospital, is being revived, and it is hoped that men who are interested in orchestral matters will hasten to join it. There must be quite enough talent in the Hospital to provide a really first-class orchestra. Dr. Morley Fletcher has consented to be the President of the Society.

We should like to welcome the latest Hospital association, the Employees' Athletic Club of St. Bartholomew's Hospital Medical College. An account of an inaugural dinner will be found elsewhere. The College is increasing so fast that necessarily the attendants increase also; and there are now enough to form themselves into an athletic club to help to keep them fit. We hope that the Association will have a long and useful and happy life.

We suggested last month that we dislike anonymous communications. This month another clever contribution has been received anonymously. We have not the smallest intention of printing any contributions—however good they may be—unless we know the author's name. Will contributors kindly note?

A VISIT TO CERTAIN SURGICAL CLINICS IN THE UNITED STATES OF AMERICA.

By J. P. Ross, F.R.C.S.,

Second Assistant, Surgical Professional Unit.

ALL those who visit the United States are expected, on their return, not only to be filled with "impressions" of America and the Americans, but also to be prepared to set these impressions forth in writing. In spite of the warnings of Mr. Stephen Leacock, we are still cajoled into making remarks about the manners and customs of people abroad. My own excuse must be that I was in the States long enough to lose all my previous ideas of the country and the people who live there, and even to alter and correct most of the first impressions formed on my arrival.

I landed at New York, but proceeded immediately to Boston, where Dr. Harvey Cushing gave me an exceedingly kind welcome. He is Surgeon-in-Chief at the Peter Bent Brigham Hospital, and it was as a Junior Associate in his service that I spent the greater part of my time. When I arrived, Sir Harold Stiles was Surgeon-in-Chief *pro tem.*, as Mr. Gask had been in 1921. They are very much in favour of such exchanges of duty, and certainly derive

much benefit and great pleasure from them. The correct mode of addressing a knight worried a few of the hospital staff; they felt that "Sir Harold" sounded so familiar! One of the first things that strikes a visitor to the Brigham Hospital is the excellence of the Hospital records. The notes are all typewritten, being first of all dictated either into a dictaphone or direct to a stenographer. This is a great advantage, for not only are the histories legible, but they are also much fuller than a busy house-surgeon at home could afford to make them. On the other hand there are certain disadvantages. When a man does not have to spend a good deal of time and trouble in writing, there is a strong tendency to become verbose, to lose the appreciation of the real value of words, and not to learn to express himself concisely and briefly. Also stenographers, though almost superhuman, do make mistakes at times in spelling and transcription, some of which are amusing, but many of which are misleading. On the whole, however, the advantages outweigh the disadvantages.

Throughout the States great use is made of lay help, with excellent results. Secretaries and stenographers in record rooms and libraries and "technicians" in laboratories save medical men a great deal of time which can be devoted to more valuable employment.

The complete notes of each case at the Brigham are made by the house officers, special notes and operation notes are dictated by the surgeons themselves, and careful note is made of the condition of each patient on discharge. When a patient is discharged the notes are checked over by the house officer, and are then referred to the physician or surgeon, who writes the diagnosis on the front page and returns the notes to the record room, where they are carefully reviewed once more so as to make sure that all charts, pathological reports, X-ray reports and photographs are affixed before the notes are filed and kept ready for binding. They are bound in volumes with about fifty in each volume, and references are kept in two files, one according to the patients' names and the other according to diagnosis.

Illustrations, photographs and drawings in the case-histories are used to a much greater extent than they are here. Photographs of the patient before and after operation, a sketch of the operation, and microphotographs of sections of tissue removed at operation, accompany the notes of any interesting case. In most of the hospitals I visited there was a photographic department and an artist's studio, where illustrations are prepared not only for the hospital records, but also for illustration of articles published by members of the staff.

At the Brigham Hospital there is a very thorough follow-up system, and an extremely valuable unit known as the Social Service Department. Among the duties of

this department may be mentioned the after-care of patients discharged convalescent from the Hospital, including their transfer to sanatoria, convalescent homes or special treatment centres when necessary; advice and help in obtaining employment; supervision of home nursing and instruction in hygiene; arranging for the education of handicapped children; procuring apparatus for needy patients; and the study of the many and varied social problems which have to be faced when patients are discharged from hospital.

The operating theatre block is very well planned. Running down the centre is a corridor which communicates at each end with passages leading to the wards. At one end of the corridor there are dressing-rooms for surgeons and house-surgeons, and rooms in which the patients await operation, final preparations are carried out, and the anaesthetic may be administered. Then proceeding along the corridor one finds the operating rooms on the one side, and on the other are the sterilising room, instrument room, a room in which dressings, gowns, caps and masks are prepared for sterilisation, and a small room specially fitted up for cystoscopy. At the other end of the corridor is the nurses' dressing-room, a changing room for visitors, and two rooms in which bad cases are kept till they have recovered from the anaesthetic, and where they may be watched and receive the necessary treatment till their return to the ward.

The patient is wheeled to and from the operating room in his own bed; the elimination of stretchers is a great advantage.

There are three operating rooms—a central large room, in which two operations may be performed at the same time, and a smaller room opening out of each end of it. Operations are performed every morning and four surgeons are usually working at the same time. They make a habit of visiting their colleagues at work, so that any condition of particular interest is seen by almost everyone on the staff, and a consultation may take place while an operation is in progress.

A feature which strikes anyone from this country at once is that everybody in the operating room has a complete change of clothing. To change into a thin white operating suit is almost a necessity in the hot weather; but it is so much more pleasant at all times that one wonders why the practice is not more common in this country. At the Brigham Hospital the surgeons' and nurses' gowns and the top sheets covering the patient are grey in colour, to diminish the glare when operating in a bright light.

Dr. Cushing always has about 25 neurological cases in the hospital, and operates on one every day. One of his great principles is that a neurological surgeon should be able to look after his own cases throughout their course.

He believes that the surgeon should know sufficient neurology to be able to differentiate cerebral and spinal cord tumour from those diseases of the brain and spinal cord in which surgery is not indicated; and to enable him to make the best possible attempt to localise such a tumour once its presence is diagnosed. His knowledge of the examination of the eye, ear and circulatory system must be sufficient to enable him to make a diagnosis, and he must be responsible himself for the interpretation of X-ray pictures. He should also be familiar with the pathology of cerebral tumour, so that, the tumour having been localised, a fair guess at its nature may be made before operation; this is important as far as the planning of the operation is concerned.

It is along these lines that Dr. Cushing works himself, and it is along these lines that he trains all those who work in his service. And merely to watch him at work in the wards or operating room is in itself a liberal education.

Although I spent almost the whole of my six months with Dr. Cushing, I devoted three weeks in June to a tour of some of the important clinics in the eastern States. I went first to Cleveland, where I visited Dr. Crile at Lakeside Hospital. The excellence of the team work creates the greatest impression upon the visitor. On the whole, surgeons in the States seem to attach much more importance to their assistants than surgeons (with a few well-known exceptions) in this country. A surgeon will not undertake an operation of any consequence without his own assistant and his own operating-room nurse; for to have assistants familiar with his technique allows him to give his whole attention to the patient and to the work under his hand. Dr. Crile has a very elaborate scheme for obtaining and keeping the right kind of assistant, for a man who wishes to become his immediate assistant has to spend five years in his service, during which time his duties alter and his responsibilities gradually increase. As a reward he is sent to travel in the States for three months in his fourth year, and to Europe for six months at the end of his term of office, besides getting a good deal of surgery to do himself during his final year. The effects of long practice are seen in the astonishing team work which characterises Dr. Crile's operating room, every step of an operation being carried out with amazing rapidity, in silence, and with wonderful dexterity.

Dr. Crile's anaesthesia as given to his average exophthalmic goitre or toxic goitre patient is a very remarkable feature of the work at this clinic. It is a combination of local anaesthesia and gas and oxygen, the latter being given, as is usual in the States, by a nurse specially trained in anaesthetics, but not a qualified medical practitioner. The anaesthetist talks to the patient the whole time, explaining that "everything is going on well." They

aim at getting the patient into a state of semi-consciousness in which no pain is felt, and although speech may be understood, yet impressions fade from the memory at once and psychic reactions are at a minimum. Dr. Crile calls this a "state of negativism" when the "kinetic drive" is damped down as completely as possible. He believes that when in this state the patient may be told that his carotid artery has been divided and that he must shortly die, and that he will merely reply, "You go ahead, Dr. Crile, that's bully!" Whether this be literally true or not, one cannot but be impressed with the satisfactory results which are obtained by this method of anaesthesia.

Dr. Crile does his private work at a clinic which is run in collaboration with two of his colleagues. It is planned on the lines of the Mayo Clinic. He also devotes a great deal of thought to the after-care of his patients, and his latest scheme is the establishment of a special restaurant in the city at which gastric and duodenal cases may easily obtain their proper diet during the business hours. This reminds one of the Diabetic Restaurant at Boston, which is run in connection with the Deaconess Hospital.

Space will permit of only a very brief sketch of the Mayo Clinic. Rochester, Minnesota, is a small country town, twelve hours by train from Chicago, having only one train daily to and from Chicago. Yet in this tiny place, right off the main track, and out of the country practice of two brothers, has grown in the course of the past thirty years the busy and wonderfully organised Mayo Clinic. The Clinic itself is the headquarters, with business offices, examination rooms, special departments—eye, ear, nose and throat, X-ray, and pathology of every description—library, artist's department, research department, publication department, and in the basement a drug store and record room. Patients are examined here and are sent for treatment to the various hospitals which are managed by the clinic.

One sees a very great deal in a short time there, and most elaborate arrangements are made for the convenience of visitors. It is very stimulating to meet and to see men at work whose names are well known, and one has an opportunity of meeting all the members of the surgical staff in the course of a few days. It would be difficult to single out any one feature for special remark there is so much to note—but I shall never forget watching Dr. Adson perform division of the sensory root of the fifth nerve for trigeminal neuralgia. He made it appear as simple as a minor operation, and demonstrated every step to half-a-dozen spectators.

The close co-operation between the operating room and the X-ray and pathological departments is not only a triumph of organisation, but is also a source of great benefit to all concerned.

I spent only a short time in Chicago, but while there

saw ethylene gas given as an anaesthetic with very good results; it gives a very smooth anaesthesia, the muscular relaxation obtained is remarkable, and the recovery very rapid after the administration has ceased. The great drawback at present is the odour of the gas, but this is attributed to an impurity which, it is hoped, will shortly be eliminated. I was very kindly entertained by Dr. Phemister, who showed me some of his work on diseases of bone.

At Baltimore I visited the Johns Hopkins Hospital, was very kindly received by Dr. Finney, and spent the greater part of my time with Dr. Dandy, who does the neurological surgery of the hospital. In the psychopathic department the anatomy of the brain is very well taught, with the aid of a large number of beautifully prepared and stained sections. Working with these as a guide, the brain is built up with coloured plasticine, various colours being used for the different tracts and nuclei. Each student builds himself a model of the brain, the process being completed in about sixteen hours.

From Baltimore I went to Philadelphia, where I visited The Pennsylvania University Hospital and saw Dr. Frazier's clinic. They have a new model X-ray department there, and a new surgical wing, one of the features of which is a small room off the centre of each ward in which dressings are done. They find it more convenient to wheel the patient's bed into this room than to bring the dressing materials to the bedside, and the advantage of the side room is obvious when an anaesthetic has to be given.

I also visited the Lanckenau Hospital in Philadelphia, and saw Dr. J. B. Deaver at work.

In New York I spent most of my time with Dr. Linder at the Rockefeller Institute. He has already contributed an article to the *JOURNAL* dealing with the Rockefeller, and therefore I need only remark what a very pleasant and stimulating experience it is to visit the Institute, and what a happy social side this home of research possesses.

I paid a short visit to the Presbyterian Hospital, and Dr. Penfield, who was once H.-P. at the National Hospital, Queen Square, showed me their method of keeping records. Theirs is the unit system, in which each patient's notes are kept separately and added to at each admission, but never bound with others. It is extremely convenient when patients are readmitted, for no volumes of old notes have to be searched for, and no abstracts of old notes have to be made for the fresh admission. In their record room they have an elaborate system of cross-references, which facilitates the compiling of statistics. There is also a very complete follow-up system.

I should like to dwell upon the differences that exist between medical education here and in the United States, and also to deal with the influence upon private practice

of private hospitals, and of provision of beds for private patients in general hospitals. These are such large subjects, however, that one would have to write another paper to do them any measure of justice.

It is well, I think, when visiting other medical centres, to look for the best, and, though seeing the faults, to remember as far as possible the virtues of others, and so try to improve one's own work and ideas. Some may think that this paper emphasises the good and neglects the bad. It depends on one's point of view. Let those who regard America with suspicion go and see for themselves; they will learn a very great deal, and will be filled first with amazement at, and then with gratitude for the wonderful welcome and kind hospitality of the people they will meet in the United States.

THE NURSING OF SEPTIC CASES.

Treatment of Empyema by Carell's Tubes.

AS many as are required are inserted into the wound, packed in with sterile gauze, and covered with a dressing of wool and cellulose tissue, this latter being more economical than wool, and equally absorbent.

The large rubber tube connected with the Carell's tubes is left protruding from the dressing, to facilitate the pouring in at specified times of the prescribed quantity of Dakin's solution (usually about 3ss every two hours).

This is done with a syringe, or an ordinary small glass funnel can be fitted to the tube, and the solution poured in. The tube is then pinned under one of the folds of the bandage, and the fluid prevented from coming out by a wooden spigot placed in the end of the tube.

Dressing.—Done once or twice a day as required. The tubes are removed, washed and sterilised. Care is taken to cleanse the skin surrounding the wound thoroughly, for this otherwise becomes irritated and sore by the unavoidable dampness of the dressing.

The skin can be bathed with normal saline solution, and afterwards powdered with starch powder; or an ointment such as Cremor Zinci can be used.

Sometimes the surgeon may order an irrigation of the pleural cavity. This is generally done with normal saline solution (temp. 100°–105° F.), which may be run in through a tube attached to an irrigator, and can be removed by a change in the patient's posture and by his coughing.

Bandage.—It is important that a chest bandage or

"many-tail" with braces should keep the dressing on very firmly, otherwise the patient will become damp and very uncomfortable.

Treatment.—The patient is kept sitting upright in bed, care being taken of the back (air ring, etc.), and pillows arranged to prevent pressure on wound and tubes. If able, the patient can take ordinary food, and requires feeding up.

The patient is allowed up as soon as the sepsis is sufficiently diminished, and should be encouraged to expand the lung by breathing exercises and modified "physical jerks."

Septicæmia.

Treatment.—After the surgeon has opened up the primary focus and cleansed it as much as possible, it is often treated with baths or fomentations.

Rest is essential.

Care of the back, heels, knees, shoulders by washing and massage, and use of an air ring for the back.

It may be more satisfactory to have an air bed.

Care of the mouth.—Sodium bicarbonate (3j to Oj of warm water) can be used, or a mouth-wash of listerine (1 part to 5 of water, of 10 per cent. solution) or potassium permanganate (mxx to 3j of 1 per cent. solution).

If the tongue and lips are very dry, mel borasis, or a mixture of a few drops of lemon-juice to 3j of glycerine, can be used after the mouth-wash.

Warm sponging once or twice a day makes the patient more comfortable. Give the patient plenty of fluids (lemonade, barley-water, etc.), and keep on a light diet.

Measure urine and prevent constipation. If the patient should have a rigor, cover at once with extra blankets, and put extra hot-water bottles (covered with flannel bags) in the bed.

Give ʒss of warm brandy and something hot to drink.

Treatment of Septic Wounds by Baths.

Plain hot water, beginning at a temperature of 100° to 105° F., and gradually increasing as the patient can tolerate the heat.

Iodine baths.—ʒss of tinct. iodine to 1 gallon of warm water.

Eusol baths.—Equal parts of eusol and tepid water.

Hypotonic saline baths.—½ lb. of salt (sodium chloride 5 per cent., sodium citrate ½ per cent.) to 1 gallon of water. Or any other antiseptic ordered can be added to the water.

Local baths can be given for one or two hours, two or three times a day, or can be continuous for twenty-four or forty-eight hours, the temperature being maintained by constantly changing the water.

Arm bath.—When an arm bath is being used in bed for a wound on the forearm or hand, place the bath on a board at the side of the patient, well back, so that the elbow lies comfortably in the water. Let the patient then get comfortable, and adjust the bath so that it will not slip. Should any discomfort be caused by pressure between the upper arm and the edge of the bath, place a pad of non-absorbent brown wool in position. Cover the bath with a mackintosh tucked in well all round.

Dry dressings are usually applied between the baths: if fomentations are used, the wound is apt to become sodden.

Leg bath.—For this bath the patient will be much more comfortable if it is possible to seat him on a chair or stool. The bath is covered with a mackintosh to prevent heat escaping.

See that the patient is well wrapped up with blankets, etc.

Fomentations are applied as hot as possible and frequently changed; they can be made of doubled lint or gamgee (white wool covered with gauze).

The fomentation is put in a wringer, and sterilised by boiling; then wrung out as dry as possible and applied, care being taken not to scald the patient.

Over the fomentation is put a piece of jaconette an inch larger all round, and then a brown wool pad still slightly larger. These are all bandaged on firmly.

Rest to the limb in all cases is essential. This is procured by applying a splint, where possible, or pillows for support. In the case of an arm a sling can be used.

Guard against splint sores.

"Foot-drop" can be prevented by placing a toe-cap on the foot with broad tapes attached. These can be held firmly by a band round the leg above the knee, or pinned to the leg bandage.

"Wrist-drop" and contraction of the fingers is prevented by the use of a "cock-up" splint or a tenotomy splint.

Salt Packs.

Salt tablets are generally used when salt packs are required.

The most usual method is to put one layer of gauze in the wound; cover this with tablets. Fold over this another layer of gauze, and repeat the process twice or three times as required. Then apply a dry dressing and leave for three or four days. The tablets soon dissolve, and cause very little pain, if any, to the patient. Salt tablets can be obtained in three sizes.



THOMAS MURRAY, HEAD PORTER TO THE HOSPITAL.

AN OLD CASE OF MYELOMA OF THE TIBIA.

THE following notes were found in an old book, (*A System of Dissections, explaining the Anatomy of the Human Body, the manner of Displaying the parts and their varieties in Disease*, with plates, by Charles Bell, 1798) by Mr. C. Firmin Cuthbert, F.R.C.S., of Gloucester, to whom we are greatly obliged. The case was one of his grandfather's, Dr. William Cuthbert.

"Inman Lockwood, by trade a Blacksmith in the Parish of Whatfield, a particular strong muscular man of general good health, requested my opinion some time in the month of January 1801 upon a Tumor in the inner Ankle, about the size of a Goose Egg.

"His own history of the Case was quite confused as to rise and progress, All I could learn from him was that a very small swelling took place about a year and half before he consulted me, and that it had gradually increased though slowly to the size before mentioned, without pain, without discolouration, or any unpleasant

feelings, the Limb not the least Odematus, the Locomotive power perfect, he was able to take strong exercise without inconvenience; He had many opinions. 1st . . . Mr Bayly of Stowmarket, who thought it contained glauve, he gave him a solution of Ammonia and desired to see it again. . . . I understand he did not. After that he apply'd to Mr Jones Bildeston, his opinion I know not, it appeared to correspond with the former, as plaisters, Lotions Ointments &c were apply'd, Doctr Thompson of Ipswich was next apply'd to, who gave his opinion to the Man it contained glairy fluid, he prescribed a Lotion &c, promising that if that did not answer the purpose he had some other in reserve. I believe he did not apply to him any more. . . . He then apply'd to me I strictly examined it and as it was free from pulsation and dislocation, and such an extreme part of the frame, it did not strike me to be Aneurism, although in a situation such swelling might take place, I told him my opinion was the same as he had been frequently told before, as every application had failed I would try an Ointment with ammonia and Ungt Hydrag fort, with light Bandage, if that should not answer, Caustic was the only thing left for tryal. I continued that plan time without advantage, I then apply'd Caustic, after destroying the external parts and a portion of the cist, I found it contained only Blood, and that Arterial, not from the action of the Artery but from the floridness in its colour, affusion soon took place, considerable Inflammation the consequence, the whole Limb put on Morbid appearances and Gangrene was expected, in that situation I called in Mr Abbot of Needham who pronounced it true aneurismal and that amputation the only remedy before that should take place, other opinions were requested, Mr Abbot, Mr Bayly Mr Satter of Roxford and Mr G. met next morning, Mr B. opposed Amputation till a snoch was made to discover the bleeding Vessel in which all acquired, before that took place Doct Chubbe of Ipswich was requested to give his opinion, the next morning we all met. Dr Chubbe coincided with Mr B. an extensive incision to be made so as to bring the ruptured vessel in view, which was supposed to be the posterior Tibial Artery, from the real morbid state of the whole Limb. Our search was in vain, nor did the Artery throughout the operation appear to be properly under the control of the Tourniquet, in consequence the Hæmorrhage was great and considerable faintings the consequence from the extrem Languor and the Vessels being exposed th Air they retracted and the Bleeding stopt, it was then agreed to dress with Flor and Linx Large compresses and tight Bandage, so it was, he was put to Bed and everything went on apparently well for eight Days, the time proposed to meet again to Dress. We found all easy to be removed, being thoroughly wetted by a large gleetly discharge. the wound put on

good appearance & promised to do well. Baynton's plan was recommended. sticking plaisters apply'd which soon heal'd the upper parts, but where the disease first fix'd a considerable Fungus appearance arose and continued notwithstanding different applications by Dr Chubbe's wish was apply'd, after going on nine or ten weeks in that way without the desired discharge of blood. I was considerably alarm'd One Morning (upon removing some sloughs occasioned by the Kali powder) by sudden Bleeding, apparently from a small Artery through the Body of that Fungus, which was in fact no more than coaguable Lymph. A consultation was again held. the Limb was found except the particular diseased part to be in a perfect sound state. it was agreed to make a more extensive opening than before. If the Artery was not to be discovered and properly secured, Amputation must immediately follow . . . from particular expression from Dayly charging Mr G with applying Caustic upon such a case (as he had before given his Opinion that it contained no more than a consistence (as he told the patient) like the white of an Egg . . . and that he could make the Leg well if it was under his care &c. &c. he was requested to perform the operation. He did so, & found impossible to take up the Artery . . . in consequence the Limb was immediately after removed. Upon examination after we found the disease to such an extent it would have been impossible to have secured the Artery. Bayly divided the bones badly, leaving the Fibula much longer than the Tibia, he attempted to make them even by second cut upon the Bone (Fibula) but found it impracticable. Notwithstanding it healed quick and well without exfoliation."

THE TRAGEDY OF A FUR COLLAR



LIZA purchased at the Stores,
Complete with whiskers, tail, and paws,
A collarette of fur.
Her husband gave the thing a choke
(The man would have his little joke),
And said he felt it purr.
But when she wore it in the street
He told her that she looked a treat.

But soon she met a horrid fate;
Her skin began to irritate
And redden round the ears.
At once her looking-glass she took,
Exclaimed, "Strewth! what a fright I look!"
And then dissolved in tears.
He wittily declared, "I think,
Old gel, you're looking in the Pink."

THE DIFFICULTIES OF GENERAL PRACTICE.

By L. DUNCAN PORTEOUS, M.R.C.S.(Eng.),
L.R.C.P.(Lond.).



GENERAL practice may not be the ambition of the average student; but it is the method by which the average qualified man earns his living; it is the environment for his struggle. It follows, then, that in many cases ambition gives way to the hard facts of life, and one's career often lacks the capital "C" of early visions. The student may consider the G.P. to be on a lowly level, but once qualified, he frequently drifts thereto himself, and finds — a world he did not expect.

He needs a new outlook to accommodate himself to new cases, a new language and new difficulties.

When patients complain of "the frost going through him," "gatherings in the head," or "a discharge just like nature," and state that these ailments have been treated by "composition," "mixed oils," "vinegar rags," "brown paper plaisters," etc., the young practitioner must, at first, feel out of his element.

One of the greatest difficulties of all is, perhaps, to recognise how extreme is the ignorance of the average patient, how deep-rooted their superstitions, and how obstinate their habits.

When every infant's cough is treated with the "simple remedy" of drachm doses of vinum ipecac.; when the presence of mucus or blood in a child's stools is held to be conclusive evidence of "consumption of the bowels"; when men and women go in fear and trembling because a relation died of heart disease, "and it may be in the family, you know, like cancer"; when mothers take their babies to the infant welfare centre, and afterwards to the G.P., and try to carry out simultaneously the very different advice *re* feeding received from each; when shingles are thought to be certainly fatal "if they meet round the body"; when pills and powders are considered useless unless accompanied by a bottle of medicine; when even the medicine itself must have a certain degree of "body" and nastiness to be credited with any curative power—when these and other points are remembered, it is clear that the day of ignorance is not past. This state of affairs is not confined to members of what are called the "lower classes."

Directions are necessary—in fact, one of the secrets of getting on well with patients is to give directions, and plenty of directions. A statement of diagnosis followed by a promise of suitable medicine may satisfy a patient as to the doctor's ability, but if, further, many directions

Asthmatic George, their son-and-heir,
Was sensitive to rabbit's hair,
And puffed like any steamer.
(This wretched lad, without a doubt,
Succumbed before the year was out
To chronic emphysema.)
His father, with his ready wit,
Said, "Ain't young George a-going it?"

The daughter found the fur would fit,
And thinking she'd look nice in it
Tried on the lethal hide.
Through some abrasion in her skin
Some anthrax spores came streaming in,
And settled down inside.
They soon hatched out there, well content
With such a warm environment.

Therefore there entered in the lists
Three eminent pathologists,
Well skilled in bug-detection.
Said one, "I'm sure we'll find that this
Contains *Bacillus anthracis*
When we have cut a section.
It's by what lies *beneath* the crust you'll
Diagnose malignant pustule."

And last of all, their youngest son,
Thinking the thing was much more fun
Than his old rubber "dummy,"
Began the collarette to chew;
And ate so much, that soon there grew
A hair-ball in his tummy.
Before the current year was past
The little chap had breathed his last.

So, Ladies, don't be taken in
And buy a coloured rabbit-skin
If dyed with some subfusc wash;
But pay an extra two-and-nine,
And buy a fur that's genuine,
Like Astrakhan or Musquash.
Or else, at no far distant date,
You'll share Eliza's tragic fate.

A. BARNESLEY.

and nursing details be supplied, a more favourable impression results.

The patient thinks "that doctor is interested in my case." In time, with growing confidence, the phrase becomes—"Dr. So-and-So understands my case." This is the supreme tribute.

Even when this esteem has been gained, one must not forget that the patient listens to all directions, but may then go home and do very differently, preferring "Grandma's way," or succumbing to the advertisements of the patent medicines.

Patients understand little and care still less about medical qualifications. To them (or to most) the L.S.S.S.A. would be to M.D. as 5 is to 2. Qualifications count only in regard to hospital and other appointments, and also (but much less so) in regard to one's standing in medical circles.

The attitude of other medical men towards a newcomer appears to be one of condescension. To the other G.P.s. one is not a welcomed comrade in arms, but merely a new boy at school. They are interested in a very impersonal way. In time the new man may join a "set," or else, like Topsy, he grows until he is accepted as a part of the scheme.

One mid-week evening without surgery duties appears essential. The man who can run a busy surgery six nights a week, and still remain of normal mentality, cheerfulness and power of concentration, must be very rare. The clerical work necessary in a large practice (especially Panel) is sufficient to make one's spare time actually much less than estimated!

Night work depends on the amount of midwifery done, and also on the previous training of the patients in the practice. If one G.P. allows his patients to take advantage of his good nature, by calling him out at irregular times "out of hours," when a message asking for a call "on the round" would have been more reasonable, then the less he tries to educate them in the art of sweet reasonableness and consideration, so much the worse for his successor's spare time. Above all, beware of patients who become personal friends.

It is very difficult to judge what is meant by a message. "Come as soon as convenient" may be a call to a moribund, yet "Come as soon as you can" may mean nothing more than an appeal to call "sometime." When several such hurriedly-written messages, delivered by irresponsible children, are received at the same time, the problem arises as to which should be the first visit. In this case the greatest help lies in a knowledge of the persons sending the messages, their type, and their previous treatment of their doctor.

It pays to be independent, and one loses nothing by pointing out to a patient the fact that they have been

inconsiderate. A medical man should be the servant of the community, but not the servant of his individual patients.

It is necessary, however, to commercialise one's mind and adapt one's bearing in regard to one important point. The student is warned of the danger of symptomatic treatments. The G.P. has got to treat symptoms for the very simple reason that they are all that the majority of patients have got! The clinical instinct has to help to a great extent in discovering what may be called "cases"; but there is no sequence and procession of clinical entities through one's surgery such as a student would recall from "medical and surgical outs." Coughs, colds, backaches, debility, catarrh, headaches, etc.—these occupy the greater part of a G.P.'s time, and he should feel, not that he is wasting time in dealing with trivialities, but rather that he is taking his place in strengthening his own local link in the great chain of preventive medicine.

The G.P. has to be the great bulwark between the stage of symptoms and the stage of clinical entity.

In spite of the monotony and routine nature of general practice, there are in addition other elements which combine to instil into the G.P. that finest quality of education which stamps him as one apart from all other men—broad mindedness.

It is perhaps this, rather than any ideas of professional integrity or general reliability, that produces the blind confidence in their doctor that so many patients show. Their confidences are not limited to their bodily ailments; but they feel that for all their troubles they will get from their G.P. sympathy and understanding without censoriousness.

It must be remembered, however, that the patients who will confide the innermost secrets of their life, will hesitate to be scrupulous in regard to veracity as to symptoms. Many such who declare that the "bowels are in fairly good order" are constipated to the extent of having one movement per week or even fortnight. This is not an exaggeration, and one meets a surprisingly large number of patients like this, but few admit the truth at the first consultation. In consultations on young girls, it is astonishing to note the wide differences in the replies as given by (a) the girl and (b) her mother to identical questions of this nature!

In actual practice one often comes up against the important fact that with regard to the rearing of babies, many mothers put more trust in a combination of doctor's medicine, patent medicines, and advice from a nurse, than they do in the medical man's advice. At times one has to realise one's own ignorance in respect, especially, of the normal routine of an infant's daily life; and one recalls with sorrow the absolute inadequacy of the instruction received as a student in this matter.

No one realises this more than the nurse herself; and usually she is not slow to take advantage of it. The average maternity nurse is certain that she can teach any doctor a great number of things about babies! Incidentally, she frequently "thinks this thought" aloud. At such times one must be forcible if one is to maintain a position of dignity.

In conclusion, may one advise those about to take the step of becoming a G.P.—

(1) That very few men can do reading (for examinations) while engaged in practice.

(2) That to the estimate of one's first year expenses, there should be added "the figure first thought of."

(3) That it is wise to have legal investigation and support in regard to any agreement as between principal and assistant, or between partners.

(4) That patients like directions.

(5) That patients insist on a decisive diagnosis, but are easily satisfied. "Lumbago" may cloak a deal of ignorance.

(6) That if one is in a hurry, the patient must not be allowed to notice it.

(7) That patients prefer a sympathetic doctor to a clever one.

(8) That as a student it is what one does that counts. As a G.P. it is what the patient *thinks* one does that counts.

HIAWATHA'S PATHOLOGY.

You shall hear how Hiawatha
Grew a strange unknown bacillus.
How he found and how he named it,
And who helped him in his labours.

When the chilling winds of autumn
Blew upon the plains of Smithfield,
Hiawatha, tired and workworn,
Climbed the stairway to the Path. lab.;
Climbed the twisting iron stairway;
Kicked upon the door with anger,
Till he woke the sleeping lab. boy;
Woke the wretched, lazy lab. boy.
Then he cried with angry gesture—
"Bring me tubes of glucose agar,
Bring me litmus-lactose agar,
Bring me broth and Petri dishes.
Put them on the bench beside me."

Swiftly ran the quivering lab. boy,
Brought the tubes and slopes and dishes.
Then he swiftly pricked his finger,
Till the blood came gushing outward.

Then he murmured, "Oh, great Doctor,
Take my blood to smear your agar.

Let the cocci grow upon it;
Let bacilli feast upon it,
That the cultures may be fruitful,
And the colonies grow quickly.

Softly answered Hiawatha,
"I will take your blood, Oh lab. boy.
I will smear it on my agar.
If the organism growing
Should perchance be hæmolytic,
We shall see a ring about it,
See a paler ring around it,
Thus assist our diagnosis,
Thus determining its nature."

On the morrow, Hiawatha
Climbed again the iron stairway.
Passing to the incubator,
Thence he drew his plates of agar,
Drew his litmus lactose agar.
One by one he took the dishes;
Held them up against the sunlight.
Carefully he marked the outline
Of the colonies that grew there.
Some were tiny as a pinpoint,
Others were umbilicated.
While some others ran together,
Making streaks across the agar.

But of all the growths he saw there
Only one pleased Hiawatha,
Only one caused him to wonder.

For upon the very centre
Of the turbid film of agar
Was a growth of form crescentic,
Like the sickle of the reaper.
Golden, like the moon of harvest.
But each end was tipped with crimson,
Like the knife-blade of the hunter
Who has stabbed to death his victim.

Lovingly looked Hiawatha
At this colony so wondrous.
Never had he seen its equal,
Never seen such gorgeous colours,
Never seen a shape so weird,
Growing, lonely, on the agar.
Not in all his ponderous text-books,
Nor in all his lengthy lectures,
Had he seen, or heard descriptions
Of a colour scheme so curious.

On the wings of long-backed Otis,
Otis, greatest of all lift-men,
Otis, greatest elevator,
Flew the eager Hiawatha

Till he reached the lofty wig-wam,
Of the greatest of all doctors,
Of the mightiest physician.

And he shouted on his journey,
"Come with me Oh Bio-Chemist,
Come with me all ye bug-hunters,
And ye too who reek destruction
On the guinea-pigs and rabbits."

Holding up his precious agar
Hiawatha stood transfixed
With the joy of the explorer,
With the subtle exultation
Only known to wonder workers.
And the grave collected genius
Gazed upon the strange formation,
Touched the centre with their test-wires,
Carried out their tests upon it,
Yet preserving still its outline.
All agreed the organism
Was a slender long bacillus
Very long and very motile.
At each end were five projections,
Spreading out in fan-like manner,
Like five fingers held extended.

Slowly from his crouched position
O'er his microscope so powerful
Rose the mighty Galocrites,
He the greatest of all doctors,
He the mightiest physician,
First he spoke in solemn measure,
Very slow with ample gesture,
Then more swiftly as he gathered
At the feet of these his listeners
From the four winds of science
All the types of known bacilli.
Showed their groups and subdivisions,
Proved beyond the slightest question
That this was a new bacillus,
Never ere this seen or heard of,
Never dreamed of by the dreamer.
Then he paused and thrust his hand out
Towards the joyous Hiawatha.

Thus he spoke in accents kindly—
"Hiawatha! Hiawatha!

"It was who made thy cradle;
I did help thy baby fingers
To dissect the humble earth-worm;
Now thy name shall be immortal
And when I am long forgotten,
Every student pressing upwards
Shall hear oft of Hiawatha;
Hear of this his strange adventure,
How, before the hair of manhood

Grew upon his cheek so youthful,
He had found a new bacillus;
Found a wondrous new bacillus.
For henceforth this strange bacillus,
Growing in these golden crescents
Shall be known by every student,
Shall be echoed down the ages
As 'Bacillus Hiawathae!'"

DOUBLE ACROSTIC NO. 2.

NO longer need, fair sufferer, to despond,
But imitate the mirrored Mélesande.

1. Arched, broad and thin—I never see the light of day;
Yet to your very life I give the right-of-way.
2. With weeping eye and sniffings unmistakable;
"Doctor, I'm sad to say, your medicine's quite untake-
able."
3. The simpler disinfectants seem to mock us
When we attack the nimble gonococcus.
4. I sell no sap, but yet you think a lot o' me.
I end my outward course in just dicotomy.
5. Our atmosphere may be a thrilling sheen,
Yet we, I fear, are read of more than seen.
6. Torn from the rocks, compressed without apology,
I come to Bart.'s to help your gynaecology.
7. From a crumpled cusp by the blood-stream knocked,
I'll serve you best when my tail is docked.
8. I help you run, why should you then object to me,
And do that crude, posterior syllabotomy.

A medical acrostic will be a feature of the JOURNAL for the next five months. A prize of a book will be awarded at the end of that time to the competitor sending the best solutions during the six months. Entries must reach the Editor by the 25th of each month under a *nom-de-plume*.

The competitor's name should also be sent in a closed envelope. Competitors sending correct solutions to Acrostic No. 1 will be mentioned next month.

SOLUTION OF DOUBLE ACROSTIC NO. 1.

S	capul	A	
U	nknow	N	
R	anul	A	
G	ou	T	
E	mbry	O	
R	adiu	M	
Y	stoscop	Y*	
C	Y	stotom	Y*

* Alternatives—first preferred.

ST. BARTHOLOMEW'S MEDICAL COLLEGE EMPLOYEES' DINNER, 1923.

THE above Dinner was held at the Manchester Hotel, Aldersgate St., E.C., on Wednesday, December 12th, Mr. E. Bridle in the Chair. There were forty two present, which included a few past employees and a representative body of the Students' Union.

The Dinner, which was well served, was followed by a musical concert, contributed to by the following artistes: Mr. E. R. Cullinan with his "Magical Mysteries," Mr. S. Bridle with his humorous songs, Mr. Wally Ray as the Talkative Dame, and Mr. Franklyn Muir gave us some monologues; Mr. William Clark at the piano.

After the loyal toast, "The King," Mr. Mayo proposed the health of "The Employees" and spoke of his pleasant association with them and greatly appreciated the invitation to the Dinner. In responding, Mr. Hallett spoke of his pleasant connections with the students during his long career at the College.

Mr. Jackson, in a short speech, proposed the health of "The Students' Union," to which Mr. W. Holdsworth, Vice-President of the Students' Union responded by talking of the very able way in which the employees of St. Bartholomew's Medical College had helped the students, especially during the Octocentenary Celebrations. Although it is not generally known what they did during the Celebrations, he, as one of those responsible, knew the work they achieved, which was thoroughly appreciated. Whenever they are called on for work of any description they willingly respond.

The next toast, "Past Employees," was proposed by Mr. E. Bridle, owing to the hard pressure of work on Mr. Adlam. He said that they had much pleasure in welcoming their old colleagues with them that evening. Mr. T. Russell, in response, spoke at great length on his happy recollections of his days at Bart.'s.

Dr. Paul Scholfeld, in the regrettable absence of Mr. A. Balcon, proposed the health of "The Chairman," with very witty remarks with regard to his past experiences with him. The Chairman, in response, spoke of the objects of the Dinner—firstly to create a better *esprit de corps* amongst the employees, secondly, that owing to the great number of younger employees at the present time, he thought it desirable to form some sort of social and athletic club. The Rifle Club had already promised the use of the range, and he had no doubt by what he knew of medical students at Bart.'s other clubs would follow with their support.

Our only regret is that although the event was a huge success from all points of view, we had no member of the

Staff present, but as it was the first attempt we did not feel justified in inviting them, but next time they will certainly be given invitations, which we hope they will accept.

The Committee wish to thank all students who gave their support at the Dinner.

Will anybody interested with the Employees' Club, either financially or otherwise, kindly communicate with the Hon. Sec., W. H. Adlam, Physiology Dept., or Mr. E. Bridle.

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

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- DALLY, J. F., HALES, M.D., B.C. (Cantab.), M.R.C.P. *High Blood Pressure: Its Variations and Control*. London: William Heinemann, 1923.
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- HADFIELD, GEOFFREY, M.D. "The Value of Cerebro-spinal Fluid Examination." *Clinical Journal*, September 26th, 1923.
- "Two Cases of Brain Abscess, with Remarks on the Cytology of the Cerebro-spinal Fluid." *Lancet*, October 27th, 1923.
- HARDWICK-SMITH, H., F.R.C.S. "Cancer of the Breast—Pathology and Diagnosis." *New Zealand Medical Journal*, August, 1923.
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REVIEW.

PRACTICAL PHYSICS. By J. A. CROWTHER. (London: Henry Frowde & Hodder & Stoughton 1922.) Oxford Medical Publications. Pp. xxii + 260. Price 10s. 6d. net.

This little book, by a well-known teacher, is designed to cover the practical work in physics of a student attempting the first medical examination or a school certificate. Speaking broadly, it is admirably adapted to the purpose. The experiments are well chosen and described, and emphasis is placed at the right points.

Some minor criticisms might be made. For instance, in a book partly written for students about to study medicine, the omission of any reference to surface tension is very regrettable. The explanation of the necessity for the "end correction" of an organ pipe is unsatisfactory, and the statement that the latent heat of steam is 536 calories per gramme perpetuates an old inaccuracy.

In spite of these and similar small blemishes, the book can be heartily commended to Conjoint Board students.

ABERNETHIAN SOCIETY.

A Clinical Evening was held at 5.30 p.m. on Thursday, November 29th, some 70 members present. Mr. JOHNSTONE showed a case of seborrhoeic dermatitis complicated by multiple arthritis. The ensuing discussion was mostly amusing and wholly irrelevant. Mr. Tooth showed a case of pancreatic infarction, due, the patient's grandmother stated, "to the shock of seeing his grandfather stark-naked" one night. Mr. ABERNETHY as a psychologist expressed himself disposed to be in complete agreement with the grandmother. Mr. DILLON showed an undiagnosed case of a very fat girl suffering apparently from some form of toxic goitre. Mr. DE SOUZA showed the last case, one of I.B. peritonitis.

Dr. Cox addressed the Abernethian Society on December 13th on the subject, "An Introduction to Medical Politics." He began by

quoting Sir Benjamin Brodie's dictum of sixty years ago, "Keep clear of politics and irritating discourses." It was pointed out that to-day, when 15,000 doctors are working under the National Health Insurance organisation and 1500 under the Ministry of Health, it behoves the profession to do some clear thinking in politics.

Dr. Cox gave concrete examples of the British Medical Association in action. National Health Insurance was discussed. Despite its faults, Dr. Cox believed it was an experiment which will, and ought to succeed. The alternative—a whole time medical service—was discussed, and its great disadvantages made clear.

Money was not the only subject medical politics dealt with. We wanted to see how the best doctors for fourteen million people could be obtained.

Questions were invited and were not slow in coming: that there should be student members of the B.M.A.; that the B.M.A. should be affiliated to the Trades Union Congress; what was the attitude of the B.M.A. to "quackery"? Ought doctors to be judged in the courts by laymen?—Question followed question in quick succession. Dr. Cox replied briefly and ably to all his interrogators.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. BRISTOL.

Bristol deserved their success over St. Bart's Hospital at Bristol on Saturday, November 17th, but at one time it looked very much as if the latter would score their first win over the Club.

An extraordinary change came over the game in the second half, however, for Bristol, outplaying their opponents, turned a deficit of five points at the interval into a victory of six points.

The football displayed was of a high standard, but the feature of it was the splendid work of the forwards of both sides. Bristol were at a disadvantage in being a man short for more than half the game, Cummings being carried from the field injured before the interval, but they made no error in the tactics they adopted subsequently.

Their pack worked with cohesion and swiftness, and not only did they prevent the opposition from making use of their backs, but were so quick that the latter were all but overwhelmed in their defensive measures. Bristol attacked first through their forwards, but it was the Hospital who scored, and their try was due to quick perception. Carnegie-Brown scored under the posts, but Gaisford's kick was charged down. It was not long before Bristol equalised, Quick scoring in the corner. But from the kick-off Bart's went five points ahead. Smart, following up and tackling from Carnegie-Brown's kick, saw Bettington go over and Gaisford convert.

After the interval Bart's forwards tried, though their defence was superb against such a deadly attack as Bristol put up, but Quick, Corbett and Spoor each scored, Chantrell converting the last try.

Result: Bristol 14 pts., St. Bart's 8.

Teams.—Bristol: B. S. Chantrell, back; R. G. B. Quick, L. J. Corbett, G. Bethel, T. G. Spoor, three-quarters; R. C. W. Pickles, E. Tucker, halves; J. S. Tucker, M. V. Shaw, A. T. Hore, F. J. Coventry, F. Cummings, A. E. Richardson, E. Sullivan, P. J. Williams, forwards.

St. Bart's: W. F. Gaisford, back; L. C. Neville, A. McGregor, P. O. Davies, Melbourne Thomas, three-quarters; T. P. Williams, H. C. McGregor, halves; A. E. Beith, R. H. Bettington, J. W. Buttery, A. Carnegie-Brown, M. L. Maley, W. F. Morgan, A. W. L. Rowe, E. V. Vergette, forwards.

ST. BARTHOLOMEW'S HOSPITAL v. MOSELEY.

A bright game was seen on Saturday, November 24th, at Winchmore Hill, when Bart's were at home to Moseley, and registered a good win by nine points (3 tries to nil). The game resolved itself into a battle between the home attack and the visitors' defence. Moseley's tackling throughout was keen and vigorous, and it was rarely that a Bart's man was allowed to get far unmarked. The visitors, too, were unlucky not to score, as on every occasion on which they broke away they looked dangerous, and Orcutt was once nearly over after a good bout of passing, the situation being saved by a glorious tackle by Thomas. The home three-quarters combined better than the visitors, and many fine bouts of passing were seen. Neville, Davies and Thomas were, perhaps, the best. Williams, at the base of the scrum, was good, and McGregor, in addition to

saving once, made many openings for his three-quarters. Buxton, Vaughton and Walker were always prominent for Moseley, and Buttery, Maley and Morgan for the home side. At full-back both sides were well served.

From the start Bart's pressed, and the game for a time was confined to the visitors' "25." Neville broke away on the left, and running strongly, was only pulled up by Pritchard near the Moseley line. From a scrum Williams secured, and passing to McGregor, the latter ran well from the half-way line to touch down between the posts. Bart's continued to press, and it was only the sturdy defence of the Moseley three-quarters and the quick following up of the visiting pack which prevented further tries being registered.

On the resumption the visitors pressed, and Orcutt was nearly over. Moseley were penalised, and the home forwards securing rushed the ball to the Moseley line and Maley touched down, the try remaining unconverted. The play continued interesting, with the balance mostly in favour of the Hospital, and Davies, after selling the dummy very cleverly three times, crossed the Moseley line, but before he touched down he lost the ball. Shortly after Rowe secured and crossed the line for the last try of the day.

Referee: Mr. E. White (L.S.R.F.U.).

Teams.—St. Bart's: E. V. Frederick, back; L. C. Neville, P. O. Davies, G. W. Parker (capt.), M. G. Thomas, three-quarters; H. McGregor, T. P. Williams, halves; A. B. Cooper, H. G. Anderson, J. W. Buttery, A. Carnegie-Brown, M. L. Maley, W. S. Morgan, A. W. Rowe, G. Dietrich, forwards.

Moseley: C. J. Byrne, back; R. H. Orcutt, D. N. Byrne, J. P. Huis, E. L. O. Jones, three-quarters; W. H. Hill, S. W. Wiles, halves; N. E. Mayrick, C. G. Stanley, W. H. Coates, J. Buxton, N. G. Watson, J. R. McDowell, S. G. Vaughton, R. D. Walker, forwards.

ST. BARTHOLOMEW'S HOSPITAL v. R.F.U. OLD BOYS.

The Hospital turned out a very weak side against the Old Boys, R.F.U. on Wednesday, December 5th. The ground at Winchmore Hill was very soft and the game was played under wretched conditions. The Old Boys were poorly represented. Fixtures of this nature must surely disappear from the fixture card in future. The game was of a scrambling nature. The Hospital emerged victoriously by 22 points to nil.

ST. BARTHOLOMEW'S HOSPITAL v. OLD PAULINES.

Despite the fact that they were not at full strength, St. Bartholomew's Hospital at Winchmore Hill on Saturday, December 8th, gained a substantial victory over the Old Paulines, scoring six goals and eight tries (54 points) to nothing. The heavy ground and slippery ball made no difference to the Hospital men, who opened the scoring five minutes after the start, and added to it with monotonous regularity. The second half was almost a repetition of the first. The visitors' forwards were occasionally good in the loose, but were nearly always beaten for possession, and once the ball got amongst the Bart's three-quarters, who were splendidly served by Williams, a score was quickly forthcoming. Tries were gained by Melbourne Thomas, Davies, McGregor, Pentreath, Buttery, Rowe, and Morgan, the last-named, who was the most prominent forward on the field, scoring four times. Six of the tries were converted by Bettington.

The Hospital display this term has been most promising at times, but the defensive powers of the three-quarters must be improved if the Hospital desire to do well in the forthcoming cup-ties. The forwards are good—very good—but the backs, when they are bad, are very bad.

Good forward play is the foundation of the game. A pack of forwards able to get at their opponents in close play and in the open will nearly always beat a side whose backs are superior, provided the better pack is properly fed. The wonderful and heroic display of the Light Blues against the most wonderful combination in the country is an example of what can be done by sound, honest training. Bart's forwards—bear this in mind next term!

Melbourne G. Thomas has shown consistent form in the Welsh trials and has scored in each one.

G. W. C. Parker and W. F. Gaisford have appeared in English Trials. It is surprising to think that selectors can imagine the former to remain outside any representative pack in the British Isles.

The display of the 2nd XV this season is worthy of mention. Eleven wins and only one adverse result—and this on the day after Fleet Street revelry, against a powerful Quins combination.

ASSOCIATION FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. ST. JOHN'S COLLEGE, CAMBRIDGE.

On Saturday, December 1st, the eleven made one of their best performances of the season by beating St. John's College at Cambridge.

The "foreign" ground was in extremely bad condition and ball control impossible, nevertheless the Hospital forwards were the steadier in front of goal. St. John's were the first to score, and although the Hospital pressed continuously (Watson being particularly unfortunate in not scoring with a beautiful shot), they were unable to equalise before the interval.

In the second half the Hospital again did most of the attacking, and were soon rewarded. From a well-placed corner-kick by Nicholls, Ross scored. The play at this time was extremely fast, and both goals had several narrow escapes. The defence rose to the occasion and was unbeatable. Ten minutes from the end Savage netted the winning goal, giving the goalkeeper no chance.

Team.—L. B. Ward; J. G. McMenamin, G. G. Holmes; L. Oldershaw, C. Wroth, A. E. Lorenzen; G. R. Nicholls, W. D. Watson, A. E. Ross, R. Savage, L. A. P. Slinger.

ST. BARTHOLOMEW'S HOSPITAL v. H.A.C.

On December 8th at Winchmore Hill, the first eleven did well to draw with H.A.C., considering it was without its captain, A. C. Dick, and the goalkeeper was injured early in the first half.

The game was fast from the beginning. Bart's opened the scoring after a few minutes' play, but it was evident that they were not accustomed to playing a team so quick with the ball as their opponents. However, the halves soon fell into line and held the H.A.C. forwards effectively, Oldershaw and Wroth both being in good form.

Of the forwards, the centre-forward was the only man who did not seem to get into the game, the game being mainly on the wings. Nicholls and Parrish played well with the inside forwards.

At half-time the score was 2-1 in Bart's favour. When play was resumed it was evident that our men were tiring. H. A. C. made headway, scoring 2 goals in a few minutes. We doubt whether this would have happened but for the fact that Ward (goalkeeper) was hurt. It looked as if the Hospital was going to be beaten for the first time this season. Just before time Watson slipped between the backs and beat the goalkeeper with a well-placed shot. It was a very enjoyable game to watch and the team are to be congratulated on their display.

Team.—L. B. Ward; J. G. McMenamin, G. G. Holmes; L. Oldershaw, C. Wroth, E. S. Evans; G. R. Nicholls, W. D. Watson; A. E. Ross, R. Savage, J. Parrish.

THE "A" XI.

The "A" or Wednesday eleven has so far had a most successful season, not having been beaten since its first match on October 10th, and having scored 35 goals to 8 against. Although composed of members of all three teams, the 2nd XI have turned out best, and the success of the eleven must be attributed to the good understanding between the players. The forwards have had the advantage of playing before a particularly sound defence.

Results.—December 5.—Royal College of Science (away) 13-1
" 12- " " " (home) 7-0

HOCKEY CLUB.

On Saturday November 24th, the Hospital turned out a full side against the Royal Naval College, Greenwich, at Winchmore Hill. We played up hill for the first half as we usually do, and held them till half time, the score being 2-1. The second half our defence were "on top" the whole time, and enabled the forwards to score another three goals, resulting in a win for the Hospital of 5-1.

Team.—R. A. Walsh; E. H. Watkins, N. F. Jory; J. H. Attwood, T. S. Goodwin (capt.), S. Orchard; G. Foster, R. L. Rhodes, C. J. P. Grosvenor, J. E. Church, J. J. Milne.

The following Saturday we took almost a full side to Cambridge to play Emmanuel College. The ground was very soft, due to the thaw, and Emmanuel had three people away playing for the Varsity, but in spite of this we had one of the best matches of the season, resulting in a win for the Hospital of 8-4. This made the eighth successive win of the 1st XI for Saturday games.

The away match on December 8th against Broxbourne revealed

An interesting little ceremony recently took place in the Hospital when Sister Darker was presented with a clock as a tribute of affection from forty of the dressers who have passed through her ward. Miss Borthwick has also received a silver salver from her friends in and around the Hospital, and other gifts.

* * *

The Rev. E. H. Dunkley, Vicar of St. Bartholomew's-the-Less, has asked us to give publicity to the fact that a service for Bart.'s men will be held in the Church on Wednesdays, from 1 p.m. to 1.30 p.m., beginning on Wednesday, February 6th.

* * *

Those who pass daily through Little Britain will have been pained to see there a new addition to the monstrous statues of London. Everywhere through this great city one meets them, these frockcoated, full-troussed Victorian gentlemen, belittled in effigy by the consciousness of a great dignity. Rowland Hill we imagine to have been a really great man. He did work of permanent service to humanity. His works live after him, and, as St. Paul's is the monument to Christopher Wren, and St. Bartholomew's to Rahere, so to his memory and greatness the ever-increasing work of the General Post Office will ever bear record. But that is no reason why a new, ugly, and entirely conventional statue, one so far as we can see without artistic merit, should add further congestion to an already busy thoroughfare.

* * *

We wish to invite an article. Recently, in reading Mr. John Masfield's magnificent poem, "Reynard the Fox," we were interested to read in the account of the various people coming to the meet, his description of the local doctor and his son:

Quick trotting after Major Howe
Came Doctor Frome of Quikenshow,
A smiling silent man whose brain
Knew all of every secret pain
In every man and woman there.
Their inmost lives were all laid bare
To him, because he touched their lives
When strong emotions sharp as knives
Brought out what sort of soul each was.
As secret as the graveyard grass
He was, as he had need to be.
At some time he had had to see
Each person there, *sans* cloak, *sans* mask,
Sans lying even, when to ask
Probed a tame spirit into truth.
Richard, his son, a jolly youth,
Rode with him, fresh from Thomas's,
As merry as a yearling is
In May-time in a clover patch.
He was a gallant chick to hatch,
Big, brown and smiling, blithe and kind,
With all his father's love of mind
And greater force to give it act.

To see him when the serum was packed,
Heave, playing forward, was a sight.
His tackling was the crowd's delight
In many a danger close to goal.
The pride in the three-quarter's soul
Dropped, like a wet rag, when he collared.
He was as steady as a bollard,
And gallant as a skysail yard,
He rode a chestnut mare which spurred.
In good St. Thomas's Hospital
He was the crown imperial
Of all the scholars of his year.

Throughout English fiction, poetry and prose, there must be many another description of the medical practitioner. Dickens is a rich storehouse of such characters, and his doctors have been quite recently described in this journal. But we should be glad indeed if some reader will unburden the storeroom of his memory for us in this matter. We hardly refer to such descriptions, based on definite persons, as Dr. John Brown's account of Dr. Anderson and Mr. Syme, or of the fine hospital series of Henley's, of which we cannot forbear to quote "The House-Surgeon."

Exceeding tall, but built so well his height
Half-disappears in flow of chest and limb;
Moustache and whisker trooper-like in trim;
Frank-faced, frank-eyed, frank-hearted; always bright
And always punctual—morning, noon, and night;
Bland as a Jesuit, sober as a hymn;
Humorous, and yet without a touch of whim;
Gentle and amiable, yet full of fight;
His piety, though fresh and true in strain,
Has not yet whitewashed up his common mood
To the dead blank of his particular Schism:
Sweet, unaggressive, tolerant, most humane,
Wild artists like his kindly elderhood,
And cultivate his mild Philistinism.

—W. E. HENLEY.

INSURANCE FOR MEDICAL PRACTITIONERS.

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

DEAR SIR,—In a recent issue of the JOURNAL you published an article on "Insurance for Medical Practitioners"—a subject of great importance, and too little thought about.

It seems incredible that a doctor may die leaving his dependents quite unprovided for, yet the fact remains that there are many who do so. The reason appears to be that when starting practice a man often finds that his income is insufficient to pay the premium necessary to insure his life, say, for a thousand pounds, and he puts it off from year to year until money becomes easier.

In this connection I would like to bring to the notice of readers of the JOURNAL a form of insurance which is cheap, and deserves greater attention than it receives. This is the "Society for Relief of Widows and Orphans

of Medical Men." This society is a mutual provident and beneficent society; it is one of the richest of its kind in the United Kingdom, having an invested capital of £140,300; it was founded in 1788, and incorporated by Royal Charter in 1864. Membership is open to any registered medical practitioner who at the time of his election is resident within a twenty-mile radius of Charing Cross. Should any member remove after his election anywhere outside the radius, even to places beyond the British Isles, he nevertheless, provided he had conformed to the bye-laws, would remain a member of the society.

The annual subscription for a member under 40 years of age at the date of election is £2 2s.; if over 40 and under 50, £3 3s.; if over 50, £4 4s.

The widow of such member who has an income of under £125 a year receives a grant of £80 per annum, and each orphan, up to the age of sixteen, receives a grant of £50 per annum.

Thus for a trifling annual payment a member who dies before he has been able to make provision for his dependents will not leave his widow and orphans unprovided, or on the other hand, his subscription will help to alleviate the distress of the widows and orphans of his less successful brethren.

As Sir James Paget, a president of the society, once said: "Membership of this society is either the best investment or the best charitable offering a medical man can make."

The records of the society reveal many excellent examples of the advantages to be derived from membership. The following is one of the most striking:

A certain doctor became a life member, paying for his life subscription the sum of £29 8s. He died in 1910 leaving his widow and three children virtually penniless—actually with £2 15s. when the necessary expenses were paid. The widow and children came on the fund and were cared for immediately. The widow up to the present time has received in grants for herself and children the sum of £1100, and over and above this sum two of the children were granted £595 to enable them to become medical students and pay for their education. These two children are now qualified and are no longer on the fund, but their mother is still receiving £70 a year in grants.

Membership of the society was the best investment that doctor ever made.

Further particulars of the society may be obtained on application in writing to the Secretary at the offices of the society, 11, Chandos Street, Cavendish Square, W. 1, or from the Treasurer,

GEO. E. GASK,

Dec. 21st, 1923. *Treasurer of the Society for Relief of Widows and Orphans of Medical Men.*

THE NEW PHYSIOLOGICAL DEPARTMENT.

By C. LOVATT EVANS, D.Sc., M.R.C.S., L.R.C.P.



FTER several months of hard work, the new laboratories in Giltspur Street are ready for occupation, and the occupation is now an accomplished fact. The interior of the new annexe to the Medical College is already familiar to many of us, and it is to be hoped will soon be familiar to all. The departments which have thus found extended accommodation are Physiology, Pharmacology and Physics, and we all know how very badly that accommodation was needed. How satisfactory the new premises will prove to be will, it is hoped, soon be discovered by all who use them.

There is a peculiar fitness in the name of "The Harvey Laboratories" which has been given to this building. For William Harvey, by his enlightened labours, gave firm footing to the science of physiology, and thus to the science of medicine, which rests upon it. And it is fitting that our Medical College, living in the present and looking to the future, should also recollect the great past which the Hospital has had, and to which the industry and ingenuity of Harvey contributed in no small measure.

The Medical College owes the idea of acquiring this building for the present purpose to the Dean, to whom it owes so much in every direction. Having decided that the lack of proper accommodation for the Physiological Department was a considerable impediment to the development of the Medical College, he applied himself, with his characteristic zeal, to find the remedy, and it was not long before he saw the opportunity for which he sought. The purchase and adaptation of the building soon followed, and now, a little over a year from the time of purchase, the College has a physiological laboratory of which it need no longer feel ashamed. The Department is, indeed, one of the best in London, and in some respects is equal to any in the country.

The following brief description of the Physiological Department will indicate the facilities it now enjoys. In the basement are store-rooms, a dark laboratory, two workshops (one for Physics Department), and the heating and ventilating plant. Air is drawn from the area, washed to remove dust, heated, and blown by separate ducts to each floor. From each floor the foul air is extracted by fans which discharge on to the roof. In the basement is also a small room for a refrigerator. The ground floor is used for lecture rooms, one for physics and one for physiology; there is also a preparation room (physics), and a room for part-time demonstrators in physiology. A small private staircase leads from the

lobby to the first floor, which is used as a physics laboratory.

The second floor is mainly occupied by a large students' laboratory for chemical physiology, or, to call it by its more high-sounding, but less accurate name, biological chemistry; it also contains a small preparation room, dark room, and private room for the demonstrator in charge of the floor.

The third floor is similarly devoted to experimental physiology and histology; the greater part of it is taken up by the students' laboratory, with small preparation room and lecturer's room. Steel lockers, 160 in number, are provided for storage of students' belongings on this floor. At one side of the room is a large galvanised hood, beneath which drums may be smoked without contamination of the air; this is necessitated by the fact that the ceiling is rather low.

On the fourth floor are research laboratories, a small library for use of the staff, a dark room for string galvanometer, an attendants' room, and the professor's private room and laboratory. Distilled water is made on this floor, and is delivered by a pipe to the chemical physiology laboratory on the second floor.

The fifth floor contains a small laboratory for advanced physiology students, and for small revision classes, a really fine demonstration theatre, with preparation room attached, a room for experimental pharmacology research, an animal room, aseptic operation room, with small hospital adjacent, etc. There are three systems of telephones in the building: the National telephone, with two extensions, an inter-communication system between the different floors, and an extension from the hospital intercommunication system. There is also a system of electric bells. Synchronome electric clocks, governed by a master-clock in the entrance hall, are placed in the chief rooms, and there is an electric lift from basement to fifth floor.

The architect to the Hospital, Mr. H. Edmund Mathews, F.R.I.B.A., has earned our grateful thanks for the way in which he has carried out the alterations, which were extensive and complicated, and our electrician consultant, Mr. F. Charles Raphael, has also placed us deeply in his debt by the care which he has given to every detail of the electrical installation.

The task of moving over from the old to the new quarters has been a heavy one, and I wish to take this opportunity of thanking my staff of laboratory attendants on the splendid way in which they have carried it out.

C. LOVATT EVANS.

VIEWS OF VIENNA.

I. VIENNA AND ITS MEDICAL SCHOOL.

By R. S. CORBETT, F.R.C.S.Eng.

INTRODUCTION.—For some years past I had hoped to be able to pay a visit to the Medical School in Vienna, and the opportunity came in October last. My anticipations were so fully realised that I should like to record some of my impressions and a few details of the journey, with a view to induce more of my colleagues to undertake a similar trip.

The journey.—I chose the route through France and Switzerland instead of that through Holland and Germany, and though this made the journey longer, I found it very comfortable. After obtaining a passport and visas, I was able to book a seat straight through from Calais to Vienna on the Orient Express, which runs on to Bucharest. Restaurant cars are attached during the day and the meals are paid for in the currency of the country through which one is travelling, so it is as well to be provided with French and Swiss francs and Austrian kronen.

The scenery is beautiful just after crossing the Swiss frontier and through to Innsbruck. This is the Arlberg, a fine mountainous district where the railway mounts to a height of 4000 odd feet, running along the slopes of beautiful valleys and then going through the Arlberg tunnel, six miles long. This twenty minute passage is rather unpleasant, but it will not be very long before this will be improved by the electrification of the whole of this section of the railway.

At Vienna.—On arriving at Vienna it will be found surprisingly easy to get through the Customs House and be put safely on the way to an hotel without speaking much German, as all the officials are courteous and helpful. However, to be unable to converse freely with the people of other nations is, I am convinced, one of the greatest drawbacks of the age; and their wider knowledge of modern languages should not deter us from making every effort to get beyond the phrase-book smattering with which they are surprised we appear so content.

Now, as to the cost of living—it will not be found to be as cheap as it was a year or two ago, but a comfortable hotel will charge not more than the equivalent of £4 to £5 per week, or if you prefer the continental method of bed and breakfast at, say, £2 per week, lunch and dinner can be taken less expensively at the excellent *cafés* or restaurants.

I was much struck with the princely buildings of modern Vienna, many of which contain great art treasures. The city shows little of its earlier history owing to the vicissitudes to which it has been subject through wars, fires, etc., and the demolishing of the old fortifications.

now gives space for one of the finest streets in the world, "The Ringstrasse."

No longer Imperial Vienna, since the passing of the monarchy, the present *régime* seems to be accepted with complacency. The people, though impoverished by the war, are making the best of things. Unemployment is not a serious factor, and all seem grateful for the support England has given to the strenuous endeavours their country is making to restore their finances, and steady their depreciated exchange.

Organization of medical work.—For many years the Medical School in Vienna has had a world-wide reputation for post-graduate study. Its hospitals are very large, and there is an enormous amount of material available. As a result of the large number of American doctors visiting this school, the American Medical Association was established in 1903, and any English-speaking doctor is advised to join this organization. There is a club-room very close to the large general hospital, "The Allgemeines Krankenhaus" (2600 beds). From the Secretary and the "Orientation" men—as they are called—information on all the work that is being done at the time can be obtained.

This Association primarily caters for the man who is prepared to take several courses, which are given by professors or their assistants in English at a fee of three to five dollars an hour, which amount is divided amongst the members of the class. These classes are usually limited to two, three or four men. For the student who is anxious to visit the various clinics, membership of this Association gives him the *entrée*. If he understands and speaks German, he can attend classes in the post-graduate course arranged by the university at much less expense. By working along either of these lines for a period of not less than three months a certificate is issued by the university, and this is greatly sought after by the Americans.

The surgical clinics.—There are two large surgical clinics, with Prof. Eiselsberg and Prof. Hochenegg in charge. Under them are numerous assistants, paid and voluntary, and the first assistant is generally a man who has worked under his chief for eight to ten years. These clinics are responsible for all the teaching in their own subject at the university, and so each professor has a large following of students. These men do not enter the wards, but are shown cases in the "Clinic" daily. This "Clinic" is held in a combined operation theatre and lecture hall, and cases are brought in and demonstrated by the professors at the expense of two or three students, who are called down on each occasion to be "ragged" in front of their colleagues. My first visit to the "Hochenegg" Clinic showed me this system in rather a dramatic way. I arrived at 11 a.m. to see the professor

perform an operation on a case of carcinoma of the rectum, by his modification of the "Kraske" method. His class had not dispersed and I was invited in to see the last case, which was that of a young girl, who had a large stone in her bladder. A skiagram of the vesical region showed a large stone which had formed round a hairpin. After discussing the case, he called an assistant to give the girl an anæsthetic, and in front of his class of about 150 men he performed a supra-pubic cystotomy. He explained the stages of the operation and finally produced the foreign body amid great applause. The remaining operations of the day were done in the regular theatres, where students do not enter.

The "Eiselsberg" Clinic, owing to its reputation, has always a big following, and on being introduced I was asked by the professor to sign a form, which I did, before entering his operation theatre. This was a declaration that I should not prevent the admission of Austrians or German doctors to the next International Congress of Surgeons. The professor is a man of 63 years, very keen and active. There are two tables in the theatre where he and his assistants work, and they start their operations at 8 a.m. When he is not operating himself he is assisting, advising or supervising his assistants. The operation theatres are not elaborately equipped, though they appear to have everything that is necessary. Linen thread and silk are used throughout all operations instead of the more expensive catgut. One thing that is very striking is the extensive use of local anæsthesia. Novocaine (0.5 per cent.) with adrenalin is used in large amounts in abdominal surgery as well as in operations on the neck. I saw partial gastrectomies, gastro-enterostomies, and all cases of hernia treated surgically under this form of anæsthesia. Special methods such as (a) para-vertebral and (b) splanchnic anæsthesia are practised on the lines recently published by Dr. Hans Finsterer of Vienna, but they appear to have some serious disadvantages.

The Laryngology Clinic under Prof. Hajek is fortunate in being one of the branches of the general hospital which has been given buildings in the New Clinic, which is part of the new general hospital in process of erection. The professor is a born teacher. He starts his operations at the early hour of 7.30 a.m. The out-patient department is a large one, and there are great facilities for work there. In this clinic I saw a tonsillectomy, a complete laryngectomy, and the anterior two-thirds of the tongue removed under local anæsthesia. The latter was not a pleasant operation to watch, but it was gratifying to see the patient afterwards not only smile and shake hands with the operator, but want to step off the operation table unaided. There are two "Frauenkliniken" which share the advantages of new buildings. Each is a separate block of 300 beds, working under the leadership of Prof.

Kermanner and Prof. Peham, and they adopt entirely different methods. Another large hospital which I must not omit to mention is 'the Kaiser Jubiläums-Spital,' situated in the country, an hour's tram-ride from the city. It is another state hospital, erected in 1912, containing 1000 beds, with complete and most modern hygienic and scientific equipment. Its largest department is assigned to tuberculosis (248 beds)—a disease very prevalent in Vienna in all forms. The surgical block contains 118 beds under the supervision of Prof. Pupovac, who is very courteous in allowing one to see all his work. He has two assistants, who have considerable experience; they both speak English, so are in great demand for post-graduate work.

The pathological department.—Owing to the wealth of material this department is a very large one, and is centralized in an institute adjoining the general hospital. On an average seven autopsies are made every day, and this supplies sufficient material for teaching gross pathology, and recourse to "bottles" from the museum is not necessary. A very excellent course is given in German to post-graduates by Prof. Erdheim. This class is always crowded, as not only is it intensely interesting, but also serves a very useful purpose in improving one's knowledge of the language. They work under few restrictions. Autopsies are made on any case required, and the material necessary to demonstrate completely the pathological condition is taken.

Uro-genital work.—This is done in branches of the big hospitals and in smaller out-patient departments. These afford a large amount of material for cystoscopic work, classes for which are arranged through the Association, or else one can attach oneself to a clinic for a definite period by making arrangements with the professor in charge.

Cadaver surgery.—This is a special feature in post-graduate work. Bodies which are not required for autopsy are allowed to be used for surgical anatomy and cadaver surgery. This cannot be done independently, but with a professor or assistant on the staff of the hospital, so that it means paying for their time. They will do or assist one to do any operation required, and the work performed is of a high class compared with that possible on our "highly formalized corpses" in operative surgery classes in this country.

Proctoscopy.—There is also a limited amount of material for diseases of the rectum and their investigation, experience in which can be obtained from the out-patient departments.

Orthopaedics.—This department is under the guidance of the famous Prof. Lorenz. Unfortunately I was unable to see him at work owing to the fact that he was on a visit to the United States.

Medicine.—On one occasion I attempted to be a "physician doomed to the practice of surgery"—to quote Sir Berkeley Moynihan—and attended a clinical lecture by Prof. Wenckebach. He was a charming man and spoke excellent English, and gave a most interesting discourse on heart failure and the term "back-pressure." He illustrated it with three cases showing different conditions of heart failure.

Social life and amusements.—One cannot think only of medicine and surgery when visiting such a delightful city as Vienna.

I was most fortunate in having good letters of introduction to professors and others living in the city, and in consequence was received with much kindness and shown great hospitality. This was all the more appreciated knowing the ravages caused by the war in many fortunes.

The State Opera is the outstanding feature in the artistic life of Vienna, and is of world-wide reputation. It would be unfortunate, I think, if the difficulties being raised on this side in connection with the proposed visit to Covent Garden this spring deprive our opera-going people of such an unaccustomed treat. The Opera House holds 2500 people and it always seems to be full. The people deny themselves almost anything to hear music, especially that of Wagner and Beethoven, and if what Plato tells us be true, that "music is the essence of order, and leads to all that is good, just and beautiful," may we not hope for a happy future for Austria?

The other state theatre is the Burg-Theatre. In this fine building, with an interior decorated with wonderful paintings both on the ceilings and walls, Shakespeare plays are frequently produced.

There are many art treasures which should be seen, such as the collection of Paul Rubens in the Art Gallery, and a most valuable assemblage of engravings in the Albertina.

Monuments are numerous, but the outstanding one is that erected in memory of Maria Theresa. It recalls her flight to Hungary, and her subsequent return to conquer the invaders and restore the country to a degree of splendour and power it had never attained before. Through her whole reign, and though she became the mother of sixteen children, she devoted herself whole-heartedly to the aggrandizement of her empire.

Lastly, the environs of Vienna. I do not think any other metropolis is so fortunate as to have such charming surroundings. Within a short distance of the city there are delightful walks in the woods on the hills or in the valleys of the Wiener Wald. From the hills views of the city, of the plains to the north-east, and of the Alps to the south are seen. Within two or three hours' train journey the mountainous district of the Semmering is reached—a noted summer and winter sport resort of Austria.

I trust that this will not be my last visit to Vienna, nor to Zurich, Berne, and Basle, which places I visited on my return journey. Everywhere I found the true spirit of co-operation and comradeship, which I am sure will find a hearty response in this country, to the furthering of the aims we have in common and the renewal of friendly intercourse of former days.

II. A VISIT TO THE FRAUENKLINIKS OF VIENNA.

By WILFRED SHAW, F.R.C.S.(Eng.).

THE Gynaecological Department of the Allgemeines Krankenhaus of Vienna has for long enjoyed a great reputation. The names of Semmelweis, a pathetic pre-Listerian figure without the guidance of a Pasteur, and of Wertheim, who brought the operation for carcinoma of the cervix within the field of the ordinary general abdominal surgeon, are well known to the profession, but others who were more responsible for the production of the efficiency of the modern Vienna school—Johann Boer, Karl Braun, Chrobak and Schauta—have passed almost unrecognized in England.

The present day Frauenkliniken occupy two beautiful buildings adjacent to the old Krankenhaus. These form two sides of a square of about the size of Great Court, Trinity, Cambridge. They are distinctive not merely because of their size, but by the elegance of their structure. Each klinik has 300 beds, divided equally between the obstetrical and gynaecological sections, an out-patient department, a pathological laboratory and an X-rays department. The staff have their quarters in the same building and the lecture theatres are also attached.

A small block for septic cases occupies the middle of the square. It is shared by the two kliniken. It is fitted with its own laboratory; it has its own resident staff officers and is graced by a statue of Semmelweis at its door.

The buildings are recent; they were erected in 1908. They are characterized by modern methods of construction. The window-frames, doorways and stairs are of iron, the floors of the wards and of the corridors are of white tiles, and the walls are coated with washable white paint. The staff, nurses and patients are all dressed in white. These facts, together with the spaciousness of the windows, create an impression of cleanliness combined with efficiency.

The equipment is also excellent. Each klinik has two large operation theatres, three smaller rooms for minor operations and two large labour wards. A labour ward

has about 25 beds. At one end is an admission room and a bath room, and at the other an operation theatre with sterilizing room attached. There are always two housemen on duty, and they are provided with a room just by. There are also rooms for special treatment, such as mud baths, shower baths, diathermy and ionization. The lecture theatres are particularly striking. Each is a huge glass building fitted with up-to-date methods of screening.

The staff consists of the Hofrat Professor in charge of the klinik—Kermauner and Peham are the two now in office—and a set of assistants corresponding to the visiting staff of a London hospital. There are about six to each klinik—three seniors and three juniors. A junior assistant is known as an assistant doctor, the seniors, docent doctors, and it is possible for an assistant to be a professor without having a klinik to himself. At Kermauner's klinik—the old Wertheim klinik—the arrangement of work is as follows. Each senior assistant has charge of either the gynaecological, the obstetrical, or the out-patient department for one year, and changes round at the end of the year. He also comes on duty every third day, when he has to live in, and is made responsible for all emergencies during that period, whether obstetrical or gynaecological. He is obliged to visit his patients twice a day, morning and evening, and unless he is on duty is allowed to indulge in a little private work in the afternoon.

Apparently if he has attained maturity and is a friend of the professor he may occasionally sleep at home when on duty, but this appears to be very exceptional. He also draws a salary from the State, but in so far as Austria is blessed with a Socialist administration, this only approximates to the salaries of the porters and laboratory assistants. The poverty of the Austrian State, together with the small time allowed for private work, makes the financial position of these men very precarious. Almost all of them have now learned to speak English, and practically earn their livings by lecturing to the American post-graduates. The supply of doctors shows no sign of decreasing. Perhaps these men strive to attain that blissful state where the thirst for increasing human knowledge outweighs any base material ambition. Each klinik has a staff of about 15 house men, who are responsible for taking notes, but have few other responsibilities because of the presence in the klinik of at least one of the assistants. Operations have a disgusting habit of starting at 8 a.m., but there is always the consolation to the visitor that the operator has had to do a ward round before he starts operating.

The most delightful feature of the two kliniken is their rivalry. It started with Schauta and Wertheim. Schauta, from what I gathered, was a very great man—even one of Wertheim's assistants told me that Schauta's

opinion was the best in Vienna—and originally Wertheim was Schauta's first assistant. But whereas Schauta was conservatively inclined, Wertheim was more radical, and in particular as regards the treatment of carcinoma of the cervix he disagreed with Schauta's vaginal extirpation operation and elaborated the abdominal method. And then some bright genius put Wertheim in charge of one klinik with Schauta in command of the other, with the result that the two kliniks hated each other heartily, and this atmosphere still persists. Where it is possible for them to differ in treatment they differ. This is most instructive to the visitor, who after being convinced of all the virtues of Wertheim's Interposition operation at Kermauner's klinik goes and is convinced of all its vices at Peham's klinik, and is there told that the operation was originally devised by Schauta and that he abandoned it after realising its futility.

Post-graduate courses are organized by the American Medical Association. They are given in English, and the lecturers are extremely good in the way they collect their material. I remember a course which Von Graf gave. The first day he showed five ovarian cysts, and the next day five carcinomas of the cervix in varying grades of invasion. Another time Amreich of Peham's klinik met me in the theatre at 8 o'clock one morning and said he had some good material for the afternoon class at 3 o'clock. In the afternoon he showed a central placenta prævia which had been skilfully cared for for our benefit, and a contracted pelvis case which by this time had developed a splendid Bandl's ring. But of course these are extreme examples.

In the out-patient department one examines about fifty cases each morning, and out-patients are lined up to allow budding uro-genital experts to develop the art of ureteric catheterisation. Classes in cadaver surgery are given. The cadavers are recent, and the operations are performed on an operation table with instruments and assistants as in an operation theatre. The instructor acts as the first assistant and his academic rank is of the order of a senior surgeon at St. Bartholomew's—an illustration of the misfortunes of war and the havoc of a socialist government!

The methods, technique and results of the two kliniks have to be considered with a very critical mind. It is not easy to compare with London because of the fact that we have here no klinik system, and again our women patients are not so free from reserve as are the Austrians. On the other hand the over-zealous application of a critical mind is apt to be embarrassing. I well remember expressing doubt as to the veracity of the original diagnosis in an out-patient case at Wertheim's klinik. It was a case five years after a Wertheim operation, and there was no evidence of a recurrence. I was gently but firmly led

through a door into an adjoining room and was there shown the specimen removed at operation.

As regards carcinoma of the cervix, I am convinced that they get their cases much earlier than we, but I am equally convinced that they have wider limits of operability. At Wertheim's klinik—now Kermauner's—the percentage of freedom from recurrence after five years of all cases of carcinoma coming to the klinik is given at 25 per cent. The same result is given at Peham's klinik. This is a difficult pill to swallow, and obviously cannot be proved by a casual visitor. But on the other hand, in three months I saw about twenty Wertheim's operations performed, and there was no primary mortality while I was there.

The treatment of prolapse is confined almost entirely to the Interposition operation at Kermauner's klinik. For advanced cases they employ Wertheim's later modification. They are very enthusiastic about this operation. It is difficult to describe, but it consists in slinging the utero-sacral folds together in front of the cervix, and then completing the ordinary Wertheim's Interposition operation.

At Peham's klinik this operation is condemned. Here they adopt the same methods that are used in London. But they still employ Schauta's vaginal method for carcinoma of the cervix. This operation as performed by Schauta's pupils gives excellent results in suitable cases, but its technical difficulties are enormous.

But the most striking feature of their treatments is their method of treating pelvic infections. For acute and subacute cases they use a modified intravenous protein therapy, and in the more chronic cases diathermy methods are used almost exclusively. Rarely do they operate for salpingitis, for their conservative methods, as I have seen, are extremely satisfactory.

X-rays are used for a variety of conditions. They are used to produce stimulation of the ovaries, and last year they were being applied to the pituitary. X-rays to the spleen for menorrhagia due to pelvic inflammations is a method of which they are particularly fond. Deep X-rays therapy is carried out along the lines of the German schools, and radium in small doses over long intervals for inoperable carcinoma of the cervix has been employed for some time.

The chief characteristic of their obstetrics is the conservatism of their methods. This, as at the Rotunda, is due to the advantages of the klinik system. A difficult case is left much longer than we should leave it here, because the assistant is always in the building, and not only can he be produced in a short space of time, but he can with very little inconvenience wander from another part of the building at frequent intervals to see how the case is progressing. Because of this fact, I think they

A CASE OF HÆMOPTYSIS.

By L. W. BATTEN, M.B., M.R.C.P.



G—, a spinster, *at. 40*, was admitted to the Hospital on May 10th, 1921, on account of repeated hæmoptysis.

A letter accompanying her from the chief medical officer of a county sanatorium stated that she had been admitted there on October 19th, 1920, after a severe hæmoptysis. "The chest signs were indefinite then, and have always been so. . . . The temperature has been very erratic. . . . Pulse usually 90 to 110. . . . Hæmorrhage has been repeated and often profuse. On several occasions we have not expected her to survive the night. We recorded on four successive days a loss of blood to the amount of 24, 13, 24 and 14 ounces, and, six days later, 28 ounces. . . . At no time have we found T.B. nor has there been any real sputum. . . . Appetite has been well maintained, and nutrition has not gone down as night has been expected.

"Miss G— has no home or available relations, and must, I fear, ultimately drift to the Infirmary. She has been a 'rescue worker,' and various clergy people are friends of hers. . . . She is a trained nurse by profession." She herself dated the beginning of her troubles to the year 1910, when a skiagram, "taken because she did not look well," showed a "scar in the right lung." In the same year she had undergone gastro-enterostomy after hæmatemesis twice repeated.

Her first hæmoptysis, she said, occurred in 1915. She had then been admitted to a sanatorium, and remained there, first as patient, afterwards as nurse, for 18 months.

While there she had been treated by artificial pneumothorax. In 1919 she had had an attack of pleurisy (nature unspecified), and tubercle bacilli had then been found in the sputum. Her mother and one brother had died of phthisis, the second brother "suffered with his chest." She is described on admission as a moderately pale, fairly well-nourished woman, and physical examination revealed almost nothing abnormal except an obstructed left nostril and the scar of her abdominal operation.

On the evening of the third day after admission she vomited her tea. About an hour later she complained of pain across the upper part of the chest, and expectorated, with loud coughing, about 2 oz. of blood. Expectoration of small quantities of bright red frothy blood continued for seven hours; the amount collected measured 275 c.c.

For the 26 succeeding weeks her chart shows a continued pyrexia of intermittent type, the temperature

hardly ever induce labour for contracted pelvis in a primipara. Either the case is one for Cæsarian section at term or she is given a trial of labour, and if then natural delivery seems impossible, section by means of the lower uterine segment method is carried out. This latter procedure has its disadvantages, but this is balanced by the fact that the majority of cases deliver themselves naturally.

As regards the wards, a small blackboard is placed over the head of the bed of each patient, and on this is written the patient's disease and her latest temperature and pulse. This simplifies the assistant's ward round. The babies are not bathed until the umbilicus is healed. Puerperal women are allowed up on the fourth day, and assist in the ward work. There is an interesting system for getting the hospital cleaning carried out. Women in the last weeks of pregnancy are admitted and are employed to polish the door knobs and scrub the floors. They are also used as potential donors, Wassermann's are taken, their blood is grouped, and they can be called upon for an emergency transfusion.

With respect to the individual members of the kliniks, Frankl and Schiller are the two pathologists. They are extraordinary in that the scope of their work is confined to gynaecology and obstetrics. Frankl gives a course in pathology of a very high standard indeed and he is an excellent lecturer. At Kermauner's klinik von Graf is interested in sterility and has a passion for oxygen inflation of the tubes, but Paul Werner is there the outstanding figure. He is one of the best teachers I have known. He lectures at a terrific rate in fluent English. He is a beautiful operator, and an amazingly good diagnostician. He is still young, and is considered one of the hopes of his profession in Vienna. At Peham's klinik the most interesting figure is Amreich. He is one of those happy few who, though spiritually inclined to follow one branch of their profession, are yet doomed by fate to practise another. He started as an anatomist under Tandler, then passed under the wings of Eiselsberg, to gravitate finally as a gynaecologist under Schauta. He has recently devised an operation for carcinoma of the cervix by the vaginal route, whereby the whole of the parametrium is removed strictly in accordance with its anatomical distribution. His paper is not yet published, but the impression I had was that the operation would be beyond the technique of almost any other gynaecologist.

Scattered about the city are other smaller kliniks under old assistants of the great Frauenkliniks—Halban, Weibel, Adler, Latzko and Peters. There is indeed no lack of teachers or of material, and one is enabled easily to be stimulated to look upon the subject from the point of view of the Vienna school.

varying from 97° to 102° F., a pulse-rate far less irregular, seldom above 90, but once rising to 120, and a respiration rate at first wildly irregular, but later fairly steady, between 30 and 40 to the minute. One rigor is recorded.

The chart is punctuated by records of vomiting and hæmoptysis. In one week 12 hæmoptyses are recorded. No week shows less than 4. The quantity of blood coughed up at one "sitting" varies from 25 to 650 c.c., while the total quantity charted during her first 8 weeks in hospital is 4650 c.c., or about one gallon.

All this time her general condition remained fairly good. She looked pale, and after large losses of blood markedly anæmic.

Blood-counts showed a secondary anæmia, the lowest recorded "red count" being 2,430,000.

She had in general the air of bearing her troubles with a quiet and decent fortitude, and could generally summon up a rather warm smile to greet the visiting physician.

On a few occasions, however, her condition appeared critically grave. On May 29th, at 3 a.m., a sudden attack of dyspnoea is recorded, the patient being almost pulseless and hæmoptysis continuing. Morphina and oxygen relieved the condition.

Every kind of investigation was made, always with negative or inconclusive results. Special examinations were made of her naso-pharynx and larynx; skiagrams, which indeed purported to show something amiss in the mediastinum, were taken of her chest, which was also explored with the needle; the Wassermann reaction of her blood was found negative. Sputum was extremely scanty, but from the rare and meagre specimens obtained several organisms, notably Friedländer's bacillus, were grown. Later profuse growths of monilia were obtained from two specimens of sputum, on the strength of which iodine in considerable doses was administered.

On July 27th bronchoscopy was performed without anaesthetic. Nothing abnormal was seen, but one hour after leaving the Throat Department hæmoptysis began and continued all night, the total loss of blood being 650 c.c. Bronchoscopy was none the less twice repeated, each time with a similar result.

Treatment included morphia on very many occasions, emetine, "hæmastyli," horse-serum, intramuscular peptone, and tincture of iodine (French Codex) up to 30 minims three daily. Preparations were made for transfusion, but it was not actually performed.

On September 24th blood suddenly appeared in a specimen of urine after an attack of abdominal pain. None was present in the next specimen. A few days later this occurred again. Microscopic examination showed many squamous epithelial cells mixed with the blood, but nothing which fixed its origin with certainty. The

intervening specimens of urine were in all respects normal and it was thought the hæmaturia was probably factitious.

If the hæmaturia, why not also the hæmoptysis?

A more drastic line of treatment seemed indicated, and on November 8th the patient's 12 remaining teeth, some of which were unhealthy, were extracted.

On the night of November 9th there was an hæmoptysis of 275 c.c., but thereafter in the 13 days during which she remained in hospital there was none. Further, the oscillations of temperature, pulse and respiration ceased, her colour improved, she pronounced herself "much better," was up for the last 5 days without ill-effect, and left the Hospital on November 21st, looking well.

The case seemed one of those rare ones in which the word "cured" might properly be employed to describe the "result."

In July, 1922, a letter arrived from the house-surgeon of a Sussex hospital saying that she had been admitted there with hæmoptysis, and gave a history of previous attacks which she alleged had been proved "definitely non-tuberculous."

The request for notes of the case was fully complied with, but nothing more was heard of her progress from that quarter.

In August of this year a similar letter arrived from the medical superintendent of another hospital for consumption on the South coast. This time Miss G— had applied to be taken on the staff, and the medical superintendent, doubtful of her physical fitness, "turned her down." Two days later she had a severe hæmoptysis and was admitted as a patient. "Needless to say," he writes, "the whole of the previous medical history, with the exception of the gastro-enterostomy (leaving an obvious scar), was suppressed."

The recurrent hæmoptysis, the pyrexia, the rigors have all, it seems, reappeared in full swing, supplemented by a very severe pain in the chest, "causing considerable disturbance in the block in which she is a patient." Artificial pneumothorax has had a beneficial effect on the hæmoptysis.

The story, for the moment, ends here. It provokes many reflections. Can any interpretation in terms of organic disease be offered of this clinical picture, or may it be constructed on a substratum of organic disease? If, as seems more likely, it is wholly factitious, how is it done? We may well admire the persistence, artistry and ingenuity with which the venture has been carried through, and the success with which the "drift to the infirmary," to say nothing of the workhouse, has been stemmed.

The word "relieved" replaced "cured" on her notes

last year. "Temporarily deterred" should perhaps replace "relieved."

My thanks are due to Dr. Morley Fletcher for his permission to publish this case.

THE DRESSER'S DILEMMA.

ONE morning into the Surgery there came an old gentleman. He was in a somewhat pitiable plight, for when he opened his mouth to speak, he could get nothing out but a series of husky noises, resembling an expiring bicycle tyre; or, for those more poetically minded, like the sound of the early-morning breeze meandering in the tree-tops. In short, he was as hoarse as a Red Indian at a Rugger Final, were such a thing likely.

Sighing like an empty syphon, he intimated that he had come to the Hospital for some medicine. Assuming an air of nonchalance, I told him to be seated, and went out of the room. Once free of the Surgery, however, my nonchalance dropped from me like a cloak. My head was in a whirl; my temples throbbled fit to burst; and into my eyes came a wild look—the look of some hunted animal at bay. What if I could think of nothing to give him? How could I face that trustful old gentleman in the Box? I was in a frenzy akin almost to madness, and it needed a superhuman self-control to stifle the impulse to rush back into the Surgery, and stuff a hot fomentation down that poor old gentleman's throat.

I staggered out into the Square, and the cool air and subtle spray from the Fountain acted as an anodyne to my aching head. I tried to think clearly. I must not despair. It gave me a certain comfort to recollect how, some weeks ago, I had, alone and unaided, dealt with what would probably have baffled many another—an advanced case of double ingrowing toenail of the right hallux. Yes, calmness was the thing. I sat with my head between my hands, and my feverish eyes fixed on the ground, thinking, grappling with the problem which had so suddenly come to confront me. How long I sat at the Fountain I do not know. Time seemed to have stopped.

Suddenly an idea came to me, which might make the blood run cold in my veins, and the clammy sweat stand out on my forehead. Dare I do this ghastly thing? Ah! It was a case of necessity! What else was there to do? Tremblingly I arose and went back to the Surgery. The patient was still there. I took up his ticket and it trembled in my hand. I picked up a pen, dully, mechanically, and wrote—Heaven help me!—"Hoarse Gent. Cum Rheo."

I. L.

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DOUBLE ACROSTIC NO. 3.



partnership—and yet not Mutt and Jeff;
One partner sleeping lies—the flower is blown—
Their partnership was not dissolved by death
For both their names are to the student known.

1. This case is not acute, but very sure and slow,
Surgery we shall not need—let its symbol go.
2. "The sweetness that came forth out of the strong"
Together with sourness to us belong.
3. I am the Guardian of the Way, the Keeper of the Gate
Until I choose to let it pass, well, what's inside must
wait.
4. The rachitis lack this, together with other things,
But what is within they get at their christenings.
5. In Continental horse this bug we meet,
When he's about be careful what you eat.
6. Herein is life and death—Red Death that kills,
Not the bourgeoisie alone, but whom it wills.
7. An inflamed sac and tears upon the cheek.
This will suffice to give the light you seek.

SOLUTION OF DOUBLE ACROSTIC NO. 2.

D	iaphrag	M
I	odid	E
A	rgyro	L
B	rachia	L
E	ckinocoe	I
T	en	T
E	mbol	U(s)
S	emimembranosu	S
S	emitendinosu	S

ST. BARTHOLOMEW'S HOSPITAL
AMATEUR DRAMATIC CLUB.

T was a bold action of the committee of the Dramatic Club to decide to produce melodrama for the Christmas entertainment, for a melodrama is, perhaps, the hardest of all plays to act. To appreciate it the audience has to be so very wise or so very simple. The performance was a great success; it was a production worthy of the very best amateur dramatic talent; but its extreme difficulty made it perhaps not so brilliantly successful as have been some recent "shows."

By far the most successful scene was that showing Prof. Moriarty's underground office. The infamous

professor himself was excellently acted by Mr. Arnold Barnsley. The villain appeared truly villainous, and the blue lighting of the scene added to the suggestion of crime.

The immortal Sherlock Holmes was played by Mr. G. H. Day, who was well made up for his difficult part. The steady drawl of the cocaine-taker was well acted, but we thought that there were times, as in the last act, when this could have been more artistically put in the background. And Holmes, the man of quick action and resolute judgment, should have made his appearance. The marriage of Holmes is, we think, a defect in the play—but there it is, and must be played. Mr. Day acted a difficult part with considerable success.

We were glad to see again Miss Lucienne Davies and Miss Hilda Stutter, whom we remember from last year's performance. The first as Madge Larrabee was convincing and restrained, and the latter as the persecuted Alice Faulkner (rather a change from her last year's part) was pretty, pathetic and nice. Miss Elsa Williams as Térésé was an accomplished French maid. Altogether, the ladies did very well indeed.

Mr. J. T. Hunter as Sidney Prince was well, just Mr. Hunter. He made the house laugh just as often as he wanted to. Mr. Hunter is a born actor and made a real success.

Of the smaller parts, Mr. W. F. Waudby-Smith made the most of Billy, and Mr. C. W. Brook caused Dr. Watson to appear almost more imbecile than he really is.

The remaining actors all worked hard and reached a high level of efficiency. The orchestra was the maiden effort of the recently reorganized Musical Society. May further success attend its path. The individual music, arranged by Mr. Brocklehurst, was specially to be commended. All those who worked behind the scenes—the producer, Mr. R. T. Payne, the stage manager, Mr. D. A. Brigg, the assistant stage manager, Mr. F. H. K. Green—are to be thanked for their efforts. Two last congratulations: the smoke (from the Chemistry Lab.) was most convincing, and the "noises off," especially the chain door (Anatomy Dept.), excellent.

ABERNETHIAN SOCIETY.

A MEETING of the Abernethian Society was held in the Abernethian Room on Thursday, January 24th, Mr. Visick being in the Chair.

The subject for discussion was "Medical Emergencies."

Mr. C. E. HARRIS spoke first, and dealt with acute heart failure, hamatemesis and haemoptysis.

Mr. WADE discussed causes and treatment of coma.

Mr. R. HUNT COOKE discussed poisoning, epilepsy, asthma and fainting.

CHRISTIAN UNION.

DURING this term there will be meetings for prayer and fellowship in the Chapel at 4.30 on Tuesdays.

The study circle will meet at 5 o'clock on Tuesdays in Room No. 8, the Resident Staff Quarters.

REVIEWS.

INBORN ERRORS OF METABOLISM. Second edition. By ARCHIBALD E. GARROD, M.D., K.C.M.G., F.R.S., Regius Professor of Medicine in the University of Oxford, Consulting Physician to St. Bartholomew's Hospital and to the Hospital for Sick Children. 1923. Pp. 226. Price 7s. 6d.

Sir Archibald Garrod has done good service in issuing a second edition of his monograph on the inborn errors of metabolism. The Croonian lectures were delivered in 1908, and in the last fifteen years a great deal of work has been done which has necessitated many alterations. In addition two new errors have been described, one of which owes its recognition to the work of Sir Archibald himself, working with Dr. Hurler in this Hospital. The first two chapters are clearly written, but demand a certain amount of knowledge of chemistry and of the principles of heredity, and will repay re-reading after the book has been finished. The chapter on albinism has become much more interesting, since there is now some direct evidence for the absence of a special ferment which deals with the ordinary pigment of the skin. The two chapters on alkaptonuria are the most interesting and complete in the book, as so much more is known about the chemistry of the condition. Homogentisic acid is usually only known to students as one of the substances which renders Fehling's test unreliable, but the study of the condition has thrown a great deal of light on the metabolism of the amino acids. It is indeed a good illustration of the great advance which may be made by studying a rare and clinically unimportant condition. The evidence is all in favour of the absence of a special ferment which can destroy the homogentisic acid and which is a normal intermediate product of metabolism. The evidence is all in favour of the view that homogentisic acid is a normal intermediate product of metabolism, and that the alkaptonuria lacks a special ferment capable of destroying it. Cystinuria and the problems connected with sulphur metabolism are discussed at length. Here again the error seems to be due to the absence of a ferment which is capable of destroying the amino acid to which the sulphur is attached. One patient is on record who is incapable of breaking up either homogentisic acid or cystine. A most fascinating story is described under the title of haematoporphyria congenita. The symptoms caused by the presence of the haematoporphyrin in the blood are most interesting to the reader if not to the patient who suffers acutely from the effects of bright sunlight, and may lose parts of the fingers and other exposed surfaces in consequence. The book is well got up, and has a good index, both of names and subjects. It should be of great value to all students and practitioners who like to see how the study of rarities has led to great advances of knowledge.

ST. BARTHOLOMEW'S HOSPITAL REPORTS. Volume 57, Part I. (London: John Murray.) Pp. 91, 6 plates, 2 of which are coloured. Price 10s. 6d.

This is the best number of the new series which has so far appeared. It is a real literary, scientific and artistic success, and shows very considerable enterprise. Its contents consist first of an obituary article on the late Mr. W. Harrison Cripps, and then the reproduction of an article from *Household Words* of February 8th, 1851, on "Twenty-four Hours in a London Hospital," probably written by Alfred Paget, brother to the great Sir James Paget, whose caricature by "Spy" we give in this issue of the *JOURNAL*. The article is particularly interesting to present Bart's men, for it gives a distant, but not too distant, view of the Hospital. The changes between that time and ours are great, but not too great, to be clearly discerned.

The scientific material is good: Prof. Fraser discusses the action of digitalis in men and their applications to its therapeutic uses. Mr. Dunhill contributes a finely illustrated article on the parathyroid glands and their importance in surgery. Dr. Chaudlet reviews the

treatment of acute empyema, and Mr. Keynes discusses twenty-one cases of actinomycosis with their treatment.

Altogether a good number.

A SYNOPSIS CHART OF SKIN DISEASES. By B. BURNETT HAM, M.D., D.P.H. (London: H. K. Lewis & Co. Ltd.) Royal fol. Pp. 8, with 2 coloured plates. 12s. 6d.

This chart depicts on two plates, showing the anterior and posterior views of the human body, all the more common diseases of the skin. An attempt has been made to help the memory further by grouping together similar and contrasting lesions. It is notoriously difficult to represent pathological conditions, especially in colour, realistically. This attempt is more successful than most. The more diffuse lesions inevitably suffer from being confined to one patch of the skin. It is difficult to realise the appearance of a scarlet-fever patient from the contemplation of 2 inches of erythema near the right axilla.

The accompanying tables give, under the headings of "Description," "Diagnosis," "Treatment," etc., most of the important points in connection with all the commoner diseases. Vaccine treatment might be mentioned under furunculosis.

In spite of its rather unwieldy size the book should prove useful for purposes of revision or reference.

TWO LECTURES ON GASTRIC AND DUODENAL ULCER: A RECORD OF TEN YEARS' EXPERIENCE. By SIR BERKELEY MOYNIHAN. (Bristol: John Wright & Sons, Ltd.) Pp. 48. Price 2s. 6d.

This little book consists of two lectures, the first delivered before the Hunterian Society of London, and the second before the Harveian Society. Sir Berkeley Moynihan has in this branch of surgery an unrivalled knowledge; he is also gifted with a facile pen. Together, knowledge and art have produced a most striking monograph. By this time Sir Berkeley Moynihan's methods of treatment must be widely known. It is interesting, however, to know that in his hands gastrostomy for gastric ulcer and gastric and duodenal ulcer has a mortality of only 1.6 per cent.

With regard to diagnosis the author stresses the difficulty of diagnosing gastric ulcer, and believes clinical diagnosis of gastric ulcer unconfirmed by the X-ray should not be accepted. The niche or accessory pocket is seen in one third of the cases; the notch in the greater curve, due to a spasm of a zone of the stomach, seen with or without the crater, indicates just as clearly as the niche the presence of an ulcer.

Sir Berkeley has abandoned the Ewald test-meal, and now the fractional method of Rehfniss is used. In gastric ulcer cases only 20 per cent. give a high normal curve or hyperchlorhydria. In duodenal ulcer the percentage is 72.7. In these cases the "terminal ascent" is given in 50 per cent.

We cannot terminate this notice without quoting a few sentences which should have an inspiration to every young surgeon.

"I once heard a very distinguished surgeon say that no one could continue to operate upon even simple cases as inguinal hernia without mortality; one or two might die in every hundred. If this view is taken, the practice of the surgeon will justify and sustain it. But if you deal with cases as units and say 'The last case may yet die, and the next case be a desperate one which no man can save, but this case must not die whatever happens,' you will find your practice will go far to indicate your determined optimism and confidence. The units swell into multitudes.

"Surgery, after all, is an affair of the spirit; it is a fierce test of a man's technical skill sometimes, but in a grim or long fight it is above all a trial of the spirit; and there are few things that cannot be conquered if a man's heart is set on victory."

Thank you, Sir Berkeley Moynihan.

URGENT SURGERY. By FÉLIX LEJARS. The third English edition translated from the eighth French edition by WILLIAM S. DICKIE, F.R.C.S., and ERNEST WARD, M.A., M.D., F.R.C.S., with 20 full page plates and 1086 illustrations. (Bristol: John Wright & Sons, Ltd.) Pp. 868. Price 63s. net.

"This book has cost me much time and trouble. I have written it slowly, and I might say that I have loved it before writing it. I believe and hope that it will render good service." So wrote Lejars in 1899 in the preface of this great work. Now, a quarter of a century later, his hopes are proved true by an eighth French edition in which he incorporates many of the lessons learnt in the war.

The book is most carefully written and is beautifully produced, and in it are given surprisingly detailed accounts of the procedure of every type of emergency surgery.

Beginning with anaesthetics the author deals with chloroform, ether, ethyl chloride, local anaesthesia, regional anaesthesia, and spinal anaesthesia. It is curious to note that no mention is made of gas and oxygen with ether, which is so useful to us in our abdominal work. For acute dilatation of the stomach Lejars suggests the ventral position and gastric lavage.

There are surprisingly few mistakes of type or illustration, but on p. 722 there is a very inadequate representation of a plate controlling a fracture. To remain in position the plate should be twice or thrice as long.

Nothing is too big, nothing too small for Félix Lejars to describe. The book is excellent; the translation fluent and good.

CORRESPONDENCE.

"THE CHRONICLES OF CHRISTOPHER" AND MR. CRIPPS.

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

DEAR SIR,—In your reference to the late Mr. Harrison Cripps in relation to "The Chronicles of Christopher," you have confused two of our great surgeons, each of whom inspired "a Chronicle" which I venture to hope may have helped in its little way to immortalize them. But the Sixth Chronicle "On Hygiene" is the one which belongs to Mr. Harrison Cripps, whilst the fifth, which deals with conversation in the Theatre, will always be jealously recognised by all old members of a once famous "Pink firm" as limning in his quiddities their adored master, C. B. Lockwood.

I trust that every Bart.'s man past and present possesses a copy of *Round the Fountain*, so that reference thereto is a matter of form.

Yours faithfully,

17, HARLEY STREET, ADOLPHE ABRAHAM.
W. 1;
December 1st, 1923.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. OLD BLUES.

In their game at Fairlop on Saturday, January 12th, the Old Blues gained a brilliant victory over St. Bartholomew's Hospital, scoring three goals, one penalty goal, and one try (21 points) to one try (3 points). Aided by a strong wind the Old Blues pressed through practically the whole of the first half; their forwards worked well in the scrum and also in the loose, and the "threes" ran strongly.

Bart.'s, who were without Gaisford and Melbourne Thomas, were disappointing, the three-quarters being too often tackled in possession. After twenty minutes' play S. H. Wales crossed from a line-out, and Maynes converted. From a penalty for "feet up" Franklin landed a brilliant goal from forty yards out, and then Mayne added a try which he converted.

With the wind in the second half the Hospital played better for a time, but the Old Blues again attacked, and Hodgson crossed for Mayne to convert. A fine run by Robertson resulted in an unconverted try for the visitors, but the Old Blues retaliated, and after some clever handling A. Jones obtained an unconverted try.

ST. BARTHOLOMEW'S HOSPITAL v. COVENTRY.

On Saturday, January 10th, at Coventry, the visitors won by two goals, one dropped goal, and four tries (26 points) to two penalty goals and one try (9 points). Right from the start Bart.'s took command of the game, and at no time did Coventry look equal to the occasion of wresting it from them. The visitors opened out the game at every opportunity. T. P. Williams, their scrum half, playing an invaluable game. He got the ball away with remarkable quickness and accuracy, and the other backs rose to the occasion splendidly. Rarely did the ball go astray, and so well supported

was each movement that there was always another pair of hands waiting for a pass. In comparison the efforts of the Coventry backs were poor. They were beaten for pace, tactics and tackling. The Coventry forwards could not hold their own either in the scrums, the line-out, or in the loose. No one could begrudge Bart.'s a single point of their handsome victory; every man seemed to be in tip-top form, and they made the Coventry side look a very ordinary one.

Robertson opened the scoring with a try from a cross-kick by Neville before the game was five minutes old. Neville followed with two tries in the next ten minutes, the result of smart handling and clever and speedy running by himself and his colleagues. Gaisford converted one of the tries. Morton reduced Coventry's arrears by kicking two penalty goals, and at the interval the visitors held a five-point lead.

During the second half Bart.'s were always on top, and Robertson rounded off open movements with two further tries, while Bettington dashed over from loose forward play. Gaisford made another conversion, and also dropped a capital goal. In the last few minutes Twigger and Lee each made strong and daring efforts to get over for Coventry. The former just failed after a great-hearted attempt, but Lee succeeded after one of the finest individual efforts one could wish to see.

Referee: Capt. S. Feary (London R.S.).

Teams.—St. Bart.'s: W. F. Gaisford, back; L. C. Neville, P. O. Davies, M. G. Fitzgerald, J. W. B. Robertson, three-quarters; T. P. Williams, H. McGregor, halves; J. W. Buttery, A. E. Beith, W. S. Morgan, A. W. L. Rowe, J. A. Edwards, R. H. Bettington, G. W. C. Parker, H. G. Anderson, forwards.

Coventry: J. Vallis, back; H. A. Tristram, R. Baker, J. Morton, H. Leo, three-quarters; A. Elton, J. Mallan, halves; T. Carter, J. Grubb, A. Hill, W. Windridge, S. R. Bones, N. Pugh, T. Twigger, H. Wheatley, forwards.

ST. BARTHOLOMEW'S HOSPITAL v. OXFORD UNIVERSITY.

Oxford University, at Oxford, on January 23rd, beat St. Bartholomew's Hospital by 23 points to 3. R. L. Raymond, a colonial international, was tried at back. In some respects it was the most remarkable game at Oxford this season, on the one side Bart.'s doing all the attacking, and little of the scoring, and on the other, Oxford, most of the scoring and little of the attacking. In fact, only for ten minutes in the second half did Oxford play like a winning side, and in this period they established a 10 points' lead. The victory was gained, as have been so many Oxford victories this season, by exceptional pace outside the scrum. Three of the five Oxford tries had their origin in the 'Varsity' half, the greyhound pace of Jacob and Smith doing the rest, aided in at least two cases by Lawton's cleverness. Bart.'s proved themselves a fine side. Gaisford, Davies, Williams and Neville greatly distinguished themselves among the backs, while the forwards were a very live and hard-working pack, W. S. Morgan being particularly good. Keen tackling and a little bad luck in slipping up on the greasy turf were the reasons they were kept out after they had worked such promising positions.

Bart.'s started in dashing style, and there were several smart passing movements which carried the ball well into the Oxford "twenty-five," and eventually Raymond had to save by touching down. They were promptly attacking again until Macpherson, picking up in the loose, passed to Richardson. The latter transferred to Jacob, who was clear of everyone, and sprinting hard from the 'Varsity' "twenty-five" line, he beat all the opposition, and planting the ball almost behind the posts, Lawton was able to kick an easy goal.

Bart.'s were soon attacking again, and as the result of some fine forward work, in which Bettington and Morgan were conspicuous, Macpherson was just able to save the situation by touching down. Oxford attacked after this, and a fine dribble, led by Abell, transferred to the other end, where an injudicious kick allowed Gaisford to save. Bart.'s carried the next scrum, and a punt across by Rowe enabled Neville to gain a lot of ground. Davies was responsible for a fine bit of work which drove Oxford back to their own "twenty-five," where Williams, intercepting a pass from Richardson to Jacob, cleared the opposition and punted over the full back's head for Neville to pick up and score a neat try. Bart.'s were attacking again when Macpherson cleared to the centre, and half-time arrived with Oxford leading by five points to three.

Almost immediately after the resumption Oxford again asserted themselves, and Lawton, cutting through, sent Macpherson over for Lawton to score an easy goal. Oxford broke away again, and the ball being kicked over, Smith just succeeded in touching down, Lawton failing to convert from a difficult angle.

The Bart.'s forwards were responsible for a brilliant rush which took the ball to the other end, and there was a clever series of exchanges which ended in Neville being held up by Jacob close to the line. Fitzgerald missed dropping a goal by the narrowest of margins, and with the Bart.'s three continually breaking away for some time Oxford were solely on the defensive. Their tackling, however, was of a very effective character, and following a belated forward rush the ball was kicked, and Smith, securing possession, ran more than half the length of the ground and planted it behind the post, Lawton converting. Just on the finish there was a capital combined effort between Humphrey, Abell, Lawton and Macpherson, which resulted in the latter scoring a try close to the touch-line, from which Richardson kicked a very fine goal. Oxford thus proved victorious by four goals and one try (23 points) to one try (3 points).

Teams.—St. Bart.'s: W. H. Gaisford, back; J. W. Robertson, M. G. Fitzgerald, P. O. Davies, L. C. Neville, three-quarters; T. P. Williams, H. McGregor, halves; J. W. Buttery, M. L. Males, W. S. Morgan, A. W. L. Rowe, C. W. Parker, A. E. Beith, R. H. Bettington, A. Carnegie-Brown, forwards.
Oxford University: R. L. Raymond (New College), back; I. S. Smith (Brasenose), C. P. Macpherson (Oriel), J. U. Richardson (Brasenose), H. P. Jacob (Christ Church), three-quarters; T. Lawton (New College), M. W. Humphrey (University), halves; C. R. Wordsworth (Balliol), V. G. Wesche (New College), E. D. Arbutnot (Balliol), R. J. Hillard (Christ Church), G. E. Abell (Corpus), A. C. Valentine (Balliol), G. Caiger (St. John's), B. W. Preston (New College), forwards.

UNITED HOSPITALS R.U.

Senior and Junior Cup Draw.

The draw for the United Hospitals Senior and Junior Cup Competition for the present season resulted thus:

Round I.—King's, St. Mary's and London, byes; Charing Cross v. St. George's (February 5th); St. Bart.'s v. St. Thomas's (January 31st); Middlesex, Guy's and University College Hospital, byes.

Round II.—King's v. St. Mary's (February 12); London v. Charing Cross or St. George's (February 19); St. Bart.'s or St. Thomas's v. Middlesex (February 14th); Guy's v. University College Hospital (February 7th).

The semi-finals will be played on Tuesday, February 26th, and Thursday, February 28th, the final being fixed for Wednesday, March 12th.

In view of the forthcoming cup-ties all the players are expected to get themselves as fit as possible. By the time these notes are in print, Bart.'s and Thomas's will have vied in contest in the first round on January 31st. The corresponding tussle last year was keen, and although ending in a victory for Bart.'s, our forwards had a gruelling time in the open and in the line-outs.

Congratulations to Melbourne Thomas on gaining another cap for Wales.

The 2nd XV have a remarkable record, with 13 wins and only one adverse result to date.

P. R. Viviers was unfortunate to break his arm at Bedford on the 24th. We offer our sympathy and trust he will make a speedy recovery.

In conclusion good luck to all concerned in the cup-ties.

It is hoped that the Hospital supporters will turn out in force and cheer the black and whites to victory.

Revelry is the keynote this year, and mind the railings!

ASSOCIATION FOOTBALL CLUB.

By the time this article appears the First Round of the Inter-Hospital Cup-ties will have been settled. We congratulate the winners.

Owing to the vacation only two matches have been played by the first eleven since the last issue of the JOURNAL. As both games (details below) were won, the team is still unbeaten.

ST. BART.'S v. OLD CITIZENS.

Played on January 12th at Winchmore Hill. This game was the hardest test the eleven have had to date. The whole of the half-line were reserves, but played so well their names, Crumie, Simmonds and Huntley, are worthy of mention.

During the first half we had the better of the game and Huntley scored with an excellent shot. In the second half, for some unknown reason, the forwards "went to pieces," thus throwing a tremendous

amount of work on the defence. Ward played a wonderful game in goal, but all must admit that we were extraordinarily lucky to go through the last half-hour without a goal being scored against us.

ST. BART.'S v. OLD ALDENHAMIAN.

Played at Winchmore Hill on January 19th. Owing to the state of the weather this match was a disappointing exhibition. Although the score was only 3-2 in our favour, the Old Boys would have been no match for us on a dry ground.

Our opponents were the first to score, after which the Hospital had all the game, scoring three goals. During the last few minutes the visitors again scored in a breakaway.

HOCKEY CLUB.

First Division Inter-Hospital Cup.

St. Mary's	—	—	—	—	—
King's	—	—	—	—	—
London	—	—	—	—	—
Middlesex	—	—	—	—	—
U. C. H.	—	—	—	—	—
St. Thomas's	—	—	—	—	—
St. Bart.'s	—	—	—	—	—
Guy's	—	—	—	—	—
R. Dental	—	—	—	—	—

Second Division.

The 2nd XI should have even better prospects than the first. They are drawn against Middlesex and XI in the first match, and will play on Wednesday, January 30th.

Westminster	—	—	—	—	—
R. Dental	—	—	—	—	—
St. Thomas's	—	—	—	—	—
St. Mary's	—	—	—	—	—
London	—	—	—	—	—
Guy's	—	—	—	—	—
U. C. H.	—	—	—	—	—
St. Bart.'s	—	—	—	—	—
Middlesex	—	—	—	—	—
King's	—	—	—	—	—
Charing Cross	—	—	—	—	—

BOXING CLUB.

The Inter-Hospital Boxing Competitions are to be held at the N.S.C. on Tuesday, March 18th. It is hoped as many as possible will turn up at the practices on Wednesdays and Thursdays from 4 to 6, when Seaman Hall will instruct.

MUSICAL SOCIETY.

A MEETING was held on December 14th, 1923, to revive the above Society, which has not been in active existence since before the war. The following officers were elected:

President: Dr. H. Morley Fletcher.

Vice-presidents: Mr. Harold Wilson, Dr. Geoffrey Bourne.

Hon. Secretaries: R. J. Brocklehurst, J. Hartsilver.

An orchestra is being formed and practices will be held weekly on Friday afternoons at 5 or 5.30 p.m. As it is desired to have as full an orchestra as possible, it is hoped that all instrumentalists in the Hospital will give their names to the Secretaries, or turn up with their instruments at the practices.

The Secretaries would be glad to hear from old Bart.'s men, particularly old members, who would care to join the Society in an active capacity.

SUBSCRIBERS TO THE YEAR BOOK.

2s. 6d., J. Wern, L. E. Gasperine, J. J. 1s., Harris, H. F., Barnes, D. T., Kindersley, C. E., Priestley, J. G., Bellwood, K. B., Brown, T. Warren, Middleton, W. J.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

The following degrees have been conferred:
B.M., B.Ch.—O. D. Ballinger, D. T. Barnes, J. A. Macfadyen,
 T. L. Ormerod.

Final Examination for Degrees of B.M., B.Ch., December, 1923.

Materia Medica and Pharmacology.—J. N. C. Ford, M. J. W. Minshull, J. de la M. Savage, O. R. Tisdall.

Pathology.—T. L. Ormerod.
Forensic Medicine and Public Health.—R. E. D. Cargill, C. L. Elgood, C. A. H. Green, V. P. Robinson, I. M. Sidley.
Medicine, Surgery and Midwifery.—O. D. Ballinger, D. T. Barnes,
 J. A. Macfadyen.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:
M.B.—G. H. Caiger, C. Dunscombe.

Third Examination for Medical Degrees, December, 1923.

Part I. Surgery, Midwifery and Gynaecology.—J. R. B. Dearden,
 J. F. W. Jamie, J. Ness-Walker, K. L. Rhodes, W. G. Scott Brown,
 F. A. H. Simmonds, F. R. Winton.
*Part II. Principles and Practice of Physic, Pathology and Pharma-
 cology.*—J. C. Ainsworth-Davis, N. E. Chadwick, E. G. Holmes.

UNIVERSITY OF LONDON.

M.D. Examination, December, 1923.

Branch VI, Tropical Medicine.—T. L. Bomford.

M.S. Examination, December, 1923.

Branch I, Surgery.—H. J. McCurrich.

First Examination for Medical Degrees, December, 1923.

Pass List.—W. R. Bett, W. R. Candler, I. R. Colville, C. N. Evans,
 H. L. Foulkes-Roberts, W. A. Hutton, D. C. R. R. Jenkins, J. M.
 Lamont, H. M. List, S. McGladery, K. W. Mackie, R. W. Raven,
 J. D. Scott, F. G. V. Scovell, C. G. Sinclair, E. J. J. Smith, K. G.
 Sugden, V. F. F. Winslow.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.

The *Diploma in Public Health* has been conferred on P. M. Rivaz.
 The *Diploma in Tropical Medicine and Hygiene* has been conferred
 on P. S. Selwyn-Clarke.

The *Diploma in Psychological Medicine* has been conferred on
 F. G. L. Barnes.

CHANGES OF ADDRESS.

BARTON, J. KINGSTON, Rosemount, East Heath, Hampstead, N.W. 3.
 DE CAUX, F. P., 8, Wimpole Street, W. 1 (Tels. Mayfair 3264 and
 3295).

HOMA, B., 10, St. Mark's Road, E. 8.
 HOWARD, V., 51, Beach Croft Road, Oxford.
 HUME, J. B., Department of Surgery, University Hospital, Ann
 Arbor, Michigan, U.S.A.

O'KINNEALLY, Lt.-Col. F., L.M.S., 18, Queen Anne Street, Cavendish
 Square, W. 1.

SCOTT, H. H., 51, New Cavendish Street, Portland Place, W. 1.
 TOWNSEND, Maj. R. S., L.M.S., Civil Surgeon, Jhansi, U.P., India.
 UNDERHILL, S. W. F., Willowdene, Langley Park, Mill Hill, N.W. 7.

APPOINTMENTS

BALLINGER, O. D., B.M., Ch.B.(OXON.), appointed House-Surgeon to
 the Royal Gwent Hospital, Newport, Mon.
 BARNES, D. T., B.M., Ch.B.(OXON.), appointed House-Physician at
 the Royal Berkshire Hospital, Reading.
 BLACKBAY, E. J., M.R.C.S., L.R.C.P., appointed House-Surgeon to
 the Royal Infirmary, Sunderland.
 OULTON, E. V., M.B., B.C.(CANTAB.), appointed Hon. Ophthalmic
 Surgeon to the Princess Alice Memorial Hospital, Eastbourne, and
 Ophthalmic Surgeon to the East Sussex County Mental Hospital,
 Hellingly.
 VOSPER, S., M.R.C.S., L.R.C.P., appointed Honorary Anaesthetist to
 the Royal Eye Infirmary, Plymouth.
 WELLS, A. Q., B.M., B.Ch.(OXON.), appointed House-Surgeon at the
 Royal Victoria and West Hants Hospital, Poole Road, Bourne-
 mouth.

BIRTHS.

BELLWOOD.—On January 7th, at St. Bartholomew's Hospital, E.C. 1,
 the wife of Kenneth B. Bellwood, F.R.C.S.—a daughter (Elisabeth
 Constance).
 DONALDSON.—On December 23rd, at 84, Avenue Road, Hampstead,
 to Dr. and Mrs. Malcolm Donaldson—a son.
 FAWSETT.—On December 27th, at Clarence House, Rhyl, North
 Wales, the wife of R. Shirley Fawsett, M.R.C.S., L.R.C.P.—a son.
 HEATH.—On January 13th, at "Huntley," Hermitage Road,
 Plymouth, the wife of Surgeon Lt.-Commander George E. Heath,
 Royal Navy—a daughter.
 KILNER.—On January 12th, at 25, Manor Road, Sidecup, Olive Mary,
 wife of T. Pomfret Kilner, F.R.C.S.—a son.
 VICK.—On Thursday, January 17th, at 152, Harley Street, to
 Reginald and Mary Vick—a daughter.

DEATHS.

BURN.—On December 28th, 1923, at Tudor House, The Green,
 Richmond, Surrey, Dr. Stacey Southerden Burn, M.B.(Oxon.),
 aged 71.
 MASSON.—On January 5th, 1924, at Sydney, N.S.W., Keith Masson,
 late Captain R.A.M.C., only son of John Masson, M.D., and Mrs.
 Masson, St. Helens, Lancashire.
 MAY.—On January 8th, 1924, at Melford House, Plymouth, John
 Henry Square May, J. P., surgeon, aged 86.
 ROPER.—On January 11th, 1924, at The Shrubbery, Exeter, of
 pneumonia, Arthur Charles Roper, F.R.C.S.(Edin.), J.P., aged 65.
 SANKEY.—On January 4th, 1924, at 91, Woodstock Road, Oxford,
 Julius Ottaway Sankey, 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. Bartholo-
 mew's Hospital, Smithfield, E.C. 1.*

*The Annual Subscription to the Journal is 7s. 6d., including postage.
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St. Bartholomew's Hospital



JOURNAL.

"Equam memento rebus in arduis
 Servare mentem."

—Horace, Book ii, Ode iii.

VOL. XXXI.—No. 6.]

MARCH 1ST, 1924.

PRICE NINEPENCE.

CALENDAR.

Sat.	Mar. 1	—Rugby Football Match v. Coventry (home). Association Football Match v. Highgate (home).
Mon.	" 3	—Special Subject Lecture, Mr. Harmer.
Tues.	" 4	—Prof. Fraser and Prof. Gask on duty.
Wed.	" 5	—Clinical Surgery Lecture, Sir C. Gordon Watson.
Fri.	" 7	—Clinical Medicine Lecture, Sir P. H.-S. Hartley. Dr. Morley Fletcher and Mr. Waring on duty. Last day for entry for "Kirkcs," "Foster," "Harvey," Treasurer's Prizes and Junior and Senior Scholarships.
Sat.	" 8	—Rugby Football Match v. Bath (away). Association Football Match v. H.A.C. (away).
Mon.	" 10	—Special Subject Lecture, Mr. Rose. Kirkcs Prize examination commences.
Tues.	" 11	—Dr. Drysdale and Mr. McAdam Eccles on duty. Junior Scholarship commences. Treasurer's Prize examination. Harvey Prize examination commences.
Wed.	" 12	— Rugby Cup Final: Bart's v. King's. Senior Scholarship commences. Foster Prize examination.
Fri.	" 14	—Sir P. H.-S. Hartley and Mr. Rawling on duty. Clinical Medicine Lecture, Sir P. H.-S. Hartley.
Sat.	" 15	—Rugby Football Match v. London Scottish (away). Association Football Match v. Casuals "A" (home).
Mon.	" 17	—Special Subject Lecture, Mr. Elmslie.
Tues.	" 18	—Sir T. Horder and Sir C. Gordon-Watson on duty.
Fri.	" 21	—Prof. Fraser and Prof. Gask on duty.
Sat.	" 22	—Rugby Football Match v. Gloucester (away). Association Football Match v. Old Citizens (away). Last day for receiving matter for April issue of Journal.
Tues.	" 25	—Dr. Morley Fletcher and Mr. Waring on duty.
Fri.	" 28	—Dr. Drysdale and Mr. McAdam Eccles on duty.
Sat.	" 29	—Rugby Football Match v. Plymouth Albion (away). Association Football Match v. Winchmore Hill (home).
Mon.	" 31	—Last day for receiving "Wix" and "Dentley" essays.

EDITORIAL.



WITH this issue we have for the first time risked
 a late production of the JOURNAL in order to
 add a note on the great game played at
 Richmond in the Inter-Hospitals Rugby Cup Semi-Final.
 Every Bart's man will wish to congratulate the team
 on its fine play. Although every player did well we
 should like especially to mention Mr. W. F. Gaisford's
 magnificent kicking, which did so much to help his side.
 We wish the team all success in the Final against King's
 on March 12th.

* * *

The heating of the Hospital is not a question which is
 considered very much by the average man about St.
 Bartholomew's. This perhaps is chiefly due to the good
 supply of large old-fashioned fire-places in the Hospital
 buildings. In the wards especially these fires add in the
 winter a homeliness and charm which is one of our
 especial prizes.

A proposal is now engaging the attention of the authori-
 ties to substitute oil for coal fuel in the heating arrange-
 ments of the Hospital, and for the supply of hot water
 and steam. There would, we take it, be no interference
 with the present fires; the question is merely one of what
 fuel will best heat up the boilers.

There seems to be little doubt that oil fuel is consider-
 ably superior to coal. It is certainly no more expensive,
 and may be considerably cheaper; it is more economical
 to run since stoking expenses are usually cut down, and
 a much more even level of heat is possible than with coal.
 These advantages are well appreciated elsewhere: our
 Navy is rapidly becoming an wholly oil-fuel concern.
 It is therefore very probable that some scheme for the
 use of oil fuel will be adopted in the Hospital. A minor

advantage will be the saving in smoke. One of our chimneys at present leaves much to be desired.

* * *

Our heartiest congratulations to Dr. Mervyn Gordon, our Consulting Bacteriologist, on the distinguished honour of the Fellowship of the Royal Society. The whole Hospital will be pleased to hear the news, for Dr. Gordon is always ready to place his profound knowledge of his subject at the disposal of the humblest inquirer. Sir Frederick Andrewes is the only other Fellow of the Royal Society at present on the working staff of the Hospital.

* * *

The many friends of the late Sister Darker (Miss E. Hay Borthwick) may be interested to see the long list of House-Surgeons with whom she has worked.

E. G. Farnshaw Hewer.
T. Mayo.
J. Abernethy Willett.
C. S. Hawes.
R. T. Worthington.
A. W. Izard.
W. Attlee.
J. Finlay Alexander.
A. Amsler.
R. C. Elmslie.
C. Noon.
R. B. Etherington-Smith.
C. T. McL. Plowright.
B. B. Riviere.
E. H. Shaw.
C. A. Smallhorn.
J. D. Barris.
E. T. Glenny.
B. T. Lang.
C. Newton-Davis.
M. Onslow Ford.
F. J. Gordon.
F. F. Laidlaw.
M. Donaldson.
J. S. Burn.
C. W. Archer.
H. S. Crichton Starkey.
C. J. Stocker.
C. D. Kerr.
J. Wroth Adams.
G. Eldridge Dyas.
C. R. Wright.
J. W. Stretton.

J. L. Davies.
S. W. Burrell (Isaacs).
N. N. Hayson.
R. C. Davenport.
C. V. Braimbridge.
C. W. B. Littlejohn.
S. I. Higgs.
A. O. Bolton.
C. Titterton Maitland.
Ph. A. Smuts.
G. Cooke.
A. G. Shurlock.
A. V. Lopes.
C. L. Hewer.
H. C. Cox.
J. Whittingdale.
H. Corsi.
R. D. Jones.
J. E. A. Boucaud.
C. F. Krige.
G. A. Fisher.
C. Dunscombe.
F. H. Young.
T. F. Zerolo.
B. G. Melle.
N. S. B. Vinter.
H. J. C. Churchill.
H. L. Sackett.
W. E. M. Mitchell.
C. A. Horder.
J. P. Hosterford.
B. M. Tracey.
N. L. Capener.

We have received from Sister Darker a charming letter asking us to thank, through our columns, all those whose kindness, on the occasion of her leaving the Hospital, she so greatly appreciated.

* * *

Our heartiest congratulations to Mr. Everitt George Dunne Murray, M.A., O.B.E., upon his election to a Junior Fellowship at Christ's College.

We are delighted to mention the great success of the last "Fleet Street Week for Bart.'s." The sum of £9468 was raised. Mr. Matthew Blythe, the Chairman of the Executive Committee, suggests that the money should be allocated as follows: £3100 to keep the Hospital going for 31 days in March; £1000 to endow another Fleet Street Bed; £2000 to the Discretionary Fund; £1500 for the purchase of radium; £500 for the X-Ray Department; and the remainder for the General Fund. We congratulate everyone concerned in this great effort.

* * *

An interesting series of articles has come to our notice from the *Calcutta Englishman*, called "The Temple of Medicine," and written by "A Doctor with a Duster." In this series are discussed the various problems of Indian medicine, but the great problem of the present unsatisfactory condition of the Indian Medical Service is left untouched. Perhaps wisely.

* * *

We had thought that there might be sufficient interest in acrostics to warrant our publishing a series; but, save for the first month, there have been practically no results sent in. Therefore we discontinue them.

* * *

Robert Louis Stevenson's *Underwoods* was dedicated to several of his doctors, but specially to Dr. Thomas Bodley Scott. Of him Stevenson wrote: "But one name I have kept on purpose to the last because it is a household word with me, and because, if I had not received favours from so many hands and in so many quarters of the world, it should have stood alone—that of my friend, Thomas Bodley Scott, of Bournemouth."

We deeply regret to record Dr. Scott's death. He was an old Bart.'s man, and was for a time House-Physician to the Hospital. He succeeded in combining medicine with municipal activities, holding the office of Mayor of Bournemouth.

* * *

The Hare and Hounds Club is particularly anxious that all Bart.'s men—though they may be attached to some other club—will make a very special effort to run for the Hospital on March 5th in the Kent-Hughes (Inter-Hospital) Challenge Cup. The entries are unlimited. The first five of each team are placed.

HE AND SHE.

BOLD youth, beneath the branches' shade,
I see thee with a maiden fair;
Her hand in thine is softly laid;
Ye wander slow, a happy pair.

Your light and airy thoughts do rove
To joyous plans and wishes new;
Now laughs the winged God of love,
And darts his brightest shafts at you.

Blunt are his arrows, aim'd in vain;
No conscious blush proclaims his pow'r;
No pressure does that hand detain,
Or whisper'd words enchant the hour.

For time hath yet his work to do
Ere ye can enter Cupid's heaven;
For thou, my dashing boy in blue,
Art only five, and she but seven.

A. E. R.

ON THE MANAGEMENT OF PULMONARY TUBERCULOSIS IN GENERAL PRACTICE.

By JOHN WHITTINGDALE, M.A., M.B., F.R.C.S.

PON entering general practice, the average recently qualified man has a sound knowledge of the pathology and morbid anatomy of phthisis, together with a recollection of various signs and symptoms that are commonly to be elicited from the type of case that presents itself at the out-patient department or examination hall.

Upon the subject of treatment his ideas are usually more vague, and often compressed into the maxim, "Get the patient away" to a sanatorium, seaside, mountain air—anywhere out of the way. When he meets with a case, for example, a young man, recently married, and deriving his total income from a sedentary occupation in an unhealthy city, he will probably find at least two cogent reasons for modifying his ideas:

1. From the patient's point of view, the definite diagnosis that he is suffering from "consumption" is a brand as terrible as that of leprosy, and dismissal to a sanatorium means social ostracism nearly as effective as that produced by sentence to six months' hard labour.

2. The patient's desire to be restored to full earning capacity as soon as possible. For this purpose it is more reasonable that he should have his disease arrested in that climate in which he is forced to work.

It is of no use to say to the patient, "You must give up your present occupation and do something in the open air." The futility of such advice becomes apparent when one realizes that the sole out-door occupations available to a man without capital are street-hawking and sweeping a crossing.

Sanatorium treatment may be reserved for—

1. Insured patients for whom it is provided by the State.

2. Patients who cannot be nursed in a separate bedroom at home.

3. Those who cannot be relied on to carry out the rules that are laid down for their guidance.

The one greatly advertised advantage of sanatorium treatment is that it teaches the patient how to live. In order to achieve this knowledge, the patient has to steer a straight and narrow course between the ever-menacing shoals of depression, distraction and drink.

In his own home he can be taught how to live by his medical attendant, his interest in life may be more easily maintained, and the true nature of his disease kept private.

The greatest principle of treatment is rest.

The young tuberculous subject is a mass of quicksilver. Goaded by the toxins which disturb his vasomotor equilibrium, he is intellectual, brilliant, vivacious and never still until exhaustion plunges him into the depths of gloom. To bring about the arrest of his disease he must learn to live as a placid, methodic cow.

If the patient can be taught to undergo this metamorphosis and made to understand that the changed condition must be a permanent one, if his health is to be assured, there is a reasonable prospect that his disease will be inhibited. At the outset, having made such an examination as will exclude with reasonable certainty disease of the larynx, alimentary, lymphatic and genito-urinary systems, one can assure the patient that the treatment carried out conscientiously in his own home will restore him to wage-earning capacity within six to twelve months. But, in order to maintain his regained health, the patient will have to observe certain rules of life for the remainder of his days.

The following details may be helpful in carrying out the necessary treatment.

Rest.—This must be absolute, and continued for at least three months. The patient should be put to bed in a room having a south or south-eastern aspect (protected from the rain-bearing winds and catching the early morning sunshine). All furniture should be removed except for the necessary toilet articles and a bedside table. The walls distempered in quiet colour. One or two favourite pictures may be allowed. The floor should be covered with washable linoleum. The window should be

taken out of its frame entirely, a sun-blind being provided to keep off high winds or glare. The bed should be as near the window as possible. To protect the bedclothes in wet weather, it may be provided with a cradle covered with a ground-sheet.

The patient may lie on a double inclined plane or improvised bedrest, keeping as far as possible on the more affected side. In order to keep the chest-wall at rest the arm on the same side should be supported by a sling. While lying in bed, the patient should not knit, sew or carry on any occupation entailing movement of the arms upon the chest-wall. Reading and writing are facilitated by the use of a sloping table.

The patient should be encouraged to lie perfectly quiet for stated periods every day. Rest in bed should be continued for three to four months in an ordinary case, and prolonged if necessary in cases where the rectal temperature exceeds 99.4° at any time of the day.

Diet should be arranged with a view to—

1. Tempting the patient's appetite.
2. Increasing weight.
3. Maintenance of regular and adequate action of the bowels.

Most tuberculous patients can assimilate ordinary food, and it is quite unnecessary to ruin their digestions with large quantities of milk and slops. The patient should be encouraged to drink water before meals. Alcohol is better avoided, but pale ale or stout may be taken as a tonic bitter.

Temperature and pulse.—A four-hourly chart should be kept for the first four weeks or until the diurnal variations become constant.

Whenever the temperature reaches 102° tepid sponging is indicated.

Control of bowels.—The bed-pan should invariably be used. Straining should be avoided, as it may produce alarming syncope or hæmoptysis. If the diet is insufficient to keep the bowels acting adequately, liquid paraffin may be given. As occasional aperients, senna or aloin are useful; they are not likely to cause catarrh of the small intestine, which may be the precursor of intractable diarrhoea.

Excreta.—All utensils used by the patient should be kept apart. Sputa should be received in 20 per cent. carbolic acid solution in a spit-cup with lid. All linen should be soaked overnight in 20 per cent. carbolic and washed at home. Paper handkerchiefs, which may be burnt after use, are safest.

Drugs.—Oral administration of respiratory antiseptics is to be deprecated. Creosote, guaiacum, garlic, iodoform all have their advocates. The patient's digestive organs are better protected from irritants of this type. Frequently digestion is improved and flatulence prevented

by the routine administration after meals of acid nitro-hydrochlor. dil. combined with gentian and nux vomica. Continuous inhalation is valuable. An inhaler of the Burney-Yeo type impregnated with some such mixture as Oppenheimer's neoline compound is worn for gradually increasing periods every day. It will be found to lessen cough and diminish bronchial secretion.

Cough.—The patient should be taught to restrain useless coughing, which increases temperature, initiates vomiting and accelerates dissolution. On waking, he should attempt to expel his accumulated secretions by leaning head downwards over the side of the bed and spitting into a vessel on the floor. After that has been accomplished, cough may usually be checked by holding the breath. A tickling cough preventing sleep may be checked by sucking the pastille ammon. brom. of Allen & Hanburys. If this is ineffective the pastille morphin. et ipecac. may be tried. A useful linctus is—

Heroin	gr. j
Acid acetic dil.	dr. iv
Syr. limonis	dr. iv
Aq. chloroformi ad	ʒ viij
Signe	½ tusse urgente

For night sweats, a pill of zinc oxid gr. ¼ with atropine sulph gr. ʒi, may be given at 8 p.m.

Marcus Paterson's fibre mattress (Mayer & Meltzer) is said to be very efficient.

In all cases the patient will derive great benefit from a daily alcohol or eau de Cologne friction administered with a loofah, and followed by a rub down with a rough towel.

Hæmoptysis.—Reassurance is the first and most important principle. The patient, who can usually tell from what part of the chest the blood is coming, should be persuaded to lie on that side with a pillow under the opposite shoulder to enable the blood to escape freely from the mouth. Sod. bromide gr. xx in water may be given by the mouth.

If the hæmorrhage is severe, the amount of circulating blood may be lessened by tying stockings round the proximal ends of the four limbs sufficiently tightly to produce venous congestion; these may be kept *in situ* for six to twelve hours and removed one at a time in order to prevent too sudden increase in volume of the circulating blood.

Intravenous injection of 3 c.c. of 10 per cent. calcium chloride in sterile water may be administered daily for seven days and repeated at intervals of a week if the hæmorrhage tends to recur. This will increase the viscosity of the blood very rapidly. Care must be taken to prevent any of the salt from entering the subcutaneous tissue, as necrosis is readily produced. After the immediate cessation of the hæmorrhage, a subcutaneous

injection of atropine sulph. gr. $\frac{1}{100}$ repeated daily will help to prevent the onset of broncho-pneumonia.

Morphine should not be used in the treatment of hæmoptysis, as it undoubtedly increases the tendency to broncho-pneumonia from retention of blood due to diminution of cough reflex. Adrenalin, ergot and pituitary extract are all dangerous; they raise the general blood-pressure and increase the hæmorrhage.

Cupping.—In cases showing marked toxæmia with extensive moist sounds and profuse expectoration, the daily application of 30 or 40 cups to the chest-wall, back and front, for twenty minutes at a time, relieves congestion in a remarkable way. This treatment is used as a routine in continental sanatoria, and deserves more extensive trial in this country.

Diarrhœa, if severe, should entail restriction of the diet to rice-water sweetened with condensed milk. Up to six pints *per diem* can be taken. Acid. sulph. dil. with 10 minims of nupenthe thrice daily is useful.

Getting up.—After the patient's temperature has settled down and remained within normal limits, he may be allowed on to a *chaise longue* for an increasing number of hours daily. Should the temperature remain below 99.4° at 6 p.m. he may be allowed to walk. At first for not more than five minutes, the duration may be increased until eventually he walks for two hours every morning and an hour in the afternoon. After exercise he should lie down flat and take his temperature. This should be taken again after half an hour's rest. If not below 99.4° the exercise has been excessive and should be diminished. If exercise causes return of fever, night-sweats or increased expectoration, it should be stopped entirely and rest resumed until the condition returns to normal, when a fresh start should be made.

Auto-inoculation is not to be aimed at, and is better left to its skilled exponents.

The weight should be noted at the commencement of treatment and taken at regular intervals when the patient is fit to get out of bed.

Return to work should be allowed only when the patient has been free from all symptoms and the chest clear of moist sounds over a period of two months. Other things being favourable, the presence of *Tb. bacilli* in the sputum does not contra-indicate active life. It should be impressed upon the patient that whereas his occupation takes up eight to ten hours daily, the remainder of the twenty-four should be devoted to his treatment. Ten hours should be spent in bed every night; half-an-hour's rest after returning from work will increase his inclination for food. The spending of Sunday in bed does much to maintain the patient's resistance. He should avoid stuffy atmospheres and congregations of people.

Conclusion.—While doing one's best to maintain the

patient's morale, it must be remembered that some cases die, no matter what may be done for them.

The patient's relatives are always anxious that specific treatment of newspaper interest should be tried. To them it must be carefully explained that special methods of treatment can only be carried out by experts in an institution, and are not sufficiently proven to be used indiscriminately by general practitioners. If the patient is steadily going downhill, ask for a consultation with an expert who has shown himself to be not unreasonably biassed toward any one form of treatment.

NOTES ON NURSING CEREBRO-SPINAL MENINGITIS.

THE patients who survive in this disease are often very ill for a prolonged period, therefore good nursing and great patience are important factors in their recovery. The patients are usually very noisy and trying, but much may be done for their comfort.

Bed. An air-bed is essential on account of the rapid wasting which occurs. A soft feather or air pillow for the head, and, occasionally, even an airing, may be necessary to avoid pressure on the ears; the patient can only lie on his side on account of the head-retraction.

Clothing. A cotton shirt, open at the back, is the best wear, as it may be necessary to change it very frequently. Woollen socks should be put on if the feet become cold. A sheet, light woollen or cotton blanket and a light quilt are sufficient covering.

Washing. The patient should be rolled or lifted on to a blanket morning and evening (and even oftener if very restless), and thoroughly sponged all over with very hot water (about 110° F.) for 10 or 15 minutes. This is found to be very soothing. If a bowl of hot water be placed on a macintosh on the bed and the feet be allowed to soak for twenty minutes at a time, great relief of the restlessness may be afforded. The pillow should be pulled down under the shoulders to allow for the retraction of the head while the patient lies on his back.

Back. The bony prominences, hips, shoulders, ankles, etc., require great care, as bed-sores are very likely to occur. The patient cannot, as a rule, lie on his back, so he must be turned from side to side every two hours, day and night, and all prominences thoroughly washed with soap and water, well dried, rubbed with hazeline or methylated spirit, and powdered with starch, or starch and zinc (2-1) powder. Should the skin become very red in spite of proper care, or on account of incontinence of urine, etc., an ointment may be gently

but thoroughly rubbed in. Creta preparata 2 drms., adeps benzoatus ad. 1 oz. is an excellent preparation. The ears may become painful and sore from pressure, they should be washed, well dried, and a little unguentum acidi borici applied four-hourly. A small air-ring, arranged so that the ear is in the centre of the hole, will give the patient much relief.

Mouth. The mouth requires great care. If the patient is taking solid food, Listerine or glyco-thymoline mouth-washes, four-hourly, with brushing of the teeth morning and night will be sufficient, but if he be taking fluids only, the mouth must be cleaned before and after every feed, by means of a wisp of wool wrapped round a bit of wood and dipped in a solution of sodium bicarbonate (1 drms. sodium bicarbonate to 5 oz. water), flavoured, if desired, with Listerine, etc. A little unguentum hydrargyri nitratis dilutum applied to the lips will prevent them becoming dry.

Food. If the patient can take solid food he should be fed at regular intervals of four hours with such things as mince, eggs, milk puddings, etc., with plenty of fluids in between meals. If solids cannot be taken, then citrated milk* 7 oz., glucose 1 drms. (or lactose, or sugar), with water, tea, coffee or chocolate (1 oz. chocolate dissolved in 2 oz. boiling water), or one beaten egg (two or three in twenty-four hours), or Benger's, Mellin's, Ovaltine, etc., must be given every two hours by day and four hours by night, with water or lemonade, 5 or 6 oz. every two hours, alternately. Give as much more water or lemonade as can be taken, but do not increase milk feeds, lest digestion be disturbed. Feeds may be given hot or cold, whichever the patient prefers. Should there be much vomiting, let the patient take what he likes by mouth and keep up the fluid intake by means of rectal salines. Saline solution $\frac{1}{2}$ pt., glucose $\frac{1}{2}$ oz., given four-hourly, day and night, can usually be retained. Should this quantity be returned, try smaller amounts.

Nasal feeding. If the patient cannot, or will not, take nourishment, recourse must be had to nasal feeding. To do this, have ready the barrel of a glass syringe, a piece of rubber tubing about 8 in. in length connected by a glass junction, with an oesophageal tube, size 4 or 5 for an adult, or a fine catheter for a child. The feed should consist of citrated milk 7 oz., glucose or lactose 1 drms., warmed to about 100° F., and carefully strained in a small jug, and warm water 2 oz. in a separate jug. The patient should lie on his back, if possible, and as nearly flat as the head-retraction will allow. If restless, wrap a round towel or small sheet round him to confine the arms and to prevent struggling. An assistant should steady the head, while the tube, lubricated with a little unguentum acidi borici, is passed gently down the nostril,

* Sodium citrate gr. j to each 1 oz. milk.

for about 17 in. in an adult, or the length of the catheter in a child. A gurgle may be heard as the tube enters the stomach, but often does not occur. If there be no coughing or cyanosis and the tube does not appear in the mouth, pour a little of the water down the funnel. If it runs down, proceed with the rest of the water and follow with the feed slowly. If coughing or retching occurs during administration of the feed, pinch the tube and wait awhile, proceeding if it cease. Should it not do so, withdraw the tube and re-insert; never continue to feed while the patient is coughing. If feed does not run down, try moving the tube up or down about 1 in., as the eye may be blocked. Should this fail, empty out the fluid, withdraw the tube, and try again. Should the tube have to be withdrawn hurriedly, pinch it very firmly to prevent any fluid escaping as it passes the air-passages. Medicines must be given at the same time as the feeds, as it is inadvisable to pass the tube too frequently. Feeds must be given every four hours, day and night, and may be supplemented with rectal salines, four-hourly, alternately with the feeds, to keep up a good supply of fluids.

Temperature. If the temperature reaches 103° F. it is advisable to cradle. Leaving the patient in a cotton shirt with a light blanket over the feet and legs as far as the knees, place two large body cradles over him and cover these with a sheet, leaving both ends open, and tucking the sides of the sheet firmly under the mattress, for patients will usually pull the sheet over themselves if this be not done. If the feet become cold, put on sleeping-socks. Outside hospital, cradling is not possible on account of the opposition of the relatives; then the patient must be left covered with a single sheet. If cradling worries the patient, this method must also be adopted. If the temperature reaches 104° F. sponging must be carried out, as described for the morning washing, but continuing for twenty minutes. Very hot water will reduce the temperature just as much as tepid, and is more comfortable for the patient. He should be dabbed dry, not rubbed, and left cradled, the temperature being taken half an hour later to ascertain how much it has been reduced.

Constipation. This is often very troublesome, and must be relieved by suitable aperients, combined if necessary with enemata. Senna pods steeped in tepid water for twenty-four hours, strained, and lemon-juice and sugar added, is a pleasant and suitable laxative, the number of pods being easily adjusted to suit the individual patient.

Convalescence. This is very slow. Massage and later remedial exercises are often of great assistance in overcoming the stiffness and those temporary deformities which are apt to occur because the patient lies for so long in a "curled-up" position.

Serum administration.

In the acute stage, lumbar puncture, followed by the intra-thecal administration of serum, will be carried out every day. The apparatus required consists of—ether, iodine and swabs for cleansing the skin and some gauze and collodion for sealing the puncture, a macintosh and sterile towels (2); lumbar puncture needles (2); sterile test-tubes (2); a glass measure for remainder of fluid not required for examination; a 20 c.c. syringe to fit lumbar puncture needles, or funnel and short piece of rubber tubing for giving serum; serum phials, standing in warm water (not hot water, or serum will coagulate). An anaesthetic will be given, as the process is very painful, so care must be taken that sufficient time has elapsed since the taking of food. After the cerebro-spinal fluid has been withdrawn remove the pillow and raise the foot of the bed on blocks at least 12 in. high, to ensure that the serum gravitates to the position where it is needed, and does not remain in the lumbar enlargement; the bed should be left raised for at least four hours after the serum has been given.

A hypodermic injection will probably be required as soon as the patient is roused from the anaesthetic, as the headache after serum is, as a rule, very severe.

SOME PRACTICAL POINTS IN THE DIAGNOSIS AND TREATMENT OF ACETONURIA IN CHILDREN.

By MARMADUKE FAWKES, O.B.E., M.B., B.S.(Lond.),
Honorary Physician, Convent of Mercy, Midhurst.



HE report of a case of chloroform poisoning in the Bart.'s JOURNAL for September last suggests the publication of a few practical points in dealing with acetonuria in children.

This condition was first described by Dr. Gee of Bart.'s, but some time elapsed before it became established that the bilious attacks of children associated with acetone in the urine described by Gee and delayed chloroform poisoning were so closely allied as to be practically identical.

A simple reliable bedside test for acetone is the first essential point, either in making a diagnosis of acidosis, or guarding against the tragedy of delayed chloroform poisoning.

Since resuming civil practice after the war I have employed the method about to be described for routine examination for acetone in the urine of all my little patients, and I have found it equally easy to perform either in a tiny cottage or palatial night nursery. Time taken, 3 minutes.

In addition to small endolytic tubes containing sodium nitroprusside and ammonium chloride put up by Fletcher & Fletcher, of Holloway, N., and supplied together with small file in an aluminium case which can be carried in the waistcoat pocket, the only requisites are:

(1) A piece of white notepaper, the inside of an old envelope has often served the purpose.

(2) One large drop of urine

(3) A crystal of common washing soda.

Method.—With a narrow strip of paper one large drop of urine is conveyed from the *vase de nuit* to sheet of notepaper; on this drop is placed a crystal of common washing soda, the size of a pea. While urine is becoming saturated with dissolved soda, which is essential to the test, endolytic tube for acetone is taken, the dry reagent shaken to one end, the tips filed and broken off, and end containing reagent placed against crystal in horizontal position. The tube will charge itself by capillary attraction, and should then be lifted and manipulated to assist solution of contents. It is then laid flat on the paper to allow of the development of colour which indicates the presence of acetone. If present in quantity a petunia colour develops in about 30 seconds, and even when only small amounts are present a rosy or amethyst flush is noticeable in about a minute or two. When acetone is absent the powder dissolves with nothing more than a pale straw coloration, which does not develop further.

Up to date I have found no exceptions or fallacies to this test.

A routine examination for acetone in urine of all children coming under one's notice reveals the fact that it is found in more cases than one would suspect its presence; it occurs in nearly all acute febrile conditions, fevers, pneumonia, acute tonsillitis, etc., and in every case of recurrent bilious attacks—but all these account for only 50 per cent. of the total. In the remaining 50 per cent. acetone has been detected as a result of routine examination where it would not have been otherwise suspected. Many of these little patients were brought to me because they were out of sorts, had bad appetites, were fretful, bad-tempered, or did not gain weight; two recent cases evidenced disordered action of the heart, and nothing else. As an additional test in cases of recurrent bilious attacks or cyclic vomiting in children, *diacetic acid* should be looked for. An endolytic tube is put up by the same firm, containing ferric chloride (orange-yellow) for this test, which is extremely simple. The end of tubes are filed, broken off, and with reagent at one extremity, urine from a large drop on notepaper is allowed to run up tube by capillary attraction. In the presence of diacetic acid the orange-yellow ferric chloride develops a reddish-purple coloration.

Fallacies and exceptions.—As is probably well known,

salicylates, aspirine, diuretin, salol and salicin give this test. The following is a typical illustrative case of acidosis in childhood, where the condition produces toxic symptoms—in fact becomes an acetonæmia.

M. A. F—, boy, æt. 5 years. History of recurrent bad bilious attacks.

Headache and loss of appetite were complained of, but no abdominal pain; these were followed by vomiting, which was repeated and became most distressing, and when seen had lasted twelve hours. Food, then acid bile, and finally coffee-grounds vomit had been voided. On examination a little abdominal tenderness, apparently due to urgent retching, was present, but no localizing symptoms; temp. 100° F., pulse 110, somewhat intermittent.

Urine was loaded with acetone and diacetic acid, but no sugar was present. I put the child on glucose ʒss in cup of cold water by mouth every hour. The little fellow, although exhausted, took this readily, and appeared to obtain almost immediate relief. Vomiting ceased and a cleansing enema was given, which brought away an offensive and acid stool. The child made an uninterrupted recovery, and in thirty-six hours there was no diacetic acid and only a trace of acetone left in the urine.

This brings us to a few practical points on the general treatment of acidosis.

Prophylaxis.—Dietetic indiscretions, over-feeding, and pampering by anxious and indulgent parents, especially among the so-called middle classes, who under conditions of real necessity at the present time are compelled to practise birth control and limitation of their family to one or two offspring, are factors which account for the big majority of one's cases of acidosis. By keeping the diet simple, rather than appetizing, by limiting meals to three per day, and avoiding all extras between meals, acidosis can be prevented.

Treatment of attack.—Feeding with glucose appears to give relief in practically all cases, and if no symptoms are present it has the effect of clearing up the acetone in the urine. Most children appear to like the ordinary commercial glucose, such as is put up in pots by Messrs. Allen & Hanburys. Difficulty of dispensing is certainly a disadvantage, as it is not easily handled and sticks to everything; but this, and the fear of arsenic as an impurity, I have overcome by giving physiologically pure dextrose (manufactured by Kerfoot & Co., of Bardsley Vale, Lincs.) as an alternative.


In conclusion, the necessity for routine examination for acetone becomes manifest when one realizes that children with acetone in urine, if called upon to undergo suddenly an operation, run the grave and serious risk of that profound acetonæmia which we call delayed chloroform

poisoning—and this can be prevented by feeding with dextrose or glucose prior to the operation.

Also, there may be a definite relationship between acidosis and appendicitis, or it may be only a coincidence that several of my little patients who were known to me to have suffered from acidosis for several years have recently developed acute appendices.

CONGENITAL HERNIÆ.

By ALEX. E. ROCHE, M.B., B.Ch.(Cantab.).

N cases of inguinal hernia we are often told that "the man probably had a congenital sac." Having no knowledge of the arguments establishing such a probability, and having a congenital loathness to accept unsupported statements, I should be very grateful if someone would dispense a few lingering doubts, and demonstrate the futility of the following obstacles to full conversion.

(1) Leaving aside hernia in infants, which is more obviously congenital, hernia (*i. e.* a clinically recognizable hernia, consisting of a peritoneal sac and contents) is so very common a condition that, if we accept the congenital sac theory (*i. e.* that, having had a congenital sac, possibly for years, its owner subsequently forces gut or omentum, etc., into it), we might suppose that, for every one individual who has a hernia (*i. e.* this congenital sac and contents), there would be one or many individuals alive who have, not a hernia, but merely the congenital sac or potential hernia, the predisposing causes of hernia, such as occupations involving strain, or diseases causing increased intra-abdominal pressure, not having come into play in their case, so as to force contents into the pre-formed sac. We should accordingly expect to find evidence of the existence, previously unsuspected, of large numbers of empty congenital sacs, possibly during the course of an operation for some other condition, more probably in the anatomical department, and most certainly in the post-mortem room. We should imagine that occasionally we might hear a surgeon in the theatre speak somewhat as follows: "I have just removed this man's appendix. In the course of the operation I have also discovered that he has an empty right inguinal sac. He has no history or clinical evidence of a hernia, but, as hernia is so common, I'll just extend my incision and obliterate the sac, in order to prevent the possibility of something getting down into it later on." Does this happen? At autopsy it is impossible to conceive anything escaping Sir Bernard Spilsbury's eagle eye, or his failure to demonstrate anything of "morbid interest." He is not hampered by too short an incision!

(2) When a hernia operated upon by a competent surgeon, and having therefore had its sac removed, "recurs," here there is no question of a congenital sac—it must be acquired. And if a sac may be acquired after an operation, why may it not be acquired in the absence of an operation?


(3) In the case of hernia of the linea alba we read in Gask and Wilson's *Surgery* that "it is not at all uncommon for a small piece of subperitoneal fat to be herniated through a gap in the interlacing fibres of this structure, and as this increases a small pouch of peritoneum is pulled after it. In it some portion of the intestine or omentum may be found." In this region the sac is generally accepted to be acquired. May not the commoner varieties of hernia be similarly acquired in many cases occurring *de novo* in an adult?

(4) We also read that "femoral hernia is very rarely seen in either sex before the age of puberty. This is one of the reasons brought forward against the congenital theory of development of femoral hernia, and, as Prof. Keith points out, a diverticulum of peritoneum in the femoral canal is never found at birth." If, then, the diverticulum of peritoneum in femoral hernia is acquired in all or most cases, what is the objection against supposing that it may be acquired in many cases of inguinal hernia?

We are told that "the congenital origin is established in almost all forms of inguinal, and in many of the umbilical herniæ, and it seems likely that this is the case as well in the femoral, obturator, and lumbar forms." What is the justification for this statement?

AN EXTRACT FROM THE WORKS OF THE REV. GEORGE CRABBE.

By R.W.K.

HE Rev. George Crabbe was born at the end of 1754. It being determined to make him a surgeon, he was sent as an apprentice to a druggist near Bury St. Edmunds, where he remained for three years, more as farm-servant than apothecary. A better situation was then found for him with a surgeon at Woodbridge. His apprenticeship ended it was necessary for him to proceed to London, where he remained a few months picking up a little knowledge of medicine, but unable to pursue any regular course of study on account of limited resources. On his return he became assistant to a Mr. Maskill, with whom he spent a few wretched months; nor was his condition much improved when he set up on his own account; for with a scanty acquaintance with his profession, and a nature sensitive and conscientious, he trembled lest he should be called

upon to operate on cases beyond his skill. He eventually determined to proceed to London and seek his fortune as a literary adventurer. He met with a certain degree of success, becoming acquainted with Burke, Dr. Johnson, and other literary wits of that day. Learning that he felt a strong partiality to the Church, he was admitted to deacon's orders.

Having dwelt on the profession of Law he turns his attention to that of Physic in our poem—

THE TRUE PHYSICIAN.

By REV. GEORGE CRABBE.

Lest, to a graven tribe we turn our view,
And yield the praise to worth and science due,
But this with serious words and sober style,
For these are friends with whom we seldom smile:
Helpers of men they're call'd, and we confess
Theirs the deep study, theirs the lucky guess;
We own that numbers join with care and skill,
A temperate judgment, a devoted will;
Men who suppress their feelings, but who feel
The painful symptoms they delight to heal;
Patient in all their trials, they sustain
The starts of passion, the reproach of pain;
With hearts affected, but with looks serene,
Intent they wait through all the solemn scene;
Glad if a hope should rise from Nature's strife,
To aid their skill and save the lingering life;
But this must virtue's generous effort be,
And spring from nobler motives than a fee:
To the Physician of the Soul, and these,
Turn the distress'd for safety, hope, and ease.

There was a time, when we beheld the Quack,
On public stage, the licensed trade attack;
He made his labour'd speech with poor parade,
And then a laughing zany lent him aid.
Smiling we pass'd him, but we felt the while
Pity so much, that soon we ceased to smile;
Assured that fluent speech and flow'ry vest
Disguised the troubles of a man distress'd:—
But now our Quacks are gamblers, and they play
With craft and skill to ruin and betray,
With monstrous promise they delude the mind
And thrive on all that tortures human kind.
Void of all honour, avaricious, rash,
The daring tribe compound their boasted trash—
Tincture of syrup, lotion, drop, or pill;
All tempt the sick to trust the lying bill;
And twenty names of cobblers turn'd to squires,
Aid the bold language of these bluish liars.
There are among them those who cannot read,
And yet they'll buy a patent and succeed;

Will dose to promise dying sufferers aid,
For who, when dead, can threaten or upbraid?
With cruel avarice still they recommend
More draughts, more syrup, to the journey's end;
"I feel it not"—"Then take it every hour";
"It makes me worse"—"Why then it shows its
power";
"I fear to die"—"Let not your spirits sink,
You're always safe, while you believe and drink."

What then our hopes?—perhaps there may by law
Be method found these pests to curb and awe;
Yet in this land of freedom law is slack
With any being to commence attack;
Then let us trust to science—there are those
Who can their falsehoods and their frauds disclose,
All their vile trash detect, and their low tricks
expose;
Perhaps their numbers may in time confound
Their arts—as scorpions give themselves the wound;
For when these curers dwell in every place,
While of the cured we not a man can trace,
Strong truth may then the public mind persuade,
And spoil the fruits of this nefarious trade."

—George Crabbe.

FATAL HÆMATEMESIS FOLLOWING FRACTURED TIBIA.

By CONOR J. DONELAN, M.R.C.S., L.R.C.P.,
Late Senior Resident Medical Officer, Stockport Infirmary.

SB—, æt. 43, carter, was admitted to the Stockport Infirmary on March 7th, 1923, with the history of an injury whilst engaged in his avocation.

Careful inquiry from the patient and from his medical attendant elicited the statement that he "had never had a day's illness in his life," and that there had certainly never been any symptoms of any alimentary disturbance. He was described as of very temperate habits.

On the day of admission, whilst adjusting the harness of his horse, the animal became restive, kicking him on the shin. He was found to have an open fracture of the left tibia, with considerable backward displacement of the lower fragment. There was a small puncture wound in the middle of the anterior surface of the shin, which bled copiously at intervals during the following two days when the wound was dressed. A mild cellulitis developed here, and was treated with fomentations.

The fracture was "set" under an anæsthetic (chloroform and ether), and 1500 units of anti-tetanic serum were injected.

On March 11th, the skiagrams indicating that the fragments were not in good alignment, a further re-adjustment was performed under the same anæsthetic.

At 7.30 a.m. on the morning of the 15th, having shown no previous sign whatever of any other abnormality, he suddenly vomited about three-quarters of a pint of blood; at 11 a.m., he vomited another quarter of a pint. He received half a grain of morphia hypodermically, was kept perfectly quiet and received a pint of rectal saline.

On the following morning he seemed a great deal less collapsed, and there had been no further hæmatemesis. At 5.30 p.m., however, he brought up about an ounce of blood, and at 7.30 p.m. another pint. He had been having one-sixth grain of morphia 6-hourly and a further quarter grain was given at once. 10 c.c. normal horse-serum were injected and rectal saline again administered.

He grew rapidly more and more feeble and died at 10 p.m. on the 16th.

POST-MORTEM.

An open comminuted fracture of the tibia with extensive hæmorrhage into the tissues and local suppuration. A simple fracture of the upper end of the fibula.

Heart.—Old aortic endocarditis, otherwise normal.

Lungs.—Old pleurisy with adhesions to diaphragm on under-surface right lowest lobe; otherwise normal.

Æsophagus.—Healthy; no dilated veins; no injury.

Stomach.—Injected; dilated; filled with blood-clot. Several minute hæmorrhagic points on the posterior wall whence hæmorrhage had apparently occurred. No ulcer; no injury.

Intestines.—Normal; no injury; no ulcer; no erosion. Filled with blood mixed with intestinal contents.

All other organs perfectly normal (including liver).

INQUEST.

The coroner returned a verdict of "death from misadventure—from hæmorrhage from the stomach consequent upon a fracture of the tibia caused by a kick from a horse."

A solicitor present on behalf of the man's employers endeavoured to turn the medical evidence to support the theory that the hæmorrhage was consequent upon oral sepsis, but without success.

The only reference in literature I have been able to collect occurs in the *Proceedings of the Royal Society of Medicine*, Section of Surgery, for the year 1910, where Mr. Jonathan Hutchinson discusses gastric and intestinal hæmorrhages following administration of anæsthetics. His references are principally to abdominal operations, though there is one case of fractured tibia mentioned.

I am indebted to Mr. F. W. Schofield, Surgeon to the Stockport Infirmary, for permission to record this case.

TREATMENT IN ST. BARTHOLOMEW'S NINETY-FIVE YEARS AGO.

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

SIR,—I think that the following extracts from the *Lancet* of 1829 may be of interest to your readers from the picture they give of treatment at St. Bartholomew's nearly a hundred years ago.

The third extract, though not about Bart's, I have included because of the amazing incident it describes—all the more astonishing when one considers that, being in pre-anæsthetic days, the patient was presumably an interested spectator of the whole scene.

I am,

MUNICIPAL HOSPITAL,
BRENTFIELD ROAD,
NEASDEN, N.W. 10; Yours faithfully,
WELDON CHAMPNEYS.
September 16th, 1923.

'The Lancet,' London, Saturday, January 17th, 1829.

ST. BARTHOLOMEW'S HOSPITAL.

Violent gonorrhœal ophthalmia of both eyes, successfully treated.—Samuel Segar, æt 20, footman in a gentleman's family, was admitted into Henry the Eighth's Ward, under the care of Mr. Lawrence, on Wednesday, the 5th Nov., 1828, with gonorrhœal ophthalmia of both eyes, a partial slough of the right cornea, opening into the anterior chamber of the eye; the left cornea unaffected, and chemosis of the conjunctiva of both eyes. . . . Leeches at different times, to the number of two dozen, had been applied in the neighbourhood of the eyes; a lotion and a blister; which Mr. Lawrence considered by no means adequate to the urgency of the case. . . . Pulse 108, full and hard. Ordered to be bled from the arm *ad deliquium*; 24 leeches to be applied round the eyes in the evening; poppy fomentations afterwards; 5 grains of calomel and 15 of jalap immediately, and, subsequently, the saline mixture, with a drachm of the solution of tartarised antimony every six hours.

6. Thirty-six ounces of blood were yesterday taken from the arm; the first was buffed and cupped, the next less so. Feels much relieved. . . . Repeat the 24 leeches, and calomel and jalap, a blister to the neck, and the lotio saturni to the eyes.

7. . . . Repeat the application of the leeches, and continue the lotion. . . .

8. . . . Repeat the leeches. . . . Apply a poultice to the eyes, and take every six hours an ounce and a half of the mist. menth. sulphurici c. sulph. mag. a drachm.

9. Apply the leeches again. . . .

13. Apply 16 leeches.

14. Much the same. Take twenty ounces of blood from the temples by cupping.

15. The renewed inflammation, in part, subsided. Take twenty-four ounces of blood from the arm, etc., etc.

Dec. 23.—Discharged cured, and with perfect sight of both eyes.

This is an admirable instance of the beneficial effects of active treatment in cases of this description. Had a few hours longer been suffered to have elapsed before the adoption of this treatment, in all probability the sight of both eyes would have been irrecoverably lost.

'The Lancet,' London, Saturday, July 4th, 1829.

ST. BARTHOLOMEW'S HOSPITAL.

Concussion of the brain.—James Dennis, æt 20, a gentleman's servant, of short stature and sallow appearance, was admitted into Henry the Eighth's Ward, May 12th, in a comatose state. From the account given it appeared he had fallen from a considerable height. In the fall his occipital bone came in contact with the stones. The accident happened three days before his admission, and from that period to the time at which he was brought to the hospital he had continued perfectly insensible. Extremities cold; pulse very feeble, and respiration scarcely perceptible. Had been bled twice before admission. Ordered calomel and jalap.

13. With great difficulty he has been made to swallow the calomel and jalap. Eighteen ounces of blood have been taken from the arm. An injection of 40 drops of the tincture of opium, with two ounces of milk, has been administered.

14. The pulse has risen, the extremities become more warm, but he is still unable to speak, though he exhibits occasional signs of sensibility. Take 18 ounces more blood from the arm.

15. Repeat the bleeding to 16 ounces.

June 19. Has been bled repeatedly; has had croton oil, and calomel and jalap administered at different times; leeches to the temples, and a blister behind the ears. Is now doing well. . . .

24. Is continuing gradually to recover. His appetite is good, and he wishes soon to be allowed to have more substantial diet than milk.

'The Lancet,' London, Saturday, January 3rd, 1829.

WESTMINSTER HOSPITAL.

Amputation.—Christopher Staut, 37 years of age, came in 28th Nov., for the purpose of having his leg amputated by Mr. White. About a year ago he became subject to what is popularly termed "white swelling." Leeches, fomentations, cupping, blisters, etc., were resorted to without effect. Pus was secreted within the capsule, and an opening was made for its exit. . . . A profuse discharge of offensive matter proceeded from the joint, and two sinuses extended up the thigh, nearly as

far as the trochanter major. The probe did not indicate caries, but the nature of the discharge affords strong evidence of its existence.

On the 6th instant, Mr. White performed the operation. The man was placed in the usual posture, and a tourniquet was applied by Mr. Harding; the circular incision was begun about the middle of the thigh; the first cut penetrated a sinus, which contained about two ounces of matter. On dividing the femoral artery, a jet of blood issued out with such force as to go over the operator's shoulder. Sir Anthony Carlisle immediately jumped from his seat, and screamed out,—"The artery is bleeding! the artery is bleeding! Stop it, for God's sake, Mr. White, or the man will die under your hands! Stop it, or he will bleed to death before our eyes!" Mr. White, fortunately, did not participate in the alarm of the "humble" knight, but, with great coolness, laid hold of the artery with his finger and thumb, and immediately secured it, observing "that there was nothing which a surgeon ought more to be on his guard against than sudden panic; indulgence in such a weakness (he observed) might lead to serious consequences, and would certainly incapacitate every surgeon from the efficient practice of his profession." The limb being oedematous, the assistant had mistaken the position of the femoral artery, and placed the tourniquet on the outside. Dossils of lint were introduced between the flaps, to prevent adhesion, and facilitate suppuration.

Dec. 20. The stump appears healthy, but the general appearance of the man forbodes the development of phthisis.

REVIEWS.

PRACTICAL ANÆSTHETICS. By H. EDMUND BOYLE, O.B.E., M.R.C.S., L.R.C.P., and C. LANGFORD HEWER, M.B., B.S., M.R.C.S., L.R.C.P. (London: Henry Frowde & Hodder & Stoughton.) Third edition. Pp. 187. Illustrated. 6s. 6d. net.

The latest edition of this excellent book is well worth reading, both by students and practitioners.

The book is considerably enlarged, and contains many very interesting chapters. The chapter on the history of anaesthesia is particularly good, as is also that which deals with the legal position of the anaesthetist and certain general considerations.

This book is eminently practical, not only with regard to the more well-known methods of anaesthesia, but also with regard to the more specialized branches of this art.

Gas and oxygen anaesthesia is dealt with lucidly and thoroughly in a very able chapter on that subject. The section dealing with the selection of the most suitable anaesthetic, and the method of administering it in particular cases—such as in oral surgery—is to be strongly commended. The special methods of anaesthesia, both general and local, are dealt with in detail, and mention is made of splanchnic anaesthesia by local injection, though warning is wisely given that the method is by no means devoid of risk. The preparation and after-treatment of the patient is considered with commendable detail.

The book is well written, and is very easily read.

THE PATHOLOGY AND TREATMENT OF DIABETES MELLITUS. By GEORGE GRAHAM, M.A., M.D., F.R.C.P. (London: Henry Frowde & Hodder & Stoughton.) Pp. x + 188, 29 figures, 2 charts. 6s. net.

This book is the work of one of our own men, and one also who is always alive to the paramount importance of research in medicine.

It is based on the work done for the Goulstonian Lectures of 1921, and is an able contribution to the extensive literature of the subject.

The first part of the book is an admirable account of the physiology of sugar metabolism. It is full, complete and lucid.

The second part contains descriptions of the various types of diabetes mellitus and anomalies of kidney action. There are cases in which the patient may have glycosuria without hyperglycaemia, and even some in which, conversely, glycosuria is not a sign of hyperglycaemia.

The great interest of the book lies in the author's discussion of insulin. Dr. Graham believes that the dose of insulin should be used to rest the islet-cells. He reduces the dose of insulin as soon as the sugar tolerance is raised by low diet, and gauges the insulin dosage in relation to diet by the estimation of the fasting blood-sugar. Cases are quoted from the wards of this Hospital showing the value of the treatment and are excellently illustrated by blood-sugar charts. The book is immensely stimulating. It should be read by all, and Bart's men will have the opportunity of following the treatment in the wards.

THE CULTURE OF THE ABDOMEN: THE CURE OF OBESITY AND CONSTIPATION. By F. A. HORNBECK, with a preface by Sir W. ARDRENOT LANE, Bart., C.B., M.S. (William Heinemann [Medical Books], Ltd.) Pp. 67. 26 full-page plates. Price 6s.

The second half of this book should be of real use to students and practitioners. Careful details are given of eight simple, and we believe effective, exercises for the culture of the abdominal muscles, for intestinal massage and for breathing. Each exercise is amply illustrated by photographs.

The author appears to be a little hampered in his first part by a desire to cater for both the medical man and the lay public. He shows a hearty dislike for the "ideals concerning man's posture and gait . . . based on the product of the drill-sergeant's activity," and an admiration for the free, graceful and unhampered body of the native Fijian.

HANDBOOK OF ANÆSTHETICS. Second edition. By J. STUART ROSS, M.B., Ch.B., F.R.C.S.E. (Edinburgh: E. & S. Livingstone.) Pp. 328. Price 8s.

Following upon recent additions to the literature of this subject by London specialists comes this second edition of a work by an authority of the Edinburgh school. Mr. Stuart Ross has announced his object as being that of laying "emphasis upon the relation of anaesthesia to general medical science rather than upon elaborate descriptions of anæsthetic apparatus and methods which a few years hence may be superseded." In achieving this object it is doubtful if the author has not laid himself open to a charge of over-emphasis of the theoretical at the expense of the practical—for the book is intended for the practitioner. For instance, under "Shock and Anaesthesia" thirteen pages are devoted to accounts of the mechanism and to views on the causation of shock in general (with full reference to recent work), but nowhere do we find a clear enumeration of the signs and symptoms of shock during operation—although the immediate treatment is dealt with under "Syncope." Incidentally, we should like to see more encouragement given to cardiac massage in sudden, apparently fatal, cases of the latter. The author says truly that many lives have been saved by this means, but we feel that the chances of success are immensely reduced if a full trial of artificial respiration, but cloths to be employed. Only great encouragement from our leading anaesthetists will prevent the young operator from a fatal delay in these emergencies.

There is an unfortunate confusion of terms between various schools in reference to open chloroform administration. The employment of intermittent shakes of the dropping-bottle over the lint, which we use with satisfaction as the "drop" method, is condemned by Mr. Stuart Ross (though in less violent terms than in the first edition) as the "douche" method. The Edinburgh "drop" method is one of continuous administration. To the chapter on chloroform is added an illustration of Levy's inhaler, and an excellent account of his views and their bearing on the use of chloroform.

We find differences in technique from that generally advocated here in several points, notably in the use of the Clover inhaler, re-breathing in the "long gas" administration, open chloroform technique and the use of open ethyl-chloride induction. Under "Gas and Oxygen" we are glad to see an illustration and description of Boyle's apparatus in the new edition. The chapter on "Ether" is good. "Ethanesal" and the work of Wallis and Hower are now given deserved prominence. The full account of intra-tracheal ether administration is not added to. Under "Ethyl Chloride"

we do not see the very real danger of muscular spasm added to those of overdosage and heart-failure.

A new chapter on "Anæsthetics in Labour"—with full mention of the technique and difficulties of twilight sleep—is followed by a repetition of the excellent discussion on the choice of anaesthetics which characterized the first edition, new paragraphs on cranial and abdominal surgery being added. The full and adequate chapters on "Local and Spinal Anaesthesia" stand as in the first edition.

There remain a criticism and a question. It is surely an omission of note that in a book emphasizing the relationship of this subject to general medical science, there should appear neither enumeration nor discussion of the many theories anent the chemistry and physics of anaesthesia! Secondly, we note a reference to insulin. Is there any evidence of a rise of blood-sugar in delayed chloroform poisoning? And, if not, how is insulin likely to be of benefit in this connection?

Finally, though some of us may prefer a book in which we find again in writing the oral teaching of our theatres and lecture-room, none can deny that this book is a good one, and as such we heartily commend it.

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

- COOPER, P. R., M.D., B.Sc., F.R.C.S. "A Case of Subacute Combined Degeneration of the Spinal Cord." *Clinical Journal*, January 1924.
- DALY, D. B. BIRCH, M.A., M.D., and JOHN PRYOR, B.Sc., and J. WALKER, M.D., B.Ch. "The Blood-Sugar in Cases of Epilepsy." *British Medical Journal*, February 9th, 1924.
- ELLISOT, R. H., M.D., F.R.C.S. "Memory Sight." *Ibid.*, February 9th, 1924.
- FELING, ANTHONY, M.D., F.R.C.P. "Ocular Palsies." *Ibid.*, February 9th, 1924.
- FOSTER, R. L. V., M.A., M.B., R.A.M.C. (Col. E. T. F. BRIBELL, C.B., C.M.G., and R. L. V. F.). "A Medical Exercise Set for a Recent Examination." *Journal Royal Army Medical Corps*, February, 1924.
- GOV, A. E., M.D., F.R.C.P. "The Treatment of Acute Septic Infection: Septicæmia." *Lancet*, February 9th, 1924.
- HURRY, J. B. "La Pauvre et ses Cerebri Viciosa, a French edition of Poverty and its Vicious Circle." *Lancet*, February 9th, 1924.
- MAINGOT, ROBINET, F.R.C.S. "Notes on Two Cases of Hamorrhage due to Rupture of Blood vessels in the Gastro-splenic Omentum." *Lancet*, February 9th, 1924.
- PARAMORE, R. H., M.D., F.R.C.S. "Backache." *Ibid.*, February 9th, 1924.
- PRIESTON, LUNEL JAS., O.B.E., M.D., B.Ch. "The Economic Disposal of Excretory Gland Secretions." *British Medical Journal*, February 9th, 1924.
- STRETTON, J. LIONEL, M.R.C.S. "A Case of Impaction of Artificial Teeth in the Oesophagus." *British Dental Journal*, February 15th, 1924.
- STUART-LOW, W., F.R.C.S. "An Address on the Role of the Mucous Membrane in Diseases of Nose, Throat and Ear." *Lancet*, February 16th, 1924.
- WALKER, KENNETH M., F.R.C.S., M.A., M.B., B.C. Hunterian Lecture on "Icteric Grains." *Ibid.*, February 16th, 1924.
- (and J. A. LINDSEY COOK, M.B., Ch.B.). "Steinle's Rejuvenation Operation." *Ibid.*, February 2nd, 1924.
- WHITE, J. STANLEY, M.R.C.S., L.R.C.P. "Physiological Standardisation." *Analyst*, July, 1923.
- WHITEFORD, C. HAMILTON, M.R.C.S., L.R.C.P. "Surgical 'Don'ts' (and 'Do's')." 1923. London: Harrison & Sons, Ltd.

ABERNETHIAN SOCIETY.

The Sixth Ordinary Meeting of the Society was held in the Abernethian Room on February 7th at 5.30 p.m., Mr. Viskic in the chair. The subject for discussion was "Special Department Emergencies."

Mr. Viskic spoke first (his place in the chair being taken by Mr. F. A. Bevan), and discussed emergencies which he had encountered as House-Surgeon to the Throat Department. Reactionary hæmorrhage after tonsillectomy, acute otitis media and furuncle of the external auditory meatus were discussed.

Mr. J. P. HOSFORD spoke next, mentioning emergencies met with in the Eye Department. He discussed signs, symptoms and treatment of acute glaucoma, treatment of foreign bodies in the eye, penetrating wounds and prolapse of the iris.

Mr. EVANS spoke third and spoke of the emergencies an anaesthetist might encounter. Cardiac failure and lymphanthiasis were discussed, and also accidents which a little care would avoid, such as chloroform burns and other fires.

After a brief discussion the meeting was closed.

The Mid-Sessional Address was delivered by Sir HENRY GAUVAIN on February 21st, at 8.30 p.m. The title of the address was "Sunshine and Sneh-like in the Treatment of Surgical Tuberculosis."

In his witty introductory remarks, the CHAIRMAN, Mr. VISKIC, spoke of how Sir Henry was chosen when he was "Intern," here to start the work of the Lord Mayor Treloar Cripples Home at Alton. He referred to the revolution which had come over the treatment of surgical tubercle in the last few years, and said that in the van of the advance was Sir Henry Gauvain.

Sir HENRY expressed his pleasure at being again in Bart's, but said he would rather be occupying a seat in the audience than the position of speaker.

He first stressed the point that every patient with a tuberculous joint must be considered a tuberculous person in whom there is some local inflammatory lesion.

He then defined the "conservative" method of treatment, in which every agency available is brought to assist the patient in combating his own disease and producing his own cure.

Slides were then shown by the epilipscope illustrating all stages of treatment at Alton. An amusing story was told of the doll upon which Sir Henry practised the art of plaster splint manufacture. If it was squeezed roughly it exclaimed "Papa," if more gently irritated it responded with "Mama," and if treated with the most scrupulous care it remained dumb. Sir Henry was not satisfied until he could encircle the doll in a plaster cast without receiving any comment.

Briefly we were told of the effects of the sun treatment. First, the surface disinfecting action, next the action in raising the temperature of the peripheral blood, and thirdly the effect in raising the bactericidal power of the blood. The bactericidal power was only present if the sun's rays had to pass through the tissues before reaching the blood, and did not occur experimentally unless these conditions existed.

We were shown pictures illustrating pigmented and non-pigmented, the prognosis being much more grave in the latter. Slides followed showing the arrangements for spraying and sea-bathing whereby the basal metabolic rate of the patient can be raised by the astounding degree of 100 per cent.

More slides, of a most cheering nature, demonstrated the remarkable results obtained by the sun- and sea-bathing treatment. A marked feature was the universal cheerfulness that Alton appears to engender.

Mr. ROBERTS proposed a vote of thanks. He recalled the day when Sir Henry and himself were fellow house-men. He said that Alton had one great advantage over other similar institutions in that they always had the sunshine—Sir Henry was their sun. In the older day, should there be sixteen strangulated hernia and three perforated gastric ulcers in the Surgery, Sir Henry always wore the gloom-dispelling smile.

Mr. PRAXER seconded the vote of thanks.

Sir HENRY replied briefly and the meeting was declared closed.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. ST. THOMAS'S HOSPITAL.

The first match in the United Hospitals' Rugby Cup competition was played on the Richmond Athletic Ground on January 31st, Bart's defeating St. Thomas's by three goals and two tries (21 points) to a goal and a try (8 points). "Thomas's" made a brave fight of it, and were actually the first to score, but once Bart's had settled down it was obvious that they were the better and more experienced team, and in the end they won quite easily.

Bart's scrum half, T. P. Williams, was in excellent form, and although closely watched by O'Malley he fed McGregor in irreproachable style. Melbourne Thomas put in some sturdy tackling on the left wing, and gained a very good try, the result of some determined running.

"Thomas's" forwards were up against a stiff proposition in the Bart's pack, but except for getting the ball—they had no Beith in their scrum—they did quite well. Beith was in splendid form, and Parker was conspicuous in the open. Allen, Archer and Walsh worked very hard for the losers, and the full back, D. O. Williams, felled accurately and kicked a useful length. The losers' outsiders were not so well together as the winners', and had not their speed.

An attempt to drop a goal by D. O. Williams led up to "Thomas's" first try, Steyn pouncing on the ball over the line after Gaisford had fumbled. Bart's retaliated, and an accurate round of passing saw Neville sprint past his wing and the full-back and go over for a fine try, which Gaisford converted. Then Parker set his outsiders going, and Melbourne Thomas ran over in resolute fashion, while before the interval further combination sent Neville in, Gaisford again converting.

As in the first half, "Thomas's" were the first to score in the second, Archer securing from a line out on the "25" line and running in unopposed—a case of bad marking by the Bart's forwards. Cooper

easily converted. Bart's asserted themselves again, however, and following a couple of drops at goal by P. O. Davies and Gaisford, Beith scrambled over from a scrum near the line, Gaisford adding the extra points with a fine kick. Just on time Neville picked up a stray kick, the ball bouncing favourably for him, to dash round the opposition for his third try. Referee: Mr. C. S. Bongard (L.S.R.F.U.R.).

Teams.—St. Thomas's Hospital: D. O. Williams; C. P. Bester, A. T. Howell, G. K. Cooper, W. A. Miller; A. K. Miller, C. J. S. O'Malley; H. S. Allen, E. C. Archer, M. H. Steyn, J. N. Uys, T. E. Walsh, H. R. Paterson, D. P. Crawford and J. P. Marsden for the first half. Referee: Mr. C. S. Bongard. Second half: D. O. Williams, M. G. Fitzgerald, M. G. Thomas; T. P. Williams, H. McGregor; A. E. Beith, R. H. Bettington, J. W. Buttery, A. Carnegie-Brown, M. L. Maley, W. S. Morgan, G. W. C. Parker and A. W. L. Rowe.

ST. BARTHOLOMEW'S HOSPITAL v. LONDON WELSH.

Both Bart's and the London Welsh for their game at Winchmore Hill on Saturday, February 2nd, had to take the field minus several leading players, the Hospital being short of W. F. Gaisford, G. W. C. Parker, M. G. Thomas, W. S. Morgan, A. E. Beith and A. Carnegie-Brown, and the Welsh of G. Francis, T. F. James, J. J. Baxter, W. Watts and N. Rhys, but for all that the game was quite high-class, and had the Welsh not been obliged to start two short for the first quarter of an hour, when Bart's scored eight points, the students' win would not perhaps have been so decisive. T. P. Williams, the Hospital scrum half, was in excellent form, and, as his forwards were getting the ball much more frequently than their rivals in the scrums, he was able to ply H. McGregor with ample opportunities to open up the game, which the latter did to the utmost.

During the first eight minutes, after good work by Rowe and Davies, Neville got going and scored an excellent try wide out, which Bettington converted. Within fifteen minutes of the start, and before the Welsh had got a full team, Bettington, from a free kick, placed the Welsh line in danger, and, from a scrum following, Williams and McGregor opened up the game to P. O. Davies, who, giving the dummy twice, went over near the posts, but Bettington did not improve the try. With both sides complete the game was much more even, and many delightful bouts of passing were indulged in, but no further score came before the interval.

In the second half the Welsh made valiant attempts to score, but the Hospital defence was very sure. Some good passing by the Hospital backs saw Robertson score wide out, for Bettington to place a great goal. Then the Welsh got going strongly, and a nice bout of passing by Birchall, L. J. Evans and E. T. Davies resulted in the last-named scoring, but no goal resulted. Bart's forwards were beating the Welshmen both in the tight and open, and quick tries resulted by Neville, after the ball had passed through six pairs of hands, and C. R. Jenkins, the latter point coming from clever work by Rowe, and the scorer following up and charging down a Welshman's kick near the line. Bettington was successful with one of the two attempts. Referee: Mr. L. P. Langton.

Teams.—Bart's: E. V. Frederick; J. W. B. Robertson, M. G. Fitzgerald, P. O. Davies, L. C. Neville; T. P. Williams, H. McGregor, R. H. Bettington (capt.), J. W. Buttery, J. T. R. Edwards, G. Dietrich, C. R. Jenkins, M. L. Maley, R. O'Kell and A. W. L. Rowe. London Welsh: W. G. Roberts; L. J. Evans, I. T. Davies, E. T. Davies, R. C. Jones; D. H. Jones, T. Birchall; G. Marsden Jones (capt.), W. L. Michael, G. Poppe, C. A. Marques, W. A. V. Thomas, S. H. Phillips, V. P. Long and A. W. Witts.

ST. BARTHOLOMEW'S HOSPITAL v. PONTYPOOL.

By a goal (5 points) to nil Bart's Hospital defeated Pontypool on slippery turf at Winchmore Hill on Saturday, February 9th, before 800 spectators. Pontypool devoted their energies to scrummaging, loose forward rushes and tackling, while Bart's went all out for the passing game, and it was from one of these movements, early in the second half, that they scored and won the match. The Welsh tackling was wonderfully sure and emphatic. Hayward was the most prominent player in the line-out and in the loose, but perhaps the most useful Pontypool forwards were A. Evans and Pritchard. Behind the scrum, however, although Ford and Harris did many clever things, there was no cohesion. The Hospital XV were a much better balanced team, and Gaisford, Neville, Williams, McGregor, Row, Buttery and Beith were the best of a good side.

Pontypool greatly missed the services of C. Pritchard, the international wing, and James, his centre.

The game was keenly contested in the first half, and, although Bart's held the upper hand, they failed to score. On one occasion,

however, Melbourne Thomas looked like breaking through, but he was well tackled by Vaisey.

Soon after the change of ends Neville scored the only try of the match, and Gaisford added the extra points. On two occasions Bart's were all but over from passing movements, while Gordon, following up a kick by Harris, got possession and had a chance to cross the Hospital goal-line, but Neville outpaced him and brought him down. In the last five minutes, with Maley off the field through injury, there was a succession of scrums in the neighbourhood of Bart's goal-line, but whoever got the ball tried to bullock through, and this may be taken as indicating a lack of confidence in the powers of the Pontypool backs. Referee: Mr. R. White.

It was one of the best matches of the season from a spectator's point of view. An exhibition of good hard and clean football was meted out, and it is a pity that it was not patronized better.

Teams.—Bart's: W. F. Gaisford; M. G. Thomas, M. G. Fitzgerald, P. O. Davies, L. C. Neville; T. P. Williams, H. McGregor; A. E. Beith, R. H. Bettington, J. W. Buttery, A. W. Cooper, M. L. Maley, G. W. C. Parker, A. W. L. Rowe and E. S. Vergette.

Pontypool: C. Ford; G. Gordon, G. Roberts, E. Oliver, E. Vaisey; J. Harris, L. Crane; J. Hayward, J. Williams, A. Evans, H. Williams, C. Taylor, C. Pritchard, J. Morgan and G. Tucker.

INTER-HOSPITALS' CUP.

ST. BARTHOLOMEW'S HOSPITAL v. MIDDLESEX HOSPITAL.

In the second round of the United Hospitals' Cup Bart's defeated Middlesex at the Richmond Athletic Ground on Thursday, February 14th, by five goals and four tries (37 points) to one try (3 points). It was an interesting game to watch, in spite of the bitterly cold weather. Play throughout was a vigorously healthy order, none of the men sparing themselves, and although the points kept on mounting up against Middlesex, their representatives never lost heart, but stuck it gamely to the finish. One of the features of the afternoon, in fact, was the splendid work of the Middlesex forwards. They were not particularly clever in getting the ball, but they made up for this by their keenness whenever the ball was loose, and they brought off several splendid rushes. Nankivell and the two MacLeods were always conspicuous figures in the losers' pack.

On the opposite side Parker and Row were ever prominent, and the manner in which the latter was always up to take a pass was an object lesson in fitness. Jenkins, in spite of his youth, was another who knew the value of following up, and the two tries he gained were entirely due to his intuition. When he fills out more this son of an old International may quite easily follow in his father's footsteps. But where Bart's had a big pull was behind the scrum. Their wings, Thomas and Neville, were much too fast for the opposition, and thanks to the "hooking" of Beith, the smart work of T. P. Williams at scrum half and the capital handling and running of McGregor, their centres were enabled to give the flying men a plentiful supply of the ball. J. I. Williams did some good things at stand-off half for Middlesex, and Giloi was once within an ace of scoring when he kicked ahead and raced for the touch-down with Thomas, but the combination was lacking among the less experienced backs, and in addition the tackling broke down too frequently.

A round of passing sent Neville in behind the posts after he had swerved between a couple of would-be tacklers, Gaisford converting, and at the end of ten minutes Thomas wound up a very fast and strong run by scoring in the corner, Gaisford kicking a capital goal. Some strenuous work by the Middlesex forwards was rewarded by a try by Matthews, but soon McGregor picked up cleverly in midfield and wound up a brilliant run between the posts, Gaisford kicking his third goal.

Immediately after the interval pretty combination between Row and Thomas ended in a try by the latter, and it was not long before Parker broke away and sent Row in for Bettington to kick a goal. Paton next fumbled a punt ahead of Thomas's, with the result that Jenkins dashed up to score, and more good play by Thomas and Row gave Jenkins another chance that was accepted. In the last five minutes Thomas gained his third try after good combination, and finally Neville spotted round the defence and Bettington easily converted the try. Referee: Mr. E. W. Calver (L.S.R.F.U.R.).

Teams.—Bart's: W. F. Gaisford; M. G. Thomas, M. G. Fitzgerald, P. O. Davies, L. C. Neville; T. P. Williams, H. McGregor; A. E. Beith, R. H. Bettington, J. W. Buttery, A. Carnegie-Brown, C. R. Jenkins, G. W. C. Parker, A. W. L. Rowe and E. S. Vergette. Middlesex Hospital: R. Paton; G. Giloi, M. Rose, C. James, J. B. G. Muir; H. M. Jacques, J. I. Williams; A. C. MacLeod (capt.), D. H. MacLeod, S. R. Matthews, C. B. Nicholson, J. W. Nankivell, E. W. Riches, J. W. Brown and G. F. Chissell.

ST. BARTHOLOMEW'S HOSPITAL v. O.M.Ts.

The Old Merchant Taylors played a good deal below their true form, and though they had their best side available were beaten by Bart's Hospital at Teddington on Saturday, February 16th, by three tries (9 points) to a penalty goal (3 points). They often held the upper hand forward, but they were woefully ragged outside, and when they did take their passes they lacked the pace to have any chance of beating the strong Hospital defence, and though they were often fighting hard near their rivals' line they hardly ever looked like being able to cross it. Whatever the other shortcomings of the side, the tackling was up to its usual standard, and had that failed the score against them at the finish must have been a very tall one.

Bart's were not at full strength, Gaisford, Bettington and Row being the most notable absentees, but they had their usual three-quarter line out, and it worked very smoothly on the whole, Melbourne Thomas on the one wing being always in the picture, while Williams, at half, and Royle, the full-back, also did well (although he was inclined to stand rather too far back). It was not a great game in any sense, much of the play on both sides being scrappy and methodless, but if it possessed any one feature that stood out, it was the surprising number of free kicks awarded against Bart's, mostly (presumably) for offences against the outside rule. Cheesman took them all, and if he was successful with only one it must be noted that they were all at long range, and generally from awkward angles.

The Taylors started aggressively, and soon had their opponents hard pressed, but Bart's held them, and brought off several dangerous passing runs which were excellently managed. Parker broke through, and Thomas, going on, was forced into touch in goal, while another combined movement and a dashing run by Neville saw Vergette brought down just outside. Directly afterwards Bart's opened their account, however, for their three-quarter line, seen to considerable advantage, at last beat the defence, and Thomas gained a try in the corner. This proved to be the sum total of the scoring in the opening half. The Taylors, however, had the advantage on the run of the game, but they lacked the pace and cohesion to press home their assaults.

After the change of ends a capital passing run by the Hospital backs, which, starting with Williams, was carried on by McGregor, Davies and Fitzgerald, ended in Melbourne Thomas running over in the corner. Then Cheesman landed a fine goal from a penalty against the visitors, the ball bouncing on the cross-bar before going over. Bart's scored again. Neville, after a run on the wing, finding himself shut in, kicked across to the centre, when Jenkins snapped up the ball to cross the line, but Williams' kick was abortive, as one of the Taylors' forwards managed to touch the ball on its journey over the bar. Referee: Mr. A. E. Doderidge.

Teams.—O.M.Ts.: R. K. Melluish; A. C. Abbott, W. I. Cheesman, F. Spragg, W. M. Magreger; J. H. Collier, J. D. Norton; R. Cove-Smith, E. F. Macleannan, H. H. Fagnani, R. F. Tebbutt, G. H. Earle, A. T. Sketchley, G. King-Turner and E. G. Shrubbs.

Bart's: H. Koyle; M. G. Thomas, M. G. Fitzgerald, P. O. Davies, L. C. Neville; T. P. Williams, H. McGregor; A. E. Beith, H. G. Anderson, J. W. Buttery, A. Carnegie-Brown, C. R. Jenkins, G. W. Parker, J. T. Pillard and E. S. Vergette.

The Hospital have won the last five matches. By the time these notes are in print the semi-final with Guy's will be ancient history. May the better side win. We hope and think Bart's will win.

The difficulty this year has been in finding an effective centre three-quarter who can cut out an opening. Practice can always improve defensive qualities, but an eye for an opening—well, there's the rub.

Congratulations to Beith and Parker on figuring in the Kent team which defeated Somerset so decisively in the semi-final of the county championship. They are now in the final with Cumberland.

B. S. Cumberlege, the English International, has often turned out at Winchmore Hill for practice. His knowledge, tact and experience should prove useful to our arduous and energetic skipper, G. W. C. Parker.

The second XV are still in a victorious vein. A victory over the "Quins" at Twickenham demonstrates merit. They have also paved their way to the semi-final of the Junior Cup by defeating St. Thomas's "A" by 21 points to nil and Middlesex Hospital by 11 points to nil.

Mr. W. S. Morgan's damaged shoulder is reported to be progressing. It is hoped he will be fit for the Guy's match.

M. L. Maley is indeed unfortunate. Last year he was "crooked"

in the cup-ties. Again this year "collar bone" trouble will keep him out of the field for the remainder of the season. Tender nursing will make him stronger than ever for next year.

The *Rugby Weekly* is indeed kind to Bart's. In the week ending February 23rd is found a biography of L. C. Neville. W. S. Morgan's eventual career on earth appears in the *Rugby Weekly* for the week ending February 9th. If the English and Welsh Unions were as observant as Mr. Stewart Catne, there would be more "caps" in Bart's.

The match with Pontypool on February 9th was a very pleasant one. The visitors, who had broken the Ninth ground record the previous week, had never played a match in London before. Bart's were unquestionably a better side on the day's play.

ASSOCIATION FOOTBALL CLUB.

Once again we are to meet Guy's Hospital in the final struggle for the United Hospitals Cup. Although all arrangements have yet to be confirmed, it is hoped that the match will take place at the Crystal Palace (Corinthian's ground) on Tuesday, March 11th.

1ST ROUND UNITED HOSPITALS CUP.

Played at Hale End against London Hospital on January 20th. Won 4—3.

The team are to be congratulated on this victory as the majority of the game was played with ten men, one of whom (C. Wroth) although "game" was obviously ill. L. Oldershaw retired in the first half after a bad collision. It was afterwards learnt that he had fractured two ribs.

The "London" were the first to score, but Bart's, once settled down, soon drew level. Exchanges were then about equal, the score being 3—3 five minutes from the end. The strain of playing "one man short" was beginning to tell, and it was a great relief to the whole team when W. D. Watson, who had played well throughout, scored the winning goal.

Team.—L. B. Ward; J. G. McMenamin, G. G. Holmes; L. Oldershaw, A. C. Dick, C. Wroth; C. R. Nicholls, W. D. Watson, A. E. Ross, R. Savage, J. Parrish.

SEMI-FINAL UNITED HOSPITALS CUP.

Played at Honor Oak against St. Thomas's Hospital on February 16th. Won 2—0.

Owing to injury and duty, L. Oldershaw and R. Savage being unable to play, A. E. Lorenzen and J. A. Morton were persuaded to reappear, after several months on the "retired" list. Both fully justified their selection.

Bart's were the better team throughout, but it was an enjoyable game, played at full speed to the "bitter end."

The defence played particularly well, G. G. Holmes being the outstanding player, his kicking being excellent.

Team.—L. B. Ward; J. G. McMenamin, G. G. Holmes; C. Wroth, A. C. Dick, A. E. Lorenzen; G. R. Nicholls, W. D. Watson, A. E. Ross, J. A. Morton, J. Parrish.

The Hospital reserves also meet Guy's in the final of the Junior Hospital Cup.

In the first round the result was 4—2 against the London Hospital, and in the semi-final 3—1 against St. Thomas's. Details of the games have not been received in time for publication.

HOCKEY CLUB.

Our hope of doing well in the 1st Division of the Inter-Hospital Cup matches has been brought to an untimely end. We met St. Thomas's in the first round and lost 3—1. It was only discovered definitely on the morning that we were to play the match, that four of our team who had been playing regularly for us up till Christmas would not be eligible to play, namely Grosvenor, Watkins, Goodwin, and Orchard.

The U.H. rule appears to be that no qualified man is eligible to play unless he is holding an appointment at the Hospital; this meant that we were unable to turn out a representative team.

The team was as follows: R. A. Walsh, B. E. G. Mosse, A. E. Parkes, M. Broadbent, J. H. Attwood, V. P. Robinson, G. Foster, R. L. Rhodes, R. L. H. Hartley, J. E. Church, J. G. Milner (capt.).

The 2nd XI have been very successful and should be victorious in the final.

They beat Middlesex in the 2nd round, thus qualifying for the

semi-final. The team played very well, especially the forwards, who were ably led by Guinness, who was responsible for five of the goals, Scott Brown and Bell scoring the other two.

The team was as follows: S. J. Sinclair, S. T. P. Gray, S. B. Benton, A. F. Clark, E. H. Roberts, G. S. Woods Brown, A. T. Pagan, G. Scott Brown (capt.), H. W. Guinness, A. C. Bell, F. C. Roles.

The 3rd XI were very well entertained in an away match with "C" Coy. Sandhurst, in which they were defeated 6-1.

HARE AND HOUNDS CLUB.

This section of the Athletic Club took part in the Inter-Hospital Hare and Hounds Club race against the Orion Harriers at Chislehurst on February 13th, over a 5½ mile course.

Inter-Hospital team (in order of placing): W. W. Darley (Bart.'s), 2nd, 33 min. 34½ secs.; D. W. Rake (Guy's), 5th; R. G. R. West (Bart.'s), 8th; J. G. Thomas (Guy's), 9th; J. D. S. Thomas (Guy's), 10th. Points: O.H. 21 pts., I.H.H.H., 34 pts.

The Kent Hughes (Inter-Hospital) Challenge Cup is to be raced for on March 5th over a 7-mile course. Entries are unlimited; first five of each team placed.

THE MUSICAL SOCIETY.

SINCE the last announcement there have been rehearsals in the Central Room of the Surgery at 5 p.m. on Tuesdays. Of the 34 members of the Society there are 27 players—8 violins, 2 violas, 5 cellos, 1 double bass, 3 flutes, 1 clarinet, 1 trumpet, 1 trombone, 1 tympanist, an organist and several pianists! The numbers are rapidly approaching those of the orchestra at its most flourishing time—24 (in 1887).

More instrumentalists are welcome, particularly old Bart.'s members, as the rehearsals are not attended by all of the above, owing to work and various reasons.

R. J. BROCKLEHURST } Hon. Secs.
J. HARTSILVER }

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

The following degree has been conferred:

B.Ch.—E. G. Holmes.

UNIVERSITY OF LONDON.

First Examination for Medical Degrees, December, 1923.

Pass List—W. R. Bett, W. R. Candler, J. R. Colville, C. N. Evans, H. L. Foulkes-Roberts, W. A. Hutton, D. C. R. R. Jenkins, J. M. Lamont, H. M. List, S. McGladdery, K. W. Mackie, R. W. Raven, J. D. Scott, F. G. V. Scovell, C. G. Sinclair, E. J. J. Smith, K. G. Sugden, V. F. F. Winslow.

CONJOINT EXAMINING BOARD.

Final Examination, January, 1924.

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

C. F. Ashby, W. G. S. Brown, R. E. D. Cargill, H. D. Chalke, C. F. H. Chataway, R. G. Cochran, T. S. Cochran, S. S. Crudden, E. R. Cullinan, C. H. C. Dalton, J. H. P. Davies, T. Davies, P. O. Davies, B. Dous, G. P. Driver, J. Elgood, G. Elliot, P. Garson, F. H. K. Green, S. A. Gunter, J. Holmes, A. E. A. Khair, S. W. M. King, D. E. Lawrence, N. E. Lawrence, M. Mayors, C. P. O'Brien, A. W. H. Perry, T. M. Preece, R. L. Rhodes, W. A. Robb, E. J. H. Roth, E. Rudge, R. W. Savage, F. A. H. Simmonds, N. Smith, J. D. M. Stewart, H. H. D. Sutherland, T. R. Sutherland, R. W. H. Tincker, H. A. M. Whitby, H. B. White.

CHANGES OF ADDRESS.

GUFFY, F. H., The Mental Hospital, Haywards Heath, Sussex.
HOGGEN, G. H., Brand House, Ludlow, Salop.
MANGOT, RODNEY, 62, Harley Street, W. 1 (Tel. Lang. 2675).

APPOINTMENTS.

BARNES, E. BROUGHTON, F.R.C.S.E., appointed Surgeon with Charge of Ear, Nose and Throat Department, Northampton General Hospital.

BODY, T. M., M.R.C.S., L.R.C.P., appointed Certifying Surgeon under the Factory and Workshops Acts for Middlesbrough.

GRAHAM, G., M.D., F.R.C.P., appointed Physician (with Charge of Out-Patients), Royal Northern Hospital.

GRIFFITH, H. K., F.R.C.S., appointed Hon. Surgeon to the Torbay Hospital.

GUFFY, F. H., M.R.C.S., L.R.C.P., D.Psych., appointed Senior Assistant M.O. and Pathologist to the Brighton County Borough Mental Hospital.

MACONIE, A. C., M.B., B.S., appointed House-Surgeon, Royal Northern Hospital.

NIMMO, Surg.-Capt. F. H., M.V.O., R.N., appointed to Royal Naval Hospital, Haslar, in Charge of Medical Side.

ROSE, W. G., M.B., B.S., appointed Resident Medical Officer, Royal Northern Hospital.

SIMMONDS, F. A. H., M.R.C.S., L.R.C.P., appointed House-Surgeon, Wolverhampton General Hospital.

TROWER, G. W., M.B., B.Ch.(Cantab.), appointed Acting Physician to Out Patients, Evelina Hospital for Children, Southwark.

BIRTHS.

BAKER.—On February 9th, at 142, Camden Road, to Ruth, wife of H. Searle Baker, M.R.C.S., L.R.C.P., a son.

BRAMBRIDGE.—On February 10th, at a nursing home in London, to Dr. C. V. Brambridge, Kenya Medical Service, and Mrs. Brambridge—a son.

BRODRIBB.—On February 10th, 1924, at St. Leonard's on Sea, the wife of Arthur W. Brodrigg, M.A., M.B.(Oxon.), M.R.C.S., of a son.

SOLTAU.—On February 19th, at Wentworth House, Ilfracombe, to Dr. and Mrs. Soltau—a daughter.

VINES.—On February 16th, at 120, Wigmore Street, W. 1, to Molly, (née Brindley), wife of H. W. Copland Vines, M.D.—a daughter.

MARRIAGES.

ATKINSON—STORY.—On January 29th, at All Souls', Langham Place, Eric Miles Atkinson, F.R.C.S., 47, Queen Anne Street, son of Mr. and Mrs. Arthur Miles Atkinson, of Liverpool, to Audrey, daughter of Mr. and Mrs. Charles Story, of Frome, Somerset.

DAVIES—ROSS.—On February 12th, at All Saints' Church, Wigston, Leicester, John Harold Twiston Davies, B.A.(Cantab.), M.R.C.S., son of Mr. and Mrs. E. H. Davies, of Barnhill House, Broxton, to Isabel, daughter of Mr. and Mrs. S. A. Ross, of Wigston Magna.

KNOBEL—RINTOUL.—On February 4th, in London, William Bernard Knobell, M.D., M.R.C.P., to Ellen, eldest daughter of Mr. and Mrs. George Rintoul, of Angers, France.

DEATHS.

SCOTT.—On February 2nd, 1924, at Bournemouth, Dr. Thomas Bodley Scott, Mayor of Bournemouth, aged 72.

CUTHBERT.—On February 6th, 1924, in "Colston," Noël Rose, adored wife of Capt. E. S. Cuthbert, R.A.M.C., and youngest daughter of Mr. and Mrs. James C. Montgomerie; some time Sister at the London Hospital, and O.A.M.S. (India).

GOULD.—On December 30th, 1923, at Shaftesbury, Mabel Charlotte (née Pearse, formerly Sister Elizabeth), wife of Harold Uterton Gould, M.B., B.C.(Cantab.).

GREENHILL.—On February 17th, 1924, at Stone House, Dorking, Lt.-Col. J. R. Greenhill, F.R.C.S., A.M.S. (retired), aged 86.

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. 1.

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

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

St. Bartholomew's Hospital



JOURNAL.

"Æquum memento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

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APRIL 1ST, 1924.

PRICE NINEPENCE.

CALENDAR.

Fri.,	Mar. 28.	—Dr. Drysdale and Mr. McAdam Eccles on duty.
Tues.,	April 1.	—Sir P. H.-S. Hartley and Mr. Rawling on duty.
Fri.,	" 4.	—Sir T. Horder and Sir C. Gordon-Watson on duty.
Tues.,	" 8.	—Prof. Fraser and Prof. Gask on duty.
Fri.,	" 11.	—Dr. Morley Fletcher and Mr. Waring on duty.
Tues.,	" 15.	—Dr. Drysdale and Mr. McAdam Eccles on duty.
Fri.,	" 18.	—Sir P. H.-S. Hartley, and Mr. Rawling on duty.
Tues.,	" 22.	—Sir T. Horder and Sir C. Gordon-Watson on duty.
		Opening of the Summer Session.
		Last day for receiving matter for May issue of Journal.
Fri.,	" 25.	—Prof. Fraser and Prof. Gask on duty.
Tues.,	" 29.	—Dr. Morley Fletcher and Mr. Waring on duty.

EDITORIAL.



Hasten to congratulate the First Fifteen on their magnificent achievement. As everyone now knows, on March 12th the Rugby Club won the Hospital Cup for the first time after forty-one years, and there is not a Bart.'s man in the world who does not "stand on tip-toe when the day is named."

While everyone played magnificently, the winning of the Cup was a personal triumph for Mr. Parker, who, with real skill and by a wise use of his excellent material, has built up a pack which is one of the finest in the country; and although the forwards did not find their true form in the final against King's, yet it was their weight in the scrummage, their speed and cleverness in the loose which, together with Mr. Gaisford's kicking, took the sting out of the Guy's attack.

We congratulate the President of the Club, Dr. Drysdale, who has waited and worked for this day longer than any one; his interest has been a constant inspiration to many generations of Rugger players.

There will be found elsewhere in this issue accounts and photographs of the games, together with some well-meaning, if arrhythmic, verse from our tame poet.

And on March 21st the Second Fifteen brought off an excellent double by an overwhelming victory over the London Hospital, winning the Junior Cup for the first time in the history of the Hospital.

We have wandered forty years in the wilderness; now for the fat years in the promised land.

* * *

The Annual Rugby Dinner was held at Oddenino's on March 24th. It was, as it was bound to be, a triumphant and joyous gathering, and there was a record attendance of old Bart.'s men.

The First Fifteen was generously entertained to dinner by members of the Staff, and the Second by the Students' Union.

* * *

It is essential that a dominant note struck by this issue of the JOURNAL should be one of sadness. The March number was produced under the editorship of Mr. Sackett—with all the energy and enthusiasm which have typified his term of office. He had decided that this should be his last JOURNAL. Finding that his new position as Chief Assistant demanded so much of his time, and worried by the illness of his father, he had come to the conclusion that he must drop his editorial duties. In less than one week after he had handed in his resignation he fell suddenly ill. He was admitted immediately to Etherington-Smith Ward, and the following day his father came into Surgery Ward. Both father and son died, within a few hours of each other, on March 21st. Rarely has this old Hospital of ours—where the sadness of sickness and death is ever with us—witnessed a more poignant and moving tragedy.

In no department of Hospital life will Mr. Sackett be more missed than by those associated with the JOURNAL, and it will be the proud aim of his successors to strive to uphold the traditions that he has established. His genial presence and unvarying cheerfulness in the face of the most difficult circumstances will ever be a happy memory.