

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.
MAINGOT, 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 16th, 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 Knobel, 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.N.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.

VOL. XXXI.—No. 7.]

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.

It is with deep regret that we record the death of our Lecturer of Physics, Dr. Fred. Womack. To many men the preliminary scientific year of our medical course is not one which makes a strong appeal, and perhaps the subject of physics stimulates the imagination the least of the three. Those of us who were so lucky as to have Dr. Womack as a teacher made the astounding discovery that even physics could be interesting, and, greater wonder still, truly amusing. Although the tragedy of his last few months is known to most of us, the impression which will live in our minds of Dr. Womack is one of a bright and sparkling personality, whom it is a privilege and a joy to have known.

With this issue we welcome as sub-editor Mr. D. V. Hubble. So great has been his modesty that most of Mr. Hubble's contributions to the JOURNAL have been unsigned, but the Publication Committee for many months have regarded him as a godsend.

We wish to congratulate C. L. Elgood on his having been awarded a prize of £10 by the British Medical Association for an essay on "Three Cases illustrating Different Causes of Dyspnoea."

It is reported that some fifteen years ago such enthusiasm was evinced at meetings of the Abernethian Society that the protagonists of either side not infrequently came to blows. While we do not exactly desire to amalgamate this Society with the Boxing Club, one is occasionally tempted to sigh for the old days. At that exceedingly interesting lecture by Sir Henry Gauvain in February the attendance of students was anything but encouraging, and at the meeting of the Society addressed by Dr. Norman White on "The Medical Work of the League of Nations," the attendance was so small that we blush to state numbers.

Is the Abernethian Society failing to cater for the needs of the student to-day? If this is so we feel sure that the Committee would welcome suggestions for their programme for next year.

Our musical enthusiasts go from strength to strength. The Musical Society being firmly established on its—tripod, is proceeding to add to itself a choral branch. Our best wishes go to Messrs. Brocklehurst and Hart-silver.

A United Hospitals Sailing Club has recently been formed with the object of bringing together those interested

in the subject. This Club hopes to be of use in helping to form parties for summer holidays and chartering boats. Monthly meetings are to be held throughout the winter to hear papers, read logs and facilitate discussion.

Men interested are asked to communicate with R. G. R. West.

We are asked to give notice that the Post-Graduate Course will be held this year from Tuesday, July 15th, to Thursday, July 31st. Intending applicants are reminded that the numbers are limited and early application is advisable. A programme will shortly be circulated to all old Bart.'s men, to whom preference will be given.

We note with great satisfaction that the King has approved the election of Sir Anthony Bowlby as Chairman of the Radium Institute.

We are delighted that at last the resident "Elizabeth" clerks have been supplied with a common room. No longer will the aspiring but labourless Elizabethan be seen striving to stimulate the dying ember in the A.R. with sheet after sheet of the *Morning Post*. He will now be seen in a cosy little sitting-room on the first floor of Surgery House, reading page after page of *Ten Teachers*.

One is tempted to wonder how soon some agitation will be made to ameliorate the sorry lot of night dresser. Probably every Bart.'s man under the age of forty has slept for at least two nights in that hideous cell known as the "night dresser's bedroom." For close on seven thousand nights has a weary student flung himself on that bed; on seven thousand occasions has the fate been cursed that placed his haven of rest just over the boiler-house; on seven thousand wakeful nights has that indefatigable coal heaver (surely the most persistent worker in our cosmos) been consigned to regions where it is reported coal is also heaved. Seven thousand times has weary speculation traversed the miles of catacombs beneath the Surgery and asked for a quiet, if stuffy, refuge far from the sickening scrape of that shrieking shovel and the constant roars and explosions of the Post Office yard. But another suffers the next night, and to no one has it ever seemed worth while to complain.

We congratulate the following winners: Kirkes Scholarship and Gold Medal, R. G. Johnson; Second Junior Scholarship in Anatomy and Physiology, R. Zeitlin; Senior Scholarship, W. P. Greenwood.

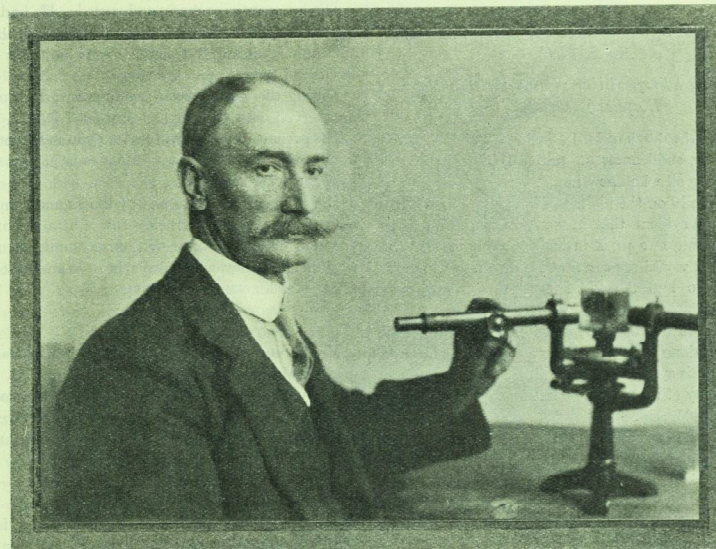
OBITUARIES.

DR. FREDERICK WOMACK.

BY the death of Dr. Frederick Womack on March 11th the Medical College of St. Bartholomew's Hospital is deprived of the senior active member of its teaching staff.

Born in 1857, he received his early education at what is now the Marylebone Grammar School.

In addition to his work at St. Bartholomew's, Dr. Womack held the post of Lecturer in Physics at Bedford College for Women from 1884 to 1922, when he retired. For an ordinary teacher these two lectureships would have more than sufficed to absorb his whole energy. Dr. Womack, however, was indefatigable. Most punctilious in the discharge of his official duties, he yet found time to act for many years as a University Extension Lecturer, and as a consultant toxicologist to a large number of London coroners.



DR. FREDERICK WOMACK.

Entering St. Bartholomew's in 1878, he was continuously associated with it until his death.

He was early attracted to the study of physics and chemistry, and before qualifying as M.B.(Lond.) in 1884 he graduated as B.Sc. with Honours in 1881.

In October, 1881, he was appointed teacher of mathematics to the matriculation class which was then held, and in December of the same year was elected Demonstrator of Natural Philosophy. Three years later his duties were extended to include the Preliminary Scientific Class in Chemistry. Finally, when in 1892 a separate lectureship in physics was instituted, the post was given to Dr. Womack, and this he retained throughout the remainder of his life.

During the war, although deprived of nearly all his assistants, he carried on his usual work, and in addition was an ardent National Volunteer, and visited France to lecture to the troops in rest camps. Throughout his long career as a University lecturer, he most conscientiously attended the numerous University committees of which he was a member, and his services as chairman were continuously in demand and most highly appreciated.

Between the years 1881 and 1888 he published a number of papers on original work done in medical and physico-medical subjects, and whilst an occasional student at King's College and University College, London, he assisted the late Prof. Carey Foster in working out the theory of the "Carey Foster bridge"—so well known to

advanced students of physics—and was also one of the first scientists in England to apply the microscope to the study of metallic structure.

His courtly manners, tact and kindness, coupled with considerable ability as a musician and gifts as a raconteur, gained him a wide circle of friends, extending far beyond his colleagues and pupils. We tender our most respectful sympathy to Mrs. Womack, her sons and daughter, in their great loss.

F. L. H.

HERBERT LEYLAND SACKETT, M.B., B.S.(Lond.),
F.R.C.S.(Eng.).

Chief Assistant to a Surgical Unit; Editor, 'St. Bartholomew's Hospital Journal.'

The news of the death of H. L. Sackett, which occurred with calamitous suddenness on March 21st, will come as a great shock to all who knew him.

He was taken ill on the night of Thursday, March 13th, and it was soon evident that he was suffering from septicaemia, originating in a prick in his right thumb. By the irony of fate, it would appear that his infection was from his father, who had developed erysipelas a few days previously.

Sackett was warded in the Hospital; but in spite of all that could be done, his illness progressed with alarming rapidity, until his system could stand the strain no longer.

To the dismay of all of us, he passed away on the afternoon of Friday, March 21st.

He was the elder son of the Rev. Walter Sackett, of Ealing. His early life was greatly handicapped by spinal trouble, which kept him laid up for many years.

Such was the vitality of his mind, however, that even when laid aside in sickness, he was ever reading voraciously and planning the future after his recovery.

It is a striking testimony to his perseverance that he passed his London University Matriculation examination after several months in bed.

He did indeed recover completely from that illness, and immediately set himself to the study of medicine—a study in which his keenness of mind and tenacity of purpose carried him through his Hospital career with flying colours.

His great keenness was at times too much for his rather delicate body, and physical exhaustion often compelled his unwilling mind to rest.

He gained the Bentley Prize, and was awarded the Luther Holden Research Scholarship. To this latter he devoted the last year of his life, and now he has been taken away with the last page of his very interesting and valuable research still untyped.

Sackett was a man above his fellows in years, with a certain geniality and kindness born of his years of suffering when a child, and a judgment mature and reliable because he knew human nature and men better than most of us.

It was natural, therefore, for him to command the respect of all who were privileged to work with him.

The outstanding characteristic of his all too short career was thoroughness.

Whatever his hand found to do, he did it with his might.

His interests were many and varied. He had a breadth of outlook which was always an inspiration to his friends. For him medicine and surgery were not only means of livelihood, they were a vocation.

During the war Sackett became a surgeon probationer, and served with the Royal Navy on T.B.D.'s.

His premature death will leave a gap in the ranks of the younger surgeons which we cannot hope to fill; men of his spirit are very rare.

His short life, handicapped by illness and a constitution never robust, was nevertheless full of attainment; he will leave an unfading impression of accomplishment in spite of difficulty, that will always be a stimulus to all who knew, and knowing, loved him.

Mr. HENRY RUNDLE, one of the oldest of Bart.'s men, died on March 18th. Mr. Rundle was made a Fellow of the Royal College of Surgeons in 1870. He worked as a surgeon in the Franco-Prussian war, and received decorations from both French and German military authorities.

Mr. GEORGE PALMERSTON NEWBOLT, C.B.E., F.R.C.S., was an old Bart.'s man. He came to this Hospital in 1881, graduated at the University of Durham in 1884, became a house-surgeon here, and obtained the Fellowship of the Royal College of Surgeons when only 23 years old. Mr. Newbolt worked for many years in connection with the Manchester Ship Canal, was Lecturer on Clinical Surgery to the University of Liverpool, and Senior Surgeon to the Royal Southern Hospital. By his death Liverpool has lost one of its most distinguished surgeons.

Mr. ROBERT A. BICKERSTETH died at Bournemouth on March 6th, in his sixty-second year. He came to this Hospital from Trinity College, Cambridge, in 1887. He was a house-surgeon here, was made a Fellow of the Royal College of Surgeons in 1891, and at the time of his death was Honorary Consulting Surgeon to the Royal Infirmary, Liverpool.

A CASE OF HÆMOPTYSIS.

By H. SHANNON, M.B., B.S., D.P.H.

THE cause of blood-spitting is often very difficult to determine; it is rare, however, to see a case wrongly diagnosed over so long a period as the following:

F. A— appears to have been a healthy man until 1919, when he suffered from an attack of sandfly fever. From that time he has felt unwell, and complained of pains in his chest.

In May, 1920, he coughed up half a pint of blood, and again in August of that year. Since then, with a few short intervals, he has coughed up, daily, blood-stained sputum, varying in amount from one to twelve ounces.

During 1920 and 1921 he attended a chest hospital and a tuberculosis dispensary, and was finally diagnosed as a case of pulmonary tuberculosis.

He then began a round of the sanatoria, visiting no less than five (some more than once), and spending many months in each.

The physical signs appear to have varied widely during this time, but all agree in the continued presence of crepitations at the right base behind.

Impaired note and crepitations at the apices, diminished air entry, prolonged expiratory sounds and other less reliable signs of consumption were from time to time recorded.

Fourteen sputum examinations are noted, all negative except one, done at a sanatorium in 1922.

When seen in March, 1924, he appeared quite well nourished, but exceedingly pale. He was coughing up large quantities of sputum stained with blood of a peculiar light pink tint.

He complained of a constant and severe pain in the right side, which prevented him from sleeping; sometimes the pain would spread down his right arm. Nothing but morphia relieved it.

Physical examination revealed some dullness and crepitations at the right base behind and nothing else.

The X rays showed "the lungs to be fairly clear and the right diaphragm raised and fixed. There was some evidence of an inflammatory process below the diaphragm."

The sputum and faeces were examined for *Amœba histolytica* with negative results.

He was handed over to the care of a surgeon, and at the operation a large abscess in the right side of the liver was evacuated; it appeared to be an amœbic abscess.

The patient probably had an attack of amœbic dysentery while in the East, which was mild enough to escape notice. He almost certainly never had pulmonary tuberculosis.

The positive sputum examination of 1922 was un-



HERBERT LEYLAND SACKETT.

doubtedly an error, which helped to further postpone the time for the re-consideration of the original diagnosis. Such errors are far from infrequent, and are sometimes the cause of unnecessary suffering.

REMINISCENCE OF THE GLORIES OF THE CUP (1883).

[Among those who witnessed the Hospital triumph at Richmond were the Captain, Sir Charles O'Brien Harding, and the Secretary of the 1883 team. The following reminiscence is from the latter—Dr. A. E. Wynter. —EDITOR.]

AS the Inter-Hospital Football Challenge Cup for 1883 stands before me, all brightened up and rubbed like Aladdin's old lamp for the luck that the Genie of Sports would bring, I felt that its presence brought down by a winner to Richmond would certainly restore "the ashes" to Bart.'s, for it is forty years or more that the Large Silver Goblet has been missed from its proper place among the table ornaments of the Library. What visions are conjured up of the great Armageddon of Rugby that was fought out on the Half-Moon Ground at Putney on March 7th, 1883!

There were few stands then, and no outside public. The field was surrounded by a tensely anxious crowd of George's and Bart.'s men, for the Bart.'s team had been in the final tie since 1879, and had been victors in 1881 against London, but had lost to George's the next year, 1882, by 18 points to 11 (1 goal=10, try=3, touch=1). We were straining at the leash to be revenged. George's won the toss, and elected to play with the wind towards the Richmond goal. The kick-off was at 3 p.m., and was ably returned by a drop kick from Harding (now Sir Charles O'Brien Harding, and three times mayor of Eastbourne), which was followed up vigorously by Robinson, who ran in and got his first try for Bart.'s. The place kick by McKenzie, being difficultly situated, failed. St. George's then made an aggressive rush on our black and white striped dragons, but Robinson again excelled himself, and by a fine long run down the length of the ground secured his second try, which met the same fate. First aid in the shape of sliced lemons served out by the local caterer, Dr. Druce Slater, marked the half time. The advantage of the wind was with us now, and we were so constantly in the George's "25" that they had to touch down frequently in self-defence. Robinson then did the hat-trick and obtained his third try, which again met with a failure at the hands of McKenzie. The game was thus won by Bart.'s, and the Cup recovered by 3 tries and 5 touches to 1 touch down.

1879. Guy's beat Bart.'s.
1880. George's ,, Bart.'s.
1881. Bart.'s ,, London.

1882. George's beat Bart.'s.
1883. Bart.'s ,, George's.

* * *

1924. Bart.'s beat King's.

HOSPITAL RUGBY FOOTBALL.

IN March 12th, 1924, St. Bartholomew's realized one of the goals for which she has been aiming for many years, viz. the winning of the United Hospitals' Rugby Football Cup. At a time of general rejoicing and celebration of a victory which we have not secured for forty-three years, it is well to realize fully that there are certain people to whom, more than others, we are indebted for their efforts on behalf of Hospital football. There can be no question that it was G. W. C. Parker who, by his influence on and off the field, brought the Cup to this Hospital. For the last four years or so Parker has worked hard, and it is not everybody who knows that his task has, at times, been almost insuperable. Indeed, had he not had the interests of the Rugger Club unselfishly at heart, and had he not worked with a singleness of purpose and an impartiality most admirable, there might have been a different tale to tell to-day.

To a large extent sacrificing his own future on the Rugby field, and with the support of those who knew what he was after, Parker has built up what must be the finest team St. Bartholomew's has ever known. We congratulate and thank him, and hope that Bart.'s may keep both him and the Cup for some years yet. While it is impossible to mention everybody who, in his or her little way, has helped the Club, we cannot pass on to an actual account of the match without some mention of one of the corner stones of the Bart.'s Rugger Club—J. L. T. Davies. Unable, through the war, to play himself, Davies has rendered the most devoted service, in very many ways, to the Rugger Club. As touch-judge, reporter, committee man, and team "mascot," Davies has put his heart and soul into everything connected with Bart.'s Rugger.

It is not everybody who receives his reward, but when "no-side" blew in the Hospitals' Final, there can have been no happier or more satisfied man in Bart.'s than "J.L.T."

FINAL HOSPITALS' CUP TIE.

ST. BARTHOLOMEW'S HOSPITAL v. KING'S.

IN the final round Bart.'s defeated King's by 2 goals (1 penalty) and 2 tries to 2 penalty goals. This is the third time that Bart.'s have won the Cup—1881, 1883, and 1924. This, however, does not demonstrate justice to Bart.'s rugger, as they have been in the final thirteen times.

Sir Charles O'Brien Harding, who skipped the Bart.'s team in 1883, was an interested spectator. St. George's

headway. Short hard passing is more profitable on a windy day. The King's right wing and outside half were the best outsiders. Knox did very little at three-quarter. Parker, in spite of his damaged ankle, was often seen to advantage, while Carnegie-Brown struck his Cambridge form, and was one of the successes on the field. The scoring was opened at the end of five minutes by Macmyn kicking a fine penalty goal. A strong run by Melbourne Thomas, supported by Williams and McGregor, who passed to Carnegie-Brown, opened the scoring for Bart.'s. Gaisford converted. Bart.'s were soon penalized right under the posts—a foolish and unfair penalty, and not



NEVILLE SCORING THE TRY IN THE GUY'S MATCH.

were beaten that year by 35 points to 1 point, i. e. 3 tries and 5 touch downs to 1 touch down.

Bart.'s deserved to beat King's, though the forwards hardly played up to their usual standard, and King's made them fight hard. King's played a game which might be described as harassing rather than scientific. On the morning of the match it was rumoured they would be strengthened by D. J. Macmyn, the Cambridge blue—who is going to King's in October!

King's had slightly more of the play, but the Bart.'s defence was sound, and whenever the backs—on this day prone to stand rather far apart—got the ball, they made

in accordance with the spirit and interpretation of the laws. The offender in this instance not only made no attempt to baulk the opposing half, but did his best to retire rapidly without interference. Macmyn registered the goal from the easy position.

After 25 minutes' play Williams received from the serum and passed to McGregor who swerved through the whole of the King's three-quarter line, and scored behind the post. Gaisford hit the post. Later he atoned for this, and kicked a fine penalty goal. The only other score was a try by Neville, who used his speed to great advantage.

Bart.'s deserved their victory, though King's, ably

supported by Collis, Macmyn and Bull, fought to the end. Cove-Smith often appeared on the wrong side of the scrum, though he did one or two good things.

Thus ends this year's competition. The Cup is ours. Let us hope we shall keep it. Bart.'s will be able to call upon practically the whole side again next year. The attendance at the Final was poor, possibly because our strongest rivals—Guy's—were out of it. Final score: Bart.'s, 14 pts.; King's, 6 pts.

The United Hospitals arrangements for presenting the Cup were noticeable by their absence. It, however, arrived safely in Bart.'s at 6.15, after a period of long absence. The writer will never forget that, at any rate, it was he who carried it through the Henry VIII Gate back to its proper resting-place.

Referee: Mr. Roberts, of Llanelly.

Teams.—King's: D. R. Gawler, *back*; W. N. L. Wade, H. N. Knox, † J. L. Livingstone, B. E. Ahrens, *three-quarters*; C. J. Farr, L. S. Wakeley, *halves*; W. R. F. Collis, † R. Cove-Smith, † M. B. B. Salkinder, H. A. Cooper, A. B. Hewlett, A. G. Bull, † D. J. Macmyn, * G. F. Taylor, *forwards*.

Bart.'s: W. F. Gaisford, *back*; Melbourne Thomas, M. G. Fitzgerald, P. O. Davies, L. C. Neville, *three-quarters*; T. P. Williams, H. McGregor, *halves*; A. E. Beith, R. H. Bettington, J. W. Buttery, A. Carnegie-Brown, * W. S. Morgan, G. W. C. Parker, A. W. L. Row, * E. S. Vergette, * *forwards*.

† International. * Varsity Blue.

We congratulate the team on their fine display against Gloucester without A. W. L. Row, Parker (*capt.*), A. Carnegie-Brown and Bettington. Gloucester were lucky to win by the one point on their own ground. An account will appear in the next issue.

Yet another—the Junior Cup has arrived in Bart.'s for the first time on record. This competition was instituted in 1900-01.

The following represented Bart.'s in the year 1883, when they won the cup: *Chairman*, A. A. Bowlby.

L. W. Andrews, *back*; E. S. Lewis, B. C. Stephenson, C. O'Brien Harding (*capt.*), *three-quarters*; E. Treharne, R. W. T. Mackenzie, *halves*; J. E. Howe, W. M. Jenkins, E. Kirkhouse, W. H. Bell, J. W. Jessop, W. R. Robinson, H. C. Chapman, H. D. Rolleston, A. T. Wooldridge, *forwards*.

Dr. J. H. Drysdale, after a long period of attachment and usefulness to the Rugger Club, has resigned. We offer him our sincerest wishes in his retirement.

At the Annual General Meeting of the Club held on March 21st, 1924, the following officers were elected for the season 1924-25. *President:* Mr. W. Girling Ball, F.R.C.S. *Vice-Presidents:* Mr. R. M. Vick, Mr. J. H. Just, Mr. H. E. G. Boyle, Dr. J. D. Barris. *Captain:* G. W. C. Parker. *Vice-Captain:* A. W. L. Row. *Hon. Secretary:* R. H. Bettington. *Hon. Treasurer:* J. L. T. Davies. Additional selection committee: P. O. Davies, W. F. Gaisford. *Captain 2nd XV,* J. D. Allen. *Hon. Sec.: C. P. Roxburgh. Captain 3rd XV,* J. T. R. Edwards. *Hon. Sec. 3rd XV,* W. Scovell. *Hon. Sec. 4th XV,* D. Scovell.

In the year 1875 Bart.'s held out the olive branch to Guy's—for a feud between the two hospitals had been in existence for some time—so Dr. Hooker, the Bart.'s captain in 1875 relates.

In the early 'seventies the Bart.'s ground was at Battersea. The Hospital wore black jerseys in those days, and the goal reigned supreme. In 1875 we beat Sandhurst by 1 goal to 4 tries.

The President, Captain and the officers of the Rugby Club wish to thank everybody for the numerous kind messages of congratulation on their successes. They were much appreciated. "BATTLEAXE."

THE SONG OF THE CUP.

THE Cup is coming from the Thames' south side,
Over London Bridge and the flowing tide,
Past the Mansion House and through old Cheap-
side

To Bartholomew's in the City.

One-and-forty years, so the greybeards say,
Since the Hospital Cup last came this way,
And men still tell of that glorious day
In Bartholomew's in the City.

For five grim years we have wrestled with Guy's;
We have fought the fight with despairing cries;
To-day there's a sight for the dear grey eyes
Of Bartholomew's in the City.

For thirty gallant men to Richmond came,
And each man trembled lest he lose the game,
But the men who lost did not bear the name
Of Bartholomew's in the City.



ST. BARTHOLOMEW'S HOSPITAL JOURNAL.

Back row.—M. L. Maley, E. S. Vergette, P. C. Davies (*Hon. Secretary*).
Third row.—W. F. Gaisford, A. E. Beith, W. Buttery, R. F. Bettington, W. S. Morgan, L. C. Neville, M. G. Fitzgerald,
Second row.—A. W. L. Row, A. Carnegie-Brown (*Vice-Captain*), Dr. J. H. Drysdale (*President*), G. W. C. Parker (*Captain*), Melbourne Thomas, J. L. T. Davies (*Hon. Treasurer*).
Front row.—I. P. Williams, H. McGee.

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For they shoved in the scrum as men possessed,
 With a lust for the fight that gives no rest,
 And Guy's each scrum down the field were pressed
 By Bartholomew's in the City.

Beith and Parker scrummed till their shirts were frayed,
 Then they changed them, naked and undismayed;
 They tackled as hard as the monks once prayed
 For Bartholomew's in the City.

Morgan the wizard and "Hippo" Vergette;
 In places of pride fifteen names are set;
 So that men shall see there's a good breed yet
 At Bartholomew's in the City.

The ball was placed for a penalty kick,
 Guy's men at the goal-mouth were tired and sick,
 For they knew that Gaisford would win the trick
 For Bartholomew's in the City.



PARKER AFTER VICTORY.

Abundant Buttery, Carnegie-Brown,
 With Rowe and Bettington from Oxford Town,
 Each one sweated blood for the fair renown
 Of Bartholomew's in the City.

Dummy-selling Davies, hard tackling Fitz,
 And Lord help the man on whom Melbourne sits,
 For more than once they have taken the bits
 To Bartholomew's in the City.

At the base of the scrum Welsh "T.P." fought,
 Macgregor played on, though aware of naught;
 Then Gaisford and Neville the six points brought
 To Bartholomew's in the City.

As the ball flew high and straight in the air,
 Ten thousand followed it with silent stare,
 Till Bekker waved his flag in sad despair
 For Bartholomew's in the City.

Then Neville crossed their line with eager run,
 Three men fell on him, but the deed was done,
 The Hospital Cup had been lost; and won
 By Bartholomew's in the City.

So we beat old foes by six points to *nil*,
 We drank their healths in the Cup with a will;
 And in forty years we'll be drinking still
 To Bartholomew's in the City.

AN ADDENDUM TO THE NOTE ON A CASE OF HÆMOPTYSIS.

By MARGARET C. SCRACE.

Resident Medical Officer, Royal Chest Hospital.

HTHE following note gives some subsequent adventures of the case of hæmoptysis described by L. W. Batten in the February number of ST. BARTHOLOMEW'S HOSPITAL JOURNAL.

Miss G—, a spinster æt. 40, a trained nurse, was transferred to us on December 6th, 1923, from a hospital for consumption on the south coast.

A letter from the chief medical officer states that in July last Miss G— applied to be taken on the staff there, but was turned down, as there was some doubt as to her physical fitness. He writes: "Two days later she had hæmoptysis and complained of severe pain in the right side of the chest. This has continued at intervals since that time, and the total of the hæmoptysis is in the neighbourhood of 200 oz. . . . During the intervals she has had no sputum and no staining."

On September 21st and October 24th and 25th she had hæmaturia. In between these attacks the urine was normal.

Early in the course of the case I induced a pneumothorax on the right side, but after two refills abandoned it, as it apparently had no effect. She has had an irregular temperature up to 99°, and on occasions 102°.

The blood-count was normal, and the only physical signs in the lungs have been moist sounds at the left base. . . . The last attack of hæmoptysis was on November 27th. . . . A large proportion, though not all her symptoms, were thought to be factitious."

When Miss G— arrived here she was thin, but not wasted, pale and rather exhausted by the journey.

She gave us a fairly full history of her case, and of the various hospitals in which she had been unsuccessfully treated for the hæmoptysis.

The attacks began about three years ago. The only previous illness seems to have been hæmatemesis ten years ago, for which gastro-enterostomy was performed. There were very few physical signs: all mucous membranes pale, nasal septum deflected to the left, causing an excessively large airway on the right, and producing atrophic rhinitis. No source of bleeding could be found in the nose.

All examination proved negative—sputum, X-ray, blood.

During the first week after admission there was one small hæmorrhage—3 oz.—but no pyrexia or change in the pulse.

During the second week the temperature began to swing from 98° to 99·8°, and on the twelfth day after admis-

sion there was a large hæmoptysis—8 oz. There were several more hæmoptyses during the next few days, the intermittent temperature continued, but the pulse and respiration rates remained steady at 80–88 and 24 respectively.

Further examination revealed some congested tortuous venules at the base of the tongue on both sides. These were thought to be a possible source of bleeding.

From January 1st to 3rd more hæmoptyses occurred, with temperature as before. On January 3rd the nævoid patches at the base of the tongue were cauterized, and for several days there was no more bleeding.

Up to this time the hæmorrhages had been frothy and were produced by a very slight cough. There was now a change: the patient coughed and hawked a great deal, and finally vomited blood-stained material.

The temperature became more erratic, ranging from 97° to 101°. The blood-stained vomit continued for several days, and the condition of the patient became grave; she was very collapsed. Rectal salines were given, and transfusion considered, but was not performed.

For some reason the patient did not absorb hypodermic injections well; morphia and hæmostatics, such as hæmoplastin, were therefore useless, although repeatedly tried.

As she improved, however, we found that horse-serum given by the mouth diminished the amount of the hæmorrhage—that is, if the serum was given as soon as any blood appeared, further vomit was unstained for a day or two. Thus the attacks were much modified.

The total loss in hæmorrhage and vomit during her eight weeks in the hospital was about eight pints.

One specimen of hæmorrhage contained a small piece of pale fleshy material 2 mm. in diameter; this was sectioned, and said to consist of "fibro-cellular tissue, epithelium, squamous type, destroyed in one place by moderate-sized hæmorrhage of recent origin. The capillaries of the papillary and subpapillary layers are very dilated, and present in places an almost nævoid structure. A diagnosis of nævoid wart of the pharynx is suggested from the examination of this small piece of tissue."

Although the patient seemed to bear her troubles very well, there were several points that baffled us.

1. The hæmorrhages always occurred during the night, between 8 p.m. and 5 a.m., when the ward was in comparative darkness, and a relatively small staff on duty. There were no hæmorrhages during the day.

2. Even with a severe hæmorrhage, there was no change in the pulse-rate, and very little variation in the respiratory rate.

3. The attacks never began when the patient was being closely watched, and so we were never able to observe the actual onset of a hæmorrhage.

ABERNETHIAN SOCIETY.

A Clinical Evening was held at 5.30 p.m. on Thursday, March 6th, Mr. Burt White in the Chair. Cases of crossed paraplegia, mercurial nephritis, beria cerebri, papilloma of the palate and "Charcot-Marie-Tooth" type of muscular atrophy. The attendance and discussions were both below the usual standard, the main contribution to the discussion coming from gentlemen showing cases, and, therefore, rather one-sided.

On March 13th an address was given by Dr. NORMAN WHITE on "The Medical Work of the League of Nations." Dr. White discussed the efforts made to check the typhus pandemic from working westward from Russia. He had been actively engaged in this work, and spoke from personal experience of the horrors of the disease. He spoke of the work done by the League in studying epidemiology in the East, and spoke of his recent tour in Asia. He raised the suggestion that pandemics were due to symbiosis between organisms, and considered this might explain the ravages of pneumonic plague in Manchuria, as possibly the recent influenza pandemic.

He told the meeting of the work done by the League in standardizing sera, serological tests and biological products.

Dr. LANGDON BROWN proposed a vote of thanks. The Annual General Meeting of the Society was held on March 20th in the Committee room, Mr. VISTICK in the Chair. The Secretary gave the following report:

During the year the following meetings have been held: The mid-session address was delivered on July 5th by Dr. Shore, the subject being "Evolution."

The sessional inaugural address was given on October 16th by Sir D'ARBY POWER, K.B.E., and Mr. VICK, the subject being "The Heritage of a Bart's Man."

The February mid-session address was delivered on February 21st by Sir Henry GAUVAIN, the subject being "Sunshine and Suelike in the Treatment of Surgical Tuberculosis."

Three other addresses have been given, one on "Insulin," by Dr. GRAHAM, one entitled "An Introduction to Medical Politics," by Dr. COX, and one on "The Medical Work of the League of Nations," by Dr. NORMAN WHITE.

Two discussions have been organized, one on "Medical Emergencies," led by three house-physicians, and one on "Special Department Emergencies," where eyes, throats and anaesthetics were considered from the emergency point of view.

Three clinical evenings have been held. The Chairman then said that there would be no election, as the nominations for offices were unopposed. The list of nominations was:

Presidents: R. BOLTON and H. G. ANDERSON.

Vice-Presidents: F. H. K. GREEN and R. KLABER.

Secretaries: H. HOWELL and F. A. BEVAN.

Extra committee men: B. B. HOSFORD and A. E. FRASER-SWITCH.

The meeting was then adjourned.

STUDENTS' UNION.

ANNUAL REPORT OF THE COUNCIL.

GENTLEMEN.—We have much pleasure in presenting to you our twentieth Annual Report. Most of those here to-day will remember the academic year now ending as one of the most eventful through which they have passed while at Bart's—each term has brought with it some incident which has marked it as being a time of more than ordinary interest in our life at Hospital. A year ago there were already rumours and reports of the preparations being made to celebrate the 50th Anniversary of the foundation of the Hospital, and in June all the preliminary activities came to an end, and resulted in a week when work was forgotten by most of us, and our thoughts were all of the Fair, of the tableaux, or of one or another of the many schemes the organizers had so skilfully devised to make the Octocentenary Celebrations of St. Bartholomew's live for long in the memory of all who were in any way connected with them. The activities of the students were mainly confined to the Fair, which, lasting for three days, was one of the outstanding events of the week. So successful did it prove that with the money collected by the sale of the goods so generously given by the city merchants, and by the whole-hearted support accorded by the enthusiastic visitors

4. Her temperature was never above normal when a nurse was able to be with her all the time she had a thermometer.

When her discharge was mooted, the patient raised many objections, and on the night before her discharge she vomited blood-stained fluid again, and it was afterwards noted that there was dried blood on and beneath the nail of the first finger of her right hand. Later, when the thermometer was supposed to be in her mouth, there were suspicious movements with a hot-water bottle which had just been refilled: the thermometer registered 102°. Her temperature was immediately taken again with the night sister standing by and found to be 97·8°.

Naturally the patient was much annoyed. She left the hospital on January 30th, and will doubtless drift elsewhere, and repeat the whole business.

How can we explain this? Is it partly or wholly factitious? Or is there some underlying organic disease?

The two patches of dilated venules at the base of the tongue were well marked, but cured by cauterization. But is it not probable that there are similar patches down the pharyngeal and œsophageal mucous membranes, which may be the source of the bleeding?

And is it not possible that the hæmorrhages could be induced by comparatively slight trauma to some of these nævoid patches that might be within a finger's reach?

If this is the explanation much skill and ingenuity has been displayed in carrying the venture through.

It is an interesting, if unsatisfactory case.

My thanks are due to Dr. Symes-Thompson for permission to publish this case.

ACROSTICS.



WE have heard a good deal of regret expressed at the cessation of the monthly acrostics, and a certain amount of criticism of their quality. In the face of the criticism we can only abase ourselves, while pleading, in extenuation, that the making of medical acrostics is not easy; it is our intention to restart the series next month, and we shall be delighted if interested readers will send in acrostics for publication. We can promise them that it is more entertaining to make an acrostic than to solve one—and more difficult.

We append the solution to Acrostic No. III.

(Ch)	R	oni	C
	O	xymell	A
	S	phincte	R
	E	name	L
	A	ertryek	E
	N	ecrobiosi	S
	D	acryocystiti	S

to the many booths and side-shows, the expenses not only of the Fair, but of other less profitable attractions, were entirely defrayed. A tent at the Smithfield Gate bearing the modest superscription, "Master of the Fair," housed him to whom the vast sum of credit must be paid for the success of the undertaking, and even now we feel it is not too late to offer to Mr. Holdsworth our most grateful thanks, and our congratulations on the way he approached and carried out the huge task which confronted him. Another attraction which was much appreciated by all who were fortunate or wealthy enough to be present, was the tableaux in which the efforts of a number of Royal Academicians aided by students of the Hospital resulted in a most praiseworthy representation of scenes depicting the associations of the Hospital throughout its history.

Hardly had we recovered from the effects of this week when news reached us of the revival of "Fleet Street Week" in October. The journalists and other supporters of the Hospital in Fleet Street asked if we would be willing to help them to their effort two years previously. We responded by accepting responsibility for a flag day and collection in the city, and by sending students to help the organizers in some of the many "stunts" they had arranged; these included a bazaar at the Mansion House, a performance of The Co-Optimists, a dance and a concert, all of which were immensely successful.

By these means and by the proceeds of a raffle for, amongst other things, a motor car, a motor cycle, and a wireless set, not to mention two cases of whisky, the President of the Week, Mr. Matthew Blythe, was enabled to hand to Lord Stanmore a cheque for £5000—a sum which amply justified the proud boast of the Organizing Committee that it should be the "best on record."

Our thanks are due to all our friends in Fleet Street for the great efforts they made in the cause of aiding the Hospital.

At Winchmore Hill the hard courts are in full use, and should prove of much value to the tennis six for practice purposes. The Catering Company has again proved a friend in need, by presenting us with a grant of £250 out of the profits for the year. Prices were are glad to note have fallen slightly, but overcropping is still a matter in urgent need of attention.

One matter in which we have all for long realized the need of improvement, we are glad to hear, is to be rectified at an early date. The plans have already been approved for the conversion of the old physics laboratories into a new cloak-room, which, added to the old premises, which are to be entirely renovated, will fulfil the requirements of the large numbers of students now at Hospital.

It is with the greatest regret that we have to accept the resignation of our President, Dr. Drysdale, who is living up to his frequently expressed opinion that a change in leadership is good for every constitution, has requested other nominations to be made for the post he has held for two years. How much the Students' Union owes to his guiding hand those who have worked under him know only too well, and we ask him most sincerely to keep well in touch with the workings of the Students' Union, in order that at a future date he may occupy again the position he feels it his duty to vacate now.

Among the Clubs we must make special mention of the *Rugby Football Club*, which, on Thursday, February 28th, at last accomplished the deed for which it has so long striven—the defeat of Guy's. We should like to congratulate the team on the fine performance they put up, and particularly Mr. Gaisford for his remarkable kicking, and Mr. Neville on scoring the first try which we have registered against Guy's for so many years. A quotation from Colonel Trevor's account of the match will not come amiss. He wrote: "Let it be said without reservation that the winners thoroughly deserved a victory which they owed to their remarkably strong and clever pack of forwards, greatly aided by the practically faultless kicking of their full back, W. F. Gaisford. Very early did we realize the thoroughness of the Bart's forwards, and as the time passed we wondered if they would last to the bitter end. Well, they lasted splendidly. But it was not mere lasting power which enabled them to win the game for their side. They easily excelled the Guy's forwards in the three forms of the tight scrummage play that matter—showing, hooking and heeling. It would be an understatement to say that they got the ball nine times out of ten from the tight scrummages."

"It was A. E. Beith who was mainly responsible for the good hooking, and although eight members of the winning pack were capital, Beith, W. S. Morgan and A. W. L. Rowe struck me as being especially good."

In the final of the Hospitals Competition King's were beaten by

fourteen points to six. It was a very typical cup-tie match; the losers, who were admittedly the weaker side, succeeded in thoroughly rattling the Bart's team, and their pack, including three internationals and a Cambridge blue, played an admirable sporting game, setting a pace which our forwards found it needed all their efforts to maintain.

Playing behind a pack held, if not beaten, the backs deserve all credit for the team's success. Messrs. McGregor and Neville scored excellent tries, and Gaisford's kicking again merited the highest praise. He converted one try, kicked a penalty goal, and his touch-finding was invaluable. Everyone connected with the Rugby Club will have realized how much the team owes to their captain, Mr. G. W. C. Parker, for their success. His play has been consistently excellent, and the influence of his leadership has been of inestimable value both on and off the field. To him in particular and to the whole team we offer our congratulations on their success.

Throughout the season the Rugby Club has had good reason to hope for the success they have achieved in the Cup-ties. Among their successes we may mention those over Richmond, Pontypool and Moseley, while Cardiff only gained a three points victory. Next season, with the still heavier fixture list which is the reward of success, they can hope for even better fortune.

The "A" team lost only one match in the first half of the season, and they and the other two teams have in every respect lived up to the standard set by the first fifteen.

The *Hockey Club* have made a great stride forward this season. In spite of an improved fixture list, their first XI had an unbeaten record for Saturday matches until the second match in February, and created quite a sensation in November by beating Hendon.

The formation of a third XI for the first time has improved the standard of play in both firsts and seconds. The first XI expected to do well in the Inter-Hospital Cup-ties, but at the last moment four members who had recently qualified were barred from playing, and in the first round against Thomas's they lost.

The second XI have not had quite so successful a season, but this was not to be expected in view of the fact that they have taken over many of the old first XI fixtures. They have reached the final of the Inter-Hospital Junior Cup, and have every chance of winning it.

The great keenness shown by members of the *Association Football Club* at the beginning of the season boded well for their success, and this was granted by nine wins and one draw out of the first ten matches, their first loss being against St. John's College, Oxford. London were beaten in the first round of the Hospital Cup, and by a further victory against St. Thomas's they qualified to meet Guy's once again in the final.

Of the nineteen matches played by the *Crickets Club* last season, seven were won and ten lost. St. Thomas's were their victors in the first round of the Hospital Cup. Unfortunately some of the best players in the team will be unable to play regularly during the coming season, but the arrival of Mr. R. H. Bettington, last year's Oxford captain, will greatly strengthen the team.

The cricket week, abandoned owing to the Octocentenary Celebrations last year, has been arranged for the beginning of June.

The *Athletic Club* had a very successful season. The standard of proficiency attained in all events was higher than it has been for a number of years, and resulted in the winning of the Athletic Shield in the United Hospitals Sports for the first time for seventeen years.

Our relay team, composed of Messrs. H. B. Stallard, J. C. Alsworth-Davis, P. R. Viviers and G. Scott Brown, lowered the record for the event.

Mr. H. B. Stallard has been the outstanding performer. In the half-mile he only failed by one-fifth of a second to lower the record, and in the Triangular International Contest and in the A.B.A. Championships he won the mile. Mr. W. W. Daley has been performing consistently well in the cross-country section. Considering the high standard of performance it is a great pity that the Club should receive so little support—only forty students took enough interest to watch the Inter-Hospital contests. It is hoped that this will be improved upon this year, when our prospects are again very good.

The *Boxing Club* won two weights through Mr. Marcus and Mr. Vergette in the Inter-Hospital competition last year, and in the coming contests on March 18th it is hoped that the representative team which has been raised will be successful in winning the cup.

Our thanks are due to Mr. Marcus for his great and well-merited efforts in the organization of the boxing competition at the Stadium Club in connection with the Octocentenary Celebrations. We congratulate him also on winning his weight in the same event.

The *Rifle Club* repeated its successes of the previous year by winning both the United Hospitals Challenge Cup and the Armitage Cup, the former for the third year in succession.

As regards individual members' efforts during the Bisle meeting, Mr. Elgood is to be congratulated on winning the King's silver medal. Members of the team won two "King's Hundred" badges and a St. George's badge. Mr. Malony shot in the Irish twenty.

If this success is to be maintained, an increased membership is necessary to fill the places of those who will be leaving soon. Anyone who is interested in shooting is asked to become an active member of the Club.

Of the fifteen polo matches played by the *Swimming Club* last season, ten were won and four lost.

In the Inter Hospital Cup the Club beat St. Thomas's and London, but were beaten by Guy's in the semi-final after a very close match.

It is hoped that the improvement shown last year will be continued during the coming season.

Bad weather caused the scratching of many of the *Tennis* fixtures, but the Club had quite a successful season, winning six matches out of ten, and only losing to Guy's in the final of the Inter-Hospital Cup. It is hoped that the practice now available on the new hard courts will lead to better results this year.

The *Boat Club*, owing to the financial support given by the Students' Union, were able to recruit many new members, and an eight and two fours were raised. The senior race was won by Guy's by two lengths, largely owing to the Bart's boat getting into trouble in "dead water."

The junior race was a triumph for the Bart's four, who gained an excellent victory by five lengths. The increased keenness of members with regard to training and practice was very encouraging, and should lead to the best results in the coming season.

The *Abernethian Society* have held two mid-session addresses—one in July was given by Dr. Shore, and the other in February by Sir Henry Gauvain.

An inaugural meeting at the beginning of the October term was addressed by Sir D'Arcy Power and Mr. Vick.

Clinical evenings, discussions and lectures have been held on alternate Thursdays throughout the winter session.

The continuance of the process of reconstruction and re-organization we pass on to those elected to succeed us, with every confidence that they will successfully carry on the work of gaining for students the full privileges of their membership of the Union.

Finally, we should like, on behalf of all members of the Students' Union, to thank the Treasurer and Almoners, the Dean, the College Committee, Mr. Hayes, and the representatives of the Staff on the Students' Union, for their invariable courtesy in considering all matters referred to them by the Council, and for their untrifling and unselfish efforts on behalf of the Union.

We remain, Gentlemen,

Your obedient servants,

E. S. VERGETTE } Hon. Secs.
M. J. HARKER }

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. RUGBY.

Some capital football was seen at Winchmore Hill on Saturday, February 23rd, when Bart's entertained Rugby, and beat them by three goals and two tries (21 points) to one penalty goal (3 points).

The visitors were without Conway, and never at any stage of the game looked like winning. They were beaten in every department by combination and pace, and during the second half were almost entirely on the defensive. The superiority of the Hospital was most pronounced behind the scrum, all the backs showing excellent judgment in passing and tackling. Forward, the visitors, although the heavier side, could not hold Bart's pack, who scrummaged always to effect, the ball invariably coming out to Williams, who sent many long swinging passes to McGregor—passes which were always accepted, and generally commenced a strong raid by the Hospital three-quarters.

At full-back Royle deputized for Gaisford in the Hospital team. On the whole the best of the visiting side were Tebbetts, Taylor, Worrall and Reed. On the Hospital side it would be invidious to single anyone out for special praise, for the whole side played well.

From the start Rugby pressed for a time, but it was not long before Bart's found their feet, and opened the scoring through Davies, who touched down after McGregor and Fitzgerald had made ground

in a good passing movement. The try remained unconverted. The pressure on the visitors' line continued, and after Renshaw had relieved the Hospital three again secured, and the ball being handled by Williams, McGregor, Fitzgerald and Davies in turn, Neville ran over for Bettington to place a goal. Some midfield play ensued, and Bart's were penalized for picking out of the scrum, Tebbett's kick just failing to go over the bar. Some good footwork was seen by the Bart's forwards, who came strongly with Morgan and Row in the van; the movement looked promising, and was only frustrated well inside the Rugby "25."

Bart's continued to have most of the game, the ball going out to them from most of the scrums. Davies, accepting from McGregor, ran strongly, and after cleverly handing off, passed to Fitzgerald when brought down, for the latter to run over for an unconverted try. Again Bart's were penalized for the same offence, and Renshaw kicked a penalty goal from a difficult angle.

After the interval the Rugby side contented themselves with purely defensive play, and consequently the pace of the game fell off. Time after time the Hospital three-quarters in excellent passing movements swept down the field, but the Rugby defence held out and the home side only scored twice. In the first instance, after a forward raid, Morgan touched down, while the second try came as the result of some good three-quarter play, Williams, McGregor, Fitzgerald, Davies and Rowe handling in turn for the latter to force his way over for a spectacular try, Bettington adding the extra points on each.

Referee: The Rev. W. Roberts.
Teams.—St. Bart's: H. Royle, back; Melbourne Thomas, M. G. Fitzgerald, P. O. Davies, L. C. Neville, three-quarters; T. P. Williams, H. McGregor, halves; A. E. Beith, R. H. Bettington, J. W. Dutton, A. Carnegie-Drown, W. S. Morgan, G. W. C. Parker, A. W. L. Rowe, E. S. Vergette, forwards.

Rugby: Renshaw, back; Haslemere, Lovrocek, Worrall, Reed, three-quarters; Stretton, Pettifer, halves; Parker, Tebbetts, Savory, Middleton, Taylor, Ridgeway, Hinks, Jeacock, forwards.

ST. BARTHOLOMEW'S HOSPITAL v. GUY'S HOSPITAL. Semi-Final, Hospitals' Cup.

On Thursday, February 28th, Bart's met Guy's in the semi-final of the Hospitals' Cup at Richmond. The London Press predicted Guy's as the winners. The records of the two teams slightly favoured Bart's—but records are nothing in needle matches of this nature. Parker, the Bart's captain, had insisted on solid scrummaging for some time before this match. His efforts were admirably rewarded. The Bart's forwards in all the phases of forward play—pushing, heeling, breaking-up, footwork, line-out work—overwhelmed the pack led by Doherty. Guy's were beaten for possession in eight scrums out of ten. When they did get it they were more than once penalized for "feet-up." Meissner, behind the beaten Guy's back, was not equal to the attentions of T. P. Williams at half. Gaisford played the best game he has ever played for his Hospital. It was a type of game that suited him, and he took full advantage of it.

Bart's played with a strong wind in the first half. During this period Gaisford nursed his forwards effectively. He kicked a great length. A few more games of this nature will secure him another trial. The first score came from a penalty. It was a fine kick, fifty yards out and near the touch-line. The strength, length and direction were great. It went over after landing on the cross-bar. Nester, after a combined rush by the Guy's pack, nearly added a penalty on two occasions; once the ball dropped short, and on another occasion the ball went just outside the top of the post. Free kicks were numerous. Obviously Mr. Roberts, of Llanely, was not allowing any licence. A few minutes before half-time Neville secured the only try of the match. It was a crowning effort to a good bout of passing. The ball travelled quickly from Williams *via* McGregor. L. C. Neville on receiving cut in—a la Hamilton-Wickes—and ran determinedly for twenty yards, finishing up with three Guy's men on his back (*vide* photograph)—a fine effort, exhibiting a good swerve, dash and resolute running. He beat Graham-Davies, Spence and Fellowes-Smith. Davies is also to be congratulated on timing his pass at the correct moment. Bart's forwards were showing more mastery as the game progressed, and only a very fine defence kept Parker and his men at bay. Gaisford was continually kicking with enormous length, and it must have been very depressing and tiring to the Guy's pack, who were getting a terrible grumbling by their opponents. The second half saw Guy's attack for the first and the last few minutes. During the intervening period Bart's had all the game, and more than once deserved to score. W. S.

Morgan was held up just outside. On another occasion Melbourne Thomas, after one of his characteristic runs, was nearly in, but Spence tackled him magnificently just outside. The few times that the Guy's three-quarters received the ball, they did not appear desirous of opening the game. Invariably it was a kick to touch. Each time they ran they did not get far, for they were closely shadowed by the Bart's centres, and Rowe paid particular attention to Schalkwijk. McGregor, the Bart's outside half, was not seen at his best—and no wonder, when one realizes that he does not remember anything about the game after the first fifteen minutes, when he received a severe kick on the head. It was a clean, hard game, and Bart's thoroughly deserved the victory. Final score, Bart's, 1 penalty goal 1 try (6 points), Guy's, nil.

PRESS COMMENTS.

Daily Telegraph.—"Winners thoroughly deserved victory. . . . Beith's hooking, Gaisford's kicking, and Parker's forwards quite outplayed the Guy's team."

Morning Post.—"A great hard match . . . splendour of Bart's forwards and Gaisford won the match."

Sportsman.—"Bart's played splendid football . . . thoroughly deserved to win."

The Times.—"A fine victory for Bart's."
Teams—Guy's: P. D. B. Spence, *back*, G. Fellowes-Smith, H. Graham-Davies, C. L. Steyn, J. Binmore, *three-quarters*; W. Meissner, J. G. Van Schalkwijk (capt.), *halves*; W. D. Doherty, H. G. Scholefield, F. E. Neser, N. M. Holloway, G. G. Cameron, E. H. Fouraker, De Wet Vorster, J. Schabot, *forwards*.
 Bart's: W. F. Gaisford, *back*; M. G. Thomas, M. G. Fitzgerald, P. O. Davies, L. C. Neville, *three-quarters*; H. McGregor, T. P. Williams, *halves*; G. W. C. Parker (capt.), W. S. Morgan, A. W. L. Rowe, H. H. Bettington, A. A. Carnegie-Brown, A. E. Beith, E. S. Vergette, J. W. Buttery, *forwards*.
Referee: Evan Roberts (Llanely).

* International. † Varsity blue.

ST. BARTHOLOMEW'S HOSPITAL v. BATH.

On Saturday, March 8th, Bart's journeyed west to vie in contest with Bath. The conditions were ideal. This was the first occasion Bart's had played Bath, and unusual interest was vested in the game. Bath lacked the services of Richards and Cosidine, while Bart's lacked the services of Melbourne Thomas, G. W. C. Parker (capt.), and W. S. Morgan.

Bath opened the scoring in the first few minutes. Gibbs dashed over in the corner, after poor attempts at tackling. Even play followed; Bart's should have scored, but the passing was very erratic for the first twenty minutes. Bath got another try through Gibbs, who ran resolutely, but he should have been well held by Gaisford, who was only three yards from the touch line. Gibbs running between him and the touch-line. Woodward converted. Bart's after this made tremendous efforts, and their passing improved. Beith also was teaching the Bath pack how to hook. Then Fitzgerald cut out a very nice opening for Cooper to score wide out. In the second half Bart's improved, and their backs, well fed by Beith, Williams and McGregor, again and again looked dangerous. Eventually the defence was beaten twice, once by Neville, after a fine bout of passing, and another time by Rowe, after a brilliant *coolerer* run by McGregor. Gaisford converted both these tries. Thus Bart's emerged victors by 2 goals, 1 try (13 points) to 1 goal 1 try (8 points). Gomm, the Bath full-back, saved his side from heavy defeat.

Teams. Bath: H. J. Gomm, *back*; W. J. Gibbs, I. Ridge, E. G. Northway, J. B. Hannah, *three-quarters*; H. Vowles, G. Nudds, *halves*; W. H. Sheppard, J. W. Bigrove, R. S. Chaddock, C. N. Mannings, C. E. Carruthers, H. B. Wake, P. Chapman, G. Woodward, *forwards*.

St. Bart's: W. F. Gaisford, *back*; W. F. Cooper, M. G. Fitzgerald, P. O. Davies, L. C. Neville, *three-quarters*; T. P. Williams, H. McGregor, *halves*; A. E. Beith, R. H. Bettington, J. W. Buttery, A. Carnegie-Brown, A. B. Cooper, C. R. Jenkins, A. W. L. Rowe, E. S. Vergette, *forwards*.

ASSOCIATION FOOTBALL CLUB.

Final of "Inter-Hospital" Cup-Ties.

ST. BARTHOLOMEW'S HOSPITAL v. GUY'S HOSPITAL.

At Crystal Palace. Result, lost 1-3. Let it be fully understood before making excuses for our defeat that on the day's play Guy's richly deserved their victory.

It was a "midsummer-like" day, and the ground hard, and when it is remembered that on each of the three reverses the eleven have met with this season the conditions have been similar, it is obvious that the team is not at its best in such weather.

Again, the ground was wider than we are accustomed to. This made little difference to Guy's, who keep the ball constantly with their *inside forwards*, but to us, who rely much more on our wing forwards, the extra width was most deceiving.

Not a single member of the team can be mentioned as having been "on form." Combination was very poor, if anything the *inside forwards* being the greatest sinners. As the end of the season is close at hand, nothing is to be gained by individual criticism. We will therefore refrain from mentioning names.

Team: L. B. Ward; J. G. McMenamin, G. G. Holmes; L. Oldershaw (vice-capt.), A. C. Dick (capt.), C. Wroth; G. K. Nicholls, W. D. Watson, A. E. Ross (Hon. Sec.), R. Savage and J. Parrish.

INTER-HOSPITAL BOXING.

The Inter-Hospital Annual Boxing Competitions were held at the N.S.C. on March 18th, and resulted in a win for Bart's with 14 points, the London and Middlesex coming next with 12 points each. Guy's 6 points, George's 4 points. Bart's have three Hospital champions—G. L. Colenso-Jones, light-heavy-weight, T. M. Marcuse, welter-weight, and H. D. Chalke, bantam-weight, H. C. Thomas being runner-up in the fly-weights.

G. L. Colenso-Jones v. M. C. Lavin (London).—Colenso-Jones outpointed Lavin in every round somewhat easily, and was punching much harder; his defence was good and he was very fit.

T. M. Marcuse v. P. de R. Pearse (Middlesex).—Marcuse went for Pearse at the outset, and tried to score a knock-out, but by covering up and retreating in each round Pearse managed to last the three rounds. Marcuse was very good at ducking his opponent's leads.

T. M. Marcuse v. H. L. Simpson (London).—This bout was spoilt by continued holding on Simpson's part, and after being cautioned several times by the referee, Simpson was disqualified.

H. D. Chalke v. N. Kodkin (Middlesex).—Chalke seemed a little puzzled in the first round by the Southpaw, but managed to hold his own in the second and third rounds. Chalke easily outpointed Kodkin with a nice straight left and good footwork.

H. D. Chalke v. S. A. Romain (London).—A very even bout, with Chalke using some nice straight lefts and right counters; by better staying power and superior ringcraft Chalke gained the verdict.

H. C. Thomas v. R. I. Augustus (Middlesex). Thomas was clever at ducking and covering up, but would not lead, and so lost the decision. Had he led a bit I feel sure he must have won.

A. E. Ross v. W. R. R. Jones (Thomas's).—The first round was about even, but in the second and third Ross's speed and straight hitting enabled him to outpoint Jones.

A. E. Ross v. G. K. Thornton (George's).—Ross was master in the first two rounds; in the second he had Thornton down twice, but slacking off a bit in the third he lost the decision, which most present thought he had won.

In the middles D. L. Stephens met V. H. Brink, of London, and was knocked out in the first round with a right to the jaw from which no one would have got up.

In the heavies R. H. Bettington was beaten in the first round by S. K. Mathews, Middlesex. Quite early Mathews got one home which slowed Bettington. Mathews was quick to follow up, and after a hard minute's fighting managed to win.

HOCKEY.

The 1st XI closed the season with two good matches—against Hendon on Saturday, March 22nd, and against Guy's the following Saturday.

The team against Hendon was as follows: R. A. Walsh, *goal*; E. H. Watkins, B. E. G. Mosse, *backs*; N. F. Jory, J. S. Goodwin, S. B. Benton, *halves*; J. Foster, K. W. P. Hartley, R. Cooper, J. E. Church, J. G. Miller (capt.), *forwards*.

The second XI have qualified for the final of the Inter-Hospital Cup, 2nd Division, by beating King's. The final is being played on Tuesday, March 24th, at Richmond. If they play up to the standard of the semi-final match, the result should be without doubt in favour of the Hospital.

Team as follows: C. G. Sinclair, *goal*; S. T. P. Gray, S. B. Benton, *backs*; A. F. Clark, S. Woods Brown, E. H. Roberts, *halves*; A. T. Pagan, W. F. Scott Brown (capt.), Guinness, A. C. Bell, F. C. Roles, *forwards*.

GOLF.

MATCH held against Verulam Golf Club at St. Albans on February 27th, 1924. In the morning four-ball matches were played, leaving the Hospital with a lead of four points, the singles being halved, the Hospital winning by 11 points to 7.

Bettington and Houtton	1 v.	Pearson and Phillips	0
Smith and Cox	0 v.	Patson and Mence	1
Barnes and Stuart-Low	1 v.	Lismore and Sander	0
Holmes and Mackenzie	1 v.	Hubert Taylor and Muir	0
Kendall and Stanton	1 v.	MacDonald and Marshall	0
Greenwood and Harker	1 v.	Cornforth and Richards	0

5

Singles.

Bettington	1 v.	Pearson	0
Houtton	0 v.	Phillips	1
Cox	1 v.	Patson	0
H. Smith	0 v.	Mence	1
Barnes	0 v.	Lismore	1
Holmes	0 v.	Sander	1
Mackenzie	1 v.	Hubert Taylor	0
Stuart-Low	0 v.	Muir	1
Kendall	0 v.	MacDonald	1
Harker	1 v.	Marshall	0
Greenwood	1 v.	Cornforth	0
Stanton	1 v.	Richards	0

H. E. HOUTTON, Sec.

UNITED HOSPITALS HARE AND HOUNDS.

ANNUAL RACE FOR THE KENT-HUGHES CUP.

The Hare and Hounds Club entered a team of nine for the above Challenge Cup. The race was held on March 25th over a seven-mile course from the "Bull's Head," Chislehurst, four hospitals competing. The course was varied, containing some severe hill-work, and being very slippery in places. Our own team packed in a way that would have proved more effective had we scored eight a side instead of five, and this, together with the operation of back-scoring, brought us three points below King's. Guy's won the race by individual brilliance, combined with superior packing. R. C. Lightwood (King's) was first home, as last year, finishing as he liked in 40 mins. 54 secs. W. W. Darley headed our own team as a very good fourth.

Order of finish: 1, R. C. Lightwood (King's), 2, M. Jago (Guy's), 3, D. A. Wilson (Middlesex), 4, W. W. Darley (Bart's), 5, C. W. Rake (Guy's), 6, J. H. Chitty (Guy's), 7, J. R. Beagley (Bart's), 8, R. H. Yelf (King's), 9, W. D. Jones (Guy's), 10, A. Simpson (King's), 11, T. G. S. Thomas (Guy's), 12, W. T. Chapman (King's), 13, J. L. M. Savage (Bart's), 14, R. G. West (Bart's), 15, A. C. MacLeod (Middlesex), 16, H. N. Walker (Bart's), * C. S. Wise (Bart's), * J. E. Snow (Bart's), * S. E. Theis (Guy's), 17, H. M. Roys-Jones (Middlesex), 18, G. S. Wilson (Middlesex), * B. M. Tracey (Bart's), * M. D. Young (King's), 19, K. F. Mills (Middlesex), 20, A. C. Perkins (King's), * H. L. Sparrow (King's), * C. B. Nicholson (Middlesex), * J. D. S. Thomas (Guy's).

* Not placed.

Team placings: 1, Guy's: 2, 5, 6, 9, 11 = 33.
 2, King's: 1, 8, 10, 12, 20 = 51.
 3, Bart's: 4, 7, 13, 14, 16 = 54.
 4, Middlesex: 3, 15, 17, 18, 19 = 72.

REVIEWS.

MODERN METHODS IN THE DIAGNOSIS AND TREATMENT OF GLYCO-SURIA AND DIABETES. By HUGH MACLEAU, M.D., D.Sc. 2nd edition, revised and enlarged. 187 pages. (Constable & Co., Ltd.) Price 8s. 6d.

The revision and enlargement of this excellent handbook are the result of the introduction of insulin in the treatment of diabetes. Prof. Macleau gives his experience with insulin in his customary clear and well-defined manner. We shall confine our remarks to that section only, as the remainder was reviewed in our columns last year.

Although admitting that it is perhaps too early to speak in a

dogmatic manner at the present time, Prof. Macleau's experience is that insulin has not a curative effect in chronic cases of diabetes, any more than thyroid extract has in myxoedema. Insulin certainly has a good effect in acute cases, but it is doubtful whether careful dietetic treatment would not have an equally beneficial effect. Nevertheless, in cases of diabetic coma it is the moral obligation of every medical man to administer insulin. The section which deals with the treatment of diabetic coma is, in our opinion, one of the best accounts that has yet appeared, the detailed report of a case in which 245 units were administered in 24 hours being particularly useful. The list of nine rules in the treatment of a case of coma is excellent, the danger of not differentiating between coma and hypoglycaemia being repeatedly emphasized. One cannot hope to do justice to this authoritative handbook by merely selecting various points for praise; the book must be read in its entirety. We strongly recommend all practitioners and students of medicine to thoroughly familiarize themselves with it. Everything is set out clearly and with lucidity, while here and there are such delightful and profound epigrams as "Mathematics is not always an exact science when applied to clinical medicine, though it undoubtedly has its place in this field; that place must always be subordinated to common sense"; and "Some subjects appear to be beyond the control of mathematical formulae."

INSULIN IN GENERAL PRACTICE. By A. CLARKE BEGG, O.B.E., M.D., Ch.B., M.B. (Lond.). (London: William Heinemann, Ltd.) 125 pages. Price 5s.

This little book has been written primarily for general practitioners, but, at the same time, it will prove to be more than useful for students. Dr. Begg has a certain "rasciness" of style which makes everything applied to clinical medicine, though it undoubtedly has its place in this field; that place must always be subordinated to common sense"; and "Some subjects appear to be beyond the control of mathematical formulae."

This little book will undoubtedly become very popular with general practitioners, because it is what it is claimed to be, namely, "a concise clinical guide for practitioners."

NEW VIEWS ON DIABETES MELLITUS. By P. J. CAMMIDGE, M.R.C.S., and H. A. H. HOWARD. (London: Henry Frowde & Hodder & Stoughton.) 611 pages. Price 21s.

This is obviously a book intended for those who make the study of metabolism their hobby. The ordinary medical student, and indeed the majority of medical practitioners, both general and consulting, will find it of very little value. At a time like this, when "insulin" almost completely dominates the field with regard to diabetes, it is, to say the least, refreshing to find a theory of diabetes put forward in which the internal secretion of the pancreas plays but a subsidiary part. The idea is that diabetes is not a definite metabolic defect, but rather a symptom-complex in which the dominating feature is hyperglycaemia. The causes of this hyperglycaemia may be endocrine, hepatic, nervous or renal. Much evidence which has been carefully collected is adduced to support this theory, and it is obvious that a gigantic amount of experimental work has been performed by these workers. The results and ideas are clearly stated, and the diagrams are excellent, the coloured frontispiece, showing "types of blood-sugar curve," being particularly good. No recent publication has been as thought-provoking, while at the same time the historical aspect of diabetes is well presented, and there is an excellent bibliography at the end of each section. We heartily recommend it to all those who are interested in the complex problem of metabolism.

ANÆSTHESIA IN DENTAL SURGERY. By T. D. LUKE, M.D., F.R.C.S. (Edin.), and J. STUART ROSS, M.B., F.R.C.S. (Edin.). (London: William Heinemann (Medical Books) Ltd.) 5th edition. Pp. 238. Illustrated. 10s. 6d. net.

The latest edition of this book, the fifth in twenty years, gives some indication of its merit. The first chapter of twenty pages, which is

devoted to the historical aspect of anaesthetics, is entertaining and full of interest, and the second chapter deals well with that important item, the choice of anaesthetic, and with various accessories, such as mouth-prop, gags, etc.

On the whole the arrangement of the book is good, except for too frequent cross-references to figures and illustrations on other pages. The various anaesthetics in use both alone and in combination are discussed in turn. A valuable chapter is included on the accidents during anaesthesia and their treatment, and another on local dental anaesthesia.

Some tables are given, with statistics, regarding the administration of nitrous oxide, ethyl chloride and chloroform anaesthesia, the last mentioned being of particular interest, as it seems to emphasize the danger of operative procedures during light anaesthesia induced by this drug.

The book is well written, and its illustrations and diagrams are excellent. It should certainly be read by all who wish to obtain more than a superficial knowledge of anaesthetics.

VENEREAL DISEASE: ITS PREVENTION, SYMPTOMS AND TREATMENT.
By H. WANSEY BAYLY, M.C. (London: J. and A. Churchill, 1924) Pp. 176. Price 7s. 6d.

The second edition of this book is a valuable contribution to the literature on the subject, and in view of his well-known connection with the Society for the Prevention of Venereal Disease, Dr. Wansey Bayly's opening chapter will be read with added interest. His plea for proper notification and enforced treatment of venereal disease is forcibly put, and he shows how its prevention may be achieved by an educational campaign, and by wider legislative action. Most strongly of all he stresses the importance of facilitating immediate self-disinfection.

The section on syphilis is excellent, especially where the author deals with its treatment and the complications that may attend treatment.

The treatment of gonorrhoea is not set out with quite the same clearness, but this is admittedly a more complex subject. Here the space allotted to the operation of vasotomy for chronic vesiculitis might more profitably have been devoted to a fuller consideration of urethroscopy. After dealing briefly with non-specific lesions of the external genitals, Dr. Bayly ends with a few words on castrating, the examination of patients, and the criteria of fitness for marriage.

This short book is illustrated and is admirably arranged. It is well suited to the needs of the general practitioner and of post-graduates, but the inclusion of a more detailed description of pathological changes would, without unduly increasing its bulk, be an advantage to student readers.

CORRESPONDENCE.

"AFTER MANY YEARS"

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

DEAR SIR,—In March, 1884, we lost the Cup to London after a desperate fight by one try to nil, and now after forty years it has been regained.

Can you imagine the delight which this has caused me, and also, I feel sure, all the other survivors of the team who played in that historic match? Permit me then to offer my heartiest congratulations to our splendid team, whose performances this season I have watched with the keenest interest, and the full expectation that they would atone, at long last, for 1884. It was sheer bad luck that lost us that match, and I have always felt that we were the better team, but two three-quarters going very "crooky" towards the end settled our fate. It may interest some old Bart.'s men to know that the team was as follows:

L. W. Andrews, J. W. Jessop, P. C. H. Strickland, H. B. Cardew, *E. Treharne, K. W. I. McKenzie, G. F. Aldous, H. C. Chapman, R. G. Cross, †E. J. Moore, M. G. Robinson, J. Rust, R. H. W. Wilbe, A. T. Woodridge, B. D. Z. Wright.

Six of us played for our country.

"LYNWOOD."

MIDDLETON ROAD, I am,
HR. CRUMPSALL, Yours, etc.,
MANCHESTER, JOHN RUST.

March 14th, 1924.

* Welsh international. † English international.

CHANGES OF ADDRESS.

CLARKE, A. FIELDING, Monkton, Mill Road, W. Worthing.
EDWARDS, T. P., 4, Belgrave Road, Wickham, N. Wales.
GARROD, L. P., 68, Gloucester Terrace, Hyde Park, W. 2 (Tel. Pad. 340).
ORCHARD, S., Little Court, 724A, Fulham Road, S.W. 6.
WRIGHTON, A. O. B., C.O.'s Quarters, Alexandra Hospital, Cosham, Hants.

APPOINTMENTS.

DURKE, G. T., M.D., Maj. I.M.S., appointed Officiating Professor of Medicine, King George's Medical College, Lucknow.
DUTCHER, W. H., M.D., B.Ch.(OxI), D.P.H.(OxI), appointed Assistant Medical Officer, Health Department, Somersetshire County Council.
ELAM, J. E., L.M.S.S.A., appointed Certifying Surgeon under the Factory and Workshop Acts for Barnet.
FORRESTER, A. T. W., M.D.(Lond.), appointed Medical Superintendent of the Warwick County and County Borough of Coventry Mental Hospital.
LEVDY, E. I., M.B., B.Ch., F.R.C.S., appointed Resident Medical Superintendent, Hospital for Sick Children, Great Ormond Street.
OULTON, E. V., M.B., B.C.(Cantab.), appointed Honorary Assistant Surgeon, Sussex Eye Hospital, Brighton.

BIRTHS.

AINSWORTH-DAVIS.—On Thursday, March 13th, at Rose Cottage, Chesham Bois, to Mr. and Mrs. Jack Ainsworth-Davies—a son.
CANE.—On February 24th, at "Homewood," Peterston-super-Ely, Glamorganshire, to Dr. and Mrs. Maurice H. Cane—a daughter.
DOWNER.—On March 19th, at 9, College Hill, Shrewsbury, to Eileen (nee Craig), the wife of Dr. R. L. E. Downer—a daughter.
FRASER.—On March 20th, at 25, Sussex Place, Regent's Park, N.W., to Gladys, wife of D. Beaufort Fraser—a daughter.
ROBBINS.—On March 15th, at Crantock, Finchley Road, Golders Green, the wife of F. H. Robbins, M.C., F.R.C.S.(Ed.)—a son.
ROBERTS.—On November 23rd, 1923, at "Taggscroft," Beresford Road, Rose Bay, Sydney, N.S.W., the wife of Surgeon Lt.-Commr. W. E. Roberts, N.A. Navy—a son.

DEATHS.

BETENSON.—On March 8th, 1924, at Sussex Lodge, Newhaven, William Betenson Betenson, Surgeon-Capt. R.N.V.R. (H.M.S. "Bacchante," 1916), Admiralty Surgeon and Agent, Newhaven, aged 57.
BREKERSFETH.—On February 29th, 1924, at Bournemouth, Robert Alexander Bickerseth, F.R.C.S., of Borwick Lodge, Hawkeshead, aged 61.
NEWBOLT.—On March 9th, 1924, suddenly, George Palmerston Newbolt, F.R.C.S., of Liverpool.
RUNDLE.—On March 19th, 1924, at 13, Clarence Parade, Southsea, Henry Rundle, F.R.C.S., aged 79.
SACKETT.—On March 21st, 1924, Herbert Leyland Sackett, F.R.C.S., aged 30.
SYDENHAM.—On March 18th, 1924, George Francis Sydenham, M.R.C.S., J.P., of Dulverton, Somerset, aged 63.
WOMACK.—On March 11th, 1924, at the Croft, Finchampstead, Berks, Frederick Womack, M.B., B.Sc., aged 67.

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 1 City 520.

St. Bartholomew's Hospital



JOURNAL.

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

VOL. XXXI.—No. 8.]

MAY 1st, 1924.

PRICE NINEPENCE.

CALENDAR.

Thurs., May 1.	—Debating Society: "That Vaccination is a Useless and Dangerous Prophylactic."
Fri., " 2.	—Dr. Drysdale and Mr. McAdam Eccles on duty. Clinical Medicine Lecture, Dr. Morley Fletcher.
Mon., " 5.	—Special Subject Lecture, Mr. Elmslie.
Tues., " 6.	—Sir P. H.-S. Hartley and Mr. Rawling on duty.
Wed., " 7.	—Clinical Surgery Lecture, Mr. Waring.
Fri., " 9.	—Sir T. Horder and Sir C. Gordon-Watson on duty. Clinical Medicine Lecture, Dr. Drysdale.
Mon., " 12.	—Special Subject Lecture, Dr. Camberbatch.
Tues., " 13.	—Prof. Fraser and Prof. Gask on duty.
Fri., " 16.	—Dr. Morley Fletcher and Mr. Waring on duty. Clinical Medicine Lecture, Sir Thomas Horder, Bart.
Mon., " 19.	—Special Subject Lecture, Mr. Harmer.
Tues., " 20.	—Dr. Drysdale and Mr. McAdam Eccles on duty.
Wed., " 21.	—Clinical Surgery Lecture, Mr. Waring.
Last day for receiving matter for June issue of Journal.	
Fri., " 23.	—Sir P. H.-S. Hartley and Mr. Rawling on duty. Clinical Medicine Lecture, Dr. Drysdale.
Mon., " 26.	—Special Subject Lecture, Mr. Scott.
Tues., " 27.	—Sir T. Horder and Sir C. Gordon-Watson on duty.
Wed., " 28.	—Clinical Surgery Lecture, Sir C. Gordon-Watson.
Fri., " 30.	—Prof. Fraser and Prof. Gask on duty. Clinical Medicine Lecture, Sir Thomas Horder, Bart.

EDITORIAL.

OUR connection with the medical schools of America was strengthened last month by two interesting lectures.

Dr. McRae, best known perhaps in this country for his co-operation with Sir William Osler in the production of

the well-known *Text-book of Medicine* addressed a crowded theatre on Thursday, March 27th.

At the request of Prof. Fraser he took for his subject "Chronic Arthritis." Quite apart from the pleasure of gaining a personal link with a standard text-book, the lecture was a delight, filled as it was with clear teaching and witty sallies. One cannot forbear to record here Dr. McRae's dictum as to the duties of a consultant, "Give as hopeful prognoses as possible, and do a rectal examination," or his gibe at his surgical colleagues, "All surgeons should be forced to attend once a year a clinic on 'spondylitis.'"

The second lecture was delivered by Mr. Paterson Ross on "Personal Experiences in America." Mr. Ross has previously recorded some of his impressions in the JOURNAL, and an account of his excellent lecture will be found in this issue in the reports of the Abernethian Society.

* * *

Much interest should be created by the discussion arranged by the Debating Society on Vaccination. The motion before the House will be: "That vaccination is a useless and dangerous prophylactic." The motion will be supported by a speaker from the Anti-Vaccination League, and the opposition will be led by Dr. Lyster.

* * *

We have recently received from Mr. C. J. Heath a number of essays on "The Doctor," written by national school-children of about ten years of age. There is a singular unanimity about them. All agree that the doctor is very rich, lives in a big house, has a motor-car, and wears "a black suit." One unusually observant child remarks, "The doctor always has clean hands," and another fortunate youngster adds "The doctor sometimes gives me a penny." Let us rejoice at the cleanliness, wealth and generosity of our profession. Criticism from other quarters might have been more severe!

We offer our congratulations to Sir Humphry Rolleston on his re-election as President of the Royal College of Physicians for the ensuing year.

* * *

We print elsewhere in this issue the list of House Appointments for the next six months. The competition for them has been extraordinarily keen, and each position might have been filled three times over.

There has been, as there was bound to be, a good deal of disappointment; and men who in less crowded times would have been certain of getting on to the House Staff would have had to seek posts elsewhere. It is satisfactory to hear that there has been a drop in the numbers entering for the medical profession; the drop has been considerable as the figures recently published in the *Lancet* show. These figures are, however, slightly misleading, as under the Conjoint Board Regulations which are now in force, the preliminary scientific studies are completed at school, so that many boys who are at present doing their physics, chemistry and biology will not register until next year.

But sufficient indication that things have returned to normal may be obtained by comparing the average number of dressers on a surgical firm to-day with the number two years ago. These decreased numbers mean increased experience for each dresser, and we do not suppose that, to-day, a man finishes his surgery-dressing without having done many minor operations. The old competition for "circums" is a thing of the past!

* * *

We would like to draw the attention of our readers to a book of a non-medical character, which has very recently been written by a Bart.'s man.

In *The Pirates' Who's Who*, Dr. Philip Gosse has concentrated his very unusual knowledge of the lives and deaths of the pirates and buccaneers—a knowledge which he has gained from his large collection of books dealing exclusively with these gentlemen.

A gentle humour serves partly to conceal the grim tragedies, which Dr. Gosse recounts in the pages of this volume—surely the strangest "Who's Who" yet published.

The book has already created a great deal of interest: it has called forth leading articles in two such diverse journals as the *Times* and the *British Medical Journal*; it has even roused a descendant of one gallant captain (who was rather a privateer than a pirate) to a spirited protest combined with an offer to help with the next edition!

We hope to review the book fully in our next issue. Meanwhile, we congratulate Dr. Gosse on his successful effort, and commend the book to our readers, whether their tendencies be peaceful or bellicose.

HOUSE APPOINTMENTS.

THE following gentlemen have been nominated to House Appointments from May 1st, 1924:

Junior House-Physicians—	
Dr. Morley Fletcher.	H. G. Anderson.
Dr. Drysdale.	I. W. Poole.
Sir P. Horton-Smith Hartley.	C. O. S. B. Brooke.
Prof. F. R. Fraser.	J. Maxwell.
Sir Thomas Horder, Bt.	F. H. K. Green.
Junior House-Surgeons—	
Mr. H. J. Waring.	R. T. Payne.
Mr. McAdam Eccles.	H. Burt-White.
Mr. L. Bathe Rawling.	J. R. Hamerton.
Prof. G. E. Gask.	T. D. Deighton.
Sir C. Gordon-Watson.	J. M. Scott.
Intern Midwifery Assistant (Resident)	W. R. Ward.
Intern Midwifery Assistant (Non-Resident)	J. Parrish.
Extern Midwifery Assistant	A. B. Cooper.*
H.-S. to Throat Department	T. Meyrick Thomas.
H.-S. to Ophthalmic Department	G. H. Caiger.
H.-S. to Orthopaedic Department	H. H. D. Sutherland.
H.-S. to Venereal and Skin Department	G. B. Tait.†
Senior Resident Anaesthetist	C. S. C. Prance.‡
Resident Anaesthetists	F. T. Evans.
	N. E. Lawrence.
	R. G. R. West.

* 3 months. † 3 months, May. ‡ 3 months, August.
All others for 6 months.

OBITUARIES.

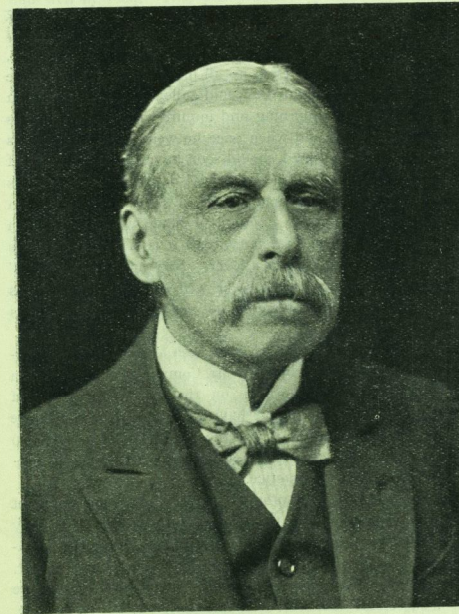
HUGH WALSHAM, M.A., M.D., F.R.C.P.

HR. HUGH WALSHAM, Consulting Radiologist to St. Bartholomew's Hospital, died in London on April 13th at the age of 68. He was the second son of the late W. W. Walsham, of Wisbech, and younger brother of the late William Johnson Walsham, former Surgeon to St. Bartholomew's. He received his early education at King's College, and proceeded to Caius College, Cambridge, and thence to St. Bartholomew's. He obtained the degree M.B., B.Ch.(Cantab.) in 1887 and became M.D. in 1897. In 1891 he obtained the Membership of the Royal College of Physicians, and he was elected to the Fellowship in 1901.

After serving as Pathologist to the City of London Hospital for Diseases of the Chest, he was appointed Assistant Physician and afterwards Physician to the same hospital. In 1896 he was appointed Assistant to the late Dr. Lewis Jones, who was then Medical Officer in Charge of the Electrical Department of St. Bartholomew's. This was the year following the discovery of the X rays by Röntgen. Walsham undertook the radiological work of the Electrical Department, and in 1912, the year after the retirement of Lewis Jones, a separate department, entirely for X-ray work, was formed, and Walsham was appointed Medical Officer in Charge. He held this appointment until November, 1917, when ill-health compelled his retirement from hospital work. He was then made

Consulting Radiologist, and he continued his private work until the onset of the illness which terminated his life.

Walsham won the Weber-Parkes Prize of the Royal College of Physicians in 1903 for his essay on "The Channels of Infection in Pulmonary Tuberculosis." In 1911 he was President of the Section of Electro-Therapeutics and Radiology at the Annual Meeting of the British Medical Association, and in 1913 he was Vice-President of the Section of Radiology at the 17th International Congress of Medicine.



HUGH WALSHAM, M.A., M.D., F.R.C.P.

It is in his pioneer work on the uses of X rays in diagnosis of diseases of the chest that the name of Walsham will always be remembered. He was the first to realize the uses to which the X rays might be put in aiding the diagnosis of disease of the intra-thoracic organs.

As Physician and Radiologist he was well fitted to conduct research on this subject. By making clinical and radiological examinations of patients suffering from disease of the chest, and by preparing skiagrams of the cadaver

in the post-mortem room, he was able to co-relate clinical, radiological and pathological findings. He wrote various papers on the subject, and in 1906, in collaboration with Dr. Harrison Orton, he wrote a book entitled *Röntgen Rays in the Diagnosis of Diseases of the Chest*. This was the first book on the subject to appear, and it is the original classic.

Walsham's work grew more and more arduous as the years passed, and the number of cases attending the Department rapidly increased. Before the X-ray department occupied its present site the radiological work, both diagnostic and therapeutic, was conducted in two rooms only, and the congestion was often severe, but Walsham always had a cheery greeting for all who came to the Department, and would always help those in need of information and assistance.

During the latter years of his life Walsham was never present at meetings of medical societies, and it is doubtful whether the less senior specialists in radiology have ever seen him. During the late war the Röntgen Society met in the Electrical Department of St. Bartholomew's, and Walsham said that he would be present. On the same night, before the meeting, the disastrous explosion, which wrecked Silvertown, took place, and Walsham was summoned as member of an emergency aid corps. He was therefore unable to appear at the meeting.

Walsham was held in high esteem by his friends, and his work in radiology of the chest is a monument to his memory which will always remain.

RICHARD JAMES REECE, C.B., M.A., M.D., M.R.C.P., qualified from St. Bartholomew's Hospital in 1884, and subsequently held posts on the Resident Staff. Early in his career he interested himself in epidemiology and published papers on smallpox and enteric fever, and at the time of his death was President of the Epidemiological Section of the Royal Society of Medicine, and a Senior Medical Officer to the Ministry of Health.

ALEXANDER HAIG, M.A., M.D., F.R.C.P., came to St. Bartholomew's Hospital from Oxford in 1876. Later he was a Casualty Physician at this Hospital, and Consulting Physician to the Metropolitan Hospital. He was the author of several works on the rôle of uric acid in disease.

FROM OLD TO NEW.*

By C. FIRMIN-CUTHBERT, F.R.C.S.ED.

IT is with great diffidence that I approach this subject, "From old to new," because I feel that there are many here who could do it better, and to whom most of the facts in this paper are already well known, but there are many younger members who have perhaps only casually read or heard of the older methods, and who are unable to look back further than the sunshine years of aseptic surgery.

A time goes on there is the great advantage of being able to appreciate more thoroughly the changes for the better which have taken place even in one's own lifetime. With few exceptions, it is my intention to take into account only that which I have actually seen, and I must remind you that I began life very early in the medical profession—my father and grandfather both being members of what the former always expressed as being "a very nice profession, but a very bad trade." The latter I do not remember, as he died at the age of 78, one year after I was born. I have here the notes of a case written out by him in 1801, which I found among the pages of Charles Bell's *Anatomy*, with plates, edited in 1798.

The case was no doubt one of myeloid tumour of the tibia, for which in these days we should probably not have amputated the limb, but have resorted to exsection of the tumour. (Sir John Bland-Sutton, as perhaps you know, was the first to draw the distinction between myeloid sarcomas and myeloid tumours.)

In 1827 Laennec published his book with the description of his discovery in 1816 of the stethoscope, made by rolling up three quires of paper. These were followed by wooden ones.

The first case in association with my father, at which I was present, but of which I have not the slightest recollection, is written up in one of these old note-books of his—the actual account of my own birth. He seems to have taken careful notes of his confinement cases over these years. In these days it was the custom to pay the doctor his fee before he left the house, and at the end of the description of the various cases in this book it was my father's practice to write "Paid," and the amount of the fee. The only peculiarity about the account of my birth is that I was described as "small and thin," and at the finish is written in large letters, "Not Paid."

Left occipito-anterior seems to have occurred with the same frequency in those days as at the present time, but

other cases of great interest are recounted. He always had the greatest dread of a ruptured perinaeum, and, during my five years' work with him the precautions I received in this respect were unlimited, and if such an accident did occur, his displeasure with me was very obvious. He was an expert at using forceps, but his favourite assistant was a *vectis*, which lived in the tail pocket of his shiny black frock coat, or, as they used to be called in those days, surtout coats. The *vectis* was always wrapped up in a coloured silk handkerchief, and I only remember the one self-same handkerchief. With this instrument he was very quick in getting babies safely into the bed. He seemed to have no fear of converting head into face presentation, the liability to which caused this instrument to fall out of use. On many occasions, when I had been sitting up all night, in the hope of the baby seeing daylight, he would gallop up to the house on his horse in the morning and inquire what on earth I was doing so long, and when once he went to work with his *vectis*, I knew that I should soon have the satisfaction of feeling that mother and baby were doing well. The *vectis* was shaped like a single blade of short forceps, with a folding joint at the junction of blade with handle. In Hooper's *Medical Dictionary*, 1848, it is described "Vectis = lever. Not strictly a lever. Now hardly ever used."

In the notes of one case he writes that he put forceps on because he was obliged to get away, and he adds, "This is wrong."

At the present time we have seen a great deal of literature on this very subject by Mr. Comyns Berkeley, Gordon Luker, and many others, on the "Use and Abuse of Forceps." These papers have raised a perfect hurricane of discussion, but it is not the purpose of this paper to enter into any contentious arguments as to difficult midwifery in general practice.

Now comes ovariectomy. It is hard to believe that when I first came to Gloucester, in 1884, there were only about two surgeons in England who were doing the operation of ovariectomy—Sir Spencer Wells and Lawson Tait. I believe the first surgeon in this neighbourhood to have a successful case, soon after this time, was Mr. R. M. Cole, then Surgeon to the Royal Infirmary of Gloucester. It must have been about three years later that I made my first venture—a nice case which simply pulled out without any adhesions whatever.

Like all successful operations, ovariectomy went through great vicissitudes. In the 6th edition of Erichsen's *Surgery*, vol. ii, p. 799, the story of ovariectomy is traced up from its early infancy. It was said to have been done by L'Aumonier in 1782, having been discussed by William Hunter in 1762. Lizars operated for the first time in this country in 1823. Disrepute followed until 1836, when Jeafferson, of Framlingham, in Suffolk,

revived the operation. This was followed by others in the same neighbourhood, and soon by men in London.

My father frequently told me that he had assisted Jeafferson at his operation in 1836. I do not know what anaesthetic the woman had, but it was in 1847 that Sir James Simpson wrote up his first experience of chloroform, and it was in this year that my father did an operation for ovarian tumour. Jeafferson, of Framlingham, helped him, and they gave the woman chloroform. He told me that they both sat up with the woman all night after the operation. To my knowledge the woman was still alive and well in 1884. This was probably a case free from adhesions. It was in 1846 that the first case of operation under ether was demonstrated. Liston was the operator, with Cadge, of Norwich; Erichsen, Lister, and others were present. There is a picture of this in the Wellcome Museum.

Again the operation of ovariectomy came into disrepute, such a large number of cases having to be left unfinished owing to adhesions, that the operation was excluded from surgical practice.

In 1857 there sprang up Spencer Wells, with his brilliant success, and we all know the results of the present-day operation.

I imagine that few in this room remember the last few months in the life of a woman with an ovarian tumour which had not been operated upon—the repeated tapping, the prominent abdomen raising up the bedclothes, the skin and bone condition of the patient, and the question as to whether she could stand another tapping.

Compare again the old operation of hysterectomy with that of the present day. The whole story is written up in Treves's *Manual of Operative Surgery*, 1891, vol. ii, pp. 278 *et seq.* The old operation of extra-peritoneal treatment of the stump, with its enormous mortality—70 per cent.—was condemned by Mr. Keith, who wrote up intra-peritoneal methods in the *British Medical Journal* of December 10th, 1897.

Previous to this vaginal hysterectomy had been a good deal practised.

I saw several hysterectomies done by the extra-peritoneal method. The narrow part of the uterus at the junction of its body with the cervical canal was constricted by a *ferre-neud* (Fr. *serret*, to press; *neud*, a nut), which consisted of a stout wire (piano wire), twisted tight round with forceps and left on. The stump was then transfixed with pins, and strong ligatures were put round, and it was then brought outside the abdomen. This was, as the Lancashire man would describe it, "a proper mess." If the unfortunate woman got well at all, it took her months and months to do so.

I did my first abdominal hysterectomy in 1896, with intra-peritoneal treatment of the stump. A brand new

glass-topped table was used for this occasion, in which, contrary to my instructions, and much to my annoyance, a second glass shelf had been put. The boiled towels, instruments, swabs, dressings, etc., had been put out of the fish kettle into bowls of hot lotions on the new glass table, which had also been covered with hot boiled towels. The patient was well under the anaesthetic, and all was ready for commencement of the operation. Crash! crash! crash! went the glass table and everything fell into the much-abused second shelf. You may imagine my dismay. Fortunately everything was rearranged without contamination, and the operation proceeded to a successful issue.

Venesection.—I cannot go back to the old Babylonian priests, who grew their finger-nail to a point and sharpened it with a stone for this purpose, nor to the natives of the Pacific Islands, who used the sharp shells of a fresh-water mollusc, or even to the evolution of the lancet, but Mr. Johnstone-Vaughan in this city has pictures of the natives of South Africa, who were in the habit of bleeding themselves at frequent intervals. There are well-marked scars on the lower part of the neck as if they picked out the external jugular for the purpose. A good description of the operation of bleeding is on p. 278 of Fergusson's *System of Surgery*, and again in Druitt's *Vade Mecum*, p. 686.

The operation was invariably done with a lancet, and I can just remember in the very early days of my boyhood the morning of "bleeding"—the morning set apart for bleeding. People of various social standing arrived at the surgery. The better class being taken from the surgery to the dining-room, and those who were of such importance that they were put in what might be considered the stalls, *i.e.* the drawing-room! All to be bled! One time-honoured gamp of the village proceeded with the brazen bowl, and another, who shared with her the honours of lying-in and laying-out, followed in her wake, to clear up.

Bleeding at the present day is quite an excitement, and in order to do the operation in the up-to-date method, we are told that it is necessary to procure a Herbert French's needle, made by a special man at the Holborn Surgical Supply! Nevertheless, a horrid mess is caused in this little operation when a sudden call comes to do it. I remember completely spoiling the look of our late Dr. Batten's spick and span shirt front one evening when he and I had come to the conclusion that a patient must be bled. Although Dr. Batten was cautioned, he did not get out of the line of fire quickly enough!

Transfusion.—The call for bleeding nowadays may be at a moment's notice for transfusion purposes, and then all neatness is required. I do not think that the necessity of being prepared for this operation is sufficiently recog-

* Read before the Gloucester Branch of the British Medical Association, February 20th, 1924.

nized. The days are over of the willing donor who gave part of his life's blood to a dying woman, and was rewarded by the sight of his photograph in the *Daily Mail* as a hero! Arrangements should be made to have a proper donor who can be called upon at a moment's notice, with a proper understanding as to the authorized fee to be paid for his services. Not only should the donor be in Group 4 (*i.e.* a universal donor), but a negative Wasse mann reaction must also be assured.

Transfusion was practised by the Hebrews, who believed that it was possible to draw out a man's sins through his blood, which was replaced by the blood of a youth. Hence the following adage:

"Stringite ait Gladios
Veteremque hinc cruerem
Ut repleam vacuas
Juvenile sanguine venas."

The first experiment of transfusion, with details, was, as far as I know, published in the case of Pope Innocent VIII in 1492. The Pope was very old and decrepit, and an enterprising Hebrew doctor suggested the withdrawal of old blood, to be replaced by young and active blood. Three choir boys were selected as donors, but the Pope and all three boys died!

In 1667 there is an account of a minister who was "frantic." He was injected with sheep's blood, 12 oz., the sheep being hired for the purpose for 20 shillings. He survived, but was no better in his mind.

A little later a maniac who was rushing through the streets of Paris in Nature's garb was tackled by a man called Dennis, a French savant, who transfused the lunatic from a calf. The operation was performed three times, and the man died on the third day. Fierce litigation followed, and the conclusion came to was that the operation was only fit for cannibals.

I remember Mr. Morant Baker, in his physiological lectures in 1876, demonstrating the operation of transfusion. No precautions of a chemical nature were taken. There is a description in *Druitt's Surgery*, p. 680.

Great stress has recently been put upon the advisability of transfusion of blood previous to operations undertaken for fibroid of the uterus, in cases where the patient has been much reduced by loss of blood, or prior to such radical operations as Wertheim's, or in cases of extensive hemorrhage into the abdominal cavity, by the rupture of the spleen or liver, or extra-uterine pregnancy or placenta prævia. In some very urgent cases an auto-reinfusion of blood has been used with considerable success.

Leeches.—Not many leeches are now employed, but it is stated in an article which appeared in *Household Words*, "a weekly journal conducted by Charles Dickens," dated February 8th, 1851, that "In a year 29,700 leeches were

bought for the establishment." This article is entitled "Twenty-four Hours in a London Hospital," and was written by Alfred Paget, who stayed with his brother Sir James Paget in the Warden's House of St. Bartholomew's Hospital during the winter of 1850.

Cupping.—So called from the cup-like shape of the glasses made use of. They are mentioned by Hippocrates. The instruments were then made of horn or metal; later they were made of glass. The apparatus was accompanied by a spirit lamp and scarificator, a basin of hot water, and a sponge. For dry cupping air was expelled from the glass by flame, and then applied for two or three minutes in several places. For wet cupping the glass was applied for one minute; then the scarificator was used, then the glass applied again to induce bleeding. Nowadays dry cupping has been replaced by Klapp's glasses for producing the vacuum, and Bier's rubber bandage to induce hyperæmia.

Attendances upon children of teeth-bearing age, from six months to two years, were very frequently accompanied by the use of the gum lancet; in fact, the older doctors seldom went about without this instrument in their pockets. The lancet, and a Syme or Paget's abscess knife were invariably in the same tortoiseshell handle.

Vaccination.—We have heard something about this lately! It has been, like the advertisement of Boodles' Teeth, in everybody's mouth. In my early days I remember the vaccination stations in the various villages, where the women used to collect in the happiest of moods. The best-looking child (perhaps the looks of the mother were also taken into account) was picked out and vaccinated from vaccine points sent down by the Local Government Board. Lancets were used for punctures. Possibly two or three children were done, and then the next week the lymph was taken direct from the best vesicles, and the other children vaccinated with vaccine lancets. Very pretty little instruments they were, well mounted on tortoiseshell, with gold or silver rivets. My father used to pick out a child with good vesicles, and drive it with its mother to the vaccination station in the next village, and vaccinate the children from it. In some cases the ivory vaccine points were dipped into the vesicles, allowed to dry, and then done up in tissue paper or put in an envelope, and taken off to vaccinate the child of the flash aristocratic lady of the village. The meetings at the vaccination stations were always of a friendly, convivial nature.

(To be concluded).

GOLDEN LANE CLINIC: THE TREATMENT OF SYPHILIS WITH BISMUTH.

IN 1921 the experiments and tests carried out by Sazerac and Levaditi at the Pasteur Institute in Paris have provided anti-syphilitic therapeutics with a new method of treatment by the introduction of bismuth. Its elective action on the *Treponema pallidum* has been proved by numerous workers since.

The idea was not a new one. As far back as 1889 Balzer attempted to treat mucous patches with bismuth iodide with good results, but when arsenic was introduced by Ehrlich, with such wonderful results, researches with other metals were abandoned for a time. The result of recent investigations has proved that preparations rich in bismuth metal have a good and lasting action. Nevertheless, we have observed that the association of the metal with secondary products notably increases the therapeutic activity of bismuth, so that equally good results can be obtained with smaller doses.

A great number of preparations are now on the market, and this variety is very confusing. The following indications will perhaps help to make a choice. Bismuth is used under several physico-chemical forms: bismuth metal, colloid bismuth, soluble salts of bismuth, and insoluble salts of bismuth. All the above are offered to the medical profession under different names, in ampoules containing 2 to 5 c.c., with the salts or metal in suspension in oil, water, physiological saline serum or in isotonic glycyse solution. All those solutions are stable and ready for injection after shaking the ampoule a few minutes before use.

Preparations of metallic bismuth are of an unpleasant black colour; they are always injected intramuscularly, and are rather painful. Colloid bismuth, which may be injected into the veins like the arsenical preparations, gives rise sometimes to ill-effects in the nature of a nitritoid crisis. Moreover the small proportion of bismuth in the colloid preparations renders them less active than the others.

The soluble salts have many disadvantages. In the first place, the injections must be repeated frequently on account of the quick elimination, at least three to four times a week. Secondly, on account of the caustic nature of these preparations, the injections are painful. Lastly, the toxicity of the soluble salts when administered intravenously is very high, so that even with a faultless technique it is impossible to avoid occasional accidents. The insoluble salts are therefore preferable. But here again the variety is great. Three salts, however, are the most generally used, and at Golden Lane they alone have been selected for trial. They are the tartro-bismuthate

of potassium and sodium, the iodo-bismuthate of quinine, and the hydroxide of bismuth. The tartro-bismuthate contains about 60 per cent. of bismuth metal, the iodo-bismuthate of quinine 20 per cent., and the hydroxide 86 per cent. This last salt, containing the largest proportion of bismuth, is the most useful; it has the additional great advantage that it gives very little discomfort after injection. We have observed that in the greatest number of cases the treatment is absolutely painless. The salt can be injected either in suspension in oil or in physiological saline solution according to individual local reaction.

As already stated, bismuth in association with other drugs has been found to have a greater therapeutic action than when injected alone. In this connection a preparation of bismuth hydroxide, sold under the name of Muthanol, is of interest, and deserves our attention. It is a well-known fact that when bismuth is introduced into the organism, it invariably brings about a diminution of the red corpuscles, giving to the patient a special pallid appearance, and as a result of its neuro-depressive action, causing fatigue. In order to obviate this great inconvenience, Fourcade conceived the idea of adding to the hydroxide a small dose of a radio-active element, the bromide of mesothorium, and this addition has proved very successful. Mesothorium, by its radio-activity, has a strong stimulating action on the hæmatopoietic organs, and indeed on the whole organism, increasing the diastatic action of the liver, and provoking a leucocytosis. This action is obviously very important in the treatment of syphilitic lesions, for in such circumstances the therapeutic action of the bismuth is likely to be increased. In our hands this preparation has certainly given very good results when used in smaller doses than those employed in the case of the other forms of bismuth, the general condition of the patient improving rapidly under treatment as well as the local lesions. The absorption and elimination of bismuth starts at once after the injection and continues slowly for some time afterwards. This is a great advantage in the treatment of syphilis, as the action of the drug is prolonged, and lasts for some time after the injections—a fact that is proved by repeated examinations of the blood at short intervals after the end of a course of treatment. In such cases the curve of the Wassermann and Sigma reactions has been found to decrease gradually, and finally to become negative. Generally speaking, the action of bismuth on the Wassermann and Sigma reactions is not so prompt as is that of arsenic and mercury, but a negative reaction once obtained seems more stable than in cases treated with arsenobenzols. For a negative reaction, two or three courses of 12 to 15 injections each given over a period of about four months are required. Under arsenic and mercury a

negative result is, on the other hand, frequently obtained after a single course, but in this case subsequent behaviour is often much more erratic. We have noticed several cases where a long treatment with arsenobenzols and mercury never succeeded to bring about a negative reaction, even after three to four years, and where a single course of bismuth produced the required result.

The curative action of bismuth is prompt and durable. In all our cases the primary and secondary lesions have healed nearly as rapidly as have similar lesions treated with arsenical preparations, and much more rapidly than those treated with mercury alone. The chancres were in every case completely cicatrized after three to four injections—that is to say, at the end of about ten to fourteen days. The induration was a little longer in disappearing completely under bismuth. Spirochætae were absent in the cores after the second treatment. Mucous patches generally cleared up after the third or fourth injection, or within seven to ten days. The macular and papular rashes, in our opinion, did not fade so quickly under bismuth as under arsenic. In late secondary and tertiary lesions we had very good results, gummatous ulcerations and syphilides clearing up in a short time. Our most surprising results were, however, obtained in cases of specific glossitis. One of these cases was cured after a single course of twelve injections. In another case of leucoplakia, in which a long course of treatment with collosol iodine, intramine, arsenobenzols, silver-salvarsan, mercury, potassium iodide as well as numerous local applications had failed to bring about any amelioration, a decided improvement, although progress was very slow, resulted from the use of bismuth. We have in addition treated two cases of tabes one without any sign of improvement, the other in whom all sorts of combined cures had previously failed, with decided benefit. In this latter case the pains in the legs have gone, the general condition is better, the gait is steadier, and the co-ordination of movements is better.

The tolerance to the drug is very good, and we have seen no signs of intoxications, stomatitis, albuminuria or diarrhoea. Only once have we observed the typical bismuthic white lines round the teeth, and in this case no trouble resulted, and the condition lasted a few days only. Injections of the soluble salts are certainly more irritant to the muscles, and therefore more painful. When the insoluble preparations were used, patients rarely complained of pain after treatment, and in the majority of cases far less discomfort was experienced than with mercury cream. We have never observed any local irritation, induration, nodosity or abscess at the site of injection. When pain was present it never lasted longer than a few hours, and was never sufficient to interfere with the daily work.

The total dose of bismuth metal given in a course was 3 to 4 grm., divided in a series of ten to fifteen injections according to the preparation selected and the susceptibility of the patient. The injections were repeated every third day. A rest of two to three weeks is indicated after the first course, and longer resting periods after the subsequent series, according to the action of the drug on the clinical manifestations and according to the blood reaction. It is however impossible to lay down a routine treatment with this remedy, for the number of preparations is increasing monthly, and each preparation has its different dosage of bismuth.

The technique of the intramuscular injections is similar to that employed in the giving of mercury cream. The site of election is the upper external region of the buttock, at the junction of the two inner thirds with the outer third, on a line from the top of the fold to the anterior superior iliac spine. For intravenous administration the same precautions as for arsenobenzols must be observed.

The preparations we have used in our investigations are the following:

Muthanol, the only radio-active preparation, is a yellow emulsion of hydroxide of bismuth, allied with bromide of mesothorium. It contains 86 per cent. of bismuth metal.

Treposan, a succinate of bismuth in oily suspension, contains 75 per cent. of bismuth metal.

Spirillan, a suspension of chemically pure hydroxide in aqueous physiological saline solution of white milky appearance, with 86 per cent. of metal.

Bismuthyl, precipitated bismuth, in a isotonic glucose medium, the richest in metal, 97 per cent., greyish-black.

Trepol, a tartro bismuthate of potassium and sodium in suspension in oil, 60 per cent. of metal, yellow emulsion.

Neo-trepol, metallic bismuth in suspension in water, dark grey black colour.

Luatol, a neutral watery clear solution of tartro-bismuthate of potassium and sodium, 60 per cent. of metal.

Di-quinyl, a double iodide of quinine and bismuth, a deep pink-red coloured emulsion with 50 per cent. of metal.

Iodo-bismuthate of quinine (Fraise's), same appearance as bi-quinyl, but weaker, contains 20 per cent. of metal only.

In conclusion:

1. Bismuth has an undeniable specific action on the *Spirochæta pallida*.
2. Its therapeutic action on the various syphilitic lesions is not so active and rapid as arsenic, but is better than mercury.
3. The effect on the Wassermann and Sigma reactions is slow, but steady and stable.
4. The intravenous method of administration of soluble salts is not advisable and somewhat dangerous.

5. The insoluble salts given by intramuscular injections are preferable, safer in their administration, painless in experienced hands, and without toxic effects.

6. The treatment is always well tolerated, very easy to handle and with invariably good results.

7. There are hardly any contra-indications, nephritis being the only serious one.

8. The results obtained so far in refractory lesions of the nervous system and tertiary syphilis, without being striking, are certainly promising.

A CASE OF TERATOMA OF THE TESTIS WITH SECONDARY DEPOSITS OF CHORION-EPITHELIOMA.

By W. R. THROWER.



EDWARD H—, at. 33, boiler scraper, was admitted to the Hospital on August 23rd, 1923, on account of severe abdominal pain and hæmoptysis.

In 1919 patient began to suffer from shortness of breath and a cough, with occasional reddish sputum. He found that his work was making him abnormally tired, he always was feeling "out of sorts," and he was having periodical crops of boils in different parts of the body. Till about nine months before admission his symptoms remained unchanged, but at this time they began to trouble him more, and he suffered from morning nausea, but with no relation to food.

About ten weeks before admission patient's sputum began to be consistently blood-stained, and he likened his sputum to masses of dark-coloured flesh; also at this time patient noticed that his urine was always much darker than usual, though on questioning he complained of no other urinary symptom. Seven weeks before admission patient was seized with severe abdominal pain in the hypogastrium, radiating to the loins. It was practically unaffected by position or warmth, and for two or three days became more severe, when he vomited rather frequently, still without relation to food, and obtained some relief. He was now losing weight rapidly, and was admitted to Homerton Infirmary, where his condition remained practically unaltered and his vomiting and hæmoptysis continued; his chest, X-rayed, showed "patches" in his lungs, whilst his sputum, examined for organisms, showed no tubercle bacilli. Patient left the infirmary on August 18th, and remained very much as before.

On his admission here he appeared ill and wasted and vomited frequently. His chest showed marked hollowing above the clavicles and the expansion was poor; pleural friction could be heard at the right base and scattered râles and crepitations over the lungs; there was, however,

no evidence of consolidation or excavation. The abdomen was not distended, but the liver extended 3 in. below the costal margin and the spleen was palpable. The whole abdomen was very tender, particularly in the hypogastrium, but no tumour could be felt in this situation, and the testicles, examined during the routine investigation of the case, appeared normal.

Patient's condition rapidly became worse, and apart from a skiagram showing multiple metastases in the lungs, nothing definite could be determined to help the diagnosis. Towards the end patient became jaundiced and bile appeared in the urine, death occurring on September 8th. At the autopsy, held the next day, the heart muscle showed brown atrophy with considerable atheroma of

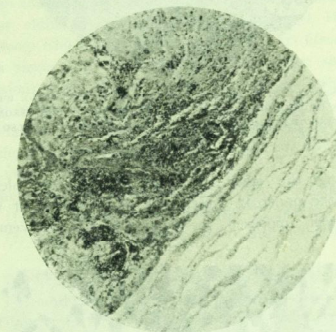


FIG. 1.—SECTION OF LUNG SHOWING NORMAL ALVEOLI INVADDED BY SYNCYTIUM WITH A CERTAIN AMOUNT OF SURROUNDING HÆMORRHAGE. X 60.

both coronary arteries, but no deposits of new growth. There were recent adhesions all over the right lung, while both lungs were studded with nodules of new growth, those on the surface being slightly umbilicated, and on section, macroscopically, were found to consist of a yellowish-brown broken-down material with hæmorrhage in the centre. Histologically, section showed the normal lung-tissue to be invaded and largely replaced by secondary deposits of chorion-epithelioma, which in places exhibited a polypoid arrangement, and in others Langhans' cells overlaid by syncytium (Fig. 1). The mediastinal glands looked natural and showed a normal appearance when cut across.

There was no pathological change in the alimentary canal. The liver, which weighed 120 oz., consisted chiefly of large masses of new growth, the left lobe particularly consisting almost entirely of reddish, friable new growth, which microscopically was seen to be typical chorion-epithelioma. Nodules of growth were found in the

cortices of both kidneys, and also in the celiac axis lymph-glands which were fused into a large mass



FIG. 2.—SECTION OF TERATOMA SHOWING CYST FORMATION WITH LININGS OF SQUAMOUS AND CUBICAL EPITHELIA. THE STROMA, CONSISTING OF FIBROUS TISSUE AND PLAIN MUSCLE, CAN ALSO BE SEEN. $\times 40$.

infiltrating the aorta and the sympathetic plexus, though the pancreas, which was in close contact with the growth, appeared to have escaped involvement.

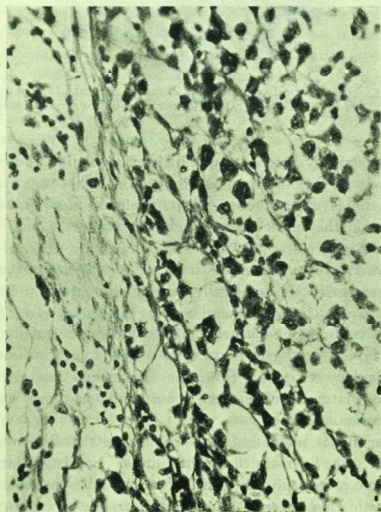


FIG. 3.—SECTION OF THE GLIO-SARCOMATOUS NODULE FROM THE TERATOMA. $\times 280$.

On one side of the mass of glands was a group of cysts filled with clear yellowish fluid and lined by squamous and different varieties of columnar epithelium.

Both testes appeared quite normal on external examination, but section of the left one demonstrated a small whitish nodule in the centre, which microscopically was seen to be a cystic teratoma, showing squamous, cubical and columnar epithelial linings, while the stroma consisted of fibrous tissue and plain muscle, and a small nodule of cells resembling liver could be seen (Fig. 2). At one place was a small mass of a definitely gliosarcomatous nature (Fig. 3), though careful search failed to demonstrate any decidua or chorionic tissue from which the secondary deposits could have arisen. The testicular substance was infiltrated and atrophied by the growth.

The case is of interest from the fact that during life no primary growth could be found, whereas practically all recorded cases of new growth of the testis exhibited some local symptom. Search through the reports does not reveal a record of a similar case having occurred in this hospital, though Southern and Linell, of Manchester, have described chorion-epithelioma occurring locally in a teratoma from a series of cases of various testicular neoplasms published recently.

I am indebted to Sir Thomas Horder for permission to publish this case, and to Sir Bernard Spilsbury for histological preparations to photograph for reproduction.

ATHLETIC TRAINING.

THE Hospital Sports are being held in the near future, so I am hoping that a few words on the subject of "Athletic Training" will not be out of place or distasteful in this month's JOURNAL.

Training, whether athletic or otherwise, is a habit of living so that we may carry out efficiently a specific task with the minimum expenditure of energy.

The preparation of one's body and mind with this end in view is one of the things really worth while in life, and should be extended, not only over a short, definite period of a few weeks, but over a lifetime.

Perhaps one can venture to say that a knowledge of "how to train" is based on common sense, hygiene and physiology. If you are well acquainted with all three, don't read any further, for you will learn nothing that is new.

"Training" can be divided into two classes:

- (1) General training.
- (2) Special training.

The former is the performance of certain daily actions

that assist us in maintaining our health, fit us to do our professional work efficiently, and give us that *joie de vivre* which should be the heritage of every man. The latter is the application of one's mind and body to the perfect performance of a certain succession of physical actions, and it is only by persevering and constantly performing these actions, specific to the branch of sport you are training for, that you can attain perfection.

But these two classes of training, the general and the special, should be combined in the training scheme of an athlete.

You must learn to treat your body like a delicate piece of machinery. That piece of machinery must be *gradually* brought up to its full working capacity, and during this process it must be cared for.

A few of the principles of general training are roughly as follows:

(1) Let your motto be *Mens sana in corpore sano*.

(2) Make a habit of keeping yourself bodily and mentally clean. A cold bath in the morning followed by a few rubbing exercises or a brisk walk before breakfast do a great deal towards starting the day well. More than we realize depends upon the attitude of mind in which we commence the day's work.

(3) When you start your special training, whether it be for the mile, or the high jump, etc., do it slowly, never exhausting yourself, but each day finish feeling that you have plenty of reserve in hand. No one thinks of racing a motor-car engine until it has been carefully tuned up.

You must educate your body so that it can perform the maximum amount of work with the minimum expenditure of energy.

(4) *Clothing* should be light and airy. The skin "breathes," and must be allowed to excrete its waste products.

(5) *Food and drink, etc.*—" *C'est l'estomac qui fait les heureux*," as Voltaire says. Don't clog your machine with food-stuffs that are hostile to its welfare. Don't over-eat or over-drink. Take plenty of cold water between meals; eat plain, simple foods, raw fruit, salads, etc., and avoid C_2H_5OH like the plague.

Pardon me if at this point I misquote and misapply a sentence from Sir William Osler's address, "A Way of Life," by saying that he who consorts with the Lady Nicotine, or fools with Bacchus, or worships at the shrine of the younger Aphrodite, or does all three, will never be a lasting athletic success.

(6) *Sleep*.—The body has tremendous powers of repair, and when one is working it hard it needs a sufficient length of time in which to do its work of rebuilding. Allow your bedroom plenty of fresh air, or preferably sleep out of doors all the year round. Don't overclothe yourself during sleep, and get up when you wake up. There is

nothing so demoralizing as lying in bed after you are fully awake.

(7) Last and most important *keep cheerful*; live only for the day's tasks, and don't worry about your event in the future. If you do your day's training well and enjoy it with all the mental and physical forces at your command, you won't do badly on "the day."

The "special" training for your respective events is best learnt by watching an expert doing it, and having the main points in his action or style pointed out to you by an intelligent coach, so I won't plunge into technicalities here.

In conclusion, may I be permitted to say something about the Hospital Athletic Club.

The Club was first started in 1867, and is one of the oldest clubs in the Hospital. The United Hospitals Challenge Shield has been won by Bart.'s on fifteen occasions since 1867, namely in 1873, on seven successive occasions from 1885-1891, in 1894, 1899, 1901, 1902, 1903, 1908 and 1923—a record that any other hospital falls far short of, and given adequate support, both on and off the field, the Hospital should retain the shield again this year.

The winning factors in the United Hospitals Sports are:

- (1) The men who score 2nd and 3rd places.
- (2) The tug-of-war team (which did such stout work last year).
- (3) Last, and by no means least, the vocal assistance and encouragement of the spectators.

If you train for the Hospital Sports and have not the good fortune to be selected to represent the Hospital in the United Hospitals Sports, don't look upon your efforts as wasted: you are richer in self-control and physical fitness.

Lastly, if you don't run, jump, or throw heavy missiles about, you can be of tremendous service by coming along to the Sports and exercising any vocal qualities you possess.

H. B. S.

DR. HAWE'S METHOD OF RESTORING LIFE TO DROWNED PERSONS.

[Taken from the *Female Instructor*, date of printing not stated. Printed by Thomas Kelly, Paternoster Row. Book given to E. E. S— by her father, June 30th, 1857.]

THE greatest exertion should be used to take out the body before the lapse of one hour, and the resuscitative process should be immediately employed. On taking bodies out of rivers, ponds, etc., the following precautions are to be used.

- I. Never to be held up by the heels.

2. Not to be rolled on casks, or other rough usage.
3. Avoid the use of salt in all cases of apparent death. Particularly to observe to do everything with the utmost promptitude.

For the drowned attend to the following directions :

1. Convey the body with the head raised to the nearest convenient house.
2. Strip and dry the body ; clean the mouth and nostrils.
3. Young children : Between two persons in a warm bed.
4. An adult : Lay the body on a warm blanket, or bed ; in cold weather near the fire. In the warm season air should be freely admitted.
5. It is to be gently rubbed with flannel, sprinkled with spirits, and a heated warming pan, covered, lightly moved over the back and spine.
6. To restore breathing : Introduce the pipe of a pair of bellows (when no apparatus) into one nostril ; close the mouth and the other nostril ; then inflate the lungs, till the breast be a little raised ; the mouth and the nostrils must then be let free. Repeat this process till life appears.
7. Tobacco smoke is to be thrown gently up the fundamen-
ment, with a proper instrument ; or the bowl of a pipe, covered so as to defend the mouth of the assistant.
8. The breast is to be fomented with hot spirits ; if no signs of life appear, the hot bath ; or hot bricks, etc., applied to the palms of the hands, and soles of the feet.
9. Electricity, early employed by a medical assistant.
10. The breath is the principal thing to be attended to.

A CONFUSED FRAGMENT AFTER SEEING IOLANTHE, WITH A CERTAIN EXAMINA- TION MNEMONIC STILL IN MIND.

[With due apologies to the late Sir W. S. Gilbert,
lecturers in anatomy, and any who may be susceptible.]

Lord Tolloller : Spurn not the nobly born
Who have retention ;
Nor treat with idle scorn
The bones they mention.
Ill health should bear no shame—
They have a perfect claim
To high anatomic fame,
Not condescension !
Wrist bones ! wrist bones !
The seedy lords have been
Some help I ween ;
They shout in strident tones,
Wrist bones !

G. S.

SOME CONSIDERATIONS IN THE TREAT- MENT OF CHRONIC APPENDICITIS.

ALTHOUGH the general practitioner has of late years availed himself increasingly fully of the more extraneous aids to the diagnosis of this condition, and to the estimation of the success of treatment, I think that few of them pay a sufficient attention to the state of that most important of the patient's physical assets, the very fountain of his well-being—one might almost say his spring of life. I allude, of course, to his bank balance, the "Kredit" of Prof. Korschergeld and the Germano-Austrian school. This should be closely observed in all cases of chronic or long-standing disease, but in the medico-surgical maladies—chronic appendicitis, cholecystitis, gastric ulcer—etc., it may assume a paramount importance.

Specimens should be obtained from it by the physician at regular intervals, and, as in the case of the C.S.F., care should be taken that while enough for the immediate purpose is secured, the sudden abstraction of any large amount is avoided.

The neglect of this precaution is often followed by a characteristic symptom-complex, viz. preliminary blanching of the face and fine tremor in the muscles supplied by the musculo-spiral and ulnar nerves, then vaso-dilatation and venous congestion over the blush area, accompanied by spastic gesticulation and a short period of aphasia which gives place to rhythmic and forcible ejaculation of meaningless syllables, dentals and labials predominating. After a few hours the symptoms gradually disappear as a harsh murmur of low pitch. This syndrome is best seen in males between the ages of 40 and 60 years.

Small fluctuations in the Kredit, up to 10 per cent. or 15 per cent. of its average, which will, of course, vary in different individuals, but which should not be less than several thousands of reds or "phthickenus" as Prof. Korschergeld has named them (they correspond to the *charta virgate* of Bradbury and Fisher), are not to be regarded as pathological, but any considerable change calls for immediate action.

If at the onset of the disease the Kredit is found on examination to be small and shrunken—diminutio atrophica, as in the familiar morbus indigentum—no satisfactory results are to be expected by the physician and surgical treatment is indicated.

These are cases which I have found well adapted to the hands of the local surgeon, or to those of the surgical clinical assistant of our great metropolitan hospitals.

In the typically medical case the Kredit may remain healthy and normal in size for years, while treatment

progresses along the normal lines ; any occasional hypertrophy should be regarded with suspicion, and may call for a more frequent professional attendance. If, however, it begins to show signs of irregular fluctuation or atrophic diminution and impaired function with corresponding difficulty in obtaining specimens, a condition occasionally consequent upon a neglect of the precautions already mentioned, it may be assumed that nothing further is to be gained by continuing treatment on medical lines, and prompt surgical intervention must be summoned.

It is hoped that these few points, to the observance of which the author considers his professional success to be largely due, may be no less helpful to his many friends among students and those newly entering the profession.

SAML. WOOGLENORME.

DOUBLE ACROSTIC NO. 4.

BY sight and not by touch you must direct me,
And let my tunnelled namesake then deflect me.

1. 'Tis but a tale that Adam this did lack,
This needs no tail, therefore give us the sack.
2. Disease of George Belcher : in every cartoon
It glows like a poppy in sunshine of noon.
3. Grown on the fruit of quite a common cereal,
I am the midwife's favourite material.
4. I gently stretch the cleaned and moistened skin ;
I grasp my heavy knife, I'm ready to begin.
5. Not spirochaetes nor tubercle, so all the wise assure us,
Ma foi! say suffering *filles de joie*, *Vite! Vite!* get on
and cure us.
6. This wee child's vomit knows no moderation ;
I'll get my knife and do my operation.
7. Vein, artery and bone with such a name to bear!
With our anatomists, I fear, imagination's rare.
8. Beware of him ! He has the dread bacillus,
Which leaves him quite unharmed, and yet may kill us.

ABERNETHIAN SOCIETY.

A MEETING was held on Thursday, March 27th, 1924, at 5.30 in the Abernethian Room, Mr. H. G. Anderson being in the Chair.
Mr. J. PATERSON ROSS read a paper entitled "Personal Experiences in America." After recounting his experiences with the Customs officials at New York, Mr. Ross described his visit to the Peter Bent Brigham Hospital, Boston, where he worked as an assistant under Prof. Harvey Cushing. He then gave an account of the curriculum

at the Harvard Medical School, remarking particularly on the fact that only six months was spent in the study of anatomy. After this he described his visit to Cleveland, where he saw Dr. Crile working. Dr. Crile has performed over five hundred thyroid operations without a death.

Then Mr. Ross described his visits to the Mayo Clinic and the Johns Hopkins Hospital, Baltimore.
Mr. ANDERSON proposed a vote of thanks.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

"The St. Bart.'s Hospital team played two games in Plymouth in the first week-end in April, and were responsible for the best matches seen in the West Country this season. They lost against Plymouth Albion on Saturday and Devonport Services on Monday, but on each occasion they played splendid Rugby, and were a trifle unlucky."—Extract, *Rugby Weekly*, April 5th, 1924.
Despite a depleted team the Hospital displayed good form in the West Country :

Plymouth Albion : 14 pts. ; Bart.'s, 8 pts.
Devonport Services, 1 drop goal, 1 goal, 2 tries ; Bart.'s,
1 goal, 2 tries.

The following men were unable to make the journey : G. W. C. Parker (capt.), H. McGregor, A. Carnegie-Brown, Melbourne Thomas and A. W. L. Row. Gaisford played for 65 minutes against Albion, but unfortunately had to be carried off the field and was unable to turn out against the Services. It is doubtful whether he will be able to accept the place which has been offered him with the Rugby contingent for South Africa.

During the tour the team were the guests of the Royal Naval Depot Officers' Mess. Their hospitality cannot be described with ink. Two incidents from a delightful visit were a tour through Devon and Cornwall and a cruise on the ocean.
E. H. Pentreath demonstrated his versatility by playing at full-back against the Services. This was his first appearance in this position.

The following reserves played against Plymouth and the Services : J. R. Edwards, C. R. Jenkins, L. Colenso-Jones, J. W. Robertson, G. P. Roxburgh and E. H. Pentreath. All played well, and showed the Senior Cup holders that the second XV are worthy holders of the Junior Cup.

Congratulations to A. E. Beith and W. S. Morgan on figuring in the Barbarians' tour in the West—no mean honour considering that there are nineteen Internationals in the party.

We are glad to notice that A. E. Beith, I. C. Neville and A. L. Row appear in the London team against Paris.
The following have received honours colours and presentation caps : Full-back, W. Fletcher Gaisford ; three-quarters, Melbourne Thomas, * M. Fitzgerald, P. Oswald Davies, † L. Crofts Neville ; halves, T. P. Williams, † Hector McGregor ; forwards, George C. W. Parker (capt.), Andrew E. Beith, Reginald H. Bettington, † Andrew Carnegie Brown, † J. Wilfrid Butterby, W. Stanley Morgan, Allan W. L. Row, † Edward S. Vergette, M. Leslie Maley.

* International. † Varsity Blue. ‡ Varsity trials. § English trials. "BATTLEAXE."

THE MUSICAL SOCIETY.

The meetings of the Musical Society will, in future, take place in the Great Hall at 2 p.m. on Tuesdays. We much appreciate this concession, as the Central Room in the Surgery has become quite inadequate. The piano belonging to the Society will be used, and one of the double-basses has now been fitted up for a new player.
Up to this year the Nursing Staff have been included in the Society's membership. We have sent them an invitation to renew this practice. A choral section of the Society has been inaugurated, and, providing sufficient men join, announcements will be made later as to meetings.

R. J. BROCKLEHURST, } Hon. Secs.
J. HARTSILVER, }

REVIEWS.

MENTAL DISEASES. By R. H. COLE, M.D., F.R.C.P. Third edition. Pp. 356. (University of London Press, Ltd.) Illustrated. Price 15s. net.

This book is an excellent introduction to the study both of normal psychology and of mental diseases. The preliminary chapters, devoted to psychological considerations, are admirably lucid, and will do much to dispel the idea that this subject is full of vague and unsatisfactory theorizing compared with the more familiar science of physiology. Recent events only emphasize the author's remarks that the time is approaching when psychology should certainly take its place in the training of the medical student.

The chief mental diseases are described with equal clearness, and the clinical grouping, which has been slightly altered in this edition, lends itself well to a comprehensive survey of the whole field of psychological medicine. A clear-cut picture of each condition is presented to the reader's mind, and no attempt is made to deal with atypical forms, or to discuss in detail variations which would lead to confusion in a work of this scope. Especial emphasis is laid on the physical basis of mental disorders and the morbid anatomy of general paralysis, and the account of the cerebrospinal fluid has been entirely rewritten and expanded, while the pathological plates have been improved in clearness.

The first chapter, on the history of insanity, and especially the paragraph on Bethlem Hospital, will be of interest to those who will visit Lambeth this summer.

A SHORT PRACTICE OF GYNAECOLOGY FOR MEDICAL STUDENTS. By HENRY JELLET, M.D., F.R.C.P.I. (Published by J. & A. Churchill.) Pp. 428. 318 illustrations and 10 coloured plates. Price 18s.

The fifth edition of the excellent book by the late Master of the Rotunda should prove very useful to students. Modern views of the menstrual cycle and function of the corpus luteum are shortly and clearly reviewed.

The vexed subject of chronic endometritis is treated in a singularly convincing manner, and although differing in some minor points from the teaching of some members of our staff, does give the student solid ground to stand on when considering the lesions included under this heading.

The book is profusely illustrated. The large coloured plates showing the lymphatics of the pelvis and that showing the blood-vessels and nerves deserve special mention. The relations of the uterus are seen better in Plate IX than in any diagram we have seen.

The section on major gynaecological operation is remarkably lucid. The chief methods of performing hysterectomy are described in stages, with diagrams showing each stage. Seven large coloured figures illustrate the stages in Wertheim's hysterectomy.

A pleasing feature is the special care taken to describe the instruments peculiar to gynaecological work.

The work is well written throughout and sufficiently complete for the ordinary student. It is heartily recommended.

A WHIFF OF OLD TIMES: ONE HUNDRED EXTRACTS FROM LITERATURE PRIOR TO 1850, FOR MEDICAL PRACTITIONERS AND OTHERS. (Published by John Wright & Sons, Bristol.) Pp. 84. Price 3s.

The book contains, side by side, scraps gleaned from the four winds of literature. Collected here one finds quaint extracts from scientific periodicals of 1680, describing "stones of prodigious size" removed from a kidney, the cure of a polyvov, or the signs, symptoms and "prognosticks" of pleuritis, interspersed with poems from Robert Burns, Shakespearean soliloquies, Arab fables, and extracts from old medical dictionaries.

The book affords a couple of hours' amusing reading.

MODERN ASPECTS OF SYPHILIS. By M. J. HORGAN, B.A., M.B., B.Ch., B.A.O., N.U.I. Pp. 136. (Oxford Medical Publications.) Price 5s. net.

This excellent monograph should be read by all those whose duty it is, or may be, to treat cases of syphilis. As the author states in the preface, it is based almost entirely on the work of Kyrle at the Finger Clinic, Vienna. Naturally, therefore, the point that is stressed above all others is the condition of the cerebrospinal fluid in syphilis. In this connection a fact that is not often realized is clearly demonstrated, namely, that a positive Wassermann reaction can be obtained in the cerebrospinal fluid in the early secondary stage, and that often, when the serum Wassermann has become negative as the result of treatment, the cerebrospinal fluid Wassermann—referred to always as liquor Wassermann—may still be positive and the patient is not therefore cured. The best guide to treatment and prognosis in syphilis is the condition of the cerebrospinal fluid, and if it is employed in all cases, such sequelae as tabes dorsalis and general paralysis of the insane should not occur. The tests that should be employed on the cerebrospinal fluid are: (a) globulin, (b) cell-count, (c) colloid chemical tests, (d) Wassermann reaction.

In the Appendix a full description is given of how each of these tests and many others can be carried out. Those who are mystified by the colloidal gold reaction should refer to this little volume, wherein its technique is explained and numerous charts are given, illustrating the different types of reaction given in different stages of syphilis, and also in other conditions of the cerebrospinal fluid, such as meningitis, disseminated sclerosis, etc. The different sections have been well arranged, the style is good and easily readable, and the charts are excellent. We heartily recommend this little book.

ELEMENTS OF SURGICAL DIAGNOSIS. By SIR ALFRED PEARCE GOULD. Sixth edition, revised by ERIC PEARCE GOULD, M.D., M.Ch.(Oxon.), F.R.C.S.(Eng.). (London: Cassell & Co., Ltd., 1923.) Pp. 739. 20 radiographic plates. Price 12s. 6d. net.

It is without doubt true that diagnosis cannot be learnt from text-books of surgery, but from the patient, and by the careful elicitation and interpretation of physical signs. The beginner's trouble is that he knows neither what to look for nor the importance of what he sees. To such people the present very handy volume should prove a veritable "guide to the patient."

There are thirty chapters, commencing with one on history-taking, and then being divided roughly into two sections, the first dealing with the diagnosis of injuries, the second with the diagnosis of diseases, both under regional headings. There is also a section dealing with the general diagnosis of swellings, ulcers, sinuses, fistulae, gangrene, etc.

The present edition is practically unchanged as regards general arrangement. There are added certain recently recognized diseases, such, for example, as Perthe's diseases of the hip. We are sorry to see the use of such a misleading term as bronchocele for swellings of the thyroid gland—a relic of the past, and surely quite an inaccurate term. The definitions of ulcer, sinus and fistula are also not clear.

The book as a whole, however, is very well produced (the X-ray pictures are excellent)—in fact it can be strongly recommended to students at the commencement of surgical work.

INSANITY IN EVERYDAY PRACTICE. By E. G. YOUNGER, M.D., M.R.C.P., D.P.H. Fifth edition, revised and edited by G. W. SMITH, O.B.E., M.B., Ch.B. (London: Baillière, Tindall & Cox.) Crown 8vo. Pp. 134. Price 5s.

The latest edition of this useful little book stands unaltered save in a few particulars: its characteristic feature, the concise rendering of the essentials of the subject, remains. Among the few alterations which Dr. Smith has introduced is the classification of stupor as a separate heading, to include (a) amergic, from exhaustion, and (b) katonic (or resistive) types. This seems preferable to the previous grouping of the two conditions under melancholia and dementia præcox respectively. The section on this last disorder has been partly rewritten, and we must congratulate the author on his restraint in omitting all reference to the pathological speculation on this subject.

The sections on special types of insanity have been somewhat curtailed, perhaps for good reasons. We notice a new classification of borderland states, which brings this part of the book thoroughly

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

up to date. The cross-reference under moral insanity to p. 67 should be to p. 50.

The book ends, as before, with a *résumé* of the principles of psycho-analysis, defining its proper field in psychological medicine, the former detached attitude to this subject being now noticeably modified. The whole book, we may add, adequately fills the requirements of men working for junior finals.

SYNOPSIS OF MIDWIFERY. By A. C. MAGIAN, M.D. Published by William Heinemann (Medical Books), Limited. 235 pages. Price 8s. 6d.

This book is intended to refresh the memory of students and practitioners with the leading facts and principles of treatment in obstetrics.

It is to be heartily recommended as a revision book. We feel that more might have been done in presenting headings and classifications in a more clear-cut manner, but the book is well indexed, and is much more readable than most of its class. The chapter on the care of the low-born child is especially good, and shows how much care of real use can be said in a minimum number of words. It is an excellent book.

THE ANATOMY AND PHYSIOLOGY OF THE MALE BODY. By HUBERT E. J. BLISS, M.A., M.D. Published by Baillière, Tindall & Cox. 17 by 9 inches. 27 pages, 8 plates, 89 illustrations. Price 6s.

We do not feel that this book could be of any use to the medical student. The numerous illustrations are well done, but all would be found in any standard text-book of anatomy. A letterpress of only 19 pages makes its own comment.

This book is written for those who wish to gain some knowledge of science and structure of the body, and yet have no opportunity for dissecting. For such the book should prove useful.

AIDS TO PHYSIOLOGY. By R. A. KRAUSE, M.D., D.Sc. Published by Baillière, Tindall & Cox. 255 pages. 57 figures. Price 3s. 6d.

"This little book," in the words of the authors, "is written as an aid to the student who is presenting himself for examination, and who has already attended lectures and practical courses in experimental and chemical physiology and in histology." If this is so, one cannot honestly recommend it for the use of students, for they would receive much more benefit from a book written in a tabular form, and not in the form adopted in this book, in which the salient facts are not thrown into relief by the aid of the printer's devices. There is too much "interstitial tissue" in the book. Then, too, the book is not clearly written, as in the account of the sympathetic system where the term "sympathetic" means the whole autonomic system where the term "sympathetic" means the whole autonomic system where the term "sympathetic" means the whole autonomic system where the term "sympathetic" means the whole autonomic system.

The purposes of the "sympathetic" means the whole autonomic system where the term "sympathetic" means the whole autonomic system where the term "sympathetic" means the whole autonomic system where the term "sympathetic" means the whole autonomic system.

Nevertheless the authors supply in very portable form a well-indexed book, useful for rapid reference.

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- WEBER, F. PARKES, M.A., M.D., F.R.C.P. "A Case of Lymphogranulomatosis Maligna (Hodgkin's Disease) with Recurrent Purpura and Hemorrhagic Symptoms. Also Remarks on Lymphogranulomatosis Maligna." *Ibid.*, February, 1924.
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EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

The following degree has been conferred:
M.B.—W. Shaw.

UNIVERSITY OF LONDON.

Second Examination for Medical Degrees, March, 1924.

Part I.—Organic Chemistry.—S. W. Barber, H. L. W. Beach, A. C. H. Bell, C. H. Dale, W. P. M. Davidson, J. H. Gubbin, P. N. Hanson, G. A. S. Harris, D. A. Langhorne, B. J. Lovely, A. M. McMaster, M. J. Malley, C. F. Moore, P. M. Oxley, A. T. Pagan, R. F. Phillips, D. Preiskel, E. J. J. Smith, S. E. Young.

Part II.—Anatomy, Physiology and Pharmacology.—S. Behrman,* J. A. Cholmeley, F. J. Cowin, E. S. Curtiss, E. G. C. Darke, C. A. Day, J. Dean, C. W. L. de Souza, M. R. Ernst, E. S. Evans, F. M. M. Eytton-Jones, W. P. Greenwood, J. W. O. Holmes, C. B. Huss, H. E. McLaughlin, M. M. Posel, J. H. O. Roberts, S. F. Russell, H. O. White, C. S. Wise.

* Distinguished in Pharmacology.

CONJOINT EXAMINING BOARD.

First Examination, March, 1924.

Physics.—W. A. Bellamy.
Elementary Biology.—W. A. Bellamy, H. H. Boyden, L. G. Byrde, G. K. McKee, C. T. E. Parsons.

Second Examination, March, 1924.

Part I. Anatomy and Physiology.—B. M. Clark, H. E. Cuthbert,* H. Hillsby, H. E. Houtton, J. L. G. Jenkins,* E. F. D. Owen,† P. R. Rainey, S. Smith, H. N. Walker,* A. F. Wallace.*

* Anatomy only. † Physiology only.

Part II. Pharmacology and Materia Medica.—R. M. Clark, J. D. B. Games, W. S. Hinton, A. N. Hobbs, E. D. Jones, N. F. Kendall, N. A. King, A. Liberis, C. P. Madden, B. E. T. Mosse, J. E. Snow, W. B. Webster.

CHANGES OF ADDRESS.

DONELAN, C. J., Kensington Hospital, St. Bride's, Little Haven, S.O., Pembrokeshire.

EVANS, D. B., Penygarth, Coedpoeth, Wrexham.

LEITCH, J. N., c/o Assam-Bengal Railway, Chittagong, India.

MACPHAIL, A., Pennagowan, Northwood, Middlesex.

OWEN, T., 5, The Grange, Winchmore Hill, N. (Tel. Enfield 225.)

POTTS, J. L., Portland House, Wilton Road, Salisbury. (Tel. 465.)

ROBERTS, C. S. LANE, 64, Hailey Street, W. 1. (Tel. Mayfair 6637.)

WATKINS, Major T. S., R.A.M.C.(T), Rosemary Cottage, West Street, Burgess Hill, Sussex.

WROUGHTON, Lt. Col. A. O. B., D.S.O., R.A.M.C., C.O.'s Quarters, Alexandra Hospital, Cosham, Haris.

APPOINTMENTS.

DONELAN, C. J., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer, Welsh National Hospital for Surgical Tuberculosis (Children).

FIDDIAN, J. V., M.B., Ch.B.(Cantab.), appointed Assistant Surgeon, Ashton-under-Lyne District Infirmary and Children's Hospital.

FOOTE, R. R., M.R.C.S., L.R.C.P., appointed House-Surgeon at the West London Hospital, Hammersmith.

MCCURRICH, H. J., M.S., F.R.C.S., appointed Resident Surgical Officer, Sheffield Royal Hospital.

SMITH, NORMAN F., B.M., B.Ch., appointed Registrar, Kitchener School of Medicine, Khartoum.

SPRUTHERS, J. A., M.B., B.Ch., appointed Assistant Medical Officer at the Colindale Sanatorium, Hendon, N.W. 9.

WILLIS, F. E. SAXBY, M.D.(Lond.), M.R.C.P., appointed Physician with Charge of Out-Patients, Royal Chest Hospital, City Road.

BIRTHS.

ANDERSON.—On March 7th, at the British (Lady Cowdray) Hospital, Mexico City, the wife of Donald Drysdale Anderson—a daughter.

PAVEY-SMITH.—On April 15th, at 9, Victoria Avenue, Harrogate, the wife of A. B. Pavey-Smith, M.C., F.R.C.S., of a daughter.

SILVER WEDDING.

SCOTT—PRESTON.—On April 30th, 1899, at the Parish Church, Wilburton, Henry Harold Scott, M.D., second son of the Rev. D. L. Scott, M.A., LL.D.(Cantab.), to Harriett, daughter of the Rev. D'Arcy Harrington Preston, of Attleborough, Norfolk. Present address: 51, New Cavendish Street, W. 1.

GOLDEN WEDDING.

MARTIN ILES. On April 9th, 1874, at the Parish Church, Fairford, by the Right Hon. and Rev. Lord Dynevor, Paulin Martin, M.R.C.S.E., of Abingdon, Berks, to Mary, eldest daughter of the late Albert Iles, M.D., of The Croft House, Fairford, Gloucestershire.

DEATHS.

BURGESS.—On March 30th, 1924, at the Cottage, Alverton Avenue, Poole, William Milner Burgess, M.R.C.S., L.S.A., late of Frinton-on-Sea, aged 71.

HAIG.—On April 6th, 1924, at 57, Inverness Terrace, London, W. 2, peacefully in his sleep, Alexander Haig, M.A., M.D.(Oxon.), F.R.C.P.

REECE.—On Easter Day, April 20th, 1924, at Birchington, suddenly, Richard James Reece, C.B., M.D., Senior Medical Officer, Ministry of Health, late Surgeon-Colonel, H.A.C., aged 62.

WALSHAM.—On Palm Sunday, April 13th, 1924, at his residence, 114, Harley Street, Hugh Walsham, M.D., F.R.C.P.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C. 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 310.

St. Bartholomew's Hospital



JOURNAL.

"Æquam memento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

VOL. XXXI.—No. 9.]

JUNE 1ST, 1924.

PRICE NINEPENCE.

CALENDAR.

- Mon., June 2.—Special Subject Lecture, Mr. Elmslie.
- Tues., " 3.—Dr. Morley Fletcher and Mr. Waring on duty.
- Wed., " 4.—Clinical Lecture (Surgery), Mr. McAdam Eccles.
Cricket Week commences at Winchmore Hill.
Cricket: Hornsey 1st XI—home, 2 p.m.
- Thurs., " 5.—Cricket: R.A.F. (Uxbridge)—home, 11.30 a.m.
- Fri., " 6.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Clinical Lecture (Medicine), Sir P. Horton-Smith Hartley.
Cricket: Past 2. Present—home, 11.30 a.m.
- Sat., " 7.—Cricket: Finchley, 2.30—home.
- Mon., " 9.—**Whit-Monday.**
Cricket: Croydon—home, 11.30 a.m.
- Tues., " 10.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
Cricket: Winchmore Hill—away, 11.30 a.m.
- Wed., " 11.—Clinical Lecture (Surgery), Sir C. Gordon-Watson.
Cricket: Exiles C.C.—away, 11.30 a.m.
- Fri., " 13.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Clinical Lecture (Medicine), Dr. Morley Fletcher.
- Sat., " 14.—Cricket: Streatham—home, 2.30 p.m.
- Mon., " 16.—Special Subject Lecture, Mr. Just.
- Tues., " 17.—Prof. Fraser and Prof. Gask on duty.
- Wed., " 18.—Clinical Lecture (Surgery), Mr. McAdam Eccles.
- Thurs., " 19.—**Abernethian Society: Midsummer Address by Mr. John Galsworthy.**
- Fri., " 20.—Dr. Morley Fletcher and Mr. Waring on duty.
Clinical Lecture (Medicine), Sir P. Horton-Smith Hartley.
- Sat., " 21.—Cricket: R.A.M.C. (Aldershot)—away.
Last day for receiving matter for July issue of Journal.
- Mon., " 23.—Special Subject Lecture, Mr. Harmer.
- Tues., " 24.—Dr. Drysdale and Mr. McAdam Eccles on duty.
- Wed., " 25.—Clinical Lecture (Surgery), Mr. Rawling.
- Fri., " 27.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
- Sat., " 28.—Cricket: St. Albans—home.
- Mon., " 30.—Special Subject Lecture, Mr. Elmslie.
Cricket: Exiles C.C.—away.

EDITORIAL.

THE Englishman is generally reputed to have but two subjects of conversation—his health and the weather. We, of this venerable institution, being passing interested in other people's health, talk little of our own, and except at week-ends the weather concerns us but little. But one Wednesday in May is an exception. A wet View Day is a tragedy. This year the weather did its little best, lapsing from grace nevertheless in the late afternoon.

Our old Square was thronged even more than is usually the case on these occasions. To obtain tea in more than three places was a physical impossibility. The pink pill machine in the Dispensary basement had to be replenished time after time. One batch of visitors arrived by air from France just in time for the excitement. Mr. Langford Moore displayed their wriggling bodies to an admiring crowd. Leeches have a fascination all their own!

View Day is perhaps the only day in the year when a Bart.'s man expounds the glories of our Library. Then, it is to be feared, he often demonstrates how slender is his knowledge of this treasure-house. There has recently been added a new volume of William Harvey's lectures entitled *De Motu Cordis et Sanguinis Circulatione*. This book was published in 1654—three years before Harvey died. In the same case will be found a first edition of *De Generatione Animalium*, published in 1651.

Recently certain alterations have been made in the housing of books. The bound volumes of the *Journals of Physiology*, of *Experimental Physiology*, and of *Pharmacology* and *Experimental Therapeutics* are now kept in the new block in Giltspur Street, the current numbers being still displayed in the Library.

Having exhausted the conversational possibilities of

health and weather, the Englishman to-day proceeds to make coin out of Wembley. Although we would shrink from suggesting that the medical student, and still less the practitioner, seeks in everything for objects of interest connected with his particular "shop," Wembley does offer much of medical interest. The section arranged by the Ministry of Health in the Government Pavilion should not be overlooked. The tableaux illustrating the ravages following the nimble mosquito, the almost revolting demonstrations of the life-history of the humble house-fly, the water-colour drawings of the lesions of elephantiasis, tropical sore and leprosy are striking and instructive. In the Palace of Industry is an interesting selection of drugs. Appended to many are maps showing the areas affected by the diseases which particular drugs are supposed to relieve. We observe the delicacy which points out to the seeker after knowledge that neo-salvarsan cures oriental sore. For a disease with such a limited distribution one is mildly surprised that neo-salvarsan should be a commercial product of such importance!

The Abernethian Society has strayed somewhat from its beaten path in the choice of the speaker for its Mid Sessional Address.

Mr. Galsworthy will address the Society on Thursday, June 19th. We congratulate the secretaries on the perseverance which has been necessary in persuading this almost hermit-like personality to face such publicity. Mr. Galsworthy has done so much through his plays and novels to mould the thought of the younger generation that all Bart.'s men will see in this chance of meeting the father of the Forsyte family an opportunity not to be missed at any price. We anticipate a theatre as crowded as that which hailed Mr. Bernard Shaw two years ago.

The Athletic Sports are taking place too near the end of the month to allow of a report in this number of the JOURNAL. An interesting new departure is an enlarged relay race. Instead of teams representing the various "years," each of the amalgamated clubs is asked to send in a relay team. To add further to the interest of the event, teams are to be dressed in a distinctive manner. We are not sure if the Rifle Club will exchange bows and arrows instead of batons, but distinct pictorial possibilities are suggested. We are personally somewhat piqued that the Publication Committee was not asked to enter a team. We would have undertaken to attire ourselves in proof-sheets and wear quill-pens behind our ears. Perhaps next year?

In the "Correspondence" will be found a vigorous

letter protesting against the closing of the Library and Museum during the whole month of August. These restrictions are hardly as "senseless and unnecessary" as the writer appears to think, as August is the one opportunity for cleaning these departments; yet we sympathize with him, having suffered ourselves, and would be delighted if arrangements could be made to limit the cleaning operations to a less extensive period.

An appeal was made in the "Editorial" last September for letters and articles from general practitioners on subjects which would be useful to students about to descend on a long-suffering public. The response was woefully meagre. We intend shortly to produce a section each month entitled "Notes on General Practice," and earnestly request old Bart.'s men to send us material to keep this section alive and useful factor. As the student passes through each hospital department he is constantly asking himself, "How will this work out in private practice?" In midwifery the importance of a sepsis and ante-natal work is constantly impressed on him. He wonders how the best general practitioners carry out these details. When he is doing anaesthetics he wonders what experience shows the general practitioner to be the best anaesthetic for his purpose. He knows that he will often be called upon to give anaesthetics for dental work, and knows that an elaborate nasal gas apparatus will probably not be at hand.

We have space waiting for the experienced practitioners who respect their old Hospital, who remember their own early difficulties, and are willing to help the inquiring student.

Dr. Drysdale delivered his last lecture in clinical medicine to a crowded theatre on Friday, May 23rd, nearly 300 students being present. The enthusiastic applause with which he was greeted spoke eloquently of the respect which Bart.'s men have for Dr. Drysdale, both as a man and as a teacher of medicine. He replied in a characteristic manner, wishing us the success which was due to all Bartholomew's men, whether they took up medicine, or "that smaller branch of therapeutics known as 'Surgery.'"

A very unofficial report states that, fired by the success of the "nightingale" venture, the B.B.C. has made overtures to the Hospital, suggesting the broadcasting of the Dental Department on Tuesday and Friday mornings. Resistance is expected from anaesthetic quarters.

It is not long ago since we had the pleasure of review-

ing in these columns Mr. K. M. Walker's *Log of the Ark*. In our May issue we drew attention to another book of a non-technical character from the pen of a Bart.'s man.

We commended the *Pirate's Who's Who* cordially to our readers, and promised a further brief review of Dr. Gosse's fascinating work.

Those of us who believe in heredity and know that the writer of this book is the son of Mr. Edmund Gosse will expect something out of the ordinary, and we shall not be disappointed.

The book deals with the lives and deaths of the pirates and buccaneers; its arrangement is similar to that found in other volumes of "Who's Who," dealing with people perhaps more respectable, but certainly less interesting.

Some of the gentlemen mentioned in its pages are dealt with briefly, but each of the leading lights of the pirate world has many pages devoted to him.

Portraits are given of two of the most famous captains and of two of the better-known women pirates. Another attractive reproduction shows a pirate being pressed to plead—a process which, for its utter simplicity, would be hard to beat.

A subtle humour pervades the whole of the book, but is at its best in the Preface. It tends to lighten some of the more gruesome details which occur on nearly every page.

A careful perusal of these records—which, needless to say, do not deal only with disreputable people—brings out certain surprising facts.

One, which the author comments on in his Preface, is the astoundingly high proportion of Welshmen who were pirates. Wales supplied all the chief pirates up to two hundred years ago—whereas now she sends her sons to take part in more peaceful sport, such as hospital rugger. The University of Cambridge sent its quota, but we could find no trace of a pirate with the "Oxford manner"—surely an ideal quality for a pirate.

Medicine supplied certainly one of the most famous of them all—Dr. Thomas Dover, who was educated at Caius College, Cambridge, "invented Dover's powders, commanded a company of Marines, rescued Alexander Selkirk, wrote a most extraordinary medical book, and was a successful pirate captain."

It was, apparently, not the custom to make the surgeon sign the articles of the pirate ship, but many of them seem to have become bloodthirsty, though, on the whole, rather unsuccessful pirates.

Those who went "on the account" were recruited from many nations, but from the countries which later became the German Empire there appear to have been none. This may help to account for the indifferent success of the German Navy in later years—for the fact

stands out clearly after reading these records that from these hard-fighting, hard-swearing, hard-drinking and often cruel men arose our first Navy. It was, indeed, a very thin line that divided the out and out pirate from the authorized privateer, who was, in turn, replaced by what is now the premier service.

As to sex, there were three women pirates, who were more than moderately successful, and, needless to say, more than necessarily cold-blooded.

It is somewhat disappointing to discover that the kindly habit of making their prisoners "walk the plank" was indulged in by only one or two pirates, but anyone out for blood will be more than satisfied by the many tales of cruelty and murder.

Pirates' lives were very short: most of them only lived just into the twenties—thirty was old age for a pirate; fifty, senility (in fact, only one or two lived to that age).

One of the most brutal of all the pirates went to sea and vented his spleen on all and sundry for many years for no better reason than that he was a "henpecked" husband—surely a splendid revenge on the sons of women.

The book is quite up-to-date in that it gives details of the life of a Chinese woman pirate whose career ended suddenly in 1922.

We trust that this short description will stimulate our readers to get hold of this volume, whose author's principal regret appears to be that the only pirate of his name spelt it without an "e."

The following gentlemen have been added to the St. Bartholomew's War Memorial Committee: Sir Wilmot Herringham, Sir William Lawrence, Sir Archibald Garrod, Sir Anthony Bowlby, Dr. Williamson, Dr. Burroughes, Mr. Just, Dr. G. B. Tait, and the Dean.

POST-GRADUATE VACATION COURSE.

Qualified readers are reminded again of the Post-Graduate Course which will begin on Tuesday, July 15th, and end on July 31st. Early application for admission is desirable as numbers must necessarily be limited. A comprehensive and well-balanced programme of special demonstrations has been worked out. The arrangements in the Department of Pathology have been slightly altered from those of last year. No special demonstrations in medical and surgical pathology will be given, these subjects being worked in with those on medical and surgical practice. Three demonstrations in clinical pathology will be given. There are to be two clinical demonstrations at Bethlem Royal Hospital on "Cases of Clinical and Medico-Legal Interest."

FROM OLD TO NEW.*

By C. FIRMIN-CUTHEBERT, F.R.C.S.Ed.

(Concluded from p. 118.)

We now come to the commencement of hospital days, October, 1875. The new entry of students were in those days allowed to prowling round the wards with the surgeons at 1.30 just as they liked, and to see all that was to be seen, without understanding at all what was being talked about, and more from curiosity than anything else. On operation days, Wednesdays and Saturdays, they were allowed to go into the theatre. There was only one theatre in those days. The raised seats were approached by a stair-case at the back, and the front row from the area of the theatre—this was reserved for surgeons, other than the surgeon operating, for assistant surgeons, and other past students of the hospital. The surgeon operating came in and went to a cupboard under the stair-case of the theatre, and took out his frock coat, which had served its purpose in Harley Street. This coat had perhaps been going on for years, and the sleeves of it were stiff with blood and pus from all its services as a protection for the waistcoat and stiff white shirt front which had been doing duty in the surgeon's smart consulting room in the morning. I do not remember whether the surgeon washed his hands before commencing to operate, but I know there was a wash basin with a plug and chain in the theatre, and I am fairly certain that he used it afterwards! After a surgeon had completed his operation, the next surgeon came on with his little job, and he, too, went to the cupboard and got out the time-honoured frock coat. The surgeons in those days were invariably helped in their operations by their own corresponding assistant surgeons. The house surgeons had not the privilege of acting as assistant surgeons then, as in the present day. The dressings were lint, cotton-wool, and a bandage. Given a case of intestinal obstruction, the patient was put back to bed with the full understanding that an ante-mortem had been done. They all died with a most occasional exception.

The greatest excitement prevailed when it was known that Mr. Tom Smith was to do a lateral lithotomy operation for stone in the bladder. Students of all the various years, first, second and third, accumulated in the theatre, and watches were taken out to take the time. This was 1½ minutes from the time Mr. Smith took the lithotomy knife in his hand till the stone was placed on the side table. Rapidity of operations in those days was all-important. On one occasion a surgeon was doing a lateral

* Read before the Gloucester Branch of the British Medical Association, February 20th, 1924.

lithotomy, and some doubt arose as to whether he had got into the bladder. Mr. Tom Smith came to the rescue, put his finger into the wound, from which a little fluid was coming, tasted it and said, "Yes, that's urine."

No doubt the importance of rapid operating still holds good in a large number of cases; for instance, the late J. B. Murphy used to teach that, given a euppurating abdomen, "Get in quickly, and get out quicker." In later years Sir Peter Freyer's operation for the removal of the prostate was on the same rapid principle as Mr. Tom Smith's removal of stone in the bladder. I have seen Freyer operate a good many times, and from the time he took his knife in his hand to the time the prostate was on the table was 1½ minutes.

In about 1875 came the dawn of antiseptic days, the carbolic oil, 1 in 20, of Lister, to be rapidly succeeded by the carbolic spray apparatus for watery solutions, 1 in 20, hand and steam. I shall never forget those hand-spray instruments—the energy required, and muscular fatigue produced, to keep the wound in a constant flood of spray. The steam spray producers were better in some respects, but the absolute refusal to work in the middle of an operation sometimes, and at others the perfect deluge and saturation of anæsthetic, patient, surgeons and assistants, was, to say the least of it, a great inconvenience.

There was, as in all great changes, tremendous opposition to the "antiseptic system of Lister." Many surgeons in London and other places, including Sir William Fergusson and Mr. Savory, for whom I was dressing at the time, were dead against it, the latter with scathing sarcasm announcing that he "preferred the application of a linseed poultice within a day or two of an operation, to induce the free discharge of true and laudable pus."

Mr. Timothy Holmes, in *Principles and Practice of Surgery*, 2nd edition, 1878, pp. 19 and 899, writes up various opinions and compares them—water dressings, free exposure of wounds to air, carbolic oil, and the antiseptic method of Lister. This was the fashionable book to read for examinations, and it was in this year (1878) that I commenced my reading of surgery, while dressing for six months under Mr. Tom Smith and Mr. Savory. After qualifying in 1879 I went as temporary House-Surgeon to the General Hospital at Nottingham, where every wound, however small, was dressed with carbolic spray. On entering my father's practice, of course I thought I knew something, but it was not long before I knew I did not. A big fat farmer had a bad compound fracture of the leg, with the tibia sticking well out of the wound. This was cut off in the presence of carbolic spray, followed by carbolic oil dressing. My knowing parent from the first advised the removal of the limb, but after weeks and months of persevering conservative treatment,

in the hope that sequestra might become loose, there was a spreading infection up into the femur. This was my first amputation high up in the thigh. My father and Mr. Cadge assisted me. The man escaped with his life.

My second amputation of the thigh was in a large and hefty blacksmith. Fortunately the forge was next to his house, for in this case I had my first experience of what a troublesome complication may arise by hæmorrhage from the medullary canal. It bled and bled, until a poker heated up in the forge was put up into the canal, and the bleeding was stopped. This was a useful sterile instrument.

Another case of interest was that of a farmer who got caught up in his corn reaper, and sustained many serious injuries, among them a compound dislocation of one finger, a pulped arm, necessitating amputation below the biceps attachment, and a knee-joint opened so that the patella was turned inside out. There were many other large wounds about his face and body. The patient refused to take an anæsthetic of any kind. The wounds were washed out with 1 in 30 carbolic, and afterwards dressed with carbolic oil and sutured with silver wire. This was before the days of boiling instruments. The man made such a good recovery that the "case of severe injury attended by an unusually favourable result" was read before the Norwich Medico-Chirurgical Society, March 6th, 1882. I cannot quite remember whether the boiling of towels to put round the area of a wound had been introduced at that time, but I think it had. The boiling up of everything in a fish kettle before an operation was a laborious procedure.

As regards hernias, of course there was no such thing as radical cure in my hospital days, but there was a very complicated operation occasionally done by Mr. John Wood. His operation was difficult to read, difficult to understand, and difficult to do. A description of it is in Holmes's *Surgery*. Its results are summed up as invariably a failure, and always requiring to be assisted by a truss. I cannot remember what were the actual results of the operation for strangulated hernia, but once a hernia always a hernia in those days.

My first personal experience of the treatment of strangulated hernia was a summons one winter's night at 4 a.m. to a cottage in a field, five miles off. I found an old woman with strangulated femoral hernia. I came back to my father's house, took a chloroform bottle and a hernia case and started off again. One old woman helped me, with two tallow candles for light, and another old woman kept the lint on the patient's face with the chloroform. The gut was returned by a nick at Gimbernat's ligament, and she did well. At breakfast the next morning I told my father that I had done a strangulated hernia in the night. "Why didn't you call me?"

he said. "Because I thought you would want to do it yourself," was my reply.

Many years ago, when radical cures of hernia in young children were advocated by my friend Sir Harold Stiles, I greeted the treatment, and was most thankful to get rid of the many varieties of trusses—rubber covered, waterproof covered, and above all the skein of worsted truss, as advocated by many in those days. They were all filthy, and warranted both not to keep the hernia up and to thoroughly irritate the skin.

Returning to strangulated hernia at the present day, I should like to advocate that all these cases should be operated on under local anæsthesia, by the infiltration of novocaine, or if a general anæsthetic is administered, that the stomach should be washed out immediately the patient is under, to avoid that very ominous occurrence of dark-coloured vomit happening on the table, or soon after the patient had been removed to bed. I always look upon this occurrence, while the patient is being taken from the theatre, as the first stage of the funeral procession.

For years there were great discussions as to whether the sac should be opened in cases of strangulated hernia.

Rectum.—Mr. Harrison Cripps, who has recently died, obtained the Jacksonian Prize of the Royal College of Surgeons of England in 1876 for his essay, "Carcinoma of the Rectum: Its Cure by Excision." In this paper he advocated removal of the growth if this could be reached by the finger *per rectum*, or at any rate if the finger could be passed above the limit of the growth. Unless this could be achieved the case had to be considered inoperable.

In my hospital days, when rectal examinations became all-important, and even the hand was passed into the rectum, I remember that the services of Mr. Walsham were requisitioned. He was a very small man and possessed the smallest of hands, of which he was very proud. When called in for the purpose of making one of these examinations, the students said among themselves, "Mr. Walsham will now ascend the rectum."

Mr. Harrison Cripps was also the first advocate of inguinal colostomy, both as a palliative measure and as a preliminary to the extensive perineal and trans-sacral excisions. For a long time, even years, there were great controversies between the adherents of inguinal *v.* lumbar colostomy, the fear of an abdominal incision carrying great weight in the lumbar minds, and also the idea of leakage of faeces among the pubic hair, which was disgusting to the patient. They also took into consideration the comparative safety and more pleasing position of the lumbar operation.

I was responsible in my early days of surgery for several lumbar colostomies, and they were indeed a horrid mess.

Another question which had to be considered was *when*

a colostomy should be done in cancer of the rectum, and again there were two schools, some encouraging early operation to relieve the patient's pain and general discomfort, others who postponed the operation until signs of obstruction came on.

Furthermore, within the last year or two there have been great advances in the treatment of obstructive diseases of the colon, not only in operating before any signs of obstruction come on, but also in the modification of operative procedures.

I must now refer to some of the old instruments for rectal disease—the rectal speculum and dilator; the crushing clamp for piles, as introduced by Mr. Herbert Allingham; the ivory plates to prevent burning the tissues when the cautery was applied.

The old ligature operation for piles, which had a long reign, consisted of tying off the piles with silk, leaving the ends hanging out of the anus. About the ninth day the ligatures were pulled upon, with the invariable result that when the ligatures came away, they were accompanied or soon followed by a considerable hæmorrhage.

I still do, and for many years have done the operation of Mitchell of Belfast, in which the piles are pulled down and clamped by strong forceps. The distal parts of the piles are cut off close to the forceps, a catgut suture is then introduced on the proximal side of the forceps, and by sewing over and over the whole cut surface is brought together and tied, after slipping out the forceps. By this means all hæmorrhage is controlled, no raw surface is left exposed, and healing can be completed before contamination takes place from the action of the bowels.

I propose to go now to the opposite extreme, at any rate so far as the digestive track is concerned.

Here is an *éraseur* for the removal of the tongue, which I well remember seeing used in my student days. This is a more powerful instrument than the original one introduced by Chassaignac, and depicted in Druitt's *Vade Mecum*, p. 686. Half a turn of the instrument every half minute produced a gradual compression of the vessels, and removal of the tongue by a bloodless operation; but secondary hæmorrhage after removal of sloughs was very liable to occur, which proved it not to be so bloodless. I have used this instrument three times, and in each case a secondary hæmorrhage took place.

With regard to present-day methods of treating cancer of the tongue by diathermy, it seems that it is safer to ligature the lingual artery before the treatment is commenced. It is, however, questionable as to whether the present method of removal of the tongue, followed by a block dissection of one or even both anterior triangles of the neck, does not give a better chance of a radical cure of the disease.

Probes.—These instruments have been used from time

immemorial, but few of us recognize what the slit in the one end of the probe is for. In the old days of setons and issues, a bundle of silk or tape was passed through this eye, so that when the skin had been pinched up between the finger and thumb, and a pointed bistoury had been passed through, the probe followed the knife, and the threads were brought through on the probe. See Ferguson's *System of Surgery*, pp. 13 and 70, where there is a picture of a special seton needle which was sometimes used.

Among these various discarded instruments are some of special interest: The torsion forceps used by Sir Benjamin Brodie; artery forceps such as were used in my early days, before the introduction of Spencer Wells forceps; breast pump; trephines in case; Lee's guarded trocar for puncturing the membranes; Sims's speculums, which were first used in the shape of pewter spoons (speculums were at one time made of horn, with a looking-glass to reflect); various pessaries; female urethral dilator; Barnes's tent introducer; fistula knife made 1815 (French; Savigny).

It was in 1801 that I set about to remove a joint mouse from a woman's knee-joint. Besides an assistant and an anesthetist there were three or four doctor friends present. While the wash-up was going on, and the skin of the knee was being cleaned up by a process of much rubbing and scrubbing and sponging with I in 20 carbolic, various remarks were being made: "What rot and nonsense!" said one. "If she does not lose her leg, she will at any rate have a stiff knee," said another. Contrary to this cheering prognosis, the piece of cartilage was comfortably removed, the wound healed by first intention, and there is not the slightest inclination to a stiff knee to this day.

In 1896 Lockwood published his book on aseptic surgery, in which instructions for disinfection of instruments, towels, surgeons, nurses and patient were carefully set out. The perchloride of mercury was substituted for biniodide of mercury. The solution of I in 500 in spirit was used to disinfect the hands of surgeons, nurses and assistants, and the skin of the patient in the field of operation.

The scrubbing and rubbing process was an uncomfortable procedure for the patient, and in a case of cancer of the breast, for instance, not free from the liability to disseminate cancer-cells. The painting of the skin with iodine or picric acid or some other disinfecting agent is much simpler, as in use nowadays.

I cannot remember the year in which the wearing of rubber gloves was started, but it must have been soon after Mr. Lockwood brought out his book. They are not mentioned in this. He was always very adverse to wearing gloves, and it was only in his latter days that he

would do so in infective cases. He always said that he could not feel through them. He met his death, however, through a needle-prick, made while putting in the last stitch of a suppurating appendix. He was wearing gloves at the time.

How different is the present-day dry sterilization—much simpler, quicker, and easier. There is, however, one point of disadvantage in dry sterilization of gloves—the possibility of a perforation occurring during the process—and it is impossible to tell whether this has happened or not unless the glove has been filled with fluid before it has been put on. When examining ten pairs of dry sterilized gloves some years ago, I found three gloves which had a small perforation in them. If they had been put on dry, the link in the chain of a sepsis would have been broken.

In 1901 came the further developments of aseptic preparations—masks, boots, and so on. One somewhat sceptical friend remarked that perhaps it might be advisable for him to put a formant tablet in his mouth! Later again came the protection of all skin edges by tetra cloths, so that no wound could be contaminated by the escape of bacteria from the skin.

As briefly as possible I must allude to the cystoscope, the importance of which cannot be over-estimated at the present day, and it is questionable whether it is justifiable to operate on a kidney without a proper investigation of the urinary organs with this instrument. In 1876 Nitze lit upon the idea of examining the bladder by means of a cystoscope—an instrument which should illuminate the bladder from within. The source of light could only be electricity. He was soon joined by Hurry Fenwick, Caspar and Albaron, etc. The maker was Leiter, of Vienna. In 1904, Bergmann, in his *System of Surgery*, vol. v, p. 200, says: "The cystoscope has been so much improved for use upon men and women that it leaves little to be desired." It was in this year (1904) that I had my first cystoscope with a dummy metal bladder painted inside showing warts, tumours, tuberculosis, etc., with which to practise. Just at this time a friend from London was staying a week-end with me, and I asked him if he would look into a lady's bladder for me. The diagnosis was tumour at the base of the bladder. A few days afterwards I opened the bladder supra-pubically. No tumour was found, but the patient died one year afterwards with well-marked carcinoma of the kidney.

This case induced me to pay frequent visits to St. Peter's Hospital, and through the kindness of Mr. John Pardoe I had the privilege of investigating many bladders with a cystoscope, and bought Nitze's latest instrument, and two years after I could not resist the temptation of the new Wolfe's, with the advantage of an erect image.

The following case was hard and disappointing. The

cystoscope failed me. April 16th, 1923, a man aged 35 came to me complaining that "his water was bad." He had had a painless hæmaturia since December, 1922. I thought I could feel his right kidney. He had never been to Egypt, South Africa or India to contract bilharzia. He had a diastolic aortic murmur; never had rheumatic fever. Report from the Clinical Research was as follows: "The centrifugized deposit of this urine consists mainly of red corpuscles, but there is also a distinct excess of leucocytes and lower tract of epithelial cells. No renal epithelium can be detected, but one sees very occasional hyaline casts. No crystalline abnormalities are present, but the urine contains very large numbers of bacilli, morphologically of the *B. coli* type. In stained films no T.B. can be demonstrated after a prolonged search."

April 18th: Pneumoperitoneum induced and X-ray picture taken (Dr. Goss). No stone in bladder. Right kidney enlarged with circular shadows (not calcareous) in lower portion. Probable cyst or neoplasm.

April 20th: Cystoscope clearly showed blood coming from right ureter. Here was a case of probable hyper-nephroma.

Operation 3 p.m. No tumour in kidney, which was somewhat larger than normal. 5 p.m., pulse 120, patient very restless. No evidence of bleeding from wound. Morphia gr. ¼ given. More comfortable, but at 8.30 bladder distended. Catheterized, and the bladder was found to be full of blood. Died at 9.30.

P.M.: Found that the left kidney was also somewhat enlarged, and had the same appearance as the right. Spleen normal in size and structure. I sent sections up to the Clinical Research. They reported as follows: "Besides old granular changes, the sections show an advanced acute necrosis of almost all the urinary tubules. The glomeruli and a thin subcapsular zone of tubules have alone escaped. Spleen: Almost the whole of the spleen is in a state of necrosis, only a few scattered areas having alone escaped, as well as the connective tissue, trabeculae and the blood-vessels." I could not understand this report, so I wrote up for further information. The reply was: "Unfortunately there is no evidence in the section to account for the histological appearances of the tissues, which simply show necrotic changes, but without in any way disclosing the cause."

If this case could be included as one of hæmaturia in chronic nephritis as described by the late Dr. Samuel West, the necrotic condition of the spleen would not be accounted for.

ANÆSTHETICS APHORISMS.

(Being a few rambling remarks of good intent.)

1. ANÆSTHESIA is full of risk. Where there is risk, sooner or later there is emergency.
2. Reassure your patient and give him a friendly greeting. Much trouble is saved later if you can persuade your patient that you are to be trusted. It is not always easy to do this!
3. An anæsthetic is a trying ordeal to many, both to patient and anæsthetist! Do not frighten your patient by turning on gas cylinders suddenly, or by clapping a mask over the patient's face and saying tersely, "Breathe."
- Above all, never put an A.C.E. box on a child's face suddenly. Try it yourself and then you will know why. Children, too, have surprisingly good memories.
4. Tell your patient to breathe quietly, and approach the mask to the face slowly, so that he may see it coming.
5. Choose your mask well, so that it fits the patient's face accurately. Most adults take size 5; men with moustaches and beards take size 6. The size is stamped on the inside of the mask.
6. If your mask be ill-fitting, air-leaks will occur, and the stage of induction will be very slow.
7. Let the mask rest lightly on the patient's face; do not press, and do not inflate the cushion too hard.
8. Concerning Clover's ether inhaler—
CHLOROFORM IN A "CLOVER" KILLS.
If, by mistake, chloroform be put into a Clover, then that patient's death lies at your door.
9. On filling a Clover, always see that the ether chamber is empty. Look at the label on the bottle, and smell its contents before filling the reservoir with two ounces of ether.
10. See that the tap on the gas lead is open before turning on the gas. Sudden explosions destroy a patient's confidence.
11. Above all, do not distend the bag with gas; it makes the patient feel suffocated. Nitrous oxide should be an anæsthetic, not an asphyxiant!
12. The "Clover" administration is only learnt by practice and much sore trial. Do not blame the apparatus. Properly handled it is delightful, both for patient and anæsthetist.
13. A cyanosed patient spells salivation, spasm, rigidity and "after-sickness."
14. A steady, quiet induction is repaid by tranquil anaesthesia, and little vomiting, if any.
15. "Spasm" is due to too sudden an increase of anæsthetic vapour; or lack of air in the case of gas anæsthesia.

The patient is cyanosed, often frothing at the mouth, and the teeth are clenched. If the mask be removed, the spasm passes, and induction may be resumed with less anæsthetic.

16. Spasm of the glottis may occur from many causes. Most commonly it is due to saliva entering the glottis, therefore always keep your patient's head on the side. Other causes are foreign bodies, œdema, and reflex stimulation. Open the mouth and get the airway clear. If this be done the spasm usually passes off. A little oxygen hastens its departure. Should the spasm not be relieved by this treatment the patient will become more and more cyanosed, until eventually the lips become ashen, and the pulse becomes feeble, fast and irregular. Now is the time for tracheotomy or laryngotomy. The anæsthetic may then be administered by Hahn's tube. Fortunately this complete spasm is rare.

17. The corneal reflex is fallacious, especially so in children. If the reflex be present the patient is lightly anaesthetized, but its absence tells you nothing.

Avoid the corneal reflex. Patients no longer believe the "cold in the eye" story.

18. If in doubt as to the degree of anæsthesia attained, cease the administration. It is better to have a coughing patient than a dead one!

19. Respiratory failure: (a) Feel the pulse: a slow, full pulse is reassuring; a feeble or absent pulse, alarming.

(b) Note the colour: Do not worry if the patient is pink; he will probably recommence respiration unaided.

If cyanosed, he may have had too much anæsthetic. In this case a little artificial respiration will start breathing again.

If the patient is pale and the lips are blue-grey, matters are very serious.

(c) Inform the surgeon.

(d) Lower the head.

(e) Insert a Doyen's gag.

(f) Pull out the tongue with forceps.

(g) Put a tube delivering oxygen into the mouth.

(h) Commence artificial respiration: The surgeon will do this. Be sure that air is going into and leaving the chest. If it be not, then pass a catheter into the trachea, *via* the larynx, or else perform laryngotomy.

(i) Should the pulse be very poor or absent entirely, cardiac massage should be performed, and Liq. adrenalin $\text{m} \times$ be injected direct into the heart.

(j) Hot cloths may be applied to the chest, and the sphincter ani may be dilated.

(k) If, after half-an-hour's artificial respiration, no perceptible breathing occurs, and the heart has ceased to beat, all efforts at restoration may be given up. One cannot restore the dead; only the apparently dead.

(l) Keep your head. Patients stop breathing from—
(i) Sheer lack of stimulus, *i.e.* too little carbon dioxide in the blood.

(ii) Respiratory obstruction (tongue, foreign body, etc.).

(iii) Overdose of anæsthetic.

(iv) Death.

20. Signs of surgical anaesthesia: (a) Deep, slow abdominal breathing

(b) Absence of reflexes.

(c) Contracted pupil.

(d) Complete muscular relaxation.

21. A dilated pupil may mean: (a) Light anaesthesia.

(b) Onset of vomiting.

(c) Overdose.

(d) Obstructed airway (pupil reacts to light).

22. There is no one sign as to the degree of anaesthesia attained.

23. It has been said that vomiting during the stage of induction is the sign of a bad anaesthetist. This is true, with certain reservations.

24. Do not keep the mask on the face if the patient vomits. Allow him to vomit with the head on one side, and then proceed with the anæsthetic when the vomiting has ceased.

25. Certainly 95 per cent. of difficulties are due to insufficient airway.

26. Always look for artificial teeth, but do it tactfully. The anaesthetist is responsible if the patient swallows his denture—and remember that no one is infallible.

27. Always look inside the mouth. Should it be necessary to insert a gag hurriedly, the top of a crowned tooth may be knocked down the patient's throat.

28. The pupil of a glass eye does not dilate under anaesthesia. Glass eyes are remarkably lifelike, and it is very easy to be misled.

29. If one pupil is larger than the other, always take the larger one as your guide.

30. Should anaesthetic be dropped in the eye, wash it out at once, and put in some castor oil.

31. Chloroform on a piece of lint is an excellent anaesthetic, but remember that if the lint be pressed on the face, however lightly, a burn may result.

32. A chloroform bottle should be held so that one digit is always on the leaden top. It might be disastrous if the top came off and chloroform spilled on the patient's face. Chloroform burns are actionable.

33. Always put one finger over the spout of the chloroform bottle when changing the lint round, otherwise splashes are likely to enter the eye.

34. The "A.C.E." mask is not above suspicion. If too much anaesthetic be poured on the sponge, it will form a pool on the patient's face should the apparatus leak.

35. Some patients breathe more freely if the jaw be held up that is, if the finger be held under the symphysis menti. Do not press on the soft parts, or you will tend to throttle the patient; try it on yourself. Other patients breathe better if the jaw be pushed forwards from the lower part of the ascending ramus.

36. If you must use an airway, moisten it before putting it in the mouth. Most particularly, insert it gently.

37. Avoid the use of tongue forceps. Should it be necessary to put them on the tongue, do so so that the points enter the dorsum laterally, and not from superior to inferior surface.

Tracheotomy has been necessary owing to hematoma following this latter practice.

38. In private practice chloroform is very largely used. If properly handled, chloroform is an excellent and most useful anaesthetic. Therefore, make yourself proficient in the art of chloroform administration.

39. Remember that ether is highly inflammable.

40. A moving chest does not necessarily mean that the airway is clear. It is absolutely essential that the airway be kept perfectly free. Snoring respiration is not conducive to a slack abdomen.

41. In anaesthetics, as in all else, it is the little things that matter. F. T. E.

MEDICINE IN THE GILBERT AND SULLIVAN OPERAS.

IN some of the less well-known plays of Gilbert doctors are introduced, but while most other walks of life are made a "source of innocent merriment" at his hands, "the Army, the Navy, the Church and the Stage," to say nothing of the police, the doctors escape in the operas, with the exception of Sacharissa, the lady surgeon in *Princess Ida*, who declined to cut off legs and arms in practice, though in theory she had often done so.

As instances in the less known plays may be mentioned Dr. Choquart in *Comedy and Tragedy*, and in *Foggerty's Fairy*, Foggerty and Walkingshaw, two surgeons without practices, and the two alienists, Dr. Dobb and Dr. Lobb—"mad-doctors." Except in the case of the last two the medical profession is no essential to the characters.

There are a number of allusions of a medical or allied nature scattered through the operas, and a few diseases are represented in Gilbert's characters. In *H.M.S. Pinafore* Dick Deadeye appears to be a case of rheumatoid arthritis, affecting chiefly the left hand and wrist, the knees, hips and spine. To judge from the

version at present to be seen, the origin of the trouble would seem to be the dental condition. The eye was presumably the result of trauma. In *Princess Ida*, King Gama has the shape of head, bent legs and scoliotic spine of rickets.

In these two Gilbert liked to "pair misshapen bodies with misshapen minds" (*The Wicked World*). Bunthorne's misshapen mind is of a type with which we are familiar, though one had hoped that the war had gone far to eradicate it; his only physical abnormality is one lock of white hair (*Patience*). In *Ruddigore*, also sound of limb, is Mad Margaret, who, in spite of her mental state, sings one of the prettiest songs in the piece—"To a garden full of posies cometh one to gather flowers." She illustrates the effect of moonlight on the disordered brain, for "when I am lying awake at night, and the pale moonlight streams through the latticed casement, strange fancies crowd upon my poor mad brain," and she conceives that she would be soothed by some word which "teems with hidden meaning," such as Basingstoke! Sir Desmond reproves her for going into hysterics while attending the sick as a district visitor. Everyone must be familiar with the type of nightmare so vividly portrayed in the Chancellor's patter song in *Iolanthe*.

For the odd scraps of anatomy and physiology it is hardly necessary to suppose the influence of Gilbert's father, a retired naval surgeon, though he may have been the source of them—the bits of "shop" that every doctor's household hears. In *The Mikado* "the sabre true cut cleanly through his cervical vertebra." More likely such a clean cut passed through the inter-vertebral discs, but that does not grate so much as the length of the "i" in cervical as at present sung. In *Iolanthe*, Private Willis remarks that "if they've a brain and cerebellum too, they've got to leave that brain outside, etc.," adapted from the *Bab Ballads*. Again, in *The Princess* (but not in *Princess Ida*), King Gama, the rickety, speaking of the Ladies' University run by his daughter at Castle Adamant, says, "A sigh, to them, is simply an exceptionally marked contraction of the intercostal muscles."

For years Gilbert was troubled with gout, so he doubtless had a fellow feeling when he wrote in *The Gondoliers*, "A taste for drink combined with gout had doubled him up for ever." The association rather than the causal relationship between the two is good; evidently Gilbert could well imagine gout affecting a teetotaler. Perhaps he was otherwise afflicted when he wrote (*The Yeoman of the Guard*):

"Though your head it may rack with a bilious attack,
And your senses with toothache you're losing,
Don't be mopey and flat—they don't blame you for that,
If you're properly quaint and amusing!"

It may be that his own afflictions, with the visits of his doctor, had something to do with the profession's immunity at his hands.

In *The Yeomen of the Guard* Elsie Maynard's mother was very ill with fever, and she and Jack Point came to the Tower "to pick up some silver to buy an electuary for her." In another place 'tis said that "he who'd make his fellow creatures wise should always gild the philosophic pill." More pills are to be found in *Patience*, in Bunthorne's song, "Oh hollow! hollow! hollow!" where we learn that "all may be set right with calomel," and that "the amorous colocyntn yearns for the aloe," and later on that "they are only uncompounded pills." With his drugs Gilbert's chemists might be mentioned. *Princess Ida* "never knew a more dispensing chemist" than the Lady Psyche, and Colonel Fartax, in *The Yeomen of the Guard*, was a man of science and an alchemist. Another reference is to be found in *The Wicked World*.

Doubtless further passages of a like nature will occur to others. This rapid survey cannot, however, be concluded without reference to a famous specimen in the Museum. It is a thrombosed aneurysm of the popliteal artery, removed in 1908 from a gentleman of 81. The leg became gangrenous, as did the other ten years before, from the same cause. The gentleman was Captain Shaw, of the London Fire Brigade, of whom, in *Iolanthe*, the Fairy Queen sings:

"Oh, Captain Shaw!
Type of true love kept under!
Could thy brigade
With cold cascade
Quench my great love, I wonder!"

The cold cascade recalls that one of the ingredients which go into the make-up of a heavy dragoon (*Patience*), is "the coolness of Paget about to trepan." This requires no further comment.

T. H. G. S.

VIVAS.

(After T. E. Brown.)

A viva is a loathsome thing, God wot!
Damned spot,
Queen Square;
Head hot
And face a-flare,
Pink Paper had I there.
And yet fools say that luck is not.
No luck? in Vivas? then to pass were rare!
Nay, but I have a sign,
For how, without it, passed that friend of mine.

BRIGHTENING UP THE TEXT-BOOKS.



EXT-BOOKS may be roughly divided into three classes: Dull, very dull, and *Gray's Anatomy*.

Although it is true that occasionally an author rises above the drab level (Cunningham has his joke and Oeler is not infrequently gently facetious), there are but few oases in this desert of prosiness.

The real tragedy of the situation lies in the fact that this state of affairs is entirely unnecessary. Medicine is more varied than travel, more soul-stirring than many a romance, more intriguing than most detective stories, more shocking than the "Quartier Latin," and more comic than George Robey. Yet when once the medical man puts pen to paper he is ashamed of his stories, becomes stolid and dreary, and bores us to tears. Why not a medico in motley! a Dickensian surgery! an Alphonse Daudet writing on gynaecology!

The question of headings alone, if suitably chosen, might turn the most arid treatise into a store-house of joy. The chapter on Chronic Empyema might be headed—

Puc in pectore humane semper resurgit,

the section on treatment of skin diseases might begin—

Out, damned spot! out, I say!

or that on Singers' Nodes with—

In Quires and places where they sing.

Would it not be to great advantage for the author to launch into verse? Many a drearily repeated formula would gain piquance, and would always be remembered if put into rhyme, and might come as a welcome chorus. Instead of the oft repeated formula, "Treatment should consist in a thorough search for a septic focus," why not something like this:

There are foci of infection to be found,
You must search until you find the longed-for sign.
Are these abscesses beneath his molar teeth?
Do his tonsils meet across the middle line?
Be ruthless, leave him toothless,
Use the knife and save his life.
His appendix is nothing but a useless bore,
Without a transverse colon he'll be happier than before,
Find a suppurating sinus and you needn't hunt for more,
Use the knife! use the knife!

Almost every chapter in a text-book of gynaecology might be rounded off by the following slogan:

"Tampons and douches," that's what she's aching for,
"Tampons and douches," again and o'er again.
Hot lysol douches—gently, if you please,
With ichthyol and glycerine—will put her at her ease.
You needn't make a diagnosis,
Be it piles or visceroptosis—
"Tampons and douches," that is what you're making for;
That will always rid her of her chronic pelvic pain.

The really ambitious author will go a step further and set his slogan to music. Rather than aggravate his printing expenses by including a musical score he will build his verses on some popular song. The Gilbert and Sullivan operas, being known even to most medical students, will serve him as a model, and something like the following might be expected:

If you're anxious for to shine in the orthopaedic line
As a surgeon passing rare,
You will learn up all the points where the tendons pull the joints,
And study each with care.
You will stand beside the table and point out that you are able
To set right a damaged knee;
To reduce a dislocation, to perform a transplantation,
Or do osteotomy.

Or again:

Our object all sublime, we shall achieve in time,
And make the treatment cure the sign
The treatment cure the sign.
For thou the symptoms sore they will no more deplore,
Our incomes will grow more and more,
Our incomes will grow more.

The old bronchitic whose hacking cough the sleeping ward awakes,
Is given a bottle to ease his throat as each wee dose he takes.
The lady with veins of which she complains with sighs and sobbings
Shall be given a lotion to put her in motion for forty years or more.

Our object all sublime, etc.

The malingering wretch whom anyone catches, his doom's a sad
sad go.
He's condemned to drink of that awful stink called Haustus
Valerian Co.
And when he has finished tull fifty ounces and thinks he's ended his
toil,
We'll give him a plump little buttery lump with a minim of croton
oil.

Our object all sublime, etc.

The above are examples more of style than of matter, and judged from an utilitarian standpoint their value may be small. The following, the source of which is hidden deep in antiquity, shows how useful this versification might be. It will be remembered that sodium hydroxide gives a typical coloured precipitate with a variety of metals. Hence this rhyme:

Mercurous mercury gives you black,
And silver gives you brown.
With copper a light blue sediment,
Will surely be sent down.
Yellow belongs to "mercuric,"
And 'twill be plainly seen
That "rust" belongs to old "ferric,"
And to "ferrous," dirty green.

And so on for several verses. The cynic may laugh at the picture of the examinee standing with test-tube in one hand and reagent bottle in the other working gently through his rhyme, but has the cynic forgotten his own South Kensington days?

Illustrations might be handled in a far more attractive manner. We are tired of the stereotyped photograph of the acromegalic who has outgrown his boots and bowler. Why not show a suburban villa suffering from

acromegaly, or a piano stool showing the characteristic deformity of osteitis deformans?

Recently a physician of this Hospital was deploring that "the 'dramatic' has gone out of medical literature." One is bound to agree with him. Read Sydenham's account of the pain of gout; look through the writings of Dr. Gee, and compare them with a modern text-book of medicine. Surely the dramatic element might be fostered. If some conditions are not usually very stirring one might lie about them a little. There is no lack of morality here. An illustration need be neither logical nor truthful, provided only that it illustrates.

The following account has some basis in fact, and is introduced as an example of how the dramatic method might be exploited:

"One evening I was called to the box to see a woman of 35 who complained of a painful swelling of both knees. She appeared flushed and worried and was weeping bitterly. Considerable persuasion was necessary before she would submit her legs to examination. Over the upper part of each tibia was a swelling about the size of an emu's egg. The skin over it was coloured a dull copper colour, resembling the sky during an approaching thunderstorm. The swelling was painful and pitted slightly on pressure. The woman's temperature was found to be 100.5° and pulse-rate 95. My surgical colleague was consulted, and was convinced that we were faced by the extraordinary coincidence of *bilateral* periostitis of the tibia. My colleague 'phoned his chief, considering that immediate surgical interference was necessary, and the patient was removed to the ward. One hour later my senior houseman entered the ward. In the calm silence of the night nought could be heard but the monotonous 'spsh! spsh!' as the surgeon honed his scalpels in the adjoining theatre.

"Suddenly a shriek rang through the stilly night. We rushed to the front ward where we saw the senior houseman writhing on the floor and exclaiming, 'No! No! No!—not the knife! never the knife!' We dashed cold water in his face, quieting him as best we could, and when he had sufficiently recovered we asked what on earth had caused this outbreak. 'Look! Look!' he hoarsely whispered, 'the right upper eyelid—swollen—œdema!' (then a pause) 'Angio-neurotic œdema!'

"The surgeon was only pacified by being permitted to inject the adrenalin. The swelling subsided in an hour." The syringe was mightier than the scalpel.

A WEST COUNTRY LETTER TO A DOCTOR.

SIR Ada has had a fairly good night other wise just the same as for my self I fell weak and bad my stomach as been bumping all night My Taste is so bad I can't eat and that make me fell very weak and shakey.

(Miss)

DOUBLE ACROSTIC NO. 5.

Nosomathete.

'Tis short and sweet.

- The "wicked and adulterous" I did not spurn;
This my reply to them: one eye doth outward turn.
- A fever infectious whose tail must be shed,
Till, little by little, a boy's name is read.
- Swatting each nimble *Culex* will prevail
'Gainst tropic fever which here drops its tail.
- You must not be deceived by my therapeutic sound;
With my poison in their side dying Indians oft are found.
- Quite easily you find me in anybody's brain.
A Herr Professor captured me: his name is writ in Quain.
- A century ago I was recognized at Guy's,
Yet experts still discuss what my presence signifies.
- You will find me at a joint,
Strengthening the weakest point.

We print Double Acrostic No. 4 and its solution.

By sight and not by touch you must direct me,
And let my tunnelled namesake then deflect me.

- 'Tis but a tale that Adam this did lack,
This needs no tail, therefore give us the sack.
- Disease of George Belcher: in every cartoon
It glows like a poppy in sunshine of noon.
- Grown on the fruit of quite a common cereal,
I am the midwife's favourite material.
- I gently stretch the cleaned and moistened skin;
I grasp my heavy knife, I'm ready to begin.
- Not spirochaetes nor tubercle, so all the wise assure us,
Ma foi! say suffering *filles de joie*, *Vite! Vite!* get on and cure us.
- This wee child's vomit knows no moderation;
I'll get my knife and do my operation.
- Vein, artery and bone with such a name to bear!
With our anatomists, I fear, imagination's rare!
- Beware of him! He has the dread bacillus,
Which leaves him quite unharmed, and yet may kill us.

SOLUTION.

1. U	mbili	C
2. R	hinophym	A
3. E	rigo	T
4. T	hierse	H
5. E	sthiomèn	E
6. R	amimsted	T
7. I	nominat	E
8. C	arrie	R

STUDENTS' UNION.

DEBATING SOCIETY.

DEBATE held in the Abernethian Room, May 1st, 1924, at 5.30 p.m., Dr. Hinds Howell in the Chair.
Subject: "That vaccination is a useless and dangerous prophylactic."

MR. JOSEPH P. SWAN, of the National Anti-Vaccination League, opened the debate. He believed it was difficult to find a subject about which there was so much difference of opinion, and apparently for this reason he hoped to set an example in point of argument, and not in strong language. Mr. Swan would have liked to have gone into the scientific side, but glibly excused himself on the ground that

there was no science in the procedure. The admission that he had looked up the subject of vaccination in several authorities was surprising, but the conclusions he drew from this piece of research were even more so. Apparently, because Osler, Metchnikoff and the vaccination number of the *B.M.J.* in 1902 did not put forward the exact same views on the subject before the House, it was conclusive evidence that the whole medical profession was thought by his followers to be empirical because in U.S.A. a mark is required, in Germany 2, and in England 4. Unfortunately no one had let Mr. Swan into the little secret that it wasn't the number of scars, but the total area of scarification that mattered.

Mr. Swan now dwelt upon two mistakes that had occurred in the history of vaccination—Jenner's claim of life-long immunity produced by vaccination, and the assumption of the early vaccinators that vaccination always produced immunity against re-vaccination. Leaving the pseudo-scientific the proposer now argued from experience. The reduction in the number of smallpox cases in the latter half of the last century was due to the abolition of variolous vaccination in 1840. The subsequent greater diminution in cases was due to better sanitary conditions. Smallpox was essentially a dirt disease, and spread by tramps (an elderly supporter of Mr. Swan was heard to murmur, "Yes, dirt in the blood"). The proposer referred to a diagram on which were plotted the case-incidences of phthisis, typhus, scarlet fever and smallpox. These curves were strictly comparable, and the fall in case-incidence in each disease was due to better sanitary conditions. The proposer now quoted certain statistics. These dealt with the number of cases of smallpox and the number of deaths from the disease in the years 1917-1920 in Japan, Germany and England.

Country.	Number of cases of smallpox.	Deaths.
Japan	23,000	207
Germany	9,333	1,550
England	647	63

This was alleged to illustrate the large number of cases and deaths in well-vaccinated Germany and Japan, and the lower incidence and death-rate in badly vaccinated England. Mr. Swan now dealt briefly with the dangerous side of vaccination. He claimed that vaccination was more dangerous to children than smallpox. In a certain period he had selected, in England, he stated that 164 children died from vaccination while only 35 died from smallpox.

Dr. Lyster, opposing, had to use much valuable time replying to several of Mr. Swan's questions and statements. The allegation of acute differences in the medical profession on the subject of vaccination was a gross exaggeration. He, too, would have liked to have dealt with the scientific side of the subject, but on this occasion it would be useless, because such properly belonged to a select scientific body. Vaccination was, without doubt, a medical subject, and if the view of the majority of medical men were not accepted, to whom would we appeal? The fact that earlier theories of vaccination were wrong did not matter. Jenner did enough in discovering vaccination, and there was no need to taunt him because he wrongly believed that the immunity conferred was life-long. In 90 per cent. of cases one vaccination prevents liability to re-vaccination for a variable time. This time varies directly with the area of the scar.

Dr. Lyster then dealt with the statement that smallpox was a dirt disease. It was true that tramps were dirty, but tramps spread smallpox and many other diseases owing to the fact overlooked by Mr. Swan—i. e. because they tramp about.

The proposer's diagram with curves of case-incidences of phthisis, typhus, scarlet fever and smallpox had left out two comrades of smallpox, i. e. measles and whooping-cough. This was done because they would spoil the diagram. If improved sanitation had wiped out smallpox, why hadn't measles and whooping-cough disappeared. Thirty years ago Mr. Swan's claims might have been made with some assurance, for then vaccination was a faith founded on experience; but now the principle underlying vaccination was one of the soundest in medicine. It was the principle underlying immunization in tetanus, diphtheria and bacillary dysentery, and was clear to anybody with scientific knowledge. The danger of vaccination, so exaggerated by Mr. Swan, was that of a slight abrasion of the skin. By running this infinitely small risk the patient escapes from a disease which used to kill infants in thousands. The figures for deaths following vaccination would be decreased if only vaccinated children were kept clean. To illustrate the protective effect of vaccination, Dr. Lyster quoted an outbreak of smallpox in a school of 160 children in Ossett.

There were 27 children in the class in which the first case occurred; of these 19 had been vaccinated, and none became affected; 8 were unvaccinated and all acquired smallpox.

In two other classes all the children had smallpox. In all there were 42 cases of smallpox, of which 37 were unvaccinated. Thus, of 92 vaccinated, 5 contracted smallpox, and these older children; and of 77 unvaccinated, 37 acquired the disease.

The statistics quoted by Mr. Swan concerning vaccination in Germany were quoted by Mr. Swan concerning vaccination in Germany were taken, smallpox in Germany was almost unknown. The few cases which occurred were treated in wards of general hospitals.

Major AUSTIN, speaking for the proposition, gave science very little credit for advances in recent times. His strongest point was a quotation from Sydenham (1686): "Smallpox is the most slight of all diseases if not attended by doctors or nurses."

There was a record attendance of members, yet nobody deemed it necessary to add anything to Dr. Lyster's admirable speech.

MR. SWAN briefly replied.
The motion was lost by 132 votes.

GOLF.

BART'S V. BROXBOROUGH GOLF CLUB.

Played at Broxbourne on May 10th. The weather was fine in the morning, but rain came on in the afternoon. In the morning the four-ball foursomes were halved. Bart's winning the singles by a single point.

BROXBOROUGH GOLF CLUB.		BART'S.	
H. M. Creasy	0 v.	H. Smith	1
A. R. Bartlett	1 v.	W. A. Barnes	0
G. F. Hamilton	1 v.	J. G. Cox	0
Dr. R. R. Fasson	1 v.	H. E. Houlton	0
C. B. Yule	1 v.	Dr. Roxburgh	0
Capt. Cambur Parry	0 v.	A. V. Mackenzie	1
A. A. Hargreaves	0 v.	Dalton	1
G. F. D. Tennant	0 v.	Dr. Graham	1
G. H. Galloway	0 v.	Mr. Corbett	1
Dr. Cobbletick	0 v.	F. G. Greenwood	1
Dr. Sturge	1 v.	F. Heckford	0
		5	6

Foursomes.

G. Balfour and Dr. R. R. Fasson	0 v.	H. Smith and J. G. Cox	0
G. F. Hamilton and G. R. Stamp	1 v.	Dr. Roxburgh and H. E. Houlton	0
H. M. Creasy and G. B. Collet	1 v.	Dr. Graham and W. A. Barnes	0
C. H. Shoults and G. H. Galloway	0 v.	Mr. Corbett and Dalton	1
A. A. Hargreaves and G. F. D. Tennant	0 v.	A. V. Mackenzie and J. G. Milner	1
Dr. W. Sturge and Dr. Cobbletick	0 v.	F. G. Greenwood and F. Heckford	1
	3		3

STAFF V. STUDENTS.

This match was held at Sandy Lodge on Wednesday, May 21st. For the first time the Students tried to concede a start of 3 up to the Staff. Some very close matches were fought, the result ending in a halved match. The Students were the guests of the Staff, and as usual were very kindly looked after.

STAFF.		STUDENTS.	
Mr. Rose	0 v.	R. II. Bettington	1
Dr. Hinds Howell	1 v.	H. Smith	0
Mr. Corbett	1 v.	J. G. Cox	0
Dr. Graham	0 v.	H. E. Houlton	1
Dr. Wade	0 v.	W. A. Barnes	1
Mr. Just	1 v.	C. A. Francis	0
Mr. Scott	1 v.	H. F. Chillingworth	0
Mr. Ball	0 v.	F. Heckford	1
Sir Charles Gordon Watson	0 v.	A. W. Mackenzie	1
Mr. Foster Moore	1 v.	T. G. Greenwood	0
Dr. Garrod	0 v.	Dalton	1
Dr. Morley Fletcher	0 v.	J. G. Milner	1
Mr. Griffith	1 v.	Stanton	0
	6		7

Foursomes.

Mr. Rose and Mr. Corbett	x v.	R. H. Bettington and I. Smith	o
Dr. Hinds Howell and Dr. Graham	x	J. C. Cox and H. E. Houfton	o
Dr. Wade and Mr. Scott	1 v.	W. A. Barnes and C. A. Francis	o
Mr. Ball and Mr. Just	o v.	H. F. Chillingworth and Stanton	1
Sir Charles Gordon Watson and Mr. Foster Moore	o v.	A. W. Mackenzie and J. G. Milner	1
Dr. Fletcher and Dr. Garrud	o v.	Dalton and T. G. Greenwood	1
Mr. Griffith	1 v.	F. Heckford	o
	4		3

BART'S v. SUDBURY GOLF CLUB.

This match was played at Sudbury on April 30th, 1924. The day was very wet and Bart's team seemed unused to the heavy soil. Singles were played in the morning, Bart's only winning one match. At the fourteenth hole an interesting event happened in the second match in the morning. Mr. H. Rowntree had the honour, and played his tee shot within a yard of the pin. Mr. Cox played next and holed out in one, the distance being 135 yards.

Only one of the foursomes went to Bart's in the afternoon, the result being Sudbury 11, Bart's 2.

Singles.

SUDBURY.			
F. H. Rowse	o v.	R. H. BART'S.	1
H. Rowntree	1 v.	T. G. COX	o
C. P. Chater	1 v.	H. E. HOULTON	1
P. H. Neal	1 v.	H. F. CHILLINGWORTH	o
A. W. Meacock	1 v.	W. A. BARNES	1
H. Tomlins	1 v.	C. A. FRANCIS	o
F. R. Bagley	1 v.	W. S. MACLAY	o
A. E. Bowker	1 v.	F. G. GREENWOOD	o
Rev. J. M. Musgrave	1 v.	J. G. MILNER	o
R. P. Gladstone	1 v.	F. HECKFORD	o
	7		1

Foursomes.

Rowse and Rowntree	1 v.	Bettington and Cox	o
Chater and Neal	o v.	Houfton and Chillingworth	1
Meacock and Tomlins	1 v.	Barnes and Francis	o
Bagley and Bowker	1 v.	Maclay and Heckford	o
Musgrave and Gladstone	1 v.	Greenwood and Milner	o
	4		1

H. E. HOULTON,
Hon. Secretary.

CRICKET.

The opening of the cricket season has been marred by the weather. Three matches have been played; two have been drawn and one lost.

On May 7th the Wanderers were played at Winchmore Hill; thanks mainly to Bettington's excellent bowling, this strong side was dismissed for 186 runs; Bettington's analysis was 7 wickets for 63 runs.

Bart's replied with 167 (Cook, 39; Maley, 30; Fitzgerald, 29; Woods-Brown, 20).

On Saturday, May 10th, rain and a soft wicket spoilt a good match. Bart's batted first and were all out for 85 runs. Southgate had made 53 runs for five wickets down when rain stopped play (Bettington 3 for 22, Cooper 2 for 26).

On May 17th we played Winchmore Hill at home. Bart's went in first. The feature of the game was an excellent innings by Mackie, who scored 55; Parkes made 29, Woods-Brown 24, and the whole side were out for 162. Winchmore Hill replied with 151 for five wickets.

Cricket Week opens this year on Wednesday, June 4th. It is hoped that the week will be a great success; a list of the matches to be played will be found in the Calendar. The Past v. Present match is to be played on Friday, June 6th. Unfortunately Mr. Rawling will not be able to captain the Past team this year. Mr. Malngot will reign in his stead.

CHRISTIAN UNION.

ATTENTION is drawn to the Summer Camps for students at Swanwick. A most excellent six days' holiday in a gorgeous part of Derbyshire is provided at an almost foolishly small price, special railway vouchers still further reducing the cost. The two camps are July 11th to 17th, and 23rd to 29th. Further information can be obtained from W. V. Cruden or R. Bolton.

REVIEWS.

CLINICAL ELECTROCARDIOGRAPHY. By SIR THOMAS LEWIS, M.D., F.R.S. Third Edition. (London: Shaw & Sons, Ltd.) Pp. 126. Price 8s. 6d. net.

The subject of electrocardiography is still so much of a speciality, and there are so few medical men who really understand it, that to criticize a work by Lewis on this subject is rather like dictating to Wren on the architecture of St. Paul's.

But in so far as a complex subject can be simplified, this slim book achieves the desired result.

Lewis's discourse on the constitution of the physiological electrocardiogram (illustrated by tracings of bundle-branch lesions) is specially helpful—even to those who need only to differentiate an R from a P wave in order to pass the higher medical examinations.

We rejoice that the mathematical aspect of the subject has been but sparingly dealt with; a similar work by another authority erred, in our opinion, so far in the opposite direction that it still reposes, unread, upon our desk. We are but simple folks, and the spectacle of a three-page theorem appals us.

Here is a book so beautifully written that he who runs may read, and so copiously illustrated that it is well worth the money, if only as a book of reference.

We strongly recommend it to all who are interested in heart-diseases—which includes, of necessity, all medical men. The more medical thought aims at precision of diagnosis, the more necessary does electrocardiography become; for the electrocardiograph is a camera, and, therefore, it cannot lie.

AIDS TO MEDICAL DIAGNOSIS. By ARTHUR WHITING, M.D. (Baillière, Tindall & Cox.) Pcap 8vo. Pp. 177. Price 3s. 6d.

There have been several additions and alterations in the third edition of this book. Although of small size, it contains a comprehensive account of the main signs and symptoms of the commoner diseases, and the chief points in their differential diagnosis. The classification of diseases under their main signs and symptoms is a handy one for rapid revision just before an examination. The chapters on infectious diseases and nervous diseases are particularly useful.

HUMAN PHYSIOLOGY: A PRACTICAL COURSE. By C. G. DOUGLAS, C.M.G., M.C., D.M., F.R.S., and J. G. PRIESTLEY, M.C., D.M. (Oxford: Clarendon Press, 1924.) Pp. 232. Price, 12s. 6d.

This book is intended primarily for the Final Honours School of Physiology in Oxford, but does not pretend to cover the whole field of human physiology. It consists of an introduction, and chapters on respiration, total respiratory exchange and energy production, the blood, the gases of the blood, the circulation, the kidneys, and the alimentary canal. It deliberately omits the central nervous system, including the sense organs, and such urinary analysis as affects metabolism. In places it makes only a choice of methods, but this it is entitled to do, as it is written for a special course.

It contains adequate references to the literature of the subject, and discusses the theoretical aspect of the laboratory experiments. There are also many very useful tables in its pages. Altogether it is a very welcome book, and deserves to find a wider circle of readers than the Oxford Final Honours School can give it. It is eminently suited for London B.Sc. and other similar courses.

The authors pay a tribute to the work of Prof. J. S. Haldane—work which once caused an Oxford student to give him the title of "Inventor of Respiration." Dr. Douglas and Dr. Priestley have not exactly called him that, but they acknowledge his pioneer work and their indebtedness to him in the production of the present work.

The name of the Clarendon Press is sufficient assurance of the high quality of the actual printing in the book.

CORRESPONDENCE.

HYPERTROPHY OF THE TONSIL.

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

SIR,—The School Medical Officer meets with many problems which he is unable to solve by observation alone. The particular problem in which I have been interested for the last few years is that of the hypertrophied pharyngeal tonsil. The subject has been discussed time and again, but there is still no firm basis for preventive measures, or any degree of unanimity as to whether such measures are required. The hypothesis which seems to offer most help, and in whose favour I submit the following facts, is this: Infection of the tonsil is favoured by hypertrophy, which is a sign of inadequate thyroid function, and which can be controlled by simple therapeutic measures. The evidence of this hypothesis can be briefly summarized:

1. All enlarged tonsils are not diseased, but—
2. Most are.
3. There is no aetiological relationship between hypertrophy and carious teeth or exanthemata.
4. But where carious teeth are prevalent there also are enlarged tonsils.
5. Enlargement has no relationship to climatic factors or soil, but—
6. Is more prevalent in rural districts than urban.
7. The curve of age-incidence of tonsillar hypertrophy follows closely the curve of the annual increment of growth.
8. There is a remarkable similarity in the excess of tonsil enlargement at various ages among girls and their excess over boys in their growth rate.
9. There is a marked tendency for enlargement to occur in more than one member of a family.
10. Children with incurved little fingers of a Mongolian character have enlarged tonsils more frequently than others.
11. Children with goitre do not suffer more with enlarged tonsils, but occur in families where enlarged tonsils are frequent.
12. Growth is connected with endocrine function (thyroid and Pituitary).
13. It has been suggested that caries of the teeth has some similar connection.
14. The thyroid has a marked influence on lymphatic tissue.
15. Some observers state that adenoids and enlarged tonsils are cured by iodine.
16. It has been stated that vitamin B has a marked influence on lymphatic tissue.

My reason for this brief note is the impossibility, so far as I can see, of solving this problem by any other method than the experimental. The importance of enlargement of the tonsils is manifest since they are so common, become so easily infected, cause such serious inconvenience or worse to their possessors, and require such an outlay of public money for the requisite operative measures. If enlargement could be controlled it is possible that fewer tonsils would be infected, to the great benefit of the community in health and pocket.

I hope to set out some of the evidence, above summarized, at greater length on another occasion.

Yours sincerely,
H. L. CRONK.

POST-MORTEMS.

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

SIR,—I wish to call your attention to a matter which has been the subject of common conversation among students for some years, but concerning which nothing, so far as my knowledge goes, has been written in your columns. I refer to the method of conducting autopsies. Even the most uninterested and least observant student will have noticed that conditions in the post-mortem room are far from ideal. The objections to the present system may be shown most clearly by a brief description of the daily procedure.

The post-mortems start at 1 o'clock (or a few minutes earlier), and the student who attends at this time may learn P.M. technique, and, if he is sufficiently advanced, may be able to recognize the different lesions for himself; but the clinical assistant who conducts the examination is too busy (or maybe disinclined) to demonstrate adequately.

At 1.20 p.m. (by this time the examination is usually finished) the crowd begins to arrive. It should be said that about fifteen men may get a fair view of the viscera at each table; those in excess of this number see and hear little. You may remember, Sir, that in

the New Testament story, the little man Zacchaeus climbed a tree in order to see a procession, but in the P.M. room there are, alas, no trees; so that our Zacchaeus (unless an inscrutable Providence has brought him to the dignity of a physician) languishes on the edge of a crowd of thirty or forty, looking for all the world like an expectant but unnoticed puppy at the table of his master. Goliath, he it said, fares but little better.

A little later the physicians enter, each one accompanied by an attendant crowd. The physician soon find himself in the front row, where he listens to the history, is shown the organs, asks questions and makes remarks, usually instructive and frequently humorous (if such be his disposition), which are heard by the lucky few; he may demonstrate the material to such of his clerks who have managed to follow him to the front. This process is repeated with each physician, so that if a student elects to stay at the same table where he has a good view, rather than move to another table where he may see nothing, he hears the same things several times.

At 1.45 the room begins to empty, and if our student is able to remain (which he generally is not), he may spend a useful quarter of an hour handling and seeing things for himself.

Such, Sir, is the haphazard system. And, for the student, the chief objections to it appear to be, firstly, that little attempt is made to give him definite, ordered, pathological teaching, and secondly, that a large percentage of men can neither see the diseased organs nor hear what is said.

Before discussing any improvement, it is well to have clearly in mind the object of post-mortem examinations in a teaching hospital such as ours. They serve two main purposes:

Firstly, to give the student an opportunity of observing pathological processes in those who were, but yesterday, patients whom he may have seen in the wards. When I commenced ward-clerking, my "chief" quoted this remark to us with evident approval: "The place to learn your medicine is in the post-mortem room." Whether this is true or not (and I think it is partly false), everyone must agree that it is the place to learn medical morbid anatomy.

This second purpose is to give the clinician the opportunity either of confirming his diagnosis, or of correcting his interpretation of symptoms and physical signs. Post-mortems have been of tremendous service to clinical medicine in the study of disease, but it is my amateurish opinion that this usefulness is almost exhausted.

Has not Sir James Mackenzie declared that clinical medicine has no more to learn from the morbid anatomist?

If, then, the most important function of post-mortems is to teach the student morbid anatomy, the post-mortem room should be conducted on this principle. It would be interesting if someone would tell us how they are managed in America; but even in other London hospitals I suggest (with some trepidation) that the student has a better opportunity of acquiring knowledge in the P.M. room than in our own. To take but one example: At Guy's, where post-mortems are held in old-fashioned little theatre, the proceedings open at 1.30 p.m. By this time all the organs have been removed from the bodies by an attendant and the P.M. clerks. The P.M. clerk first reads out a résumé of the history and clinical findings; it has been his duty to make this summary from the house-man and nursing staff. This having been read, the pathologist-in-charge goes systematically through each organ, describing pathological processes, and commenting at length on things of interest; the more instructive specimens are passed round on a tray. He takes, on the average, about twenty minutes over each case.

It is difficult to devise an ideal method which will cope with the temporary overcrowding, but some method such as this might be tried: All post-mortems to be finished by 1 o'clock, at which time demonstrations on each case are to be started. Each demonstration should last about fifteen minutes, a few minutes to be devoted to the history and clinical findings, and the rest to an explanation, as complete as possible, of the pathological changes; the specimens to be passed round on a tray. This would allow for two or three demonstrations, if necessary, to successive audiences.

In order that a larger number may be able to see well, movable wooden stands should be used; if one stand was placed on either side of the table, thirty or forty men would be allowed a decent view of the proceedings. There is already a stand of useful pattern (too long, however) in the post-mortem room, placed, significantly enough, adjacent to a table which is only used for occasional demonstrations of post-mortem technique.

I am aware of the difficulties and imperfections of this scheme; but it embodies a change that will, sooner or later, have to be made, and the sooner it comes, the better for the student.

Any method devised will involve the Chief of the Department and the hard-worked clinical assistants in still more work, and—I wish to make this point as delicately as possible—it will demand some sacrifice on the part of the Visiting Staff: their *role* will have to be a more silent one in the future than it has been in the past. I can only say that no one will regret this more than I. When instruction comes in at the door, amusement has a tiresome habit of flying out of the window.

I enclose my card, and remain,

Yours sincerely,
HOMUNCULUS.

CLOSING OF LIBRARY AND MUSEUM.

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

SIR,—Now that the summer vacation is approaching I wish to call attention to two very real thorns which stick in our flesh during August.

Firstly, the fellow who seeks a secluded corner in which to spend a quiet hour with the ever-faithful "Aids" must move from seat to seat in the Abernethian Room, his brain scorching with the fires of inquiry, his tongue, in *mercy*, forsaking its office, for he must work. The A.R. is not the home of peace, and the atmosphere hardly conducive to flights of intellect. He asks why the Library is closed during the whole of August. The only reply is that it has ever been so, and what has been must always be in the land of progress. I do not ask that the Librarian or his assistant should be compelled to stay during any part of that month. All the books are effectively locked up; it is a quiet place to read that is required by everyone.

Secondly, the Museum, too, is closed to us during August. Here no attendants are ever present. Then why on earth close it for a whole month? Is it that during that month the powers that be collect there and gloat over their handiwork of order rooted in disorder?

I trust, Mr. Editor, that you will use what influence you possess to have these two unnecessary and senseless restrictions removed.

Yours sincerely,
W. W.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred.
M.B.—G. F. Abercrombie.
B.Ch.—J. C. Ainsworth-Davis.

Second Examination for Medical Degrees. Easter Term, 1924.
Part III.—Pharmacology and General Pathology.—J. H. Humphris.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.

The Diploma in Tropical Medicine and Hygiene has been conferred on the following:
C. V. Brainbridge, J. G. Johnstone.

ROYAL COLLEGE OF PHYSICIANS.

At a Comitia held recently the following were admitted:
Fellow.—E. D. Adrian, M.D.(Camb.).

Members.—W. E. Lloyd, M.B.(Lond.); E. Moll, M.D.(Rome); A. G. H. Springthorpe, M.B.(Melbourne), C. E. V. Sutherland, M.D.(Melbourne).

CONJOINT EXAMINING BOARD.

The following have completed the examinations for the diplomas of M.R.C.S., L.R.C.P.:
H. G. Anderson, F. Asker, R. T. Bannister, V. Barkin, J. R. B. Dearden, C. L. Elgood, C. A. H. Green, F. Heckford, D. V. Hubble, J. P. W. Jamie, F. H. King, J. G. McMenamin, D. G. Martin, E. B. Pollard, F. K. B. Quaborough, C. R. Steel, G. G. Stewart, Z. M. Yusuf.

SOCIETY OF APOTHECARIES.

The Diploma of the Society has been granted to W. Moody Jones.

CHANGES OF ADDRESS.

BROOKE, E. B., Camberwell Infirmary, S.E. 5.
GIBBONS, G. F. P., Fresham House, Rothwell, near Kettering.
HOWELL, W. E., 320, Humberstone Road, Leicester.

ILLIUS, J. W., Templecombe, Somerset.
MACFADYEN, J. A., 1106, Park Street, Hatfield, Pretoria, S. Africa.
MARRISON, A. W., Ivy House, Manea, March, Cambs.
NORMAN, N. F., Seymour House, King's Road, Westcliff-on-Sea. (Tel. Southend 33.)
PAUW, D. B., Standerton, Transvaal Province, S. Africa.
RICHARDS, W. G., 49, Eversfield Place, St. Leonards-on-Sea.

APPOINTMENTS.

KLIONSKY, G., M.B., B.S.(Lond.), appointed Casualty Officer, London Jewish Hospital, Stepney Green, E. 1.
MEYERS, M., M.R.C.S., L.R.C.P., appointed House-Surgeon, Albert Dock Hospital, E.
PRIDHAM, H. L., M.R.C.S., L.R.C.P., appointed House-Surgeon at the Derby Royal Infirmary.
YOUNG, F. H., M.B., B.Ch., M.R.C.P., appointed Medical Registrar, Charing Cross Hospital.

BIRTHS.

ATKIN.—On April 27th, at 331, Fulwood Road, Sheffield, to Anita (*née* Cumming), wife of C. S. Atkin, M.B.—a son.
EDWARDS.—On May 12th, at "Wychwood," Norbury, to Marjorie, wife of Wm. Edwards, M.B.(Camb.)—a daughter.
GERARD-PEARSE.—On May 10th, at 11, Royal Terrace, Weymouth, to Joyce, the wife of John Gerard-Pearse, F.R.C.S.—a son.
OWEN.—On March 25th, to Olive (*née* Ashton), wife of H. B. Owen, M.B., B.Ch., "Makerene," Kampala, Uganda—a daughter.
SPARROW.—On May 11th, at Tisman House, Housham, to Margaret, wife of Geoffrey Sparrow—a daughter.

MARRIAGES.

HALDIN-DAVIS—SAMUEL.—On May 9th, H. D. Haldin Davis, M.B. Oxon., F.R.C.S.(Eng.), of 17, Cavendish Place, London, W. 1, to Lily V. Samuel, of Castlemead, Eastbourne, widow of Frank Samuel.
PRIEN—ARBUOTHNOT.—On April 24th, at All Saints' Church, Petham, Kent, by the Right Rev. Bishop Stileman, with the Rev. C. G. Clairmonte, Dr. S. Tristram Prien, of Cheltenham, to Evelyn Mary, elder daughter of the late Rear-Admiral Charles Ramsay Arbuthnot.

DEATHS.

BARKER.—On May 9th, 1924, at Watford, suddenly, John Collier Barker, M.R.C.S., L.R.C.P., beloved husband of Mabel Backhouse Barker, aged 62.
CUFFE.—On May 6th, 1924, at 5, Johnstone Street, Bath, Edward Meade Cuffe, M.D., late Medical Officer at Wotton House, Exeter, only surviving son of the late Robert Cuffe, M.R.C.S., of Woodhall Spa.
RAYNER.—On Saturday, April 26th, 1924, very suddenly, from heart failure on the train to Paris, Hugh Rayner, late Surgeon-Lieut.-Colonel, Royal Horse Guards and 3rd Batt. Grenadier Guards, of 20, Upper Montagu Street, W., aged 63.
RICE.—On April 23rd, 1924, at Westrock House, Leamington Spa, Bernard Rise, M.D., O.B.E., the beloved husband of Lillian Rice, aged 63.
STROYAN.—On May 11th, 1924, at a nursing home in London, Frederick Stroyan, J.P., M.R.C.S.(Eng.), L.R.C.P., of Aldershot, aged 64.
WILLES.—On May 7th, 1924, at 27, Wellington Road, Bournemouth, William Willes, M.R.C.S., L.R.C.P., aged 60.

NOTICE.

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

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

VOL. XXXI.—No. 10.]

JULY 1ST, 1924.

PRICE NINEPENCE.

CALENDAR.

Tues., July 1.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Fri., " 4.—Prof. Fraser and Prof. Gask on duty.
Tues., " 8.—Dr. Morley Fletcher and Mr. Waring on duty.
Fri., " 11.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Tues., " 15.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
Post-Graduate Course begins.
Fri., " 18.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Tues., " 22.—Prof. Fraser and Prof. Gask on duty.
Last day for receiving matter for August issue of Journal.
Fri., " 25.—Dr. Morley Fletcher and Mr. Waring on duty.
Tues., " 29.—Dr. Drysdale and Mr. McAdam Eccles on duty.

EDITORIAL.

IT is an unfortunate, but at present an unavoidable necessity that the even tenure of the medical student's way should be periodically punctuated by examinations. Having already mixed our metaphors so thoroughly we are tempted to plunge further and speculate on the hiatus, the exclamation mark, or even the full stop! But we will cease from this verbosity and wish all our fellow-sufferers the success that they deserve.

Although the Hospital has lost the Athletic Shield to Guy's, Stallard's excellent performance at the A.A. Championships may be regarded as some consolation. He won the Half-Mile, after a magnificent struggle with Lowe, in the fine time of 1 min. 54½ sec.—only ½ sec. more than the fastest time recorded in the Championships.

J. D. Allen was awarded a standard medal for a high jump of 5 ft. 8 in. We wish Stallard the best of luck in the Olympic Games, where he will be Great Britain's first string in the 1500 metres and the 800 metres.

The best wishes of everyone will follow our other international, W. F. Gaisford, who has sailed with the British Rugby Team for South Africa.

We congratulate one of our Governors and a member of the College Council, Sir George Anthony King, Chief Master in the Supreme Court Taxing Office, on his receiving the order of Knighthood.

We offer our congratulations to the following prize-winners:

Blackburn Medical Scholarship	R. S. JOHNSON.
Surgical Scholarship	J. RUSSELL SMITH.
Burrows Prize	R. S. JOHNSON.
Elyner " "	R. S. JOHNSON.
Walsham " "	J. RUSSELL SMITH.
Prox. access.	W. WILKINSON.
Willett Medal	H. BERT WHITE.
Prox. access.	F. GREENWOOD.
	J. RUSSELL SMITH. }
	C. S. WISE.
Harvey Prize	W. P. GREENWOOD.
Prox. access.	S. G. PAGE.
Treasurer's Prize.	W. P. M. DAVIDSON. }
Certificates to	H. M. WILLOUGHBY. }
	C. S. WISE.
Foster Prize	F. M. M. EYTON JONES. }
Certificates to	J. W. O. HOLMES. }
	Not awarded.
Matthews Duncan Medal	P. H. MARTIN } 29.
Prizes to	H. A. WARE }
Bentley Prize: Essay on "The Trans-Callosal Operation in Internal Hydrocephalus"	F. F. IMANTOFF.
Wix Prize	R. W. RAWEN.

We are sorry to learn of the resignation of the Hospitaler, the Rev. E. H. Dunkley. Mr. Dunkley leaves us to take up work in what we know to be one of the most beautiful and most peaceful spots in England. Our best wishes go with him, and we hope that in his Oxfordshire parish he will remember those he leaves behind in the parish of St. Bartholomew-the-Less. The Rev. J. L. Douglas has been appointed Hospitaler.

OBITUARY.

FORBES FRASER, C.B.E., F.R.C.S.

IT is with deep regret that we record the death of Mr. Forbes Fraser, whose career as a student, and as a surgeon in peace and war makes our Hospital proud to remember him as one of our clan. Entering St. Bartholomew's in 1887, Mr. Fraser's student days were a succession of triumphs. An entrance scholarship, the Harvey Prize, the Brackeabury Scholarship in Surgery, the Gold Medal in Physiology in the Intermediate London M.B., all speak eloquently of his brilliance as a student. He qualified in 1894, became house-surgeon to Mr. Butlin, and passed the examination for F.R.C.S.(Eng.) in 1896. Since 1903 he has been associated with the Royal United Hospital at Bath, where at the time of his death he was Senior Surgeon. During the war Mr. Fraser did work of the highest merit in France, and was appointed Consulting Surgeon to the Second Army. After the Armistice he became Consulting Surgeon to the Army of the Rhine.

We offer our sympathies to his widow and children.

Mr. Fraser's eldest son is now a student at his father's old Hospital. A colleague sends us the following appreciation:

"Much elegant tribute to Forbes Fraser has already been written in both medical and lay press by well-known and expert hands far more capable than mine of doing him honour.

"Perhaps, however, it may not be out of place to set on record the humble appreciation of one of the most junior of his colleagues.

"One of Fraser's many great aims in life was the encouragement of and personal interest in those who were under him. He cordially detested anything savouring of 'the one-man show,' and was always striving to impart to his subordinates the ideals and principles of his great work. Those ideals and principles remain, and it is for us to make every conceivable endeavour to carry them out.

"To be privileged to work with Fraser was not only an education, but pure joy. He stimulated one; guided one, though ever so gently. His patience with the incompetent was wonderful: a fumbling assistant was shown quite quietly how not to fumble; a timorous anaesthetist was given full time to reduce a board-like rigidity of the abdomen; a panicking theatre staff were made to feel that oddly enough this surgeon was just as human as themselves.

"One is fortunate enough to have been associated

with Fraser in his play as well as in his work, and in the former one gladly and proudly recalls the same high qualities. He was a sportsman in the truest sense of the word. He knew how to take a beating; he gloried in the success of a friend.

"I well remember one red-letter day dry-fly fishing with him on the Kennet two years ago, when by great good luck I killed the limit allowed on the water. Fraser's enthusiasm at this exceeded even my own, and his adoration of the 'big 'un' which I had succeeded in enticing from the hatch-pool into my basket was simply childlike in its heartiness.

"Space forbids me telling of Fraser's wonderful personal charm and lovable nature, of his smile, his subtle sense of humour; and it is with feelings of thankfulness not unmixed with pride that one reads the tributes so nobly set forth by the great ones among his contemporaries.

"Some of us have lost a real true friend; all of us have lost a great organizer, a brilliant surgeon, and a man who was as much beloved of his hospital patients as of those in the highest estate."

PROPOSED MEMORIAL TO THE LATE MR. FORBES FRASER, C.B.E., F.R.C.S.

There has been a generally expressed wish that there should be some lasting memorial to the life and work of the late Mr. Forbes Fraser. The inception of the Hospital at Combe Park, Bath, was mainly due to him, and the Hospital Committee has decided to name the institution "The Forbes Fraser Hospital."

"One of the most pressing needs of the hospital is a modern X-ray equipment, and it has been decided that no more fitting memorial to Mr. Fraser's memory could be devised than to provide the funds necessary to instal such a department. The cost is estimated at from £2500 to £3000.

Bartholomew's men who wish to honour the memory of Mr. Fraser are invited to send contributions to this memorial fund through The Manager, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, or direct to the "Forbes Fraser Memorial Fund," National Provincial Bank, High Street, Bath.

BRITISH MEDICAL ASSOCIATION.

ANNUAL MEETING, BRADFORD, JULY 22ND TO 25TH, 1924.

THE following St. Bartholomew's men, among others, are taking part in the above meeting:

Presidents of Sections:

Medicine: Prof. A. J. Hall, M.D., F.R.C.P.
Laryngology and Otology: W. Jobson Horne, M.D.
Orthopaedics: R. C. Elmslie, O.B.E., M.S., F.R.C.S.

Vice-Presidents of Sections:

Medicine: W. Langdon Brown, M.D., F.R.C.P.
Surgery: Harold Burrows, C.B.E., B.S., F.R.C.S.;
Prof. George F. Gask, C.M.G., D.S.O., F.R.C.S.
Neurology and Psychological Medicine: Anthony Feiling, M.D., F.R.C.P.; Bedford Pierce, M.D., F.R.C.P.
Diseases of Children: Clive Riviere, M.D., F.R.C.P.
Laryngology and Otology: C. A. Scott Ridout, M.S., F.R.C.S.
Orthopaedics: E. Laming Evans, C.B.E., F.R.C.S.

Hon. Secretaries of Sections:

Medicine: W. Wingham, O.B.E., M.D., M.R.C.P.
Laryngology and Otology: T. H. Just, F.R.C.S.

Reading papers or taking part in discussions:

Surgery: K. J. Acton Davis, "Acute Osteo-mylitis"; Sir Charles Gordon-Watson, "Pulmonary Embolism"; T. P. Dunhill, "Auricular Fibrillation in Graves's Disease"; Geoffrey L. Keynes, "Blood Transfusion in Civilian Practice."

Obstetrics and Gynaecology: J. Abernethy Willett, "Methods of the Ante-Natal Clinic and their Application to Private Practice."

Neurology and Psychological Medicine: J. Porter Phillips, "Certification in Mental Disorders from the Medical and Social Aspects"; W. Aldren Turner, "The Nature and Treatment of Epilepsy."

Ophthalmology: T. Harrison Butler, "The Microscopy of the Living Eye."

Public Health and Industrial Diseases: F. E. Fremantle, M.P., "The Role of the General Practitioner in Preventive Medicine."

Diseases of Children: F. G. Chandler, "Pulmonary Tuberculosis in Infancy and Childhood."

Popular Lecture.

Sir Henry J. Gauvain, M.D., M.Ch., will give the Popular Lecture on Friday, July 25th, on "The Sun Cure."

RAHERE LODGE NO. 2654.

THE Installation Meeting of the Rahere Lodge was held in the Great Hall, St. Bartholomew's Hospital, on Tuesday, June 17th, at 5.30 p.m. Previous to the Installation Mr. H. B. Howell was initiated by W. Bro. Girling Ball.

W. Bro. Arnold Scott was installed as Worshipful Master for the ensuing year. The following officers were appointed:

Bro. Reginald M. Vick	S.W.
Bro. Geoffrey Evans	J.W.
Bro. The Rev. R. B. Dand	Chaplain.
W. Bro. Ernest Clarke, P.G.D.	Treasurer.
W. Bro. Girling Ball, P.M.	Secretary.
W. Bro. C. H. Perram, P.G.D.	D.C.
Bro. H. W. Henshaw	S.D.
Bro. T. H. Just	J.D.
W. Bro. H. E. G. Boyle, P.M., L.R.	Asst. D.C.
W. Bro. E. Laming Evans, P.M., L.R.	Almoner.
W. Bro. L. W. Bathurst, P.M., L.R.	Organist.
Bro. H. V. Thomas	Asst. Secretary.
Bro. Howard Jones	I.G.
W. Bro. E. P. Furber, P.P.G., J.W.	
Surrey	Sen. Steward.
Bro. Whitehead Reid	Steward.
Bro. G. H. Rossdale	Steward.
W. Bro. A. H. Coughtrey, P.P.G., S.B.	
Herts	Tyler.
Bro. E. W. Hallett	Asst. Tyler.

A P.M. Jewel was presented to W. Bro. Girling Ball at the end of his term of office. The Brethren and their guests afterwards dined at the Imperial Restaurant.

AN ANTICIPATED ADVERTISEMENT.

THE MEDICO'S NATURE COLLECTION.

Offering this fine collection, we believe we are supplying a long-felt want amongst those students and their teachers who are not familiar with many objects in nature which are in constant use in descriptive medicine and surgery.

This collection includes:

1. Eggs.—(a) Pigeon's, (b) partridge's, (c) pheasant's, (d) emu's, (e) swan's, (f) ostrich's.
2. Vegetables and Fruits.—(a) Split peas—(i) English, (ii) American (2 sizes larger), (b) millet seeds, (c) beans (standard sizes), (d) nutmegs, (e) lemons (colour guaranteed).
3. Miscellaneous.—(a) Bags of worms, (b) mahogany, (c) peach blossom, (d) hard-bake.

Two typical examples of the testimonials we are receiving daily:

1. "Your collection is invaluable. On hearing that a swelling had changed from the size of an emu's egg to that of a swan's, I was at a loss to know whether it had increased or diminished. Your collection saved a voyage to Australia to find out."

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Yours,

P.S.—Please send me another specimen of hard-bake as my little daughter has eaten the last. J. R. B.

DOUBLE ACROSTIC NO. 6.

Containing multinuclear cells
And reminiscent of egg-shells.

1. An appropriate name has this complaint,
Since through lips half-closed come mumbings faint.
2. 'Tis the smallest fluke that's found in man;
They named the little beast in Japan.
3. This organ's function you may see
By putting an "h" before an "e."
4. If half thy foot offend thee,
Who better aid could lend thee?
5. No patients with knock-knee?
Then you will not need me.
6. There are holes in this sheath;
Dead fragments lie beneath.
7. "Hic," says the reveller, "two moons there be—
Alarming thing for a man to see!"

We print Double Acrostic No. 5 and its solution.

Nosomathete.
'Tis short and sweet.

1. The "wicked and adulterous" I did not spurn;
This my reply to them: one eye doth outward turn.
2. A fever infections whose tail must be shed,
Till, little by little, a boy's name is read.
3. Swatting each nimble *Culex* will prevail
'Gainst tropic fever which here drops its tail.
4. Quite easily you find me in anybody's brain.
A Her Professor captured me: his name is writ in Quain.
5. You must not be deceived by my therapeutic sound;
With my poison in their side dying Indians oft are found.
6. A century ago I was recognized at Guy's,
Yet experts still discuss what my presence signifies.
7. You will find me at a joint,
Strengthening the weakest point.

SOLUTION.

1. M	oebit	S
2. E	n	Teric
3. D	eng	Ue
4. I	slan	D
5. C	urar	E
6. A	lbume	N
7. L	igamen	T

THE PHYSICIAN'S PART IN BREAST-FEEDING.

By L. W. BATTEN M.B., B.Ch., M.R.C.P.

SUCKLING is a natural function which concerns mother and child, and might reasonably enough be thought to demand only the occasional interference of the physician. It might be expected that the baby would know its business by instinct, while the mother, even if instinct failed her, would by now have at her disposal a body of sound doctrine and wise tradition crystallized from the accumulated experience of all the ages.

The truth is far otherwise.

Even the baby cannot be trusted to know its job, but if it be puny and prematurely born will lie asleep when it should feed, and so starve, or if it be large and lusty will, with very little encouragement, drink too often and too fast, spoiling or jeopardizing its powers of digestion.

The mother's "maternal instinct" appears to tell her to suckle her child whenever it cries—a practice which seems natural enough and occasionally works well, but is not as a rule good for the child's digestion or for the output of milk, inducing commonly a vicious circle in which an infant, at first dyspeptic and afterwards hungry, cries unceasingly for a deteriorating and diminishing supply of food. Her reason serves her no better, for it assures her, when the milk begins to fail, that the less she gives the more she will have in reserve, while if she lend an ear to popular and "semi-official" doctrine, she will learn of milk that is "too strong" or "too weak" or that "turns sour in the breasts," or else be told that practically no really civilized woman succeeds in nursing her child.

It is clear enough, therefore, that the management of breast-feeding is very essentially the business of the physician, and to succeed in it he must have a sound knowledge of the normal and be able accurately to diagnose the fault when things go wrong.

The subject does now receive adequate consideration in text-books of midwifery and of pædiatrics, but the principles on which success depends may perhaps be re-stated without danger of redundancy. Essential above all else is a contented and confident mind in the mother, and next a baby able to suck, and a well-formed or at least an unrettracted nipple. By manual expression of the milk the second and perhaps the third of these may for a time be dispensed with, if the first be present; but worry, anxiety or expectation of failure in many cases turns off the milk as with a tap, and continued anxiety is probably in all cases incompatible with successful nursing. Next in importance is the inculcation of a rhythm in mother and child. The breast, if it is to fill well, must be emptied at the feeds,

and must be given a proper interval between them; the baby, if he is to suck well, must have an appetite for his meals, and the mother, if she is to be free from worry, must have sufficient intervals for rest and the company of a reasonably contented and eupeptic child.

These requirements are best obtained by regularly recurring feeds at not less than three-hourly intervals. In many cases a routine of five four-hourly feeds a day suits both mother and child from the start. "No night-feeds" is an excellent rule providing it does not mean that the mother is awake half the night trying all means of pacifying a hungry babe except to feed it, and the infant habit of waking at night to be fed is both less noxious and less persistent than the habit of waking for nothing but to be rocked or otherwise coaxed to sleep again. Second in importance to these first essentials is attention to certain details. The mother should drink plenty of water, eat a sufficiency of digestible food, including fruit and vegetables, and take daily exercise. The baby should be urged to suck vigorously while he is feeding, and generally to finish what is provided for him—at least in one breast. As a rule he will take his meal in two courses, with an interval during which he unloads from his stomach an embarrassing bubble of air. If, having emptied one breast, the child is still hungry, he should be put to the other, but not until the first is empty. The cream of his feed comes at the end, and a breast habitually half-emptied will not fill well.

If things go wrong, the medical man may perhaps congratulate himself if he is among the first few to be consulted. His advice may be asked only when the child has been irredeemably weaned and is failing to flourish on tinned food two-hourly.

If, however, Fortune is kind, he may be asked to intervene because the child, though still on the breast, is failing to gain weight, is constipated, fretful or vomiting, or is passing abnormal stools.

For diagnosis and treatment the mother and the child must be thought of together as reciprocal parts of one unit; but while diagnosis will depend chiefly on observation of the child, treatment will be effected mainly through the mother.

The child's symptoms provide the first clue to diagnosis. Fretfulness, constipation and stationary weight together strongly suggest insufficient milk, while vomiting suggests excessive or too frequent feeding.

Constipation, however, occurring as the sole symptom in an otherwise healthy child whose weight is increasing, is often due to excessive feeding, and may be relieved by giving either shorter or fewer feeds.

If, in addition, the giving of a feed can be watched closely but unobtrusively from start to finish, a more precise opinion may be formed, but the diagnostic

instrument *par excellence* is a good pair of scales. This is needed for two purposes—to measure the weekly increase or decrease in the child's weight, and to measure the quantity of milk he is taking.

To make any accurate examination of the quality of the milk is, in ordinary circumstances, almost impossible. Its composition varies grossly between the beginning and end of a single feed, and may well vary also from month to month or day to day. Even if protein, fat and sugar be estimated the analysis is far from complete, and the limits of physiological variation are not well known.

In the absence of gross faults in the mother's diet it is probably good practice to assume that the quality of the milk is good, and is to be called in question only when all other adverse factors have been eliminated. That the milk disagrees with the child is often the first thought of the mother; it should be the last thought of the physician. The quantity, however, can, and should be measured.

This is done by weighing the child before and after each feed, the difference showing the amount of food taken. The absolute weight of the child, who will, as a rule, be clothed, need not be ascertained. If the mother is ready to help and the procedure well planned, it becomes a matter of no great difficulty to weigh each feed taken, and the knowledge gained will be found of the very greatest value alike for diagnosis and for the regulation of treatment.

How much milk does the normal baby take?

Recorded observations carried out over any length of time are, it appears, not many, and physiological variation is probably wide. Some first-hand observations may be worth recording.

A female child, born three or four weeks before term, weighed at birth 5 lb. 12 oz. She was nursed six times a day at three-hourly intervals. On the twelfth day and thereafter weekly for four weeks, and then, with few omissions, daily for some six months, the amount of every feed was determined by weighing and recorded.

Amount of Milk Taken.

	12th day.	16th day.	20th day.	24th day.	28th day.	32nd day.
1st feed	3 oz.	4 oz.	4 oz.	2 oz.	3 oz.	7 oz.
2nd "	2½ "	3 "	4 "	4 "	4 "	4 "
3rd "	2½ "	2½ "	3 "	(? 3 oz.)	4 "	4 "
4th "	2 "	3 "	4½ "	5 oz.	3 "	4 "
5th "	2 "	2½ "	3 "	5 "	4 "	3½ "
6th "	3 "	4 "	4 "	5 "	5 "	2½ "
Total	15 oz.	19 oz.	22½ oz.	21 "	23 oz.	25 oz.
				(? 24 oz.)		
Weight of child	1b. 6	1b. 6 8	1b. 7 8	1b. 8 2	—	1b. 8 13
Week's gain	6 oz.	8 oz.	16 oz.	6 oz.	—	10 oz.

These figures conform to those generally given in text-books in showing a very rapid initial rise to a daily total of about 25 oz. in six or eight weeks, after which the amount rises much more slowly, or, as in this case, shows no upward or downward tendency for several months, but small daily variations of 2 or 3 oz. only, the child thriving and gaining weight steadily.

They show also the wide variation between successive feeds, which is apt to increase in later months and makes single observations worse than useless, and which contrasts with the relative constancy of the daily total. They have, perhaps, some bearing on the quantity of fluid to be ordered in artificial feeding.

The point, however, which it is here desired to make, is that in any case in which a child is failing to thrive on the breast and in which the fault is not at once apparent, all the feeds given in a period of at least twenty-four hours and preferably two, or three, days should be weighed, whenever practicable, before any definite diagnosis is made or opinion given.

The mother, the nurse and the friends of the family will, in such cases, each and all be prepared with a "diagnosis," which, being by its nature a belief rather than an opinion, must be treated with respect and opposed overwhelmingly or not at all. The mere "counter-belief" of the physician has little chance of success, yet if treatment is to be carried to a successful issue, his opinion and his directions must prevail.

If, in such a case, the mother and nurse are called upon for aid in weighing the feeds, an agreed opinion as to the adequacy or inadequacy of the child's diet may be arrived at (incidentally the mother will learn with surprise that she cannot guess, even with long experience, how much the child has taken), and the physician will probably be able to base his treatment on a definite and well-founded diagnosis. Further, he is armed with a good reason for watching the giving of a feed.

Frank cases of excess or deficiency can, by these means, be promptly diagnosed and treated, while if the quantity is found not to be at fault, attention can be directed to other sources of trouble, and the suggestion that the child needs additional nourishment can perhaps be discontinued.

Deficiency of milk is the commonest trouble, and it may be due to constitutional causes hard or impossible to remedy, but more often depends on faults of hygiene, management or outlook, or to extraneous worry, and can be ended by setting these matters right.

Massage of the breast, expression of the milk, alternate hot and cold sponging, extra water to drink, regulation of the bowels and insistence on daily exercise are remedies, local and general, whose value is now well known. Almost equally useful may be a supplementary artificial feed.

A male child, six months old, had been for four or five weeks somewhat constipated and fretful, and his weight, hitherto rising steadily, had increased by 5 oz. only in four weeks. He was being nursed five times a day at four-hourly intervals.

He was then given (or offered) one bottle-feed of 6 oz. of milk with two of water daily in place of the third breast-feed.

The result was a happier child, a steady gain in weight, and a progressive increase in the daily output of breast-milk.

The figures for alternate days are given, the continuous series showing the same picture.

Unfortunately the weighing of the feeds was not begun until a week after the first bottle-feed. Judging by the almost immediate change in the weight-curve it seems possible that some increase in the output from the breast had by then already taken place.

Dates are given so that the intake of milk may be correlated with the gain in the child's weight.

The first bottle-feed was given on April 13th.

Amount of Breast-milk or of Milk-mixture, in ounces.

	April					May				
	29th	30th	1st	2nd	3rd	2nd	3rd	4th	5th	6th
1st feed	3	4	6	8	4	6	4	7	8	8
2nd "	6	7	6½	6	8	5	6	9	6½	8
3rd " (bottle)	7½	6½	5½	5½	5	5½	8	5	5	1
4th "	5	8	6	8	10	7	9	7	8	8
5th "	7	5	5	5½	4	5	6	4½	7	5½
Total per diem	28½	30½	29	33	31	30	32½	35½	32½	31
Breast-milk	21	24	23½	27½	26	25	27	27½	27½	30

Child's Weight, in pounds and ounces.

	March		April				May			
	2nd	19th	20th	21st	27th	4th	11th	18th	25th	
	14.15	15.2	15.4	15.4	15.8	15.15	16.4	16.8	16.11	17.3

It will be seen that in less than three weeks the amount of breast-milk taken in a day increased by nearly 33 per cent, while the child's average weekly gain in weight exceeds the total gain of the previous month.

Had the breast-feeds not been weighed the improvement in the child following on the altered diet would have been equally apparent, but it might have been argued that since cow's milk did him so much good, he should at once be weaned.

The weighing of the feeds shows that the improvement may well depend, at least in part, on the increased output of breast-milk, and that there is no indication whatever for weaning.

The subject is by no means exhausted, but enough has been said to show the value of systematic weighing in the management of breast-feeding.

It is the mark of the breast-fed infant to thrive and to persist in thriving amid most unfavourable surroundings, to resist infections, and to recover from them if recovery be possible. There is therefore no greater service possible to render to a young child than to prevent its untimely weaning and to promote its successful nursing; it is one which every medical man in general practice is likely to have some opportunity to perform, and though dramatic clinical victories may be rare, it need by no means be regarded as a thankless task.

PROFESSIONAL OPPORTUNITIES IN THE EAST AFRICAN MEDICAL SERVICES.

By C. VINEY BRAIMBRIDGE, B.A., M.R.C.S., L.R.C.P., D.T.M.&H.

IN response to a request from that august personage, the Editor of the JOURNAL, the following notes on the conditions of service in the Kenya Medical Service have been produced. It should be mentioned that Kenya (formerly known as British East Africa) is but one of the East African group of Crown Colonies, the remaining members being Uganda, Nyasaland, Somaliland, Zanzibar, and the mandated territory of Tanganyika (formerly German East Africa). All these at present support independent services, but, as has been foreshadowed elsewhere, it is not improbable that sooner or later they will be amalgamated into one large "Union" of East Africa. Though the conditions of service are not absolutely identical in all these colonies, and though the writer naturally considers that the Kenya branch is vastly superior in every respect to its sister services, yet it may be taken that, broadly speaking, the remarks here made can be applied to the whole group.

To the searcher after information, the question of salary and other emoluments will probably be of primary importance, and therefore will be considered first. The main points (as Wheeler and Jack would say) may be summarized as follows:

(1) After selection by a board at the Colonial Office, the officer is appointed on probation for two years, at the end of which period the appointment is made permanent if his services have been satisfactory.

(2) A course of instruction at the London or Liverpool School of Tropical Medicine has then to be attended, the fees for which are paid by the Colonial Office, and during which certain allowances may be drawn.

(3) The salary for a medical officer is £600 per annum, rising by annual increments of £25 to £900, with efficiency bars at £700 and £800. These bars consist in taking approved courses in advanced subjects, or additional

examinations, whilst on leave; extra study-leave is granted for such courses, all fees are paid, and special allowances are given.

(4) Ordinary leave of about six months, exclusive of the period occupied by the voyage, is granted approximately every two and a half years, a first-class passage being provided by the Government. At the present time, in the case of married officers, half the cost of the wife's passage is also granted.

(5) Free quarters are provided, and also a certain amount of furniture.

(6) Various local allowances, such as travelling allowances and so on, are additional sources of revenue. It may be mentioned in passing that, at present, there is no income tax!

(7) Private practice is allowed, on the understanding that precedence is given to official duties. This, in some cases, may not amount to much, but, if stationed in towns or settled areas, the officer will find it far from negligible.

(8) Officers retire on pension at the end of twenty years' service, or when they reach the age of fifty. They are also permitted to retire with a gratuity, if they wish, at the end of nine or twelve years' service.

(9) At the present time a local bonus, based on the increased cost of living, is being granted. This, in the case of medical officers, amounts to about £100 per annum, but is liable to be withdrawn at any time.

(10) Vacancies occur among senior and specialist appointments from time to time, and officers may be selected for promotion.

The above summarizes the "official" conditions of service. Now a few remarks upon the kind of duties a medical officer may be called upon to perform.

Medical officers, unless by reason of special qualifications they are appointed as medical officers of health,

may be given charge of a European or native hospital in one of the towns, or, as is probable in the case of the more junior officers, may be stationed in one of the native reserves or "Districts."

In the latter case, which in the opinion of the writer is the more interesting, their duties will be to supply, arrange and superintend medical services, of both a preventive and curative nature, for the Government officials stationed therein, and for the general native population. The area may be somewhat large and the "panel" may be somewhat numerous (for instance, in the writer's case recently, the District was over 100 miles in each direction, and the population was 350,000), but that simply increases the number of one's opportunities. A medical officer must therefore be prepared to function as a man of many parts, not only as a physician, surgeon and obstetrician, but also as a sanitarian, a laboratory expert, and

an administrator. He will also find, among other things, that the local population will credit him with considerable knowledge of veterinary subjects, and that his friends will expect him to give a lucid explanation of the electrical systems of their cars!

He will have under his control, at the District headquarters station, a hospital, which may contain as many as 200 beds. He will probably also have dotted about the District a number of out-patient dispensaries, in charge of trained native attendants, which he will visit from time to time, deal with such cases as he can, and transfer the remainder to his central hospital. He will usually be the only European medical officer, but will have a subordinate staff of one or two Indian sub-assistant surgeons and compounders, who have been trained and passed examinations in India, and a large African native *personnel*—clerks, dressers, vaccinators, ward-boys, sweepers and so on. Besides the routine work of the hospital, the sanitation of the station and of the district will need supervision, and also anti-plague, anti-yaws and anti-smallpox campaigns will require considerable attention. For his work among the natives to be really successful, a knowledge of the local dialects is a necessity.

The wealth of material at hand for clinical and other forms of research is colossal. Tropical diseases are unexplored to a very much greater extent than those of more temperate climes, and should a man be a seeker after knowledge in bacteriology, helminthology, protozoology, entomology, or almost any other of the allied branches of medicine, he will find ample opportunities of becoming a second Ronald Ross or Patrick Manson. The enthusiastic surgeon will also find his time fully occupied, as the African native is beginning to comprehend the benefits of the white man's knife and the "sleeping medicine," and fifty operations a month were an average number to be performed at the writer's station previous to his departure on leave.

As regards other points of view, a man who is considering joining the service will naturally raise the question of the health of the country. Kenya is probably one of the healthiest parts of the tropics, a considerable area being over 5000 feet above sea-level, and thus warm days are followed by cool nights, which above all things are desirable in hot countries. Some stations, of course, are necessarily unhealthy, malaria being the chief cause of invaliding, but a little reasonable care can prevent anyone from becoming a constant victim to tropical diseases. The attractions which present the greatest appeal to the writer are the open-air life, the absence of restraint, the fresh, clear atmosphere, and, possibly above all, the freedom from the bitter cold and the perennial rain of the English climate.

The question of social life will be of importance to some. A medical officer will never be alone, however small a station he may be in, as officers of the administration at least will always be present, and here it may be said at once that, in spite of the comparatively small European population, and although such things as theatres and picture palaces are scarce, yet life in the Colonies seems much more cheery and gay than in England, the tropical atmosphere somehow lending itself to a casting overboard of the petty conventionalities and trivialities which exert such a stranglehold upon the life of the average person in this country.

No man need fear the entire loss of his games, which are played, if anything, to a greater extent than at home; working hours normally end at four o'clock, and every person who can crawl takes some form of exercise before "sundowner" time. Even the smallest station has its tennis court, and the larger centres all support sports clubs, which play any and every variety of game. If a man be anxious for more thrilling pastimes, East Africa is well known as the "big game hunter's paradise," and even if game cannot be found within easy reach of his station, which is uncommon, his annual fortnight's local leave will present him with ample opportunities to satisfy his desires.

As regards the facilities for obtaining entrance into the service, vacancies are continually arising by reason of the retirement on pension of senior officers or their transfer to other colonies. It is advisable, however, for intending applicants to get into early communication with the Colonial Office, in order that, should a vacancy occur at the time when it is desired to obtain appointment, a reasonable high position on the waiting list will have been secured.

The foregoing remarks contain the majority of the essential points of the conditions of service in Kenya, and it is hoped that they will stimulate Bart.'s men to consider directing their footsteps to a part of the world and to a service which the writer can thoroughly recommend.

[We hope that readers who have explored the lesser-known avenues of professional opportunities will follow the example of Dr. Braimbridge and give us the benefit of their experience.—Ed.]

"It pays to advertise," so the hoardings tell us, but let us beware. A harassed student recently designated a certain ophthalmic phenomenon as "The Globe-Wernicke reaction," and another confesses that he always thinks of one variety of muscular atrophy as the "Charcot—Marie Stopes" type.

NOTES ON GENERAL PRACTICE :
PUERPERAL SEPSIS TREATED BY SENSITIZED STREPTOCOCCAL VACCINE.

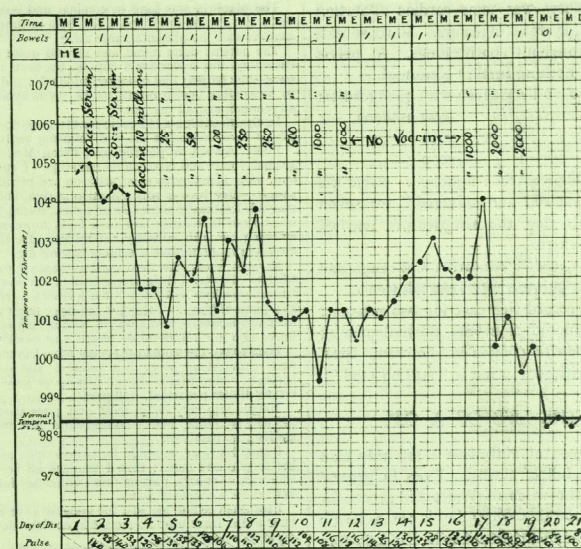
By R. W. TAYLOR, M.R.C.S., L.R.C.P.



RS. R—, *at.* 20, was confined in a maternity home on February 16th, 1923. The birth was normal, but the lochia remained red and profuse for three weeks, when a serious hæmorrhage

A diagnosis of puerperal sepsis was made, probably streptococcal in origin. 50 c.c. of polyvalent anti-streptococcal serum (Burroughs & Wellcome) were given hypodermically into the abdominal wall, this being repeated the next day. A supply of sensitized streptococcal vaccine was telephoned for from the Bart.'s Pathological Department. The urine was concentrated, but otherwise normal.

Another rigor occurred at 2 a.m. the next morning. The patient became delirious, with a dry tongue and a rapid, feeble pulse. Two pints of normal saline with



occurred. She was given an anæsthetic, the uterus explored, and a piece of placenta removed. Three days later she was allowed to return to her home in the country (March 10th).

The following day she felt ill, vomited twice, and had occasional "shivers." At 2 a.m. the next morning she had a rigor and became extremely ill (temperature 105°, pulse 140), complaining of supra-pubic pain and increased frequency of micturition.

A vaginal examination revealed a slight inoffensive discharge, the os externum practically closed, the uterus slightly enlarged and tender. Otherwise the pelvic condition seemed normal.

3ij of brandy were given *per rectum*. This was retained, and she slept quietly afterwards.

Vaccine treatment was started the next day. The doses were given as follows:

March 14th	10 millions.
" 15th	25 "
" 16th	50 "
" 17th	100 "
" 18th	250 "
" 19th	250 "
" 20th	500 "
" 21st	1000 "
" 22nd	1000 "

The patient's general condition improved daily, the pulse became less frequent, and on March 21st the temperature dropped to 99.5°. Each injection was followed by a rise of temperature, a feeling of malaise, and much perspiration. Throughout her illness she was given hypertonic saline douches *per vaginam* (5j NaCl to Oj saline) thrice daily by the district nurses. The slight discharge did not increase or become offensive.

Owing to postal delay a further supply of vaccine did not become available until the 27th. Meanwhile she became worse, her temperature rose steadily to 103° and pulse to 130. There was some cardiac dilatation with mitral and basal systolic murmurs. Moist sounds became audible throughout both lungs. A pelvic examination revealed nothing further abnormal.

More vaccine arrived, and was given with good results:

March 27th	1000 millions.
" 28th	2000 "
" 29th	2000 "

A severe reaction followed each injection. After the last the patient "perspired and shivered" for seven hours, with the result that the temperature reached normal and remained there.

A fortnight later the cardiac dilatation and cough had gone. She enjoyed an uninterrupted convalescence.

I have ventured to record this case for two reasons:

- (1) The vaccine originated from St. Bartholomew's;
- (2) quoting from *Midwifery by Ten Teachers*, 1922, p. 554, the use of sensitized vaccine is "still on trial."

A DAY IN THE LIFE OF A G.P.

THE house-surgeon on duty is not the only man whose life is full of thrills. Even in general practice in the wilds of Wales life seems far from dull. But we hope that every day is not so hectic as that which a correspondent describes in the following letter:

AND August Bank Holiday, too!—when I had planned to have no surgery hours, and to go for a picnic with my guests.

I was rudely awakened about 6 a.m., "Please would I come at once to V. to attend Mrs. S— at her confinement"—a bomb-shell this, for in the first place, V. is about the uttermost limit of my practice, and in the second place, I did not know Mrs. S— expected a confinement.

I attended her a year previously for scarlet fever, which left her myocardium distinctly worse than it found it.

However, I motored five miles along the road, then one up a cart-track, and when this degenerated into two deep ruts up a mountain side, I left the car and walked another (Welsh) mile.

Arrived at the farm, I found a village woman in charge, who had been with the patient at her previous confinement (three years ago), and she gave me the cheering information that the doctor (my predecessor) attending her then had found the case so difficult, he sent to his nearest colleague (fourteen miles) for help, and between them they managed to extract a baby, just alive, but much bruised, after which the doctor had to visit daily for some weeks to pass a catheter. Both doctors informed the husband that it would certainly kill his wife to have another!

I examined, and found she had strong pains. Presentation L.O.A., but no fixation of the head, the os nearly fully dilated and rectum loaded.

Of course I gave an enema, with copious result. Pains continued good for two hours, when I examined again: full dilatation, but still no fixation at all. The patient was getting exhausted, having been at it all night—pulse quite 100°, and fetal heart slowing. I decided to give chloroform and try to apply forceps. If only we had four hands—two to keep sterile, if possible, and two others to give the anaesthetic and lift the patient about.

However, we did our best. I tightened the binder which was intended to indicate to the head that it should be in the pelvis, and tried to get the forceps on, but the vertex simply rolled around a perfectly flat pelvis. I found the cord—it was not pulsating—so I did version and perforated the after-coming head of an enormous infant.

If only I had known a month before so as to induce labour, or get her into hospital for Caesarian!

The placenta was long in coming, and haemorrhage rather free, but a hot douche (very hot, a real help in time of trouble) improved matters and the placenta came away.

The patient came round and seemed quite fit, but I'd no sooner descended the ladder for a cup of tea than I was hurriedly called back—the patient had collapsed suddenly, and I had great difficulty in persuading her to return to life, with hypodermics of ether and strychnine, and all the rest.

In the meantime a lad came for me to go to Mrs. J—, living at L. (about three miles), as she was vomiting badly.

I left as soon as possible and found Mrs. J— really ill, coffee-ground vomit and continuous retching. I gave her ½ gr. morphia, and, after insisting to everybody on the premises (twenty or thirty people—they love a real sensation!) that she must be absolutely starved, I returned home, about 4 p.m., feeling that rest and nourishment were indicated. No such luck, however, for I found a boy awaiting me with a badly cut tongue, also there had been several messages to go and see a woman having fits.

More by good luck than good guidance I managed to suture the tongue. It was a deep transverse cut at the level of the anterior fauces—the boy had fallen off a hay-rick with his mouth open, on to a piece of glass! I think it too risky to give children anaesthetics without assistance, and I was in fearful suspense lest the boy should jump with my needle in his tongue and swallow it.

Then to see the woman throwing fits—I found her having epileptiform convulsions every few minutes and deeply unconscious in between. Age fifty-three, no history of previous fits or any other serious illness; married, nullipara.

Tongue was very dirty, teeth and gums thoroughly septic; pulse full and bounding, high blood-pressure, but no other cardiac abnormality; no paralysis.

I gave her ½ gr. morphia by hypodermic, and rubbed calomel on her tongue and gums; then I changed all her clothes and bedding (she was, of course, passing urine under her into a feather bed) and left her for a couple of hours.

I returned to find her just the same, so gave another ½ gr. morphia, after which there were no more fits, and she slowly (about midnight) regained consciousness.

So it was some Bank Holiday!

The amazing thing about it was they all did well: The confinement case never had a rise of temperature and recovered quickly. The gastric ulcer (3) subsided and has given no trouble since (two years). The tongue healed rapidly, and the fitting lady threw no more! I persuaded her to have all her teeth extracted a few weeks later: I think the cause must have been auto-intoxication.

So, a G.P.'s life is not devoid of thrills, in fact, it's mighty interesting.

INTER-HOSPITAL ATHLETIC SPORTS.

THE 53rd Annual Meeting of the Inter-Hospital Sports was held at Stamford Bridge on June 11th under very depressing conditions. Twenty-two people, excluding the band, were present in the stand—a few of whom were Bart.'s men.

After a week's incessant rain the conditions were of the worst—in fact at the advertised time of commencement the track was under water and the turf rain-soaked. This of necessity interfered with the times and performances in most of the events.

As usual the meeting consisted mainly in a duel between Bart.'s (holders of the Shield) and Guy's. The Hospital, experiencing a good deal of bad luck, were easily beaten by Guy's, for whom C. L. Steyn won four events: Apart from good performances by Messrs. Stallard, Reid and Allen, no Bart.'s man did anything of note. J. P. Hosford deserves sympathy: after leading most of the way in the final of the hurdles, he slipped on the treacherous turf and failed to gain a place.

RESULTS.

Inter-Hospital Shield: Guy's, 112 points (1), Bart.'s, 54 points (2).

The following men from the Hospital gained places:

Half-mile: H. B. Stallard (1); time 1 min. 39½ secs., equals record.

Three miles: W. W. Darley (2).

100 Yards: W. S. Hinton (3).

220 Yards: P. R. Viviers (3).

Putting the Shot: R. D. Reid, 33 ft. 6½ in. (2); J. D. Buttery, 34 ft. 7½ in. (3).

Throwing the Hammer: R. D. Reid, 93 ft. 9 in. (1).

High Jump: J. D. Allen, 5 ft. 8½ in. (2); W. S. Hinton, 5 ft. 7 in. (3).

Long Jump: A. Clark, 18 ft. 11 in. (3).

Tug-of-War: Bart.'s (2). In the Final Guy's beat Bart.'s 2 pulls to nil.

1 Mile Relay: Bart.'s (holders) (1); P. R. Viviers, W. S. Hinton, W. S. Morgan, H. B. Stallard. Time 3 min. 45 sec.

Once again there is legitimate ground for complaint in the lack of support from non-competing members of the Hospital. It should be the duty of all sportsmen to cheer on their representatives once a year; it is very disheartening to run without encouragement and support. Could not a few more of our men emulate the example of distinguished members of the Staff, who are seldom absent from these meetings?

Congratulations to the tug of war team, which was casually collected on the field and yet was able to reach the final.

This undignified method of getting together a team, however, is inexcusably slack, and it is devoutly to be hoped that next year stalwart members of the Hospital will train seriously for this event.

W. S. H.

ANNUAL ATHLETIC SPORTS.

THE Annual Sports were held at Winchmore Hill on Saturday, May 31st.

As usual the attendance was poor—probably owing to a wet morning preceding the Sports.

The Club is grateful to Miss Drysdale, who presented

the prizes, and to Dr. Drysdale for presiding, and for giving a beautiful Challenge Cup for the Mile Race.

The various events were well contested, and the times good considering the sodden nature of the track.

RESULTS.

100 Yards: 1, W. S. Hinton; 2, P. R. Viviers; 3, W. S. Morgan. Time, 10½ sec.

120 Yards: 1, W. S. Morgan (scratch); 2, E. F. D. Owen (4 yds.); Won by a yard. Time, 12½ sec.

220 Yards: 1, W. S. Morgan; 2, P. R. Viviers; 3, W. S. Hinton; Won by 2 yards. Time, 24 sec.

440 Yards: 1, H. B. Stallard; 2, W. S. Morgan; 3, E. V. H. Pentreath. Won by 3 yards.

880 Yards: 1, H. B. Stallard (scratch); 2, G. K. Colville (63 yds.); 3, B. B. Hosford (63 yds.). Won by 15 yards. Time 1 min. 39½ sec.

1 Mile: 1, W. W. Darley (scratch); 2, J. R. Beagley (scratch); 3, H. N. Walker (50 yds.). Won by 30 yards. Time, 4 min. 55½ sec.

3 Miles: 1, W. W. Darley (scratch); 2, J. K. Beagley (scratch); 3, H. N. Walker (150 yds.). Won easily. Time, 16 min. 33 sec.

120 Yards Hurdles: 1, J. N. Ford; 2, J. P. Hosford; 3, H. Royle. Won by 2 yards. Time, 11me, 18½ sec.

Putting the Shot: 1, R. D. Reid, 32 ft. 9 in.; 2, J. W. Buttery, 32 ft. 6 in.

Throwing the Hammer: Not completed owing to breakage.

High Jump: 1, J. D. Allen, 5 ft. 8½ in.; 2, W. S. Hinton, 5 ft. 7 in.

Long Jump: 1, J. N. Ford, 20 ft. 5½ in.; 2, A. Clark, 19 ft. 9 in.

Tug-of-War: 4th year beat 3rd year by 2 pulls to nil.

Relay Race: 1, Hockey; 2, Association; 3, Rugby.

This Inter-Club Relay was a new event and caused a good deal of excitement and amusement, as each club ran in their own distinctive dress.

W. S. H.

ABERNETHIAN SOCIETY.

THE SUMMER SESSIONAL MEETING of the Abernethian Society was held on Thursday, June 14th, 1924, at 8.30 p.m. in the Medical and Surgical Theatre. Mr. R. Bolton was in the Chair.

Mr. JOHN GALSWORTHY delivered an address on "Expressionism." He defined the soul of good expression as an unexpectedness, which keeps to the mark of meaning and does not betray truth. He then went on to discuss the connection between expression and character drawing. Hardly any figures in prose fiction seem to survive the test of time, unless furnished by happy extravagance, as seen in Cervantes and Dickens, saved by a tinge of irony, as in Jane Austen and Thackeray, or inhabited by "familiar spirit," such as is present in Hardy's *Tess*, Wall's *Scipios*, but particularly in Tolstoy's *Anna Karenina* and Mark Twain's *Huckleberry Finn*.

In an age of newspapers and advertisements a revolt against everyday expression is natural, and experiment in expression can either step forwards or backwards. Both have their disadvantages, especially the former, as exemplified in *Futurism*. Nevertheless the great writers have made their name by expressing themselves in the diction of their own day. The expression of such as Max Beerliohm, Joseph Conrad, Edmund Gosse, W. H. Hudson and Lytton Strachey reveals no imitation of the great styles of the past, but cannot have a living unexpectedness for us of the present. The less we try to form our English by self-conscious and definite experiments, the more we keep our minds set towards the fresh, clear and supple expression of our own visions, thoughts and feelings, the greater the chance our English has of being fine. An exception, however, might be made in the cases of income-tax forms and Acts of Parliament, where a little self-conscious experiment on the part of their framers might enable us to understand them. To illustrate this, a quotation from a certain Lunacy Act was read. Expression—whether of laws, psychology, episode or feeling—should be humane, and refrain from torturing the wits of mankind.

In discussing "slang," Mr. Galsworthy said that its incorporation into the language is, in reason, no bad thing—it is at least vigorous and apt. He is waiting to see the expression "rummy-too" canonized by Dean Inge, and "gets my goat" academized by Prof. Sainsbury. He then went on to say that there is perhaps no greater divider of society than the difference in *riid voce* expression. If the

East End adopted the mode of expression of the West End and vice versa, we should be, possibly, very near to a social millennium.

The speaker then digressed a little to the relative importance of ear and mind in lyric expression. Quotations from Shelley and Masfield were given to show that the vowel sounds, the unexpectedness of the expression and the imagery, play, in about equal proportions, the most important parts in the appeal of lyric poetry.

Mr. Galsworthy then turned to journalism, the symptoms of which are the fine use of clichés and of artificial stimulation through over-expression. By over-expression is meant the use of words running beyond the sincere feeling of the writer or speaker, or beyond what the event will sanely carry. This is bad for the language—bad for the mind. The "snappy headline" is a form of journalistic over-expression, which has attained great perfection in America. A number of examples were given, and among them the headline on the occasion of our Poet Laureate's refusal to grant interviews in America—"King's canary won't chirp." The antithesis of over-expression—under-expression—as exemplified by the after-dinner speaker, was then discussed.

In conclusion, the speaker said that at the present time there is the need for a single second language for all countries. On this, more than anything else, depends the peace of the world. English is the most likely of all languages to become the single inter-communicating tongue. The English language is not yet past its prime, but still in the making, and capable of new twists and bold captures. Therefore we should love our mother tongue as we love our country, and try to express ourselves with vigorous dignity and grace.

Sir THOMAS HORDER then proposed a vote of thanks. He said that two things must be uppermost in the minds of everyone: the first was the sense of one hour's keen mental enjoyment, and the second is a sense of great gratitude to Mr. Galsworthy for his address that evening.

Mr. F. H. K. GREEN seconded the vote of thanks. Mr. GALSORTHY then briefly replied, and the meeting was declared at a close.

STUDENTS' UNION.

THE UNIVERSITY UNION SOCIETY.

The close of the present session marks what has been one of the most successful years of the Union, and perhaps only one word accurately describes it—progress.

This has been accomplished not only from a purely material point of view, as may be seen in Malet Street, but also from an intellectual point of view, and it reflects great credit on all concerned in the way the multifarious tastes of the University have been catered for, guests ranging from leading men of science and art, the Presidents of the leading University Unions of England, to prominent politicians.

The membership of the Union is large, but it could be larger, the reinforcement being necessary, especially from "reshers" and the more junior students, who have a long time before them, and will find a social and intellectual oasis in its folds. All will support the appreciation given at the annual general meeting to the work the late President, Mr. H. G. Anderson, of this Hospital, has done for the Union during his term of office now completed. The officers for the coming year are:

- President: Mr. J. Bedford Clark (King's).
- Vice-Presidents: Miss M. R. J. Edwards (King's), Mr. P. B. James (University).
- Secretary: Mr. J. O. T. Rhys (University).
- Senior Treasurer: E. R. Adair, Esq., M.A.
- Junior Treasurer: Mr. N. L. Harding (I.D.T.C.).
- Asst. Secretary: Miss E. M. Wild (University).
- Librarian: Mr. L. G. Semple (Northampton).
- Committee: Miss Berry (K.C.W.), Miss L. Bradley (Westfield), Mr. H. E. Bolton (L.S.E.), Mr. R. K. Floyer (St. Thomas's), Miss M. D. Harris (Ex-Bedford), Mr. N. Irons (Bedford), Mr. F. E. A. Manning (N.R.C.), Miss K. Mitchell (King's), Mr. Powell Evans (Charing Cross), Mr. T. G. Scott (Guy's), Mr. W. R. Thrower (Bart's).

CRICKET.

Of the thirteen matches which should have been played since the last number of the JOURNAL appeared, no fewer than six have been scratched on account of the weather. The *Second Round of the Hospital Cup-tie against King's College Hospital* resulted in an easy victory for Bart.'s in the case of the 1st XI, but the 2nd XI lost by the narrow margin of 8 runs. For the 1st XI as many as four members made over 50. The scores are given in full below:

ST. BARTHOLOMEW'S HOSPITAL.	KING'S COLLEGE HOSPITAL.
N. E. Cook, lbw, b Kerr . . . 84	W. I. Daggett, b Bettington . . . 33
G. C. Woods-Brown, b Strange . . . 26	L. S. O. Wakely, c Green, b Cooper . . . 11
K. W. Mackie, c Salkinder, b Strange . . . 37	B. E. Ahrens, c Mackie, b Cook . . . 22
A. E. Parkes, run out . . . 58	G. F. Taylor, lbw, b Cook . . . 0
R. H. Bettington, b Strange . . . 55	M. Salkinder, b Bettington . . . 6
A. Carnegie-Brown, c Ahrens, b Kerr . . . 62	P. O. J. Strange, b Cooper . . . 4
M. L. Maley . . . 4	W. H. Kerr, b Bettington . . . 4
A. B. Cooper . . . 4	A. W. Kendall, c Mackie, b Cooper . . . 4
J. Parrish . . . Did not bat.	A. B. Squire, b Bettington . . . 1
H. M. Guinness . . . 10	A. L. Greenway, not out . . . 5
C. A. H. Green . . . 10	A. W. Kindall, b Bettington . . . 10
Extras . . . 19	Extras . . . 10
Total (6 wkts.) . . . 341	Total . . . 96

Wednesday, May 28th, v. St. Ann's C.C. Bart.'s, 79; St. Ann's, 132—lost. St. Ann's won the toss and batted first, but mainly owing to A. B. Cooper's good bowling (7 for 42) were all out for 132. M. L. Maley scored 50, but this failed to avert defeat.

Friday, June 6th, Past v. Present.—Present, 209 for 5; Past, 45—won. This always very enjoyable match was the first to be played during the Cricket Week, and resulted in a very easy victory for the "Present." R. H. Bettington, 49, G. C. Woods-Brown, 42, K. W. Mackie, 40 not out, N. E. Cook, 34, and A. Carnegie-Brown, 25, helped towards a total of 209, when Woods-Brown declared. A. B. Cooper (7 for 32) and R. H. Bettington (3 for 21) were responsible for the collapse of the "Past" XI, for whom R. H. Maingot (20) alone reached double figures.

Saturday, June 7th, v. Finchley C.C.—Bart.'s, 207; Finchley, 76—won. The feature of this match was a magnificent innings of 107 by A. Carnegie-Brown, which included 3 sixes and 11 fours. M. L. Maley was the next highest scorer for Bart.'s with 38. Prior to Bart.'s innings, Finchley had been dismissed cheaply, K. H. Meeser taking 6 wickets for 37.

Monday, June 9th, v. Croydon C.C.—Bart.'s, 135; Croydon, 102—won. This match, played on Whit-Monday, was full of ups and downs, and provided a very good finish. A. B. Cooper was top scorer for Bart.'s with 27, and K. W. Mackie, 23, A. E. Parkes, 21, and K. H. Meeser, 20, also scored on a wicket which was not easy. With the first ball of Croydon's innings A. B. Cooper got a wicket, but then the second wicket added 52 runs. However, the remaining 8 wickets only added 50 runs, leaving Bart.'s winners by 33 runs. W. W. Jackson, for Croydon, batted well though luckily for 53.

Tuesday, June 10th, v. Winchmore Hill C.C.—Bart.'s, 63; Winchmore Hill, 101—lost. Bart.'s won the toss and batted first, but were all out for 63, of which total J. Parrish with 11 had made a third. The Bart.'s total was passed by Winchmore Hill C.C. with 3 wickets in hand. K. H. Bettington took 5 wickets for 34.

Monday, June 10th, v. St. Thomas's Hospital (Cup-tie, Semi-Final).—This match was played in splendid weather on a good hard wicket. Our defeat must be put down entirely to the failure of all our batsmen except R. H. Bettington and M. L. Maley, who were the only two to reach double figures. G. C. Woods-Brown once again won the toss, and Bart.'s batted first, though a not set in almost immediately, and half the side were out for 42. Maley and Bettington then came together and added 59 runs before the former had bad luck in playing out to a ball off the wicket. Bettington left shortly afterwards, having made a hard-hit 46, and the remaining 4 wickets only added 13 runs, the whole side being out before lunch.

When Thomas's went in, although the first wicket fell with only a on the board, 50 was up before the second fell, and from that point Bart.'s never looked like winning. Runs came very slowly but very steadily, the Bart.'s total being passed with 5 wickets in hand. W. C. M. Berridge and M. H. Webb-Peploe added 58 runs for the

sixth wicket by good cricket. K. H. Meeser bowled well for Bart.'s in taking 6 wickets for 44.

ST. BARTHOLOMEW'S HOSPITAL.	ST. THOMAS'S HOSPITAL.
G. C. Woods-Brown, c Jerriam, b Berridge . . . 8	G. D. Gordon, c Woods-Brown, b Cooper . . . 2
N. E. Cook, b Berridge . . . 5	E. R. Weaver-Adams, b Meeser . . . 3†
K. W. Mackie, b Berridge . . . 5	N. M. Jerram, c Parkes, b Meeser . . . 19
A. E. Parkes, c Cooper, b Doggart . . . 3	W. C. M. Berridge, c Cooper, b Bettington . . . 38
R. H. Bettington, c Childs, b Berridge . . . 46	G. H. Cooper, b Meeser . . . 2
A. Carnegie-Brown, lbw, b Berridge . . . 7	R. Childs, run out . . . 4
M. L. Maley, b Doggart . . . 21	M. H. Webb-Peploe, b Meeser . . . 41
A. B. Cooper, lbw, b Berridge . . . 5	A. L. Canby, b Bettington . . . 15
J. Parrish, c Webb-Peploe, b Doggart . . . 1	E. A. Trim, b Meeser . . . 15
H. W. Guinness, c Triim, b Doggart . . . 6	J. H. Doggart, b Meeser . . . 1
K. H. Meeser, not out . . . 1	L. C. Cook, not out . . . 1
Extras . . . 6	Extras . . . 33
Total . . . 114	Total . . . 202

GOLF CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. GUY'S HOSPITAL.

First Round, Hospital Cup.

On Wednesday, June 11th, Bart.'s met Guy's in the first round of the Hospital Cup at Chislehurst. This resulted in a victory for Bart.'s by ten matches to two. Foursomes were played in the morning and three out of four of these were won by Bart.'s; in the afternoon only one of the singles fell to Guy's. The individual matches were very close, one of the foursomes and two of the singles going beyond the 18th.

Bart.'s.	Guy's.
H. Smith and J. R. Cox . . . 0	v. J. C. Glover and J. W. Cann (2 up) . . . 1
H. E. Houtton and H. O. White (3 and 1) . . . 1	v. E. J. Pye-Smith and C. Veysey . . . 0
W. A. Barnes and W. S. Maclay (19th) . . . 1	v. J. P. Evans and J. A. Vernon . . . 0
A. W. Mackenzie and H. Chillingworth (2 and 1) . . . 1	v. G. Gathergood and F. W. Schofield . . . 0
3	1
H. Smith . . . 0	v. J. C. Glover (2 and 1) . . . 1
W. A. Barnes (2 up) . . . 1	v. J. W. Cann . . . 0
J. R. Cox (4 and 3) . . . 1	v. E. J. Pye-Smith . . . 0
H. E. Houtton (21st) . . . 1	v. G. Gathergood . . . 0
H. O. White (1 up) . . . 1	v. J. A. Vernon . . . 0
W. S. Maclay (19th) . . . 1	v. J. P. Evans . . . 0
A. W. Mackenzie (1 up) . . . 1	v. G. Veysey . . . 0
H. Chillingworth (4 and 3) . . . 1	v. F. W. Schofield . . . 0
7	1

MUSICAL SOCIETY.

Choral Section.—The first meeting of this newly-formed branch of the Society took place in the Great Hall on Thursday, the 5th ult., at 8.30 p.m. Despite all counter-attractions there were 30 present! It was decided, after it had been mentioned that members of the Nursing Staff were to be allowed to assist, that "Hiawatha" should be attempted. The music will be obtained, it is hoped, for the next meeting, June 28th, at the above-mentioned place and time.

Orchestra.—The strength is now up to 35, although 15 is the maximum number appearing at any one rehearsal. The time has been altered to 8.30 p.m. by general approval of all the present playing members, to enable members of the Nursing Staff to attend.

Intending members—for whom there are still a few vacancies—are asked to note the times and place of rehearsal.

R. J. B.
J. H.

"THE WATCHERS OF THE DAWN."

1123—1924.

The first annual Dinner of the "Watchers of the Dawn," a society formed last year to commemorate the Octo-Centenary of this Hospital, was held at the Manchester Hotel on June 13th, the President, Mr. C. Lane Roberts, being in the Chair. After the dinner, the toast of "The King" having been duly installed with the customary newly-elected members were duly installed with the customary ceremonial. Messrs. M. J. Harker, C. M. Hicks, C. H. Wight, J. Elgood, R. Okell, C. R. M. Greenfield, W. B. Webster, A. E. Parkes, B. E. T. Mosse, D. G. Martin, C. F. Moore, G. W. S. Foster, J. S. Aldridge.

Mr. C. H. WIGHT, in proposing the health of the "Watchers of the Dawn," expressed his gratification at being asked to do so. The very name of the Society was one which conjured up wonderful memories of many dawns watched in many places and under varying conditions. No dawn had been so wonderful or so full of promise as those of Bartholomew Fair. His only regret was that he was not one of the original members. On behalf of all the newly-elected members he thanked the Society for electing them, and wished them all prosperity.

Mr. J. T. HUNTER replied, and thanked Mr. Wight for the nice things which he had said about the Society. He then gave some very amusing references to the origin of the Society. Certain gentlemen were overcome with the ardours and responsibilities of running Bartholomew Fair, and had it not been for the thoughtful dispensations of Bride they might well have succumbed before the Dawn, and so the Society would never have been founded.

Mr. B. J. MAYO, in proposing "The Health of the New Members," stated that the Society had no cause to regret that its origin was somewhat obscure, for, like all good things, it had "just happened." The Society would form an additional link between past and present members of the Hospital, and it was hoped that in doing so it might prevent men becoming too "mouldy" when they settled down into general practice, for the members could hardly fail to come up to the Hospital once a year at least if they remained faithful to their charge. He pointed out that every member is entitled to elect one new member every year, and so the Society has very far-reaching possibilities.

Mr. M. J. HARKER replied for the new members, stating that his speech must, of necessity, be a brief one, as all the best remarks had already been made use of. The Society's object of *liaison* was an excellent one, and so, too, was its ceremonial. On behalf of all the new members he wished to record their grateful thanks for the honour of election.

Mr. E. BRIDLE expressed his pleasure and that of Messrs. Hallett and Balcon in being members of the Society. Between them they had served the Hospital for nearly a hundred years, and with that experience he could say that Bart.'s men turned out men to be proud of. Co-operation should be the key-word, and the Society should achieve this end.

Mr. W. B. HOLDSWORTH proposed "The Health of the President," and pointed out the good fortune of the Society in having Dr. Lane Roberts as its President. In a Society formed largely with the object of good fellowship it was a great thing to be presided over by such a good fellow. (Tremendous applause.)

Dr. LANE ROBERTS had a great reception on rising to reply. He had always noticed, he said, that Bart.'s men had a wonderful gift of oratory—a science which, unfortunately, was not to be acquired in other medical schools. However, he quickly showed himself to be the exception to the rule by making a most entertaining speech. He felt greatly honoured at being asked to become the President of the Society, for he fully realized the worth of Bart.'s men, having played Rugger against them as a Guy's man on many occasions. He was especially pleased to have as members of the Society Messrs. Bridle, Hallett and Balcon. Even now one could hardly realize what Bart.'s and Bart.'s men owed to these loyal servants of the Hospital. The good fellowship which the Society strove to inculcate was a splendid thing, for work alone could never achieve the best results unless mixed with a modicum of pleasure.

The meeting did not adjourn until a late hour, an impromptu musical programme being supplied by various members of the Society.

produced and these and other mistakes corrected the better—the book is worth it.

Fortunately Mr. Muir has omitted the chapter on treatment which the previous editions contained; radiotherapy requires a large book, not a chapter. The technical part of the book is very good, the various descriptions being clear and well illustrated. The mistakes and omissions which must creep into every book are few. The old false statements about electrolytic interrupters are still carried on—for instance the allegations that Wrennet breaks will not work above 140 volts; they can always be seen at this Hospital working direct from a 200-volt main, and higher voltages can easily be used with them if their proportions are suitable. A tendency to omit reference to the originators of various accessory devices is regrettable; much hard work is often done on a small improvement. The protective screen illustrated on p. 162 is dangerous as the feet of the operator are not protected—a common fault with this type of apparatus. The methods of taking skiagrams of some parts of the body are carefully described with diagrams, but for other parts these descriptions are not so complete. The diagrams of accessory bones in the hand and foot are useful. The author has a preference for working with the tube overhead; in this Hospital it is almost a tradition to work largely with the tube beneath the couch. The whole section on bone diseases is poor, and owing to the bad quality of the reproductions is very difficult to follow. The chapters on the respiratory and circulatory system and the alimentary system are better. The book is one for the student of radiology and radiography, and deserves to be carefully read.

Books Received.

- THE MICROSCOPIC AND GENERAL ANATOMY OF THE TEETH. By J. HOWARD MUMMERY, C.B.E., F.R.C.S. (Oxford University Press: Humphrey Milford.) Price 35s.
- HANDBOOK OF SKIN DISEASES. By FREDERICK GARDINER, M.D., F.R.C.S. (Livingstone.) Price 10s. 6d.
- OUTLINE OF ENDOCRINOLOGY. By W. M. CROFTON, M.D. (Livingstone.) Price 6s.
- A HANDBOOK OF SURGERY. By GEO. L. CHIENE, M.B., F.R.C.S. (Livingstone.) Price 12s. 6d.
- AN INTRODUCTION TO THE PRACTICE OF MEDICINE. By WILLIAM BOXWELL, M.D., and F. C. PURSER, M.D. (Dublin: The Talbot Press.) Price 30s.
- DISEASES OF WOMEN. By Ten Teachers (Third edition). (Arnold.) Price 24s.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

The following degree has been conferred:
D.M.—N. F. Smith.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:
M.B., B.Ch.—J. Conway Davies.

UNIVERSITY OF LONDON.

Third (M.B., B.S.) Examination for Medical Degrees. May, 1924.
Honours: E. Gallop (a, e); J. Maxwell (a, e).
(a) Distinguished in medicine; (e) Distinguished in midwifery.
Pass.—I. Atkin, H. Burt-White, J. R. Hamerton, R. Keene, R. A. E. Klaber, C. L. N. Morgan, J. W. Poole, F. P. Schofield, A. W. Taylor, P. Thwaites, R. G. R. West.
Supplementary Pass List.—Group I (Medicine).—C. O. S. B. Brooke, V. F. Farr, W. A. Robb.
Group II (Surgery and Midwifery).—A. B. Cooper, H. L. Oldershaw, C. M. Pearce, R. D. Reid.

ROYAL COLLEGE OF SURGEONS.

The following were successful at the Primary Fellowship Examination held in June, 1924:
H. Barbash, H. J. Burrows, J. B. Crabtree, J. McMichael.

CHANGES OF ADDRESS.

COLDREY, R. S., Miller Hospital, Greenwich.
FAIRBANK, J. G. ATKINSON, 14, Upper Wimpole Street, W. 1.
HARRIS, U. A. C., The Bungalow, Highbury, Mitcham, Somerset.
KLEIN, E., 13, Wilbury Villas, Hove, Sussex.

LANE, W. B., Lt.-Col. I.M.S. (ret.), 2, Reynolds Close, Hampstead Way, N.W. 11.
LEE, C. STIRLING, Sainsfords, Little Shelford, Cambs.
MORGAN, C. NAUGHTON, Hospital of St. John and Elizabeth, 40, Grove End Road, N.W. 8. (Hamp. 6378.)
PRANCE, C. S. C., Cedar Lodge, Plympton, near Plymouth.
WALK, A., Cane Hill Mental Hospital, Coulsdon, Surrey.
WELLS, J. PASCOE, Danbury, near Chelmsford. (Tel. Danbury 5.)
WITH, P. A., 207, Caledonian Road, N. 1. (Tel. North 1157.)

APPOINTMENTS

AINSWORTH-DAVIS, J. C., B.Ch.(Cantab.), appointed Surgical Registrar, All Saints' Hospital, Finchley Road.
COLDREY, R. S., M.B., B.S.(London), appointed House-Surgeon at the Miller Hospital, Greenwich.
LLOYD, W. E., M.B., B.S.(London), appointed Medical Registrar, Westminster Hospital.
MACFADYEN, J. A., M.B., B.Ch. (Oxon.), appointed R.M.O., Johannesburg Hospital, Johannesburg.
WALK, A. M.B., B.S.(London), D.P.M., appointed Assistant Medical Officer, London Mental Hospital Service.

BIRTHS.

ADRIAN.—On May 27th, at 10, Grange Road, Cambridge, wife of E. D. Adriaan—a daughter.
BULL.—On May 23rd, to Dr. and Mrs. L. J. Forman Bull, 28, Springfield Road, Kingston-on-Thames—a daughter.
RUSHWORTH.—On May 12th, at Orchard Corner, Walton-on-Thames, to Mary Eleanor, wife of Arthur Norman Rushworth, M.R.C.S., L.R.C.P.—a daughter.

MARRIAGES.

GRAY—O'FARRELL.—On May 28th, at St. John's, Chelsea, by the Rev. E. Lees, Vicar of Brentwood, and cousin of the bridegroom, Norman Gray, younger son of Dr. C. F. Gray, of Newmarket, to Bridget O'Farrell, younger daughter of the late Patrick O'Farrell, of Kildare.
STRUGNELL—LEYS.—On June 7th, at Christ Church, Streatham, Surg. Lt.-Commr. Lionel F. Strugnell, R.N., to Edythe M. Leys.

GOLDEN WEDDING.

DAVIS—SHUTER.—On June 2nd, 1874, at St. George's, Tufnell Park, by the Rev. W. Horne, M.A., Vicar of St. Helen's, Ipswich, cousin of the bridegroom, assisted by the Rev. W. McCall, M.A., Vicar, George Acton Davis, of Somerset Lodge, Croydon, to Mary Ann, elder daughter of James Legasick Shuter, of Lawn House, Tufnell Park. Present address, Julian Hill, Harrow.

DEATHS.

BLACK.—On May 25th, 1924, at St. Mary's Hospital, Patrick Black, M.R.C.S., L.R.C.P., of asphyxia, due to acute broncho-pneumonia of both lungs, aged 43.
EASTWICK-FIELD.—On June 10th, 1924, at Hurst House, Midhurst, Charles Eastwick-Field, M.R.C.S., L.R.C.P., aged 73.
FRASER.—On May 28th, 1924, after five months' illness (pyæmia), Forbes Fraser, C.B.E., F.R.C.S., of 5, The Circus, Bath, aged 53.

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.
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St. Bartholomew's Hospital



JOURNAL.

VOL. XXXI.—No. 11.]

AUGUST 1ST, 1924.

PRICE NINEPENCE.

CALENDAR.

Tues., July 29.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Fri., Aug. 1.—Sir Thomas Horder and Mr. Rawling on duty.
Tues., „ 5.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Fri., „ 8.—Prof. Fraser and Prof. Gask on duty.
Tues., „ 12.—Dr. Morley Fletcher and Mr. Waring on duty.
Fri., „ 15.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Tues., „ 19.—Sir Thomas Horder and Mr. Rawling on duty.
Fri., „ 22.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Last day for receiving matter for September issue of Journal.
Tues., „ 26.—Prof. Fraser and Prof. Gask on duty.
Fri., „ 29.—Dr. Morley Fletcher and Mr. Waring on duty.
Tues., Sept. 2.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.

EDITORIAL.



AUGUST, if we may use Swit's metaphor without offence, is the month of the Little Fleas.

While the Chiefs are doing someone else's work, coming as near as they may to fulfilling the functions of good professional golfers, yachtsmen or mountain guides, fishermen or chauffeurs, their own jobs are gaily tackled by chief assistants.

The surgeon who makes his living by fighting the extinction that would claim his patients gains a new freedom, so we have been told, by risking something more than his professional reputation, and spends his holiday "hanging upon crags at a gradient that makes his next step a debate between the thing he is and the thing he may become"; while the chief assistant who reigns in his stead comes down at night to the Hospital to sit on an awkward hedge for ten brief minutes, and then jumps with some decision on the wrong side—or the right.

And the newly qualified man, after five years of irresponsibility, having, in a moment of weakness, consented to act as *locum* for his friend, finds himself faced with amazing problems which teachers and text-books have (even more amazingly) omitted to mention.

So the Little Fleas sweat on in the heat of the sun. But, apart from the joy of the craftsman in his work, there are compensations even in London in August. The Hospital is not crowded; the waitresses in the restaurant serve you with an alacrity which pertains to the living rather than the half-dead; the plunge-bath may, with luck, be open, and although London may not be so empty as the Gossip in the *Tattler* leads you to believe ("The town, ma chérie, is a desolate wilderness; not even a twenty-maid remains"), you may find a few feet of water unoccupied at the nearest swimming-bath; you may walk into the pit of a theatre and take your seat in comfort; you may sleep at Lords while energetic men in white flannels perspire vicariously for you in the blazing sun; you may, on the river, escape the too-fond couples and the too-blatant gramophones, and reach a quiet backwater with an Amaryllis more charming to your eye and a gramophone less offensive to your ear.

Yet these are but shadows of delight; the dreadful truth is that everyone suffers from nostalgia in August. The swimming-baths are dirty when you dream of the sea, the theatres stuffy when you are longing for the hills, and the turf at Lords faded and artificial when, in spirit, you are on Dartmoor.

We have been told, and in our present overwrought condition we do not find it difficult to believe, that strong men weep when they remember that at morning and evening a boat-train is steaming out of Victoria station—and they are not there.

Those whose holiday is to come require no sympathy, but those who obeyed the railway magnates and took their holidays in June will not be comforted. Nothing is left to them but the determination that next August shall find them out of London.

Elsewhere in this issue there are two appreciations of Dr. Drysdale. The Hospital is not so rich in striking personalities that we can afford to lose Dr. Drysdale without regret.

His passionate desire for accuracy, his healthy scepticism, his sense of humour and the balance of his mind have prevented him from sharing the fleeting enthusiasms which sweep over medical thought as regularly as new fashions appear in Bond Street; and this unerring discrimination between true and false (together with an individual interest in each student) has made him an ideal teacher of Clinical Medicine. The best wishes of all will follow him in his retirement.

On July 18th at the Langham Hotel a dinner in his honour was given by his past and present House-Physicians, and he was presented by them with a silver vase.

We congratulate Dr. Langdon Brown who has been elected to fill the vacancy made by the retirement of Dr. Drysdale, and Dr. George Graham who has been appointed an Assistant Physician.

We have received the Report of the Manchester test of the Yadil treatment of tuberculosis.

To add anything to the skilled and forcible indictment of Yadil which has appeared in another place would be superfluous, but two questions still require an answer:

Why has the exposure of Yadil been left to the *Daily Mail* when this was obviously the duty of a scientific journal?

Why, since the composition of Yadil has been known to analysts for some years, have consultants and general practitioners been allowed to prescribe it in ignorance of the fact that it contained nothing but "glycerine, formaldehyde, water and a smell?"

It is to be hoped that this useful "silly-season stunt" will lead to a revision of the law regulating the sale of patent medicines.

H. B. Stallard, in his article which will be found on another page, has nothing to say of his own running at the Games, but Mr. Philip Baker, the captain of the British team, writes:

"Yet perhaps in some ways Stallard put up the finest performance of them all. In five days he ran five races—three rounds of the 800 metres, two of the 1500. His first race would have won most British championships; his second equalled the British record; his third—although he was only fourth in the final—was well inside that record; in his fifth he beat the Olympic record, and came, after a marvellous last-lap sprint, within eight yards of Nurmi, the Finnish super-man. Few people knew that his last two races had been run on a foot that caused him acute agony every time he put it to the ground."

We congratulate Sir Frederick Andrewes, upon whom the honorary degree of D.C.L.(Durham) has been conferred; and Mr. McAdam Eccles and Sir Charles Gordon-Watson, who have been elected to the membership of the Council of the Royal College of Surgeons.

Congratulations to J. N. Kerr, who has been awarded the Gold Medal in the M.D.(Lond.) Examination; and to H. Shannon and C. M. Gwillim, who have passed the same examination.

DR. J. H. DRYSDALE, F.R.C.P.

Cælum non animum mutant qui trans mare currunt.

BY the time these words are published Dr. Drysdale will have ceased to be a member of the teaching staff of St. Bartholomew's. The extent of our loss is not to be computed, for his gifts have been to a generation, and with few exceptions we have known him, respected and loved him for a few years only.

Some men leave their stamp by the clear impress of a brilliant intellect; others by a mass of painstaking and accurate work; some few by a discovery or conception of singular brilliance. Intellect and patience are both qualities for which he is admired, but he, apart from the priceless gift of his clinical teaching, has left to us the influence of a character in its unselfishness and devotion to our Hospital altogether admirable.

The mobility of his countenance, the tense lift of the eyebrows, the decisive tick of the tongue, the amazed stagger, are all superficial characteristics dear to us because they are his.

These, however, merely have served to emphasize what lay beneath.

Perhaps the trait that has endeared him more than any other is complete fairness and honesty, both to others and to himself. The opinion of the most junior clerk upon any subject was invariably heard by him with the sincerest and most patient attention. If the opinion merited it, it received acquiescence; if not, a humorous prod at the structure would leave its remains lying in a ridiculous intellectual disarray. Never was there a trace of egotism, never the implication, "I am Physician to this Hospital; you are a silly and ignorant fellow; you must not interfere with my dignity. However, provided you do not, I will condescend to jest occasionally." If we substitute our own titles for that of physician there are few of us who, at times, have not been guilty of intellectual snobbery; but such was never the case with him.

Besides this assumption, for purposes of argument, of an absolute equality, he will long be remembered as the teacher who educated. "Did you go to Cambridge to learn things or to be educated?" was a favourite question, and his attitude as a teacher was always that of trying to get men to think for themselves.

The production of some high-sounding reason as a reply to his question was always the prelude to—"Now

ment about murmurs or rhythms was allowed to pass unchallenged or to cover up physiological ignorance. Cause and effect were clearly shown. Physiology was rationally applied. Heart-block was the lesion interfering with conduction. The reasons for heart-failure were definite and distinct.

"When a valvular lesion produces changes in the circulation, the chamber first to suffer is the chamber



DR. J. H. DRYSDALE.

tell me, Smith, what exactly do you mean by that," and the unfortunate Smith would find that his high-sounding reason was in reality no reason at all.

The absolute logic and truth of the statement, "The proper dose of any drug is enough to produce the desired effect," is as good an example as any. The grain and minim have no meaning, but the fall in the apical rate of a fibrillator or the abolition of the fever and joint lesions in a case of rheumatic fever provide a vivid and reasonable picture.

He perhaps applied his logic with the clearest force in teaching upon diseases of the heart. No loose state-

immediately behind the lesion." Statements like these were fundamental and can never be forgotten.

The essential value of any new method in diagnosis and treatment was rapidly and accurately estimated by him.

When the world was awl with a multitude of new methods for testing renal efficiency, he immediately perceived and introduced into his teaching and practice what was sound. Many of the tests have lost their original promise, but what the world now recognizes as good and permanent in them he recognized and taught from the first.

Similar examples occurred with reference to the electrocardiograph and to insulin.

The accuracy, truth and inspiration of his teaching have been leavened with the most delightful humour. The sudden flash of this has made his rounds a constant pleasure.

The writer remembers, as a clerk, being asked by him, with reference to a case of pernicious anæmia, "Tell me, —, if I were to tell you that this patient had 4000 white cells per cubic millimetre in her blood, what would you say?" To the reply, quite innocently meant, of "I should believe you, sir," the answer was a humorously grateful bow.

Even the words, "Tut-tut, so-and-so, you talk like a halfpenny newspaper," were accompanied by a twinkling eye.

Some years back a small boy with ascites was lying in Mark. On the round a clerk was addressed in the following terms: "I invite you to look at this boy and to tell me exactly what you think about him." The clerk replied that the child had a big belly. "Oh, tut, tut," came the reply, "I could have told you that he has a foolish mother," and, when the laughter had subsided, "I expect his name is Clarence"; and after a further pause, "Tell me, —, have you ever read *Little Lord Fauntleroy*?" The association between the foolishness of mothers and long curly locks in small boys has persisted in the mind ever since.

Above all will he be remembered as a friend. A better and truer friend this Hospital never had. If his advice has been asked by house-physician, clerk or chief assistant, he has replied, "I never give advice, but I will give you my opinion, if you like." Then has followed a clear and most painstaking review of arguments and reasons on either side.

We know his worth, and its measure is our loss; but he can be assured that he has become part of our hearts and minds, and will live in them as long as they endure.

G. B.

THE retirement of Dr. Drysdale, leaving for the students, as it must, a large gap in the teaching staff of the Hospital, necessitates an equally serious loss to them in his retirement from the Students' Union. Realizing, as he has done, that social and sporting activities occupy a large share of the medical student's time, Dr. Drysdale has devoted a considerable part of his life to doing what he has been able to help, guide and advise in all matters affecting their welfare.

As President of the Students' Union, and as President or Vice-President of many of its constituent bodies, his help has been inestimable. One may speak as having

been officially associated with him for some time, in carrying out the business of the Students' Union Council. Here the fundamental principle he insisted upon, and did his utmost to urge others to carry out, was that all questions concerning students, from the non-academic standpoint, should be decided by the students themselves, and that others who were present were there in an advisory capacity only. This was certainly right, but only those who were in close contact could tell how much this experienced and well-considered advice meant to them in the ultimate success they achieved.

Dr. Drysdale's enthusiastic interest in the doings of his students was very apparent when he presided over meetings of the Students' Union Council. Patient to a degree, he never let a point escape his notice, and it is largely due to his remarkable foresight that the Union stands in the strong position which it does to-day.

At these meetings Dr. Drysdale in the chair was invaluable, and when everybody had finished speaking on the particular motion before the meeting, the final observations he had to make, before voting was taken, would have equalled the best summing-up from any judge on the bench.

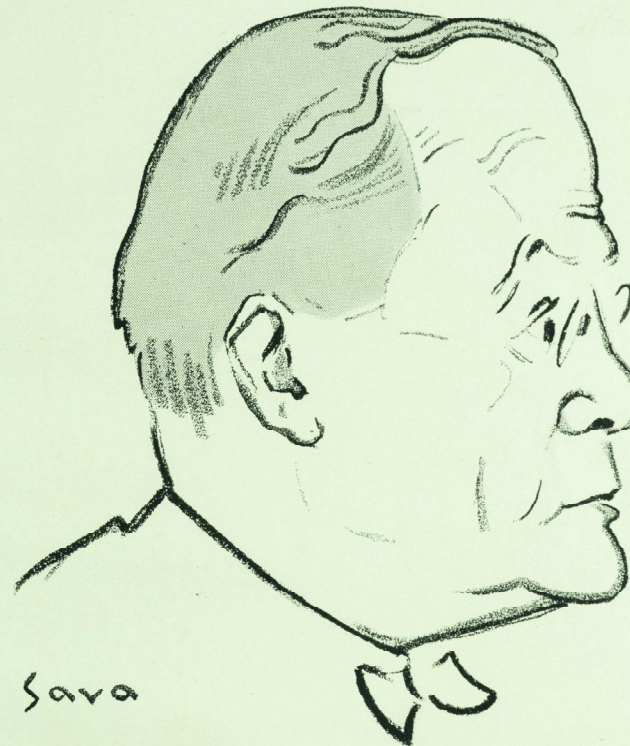
Often a particularly hot-headed student, with ideas which would upset any properly organized institution, would calm down at a few words from the President, accompanied by the characteristic "looking over the spectacles," and on thinking things over again would find that perhaps, after all, he was wrong!

In his dealings with individual clubs of the Union, Dr. Drysdale was probably associated with the Rugby Football Club more than with any other. As an old player he could and did give practical advice of the first importance. His interest in the Club was enormous, and his regular attendance at matches was an example which might be copied by many a student.

It is fitting that the termination of the Presidency of the Rugby Club should bring with it a result for which he has worked for many years, his personal influence and enthusiasm playing no small part in helping our team to win the Cup last season.

Dr. Drysdale leaves St. Bartholomew's with the heartfelt appreciation and good wishes of every member of the Students' Union. It is improbable that succeeding generations of students will be able to realize, as we do, all that he has done in the interests of the Hospital and of the Union. It will be small, but it will be some recognition of the services which he has for years rendered to the students of this Hospital, if we see that what we have learnt from his example is passed on to those whose duty it will be to maintain the best traditions of our *alma mater*.

W. HOLDSWORTH.



DR. J. H. DRYSDALE.

THE LONDON DISPENSATORY.



HOSE readers of the JOURNAL who have spent time in reading Rudyard Kipling's charming short stories—and I fear they are fewer than they might be, for there seems to be a fashion set in which affects to find them uninteresting—those at any rate who have learned to recognize the hand of a master will no doubt remember one of the several tales in which men of our own profession figure—the story of the Doctor of Medicine, “the Guy Fawkes-looking man in a black cloak and a steeple-crowned hat.” Mr. Nicholas Culpeper, Gentleman, student in Physick and Astrology, as he styles himself in his books, was a curious character in the middle of the seventeenth century. He was an adherent of the Parliament in the Civil War, and fought in at least one battle during that great struggle, where he was, it is said, seriously wounded in the chest. He was the son of a clergyman, who received a good education and was apprenticed to an apothecary in St. Helen's, Bishopsgate. Allowing for the interruption of the war and his period of service, he must have been not merely diligent in his studies, but possessed of an amazing power of writing, for as early as 1649 he published a translation of the *London Dispensatory* into English—a volume which represents not only a wide and comprehensive knowledge of the pharmaceutics of the time, but a capacity for criticism usually based on sound common sense and an ingenious and fertile use of his mother tongue. This, which was the most popular of his works, was republished several times before the end of the century, and more than once in the eighteenth and even in the nineteenth centuries. His industry was immense, for he is said to have left in manuscript more than seventy books of his own composition. In addition he carried on a busy practice in Spitalfields, and was well known to be ready to give his services gratuitously whenever his patients could ill afford to pay him. It is hardly surprising to read that he was always in straitened circumstances. He died of consumption, aged 38, in January of the year 1653-54.

I have recently come into possession of a copy of the *London Dispensatory*, and have found it of great interest for two quite different reasons: In the first place it is of interest because it shows the sort of learning which was expected of the physician of the time; the amazing accumulation of tradition from which medicine had not yet escaped, and the struggles of an acute and vigorous intellect to pierce through the clouds of what he recognized as nonsense.

The edition of the book which I have is that of 1683—many years after Nicholas slept with his fathers. But

it contains the prefaces and introduction which are dated “from my house of the East Spitalfields, near London. This 30. of December 1653.”

“Curteous Reader,” he pursues, “If thou ever intendest to study Physick, and turn neither Fool nor Knave in that famous Science, be well Skilled in this Astrologo-Physical Discourse following, here's enough for thee to whet thy Wits upon: Sympathy and Antipathy are the two Hinges upon which the whole Body of Physick turns: Thou hast the Radix of them here. Here is a foundation for thee to erect the whole Fabrick upon, if thou beest wise; if not, thou art unfit to make a Physitian. I love well and am as willing to help all ingenious men, though their parts be never so weak: but I hate pride in whomsoever I find it. I now bid thee farewell for this time.”

With this preliminary discourse Nicholas plunges straight into a profession of his faith as an astrologer and a physician. He describes the constitution of man as governed by the Heavenly bodies, their risings and their settings. It is from this philosophical disquisition and from the “Premonitory Epistle to the Reader” which soon follows it that, as it seems to me, Rudyard Kipling drew the raw material of his story. And it is this feature which has made for me the second point of interest to which I referred just now. It is always a miracle to see the fashion in which the mind of a master of literature works; to trace, as in this instance, the indications and tiny points of detail which in the original matter have for one but little significance, until they are welded by the magic of the master into the complete and living picture. And this is pre-eminently the case here. For Nicholas, though shrewd and vital in his written word, really is as dead as mutton to this generation. Yet from such material the genius of Kipling has resurrected him and set him in the pages of *Rewards and Fairies*—a vivid being, instinct with the prejudices, the passions and the pettiness of his time, and yet a sympathetic figure because of the humanity and sound sense which Kipling was quick to detect in his writing.

To return to his book. The College of Physicians had issued it in Latin and Nicholas had seen fit to translate it into his mother tongue—a proceeding which did not entirely meet with the approbation of his fellows in the profession of medicine. From various hints which he gives in the volume it is probable that the College of Physicians, to whom the original Latin book belonged, was indignant that the knowledge which was shrouded in the Latin tongue should have been made available in the vulgar language of the time. Nor was their indignation likely to be lessened by the extremely frank criticism which was bestowed upon their efforts.

Nicholas, on many pages, breaks out into derogatory remarks on the folly of the College and its want of knowledge. The quotation which follows illustrates both his criticism, and gives us one of the reasons which induced him to undertake the translation of the *London Dispensatory*. Under the heading of "Pulvis Antilyssus" he says:

"I see now the Colledge is not too old to learn how to dry herbs, for before they appointed them to be dried in the shadow: I would they would learn humility, and mind the common good, and consider what infinite number of poor Creatures perish daily (whom Christ hath purchased to Himself, and bought with the price of his blood) through their hiding the Rules of Physick from them, who else happily might be preserved, if they knew but what the herbs in their own gardens were good for: Why did they change the name of this Receipt from a Powder against the bitings of mad Dogs, to Pulvis Antilyssus? Was it not because people should not know what it is good for; but if they be bitten, they may be mad and hang themselves for all them? I believe that I have hit the nail at head the first blow." Again a little later he says: "'Tis a devilish purge, good for nothing but to destroy men: your Souls being led to your graves by their directions, like sheep to the slaughter, and know not whether you are going nor what hurts you; or if you do are they questionable by Law? Dear Souls, avoid this Medicine, else the Colledge will have mens' bones enough to burn." Yet Nicholas was fair enough to give credit where he felt he could: "The truth is, the Colledge have altered this Receipt much, and I am perswaded have made it much better. Neque enim bene facta maligne detractare meum est."

The traditional pharmacy of the time amazes us, yet it was to last with very little change for another hundred years: "The Skull of a man that was never buried, being beaten to powder, and given inwardly, the quantity of a dram at a time in Betony water, helps Palsies and Falling-sickness."

"Elks claws or hoofs are a sovereign Remedy for the falling-sickness, though it be but worn in a Ring, much more being taken inwardly: but saith Mizaldus, it must be the hoof of the right foot behind."

"Also if ten grains of red Coral be given to a Child in a little Brest-milk so soon as it is born, before it take any other food, it will never have the Falling-sickness, nor Convulsions. The common Dose is from ten grains to thirty."

"Scammony or Diagridium, call it by which name you please, is a desperate Purge, hurtful to the body by reason of its heat, windiness, coroding or gnawing, and violence of working. I would advise my Countrymen to

let it alone, it will gnaw their bodies as fast as Doctors gnaw their Purses."

One could go on quoting such fragments for a long time, but the above may serve as samples of the pharmacological knowledge of the age. There is, however, one more delightful aphorism which I cannot omit; it may recommend itself to some of our American cousins in their present desperate plight. "Eels," he says, "being put into wine or beer and suffered to die in it, he that drinks it will never endure that sort of Liquor again."

Nicholas was no humbug; but he could not wholly free himself from the traditions handed down to his time. When he writes, not of these traditional remedies, but of his own opinions and beliefs, he shows us clearly a strong and acute intellect struggling to free itself from superstition. "I have now (Courteous Reader) led thee through the Colledge's reformed and refined Dispensatory: I assure thee, not led thereto by any Envious Principles against them, for I bear them more good-will, and love them better than they love themselves; only I hate Selfishness in whomsoever I find it. If thou findest me here and there a little lavish in such Expressions as many like not, I pray pardon that, it is my Dialect, I cannot write without it; I assure thee it was not premeditated. If thou thinkest I did it for gain, thou art so wide from the truth, that unless thou change thy Opinion, 'tis to be feared Truth and you will not meet again in a long time."

He was already, when he was thus writing, sick to death, and though he must have known that his days were numbered he was full of designs for future work, not for gain, as he insists more than once: "I desire not to spend the strength of an immortal spirit in seeking after what hath no worth in it, which may make me worse, cannot make me better. . . . I will assure you, it was a higher Principle than all these moved me to write, viz., Pure Love to that Nation in which I was born and bred. . . . I weigh not the ill language of those that mind earthly things, I wish them all the riches their hearts can desire, for they have all their wit already: 'tis comfortable enough for me, that I am beloved of the honest; my reward I expect hereafter in that place whereunto no earthly-minded nor selfish man shall come."

Almost the last words which this honest and loved physician wrote must have been the concluding portion of the preface to this book, for they are dated on the 30th December, 1653, and he died within the next month: "I shall not trouble the Reader further, being myself sick and weak, no way fit for study or writing. But now pleasing myself in viewing those things which were written in my health, with this delightful thought. I shall do good to my Countrymen; yea, them that are

yet unborn; for their healths (as well as the now living) have I lost my own. And could cheerfully (for the good of the English Nation) even cease to be."

I have been told that it was Osler who brought Nicholas to the notice of Rudyard Kipling. If so it is not the least of the debts which we owe to that fine spirit, that he led the modern to clothe again for us in the flesh the honest, grave and curious physician of the seventeenth century.

THE EVILS OF TONSILLAR REMAINS.

By BEDFORD RUSSELL, M.A.(Cantab.), F.R.C.S.



WHILE the evil effects of septic tonsils are becoming widely recognized, and more and more patients are very reasonably advised to have an operation for their removal, it is not perhaps realized by the majority of practitioners that there is a group of diseases arising from the results of operation upon these organs.

Since the year 1910 the Sluder method of removing the whole tonsil with its capsule by means of the guillotine has been extensively employed in this country, and in experienced hands it is productive of satisfactory results.

But the enthusiasm aroused by the results of this method, and a belief in its simplicity, has led to its employment at the hands of operators whose experience is insufficient to justify it. The method, used under proper conditions, is certainly convenient if it is employed on suitable cases; but these conditions must definitely be present, or more harm than good is likely to be done.

Causes of incomplete enucleations.

To begin with, the question of anaesthesia is of prime importance. A good operator is powerless if the faucial muscles are contracting during the operation. The child must be completely under, and there must be no gagging or retching. Again, the question of illumination is often rather scamped. This is an operation that should not be attempted by touch, but must be conducted throughout under the guidance of vision. Thirdly, it should be known that there is a small percentage of cases, in which it is impossible to remove the tonsils by this method; impossible, at least, to remove them without damage to the neighbouring structures. Such cases may result from repeated quinzies, or other inflammatory processes which have led to the formation of scar-tissue. This anchors the tonsil in its bed, and hampers attempts at enucleation by rendering the faucial pillars inelastic. Some cases, again, are unsuitable by reason

of the shape of the mouth, or the disposition of the faucial pillars relative to the tonsil.

When the above conditions have been complied with, there is still, even in practised hands, a small percentage of incomplete enucleations. When a surgeon has to do from twelve to twenty cases in a morning, it is not an unknown occurrence for one or two to have a small portion of tonsil and capsule left *in situ*, and it is to these cases that I would draw attention, no less than to those in which the tonsils have been purposely "cut" rather than removed.

Clinical results.

At any throat clinic it is common to meet with a few cases per day of adolescents complaining of nasal obstruction, from running at the nose, and perhaps faucial discomfort, usually accompanied by a slight huskiness; and enquiries elicit the fact that the symptoms have been gradually increasing "since the tonsils and adenoids were removed." Further question will confirm what is usually evident from the physical appearance—that the patient is never able to last well either at work or play, and there is usually a dark crescent under the eyes, such as one is accustomed to associate with fatigue. An examination of the fauces often shows a surprisingly large pair of tonsils, and the fact of a previous operation is indicated only by a faint whitish network of fibrous tissue against the pink background, the scarred surface being sometimes slightly concave. In other cases, the tonsillar fossæ will appear to be empty, but on pressure at the base of the anterior pillar it is possible to extrude from the region of the lower pole a scarred-up portion of tonsil, from which one may express thin pus. In practically every case, the upper cervical lymphatic glands—particularly that one which underlies the angle of the mandible—are palpable; and there may be a history of tenderness in these glands during colds.

There may be found, in addition to the signs already described, patients suffering from all the classical results of septic tonsils, often in an unusually marked degree. Every practitioner meets with numerous cases of young people who don't pick up well in spite of good feeding and changes of air, who always look a little sunken under the eyes, whose voices occasionally get husky, and of whom not a few will have little attacks of temperature—perhaps up to 99° or 100°—without obvious explanation; and it is often found that an examination of the tonsillar fossæ will provide a solution of the problem.

The reason for the signs and symptoms described above is to be sought in the fact that a layer of scar covers the raw surface left by the guillotine, and the contraction of the fibrous tissue tends to occlude the

mouths of the tonsillar crypts. The crypts become distended with dead cells, living and dead micro-organisms, etc., and there is thus provided an excellent medium for the maintenance of a septic focus.

The removal of scarred-up tonsillar remains calls for considerable patience on the part of the operator, because these remnants are usually more closely adherent than is the tonsil which has not been tampered with; and the only satisfactory method of dealing with them is by dissection under a general anaesthetic. This affords time for ligation of the vessels, which in this type of case seem rather prone to bleed.

I hope I have made it clear that in my opinion tonsillectomy (removal of *part* of the tonsil) is productive of far more harm than is caused even by leaving bad tonsils alone. The importance of these facts is rendered greater, because even to this day there are medical men who advocate partial removal.

Results of treatment. The results of removal of these remains are excellent: the general symptoms, such as feverish attacks, tender glands in the neck, lassitude, pyrexial attacks, etc., are cleared up surprisingly quickly; but the nasal obstruction and running from the nose take much longer. Some improvement is noticed quite soon, but the time for complete disappearance seems to vary directly as the duration of the condition which gave rise to them. One is particularly struck with the rapidity with which a tickling cough with constant post-nasal mucus clears up in a child after removal of septic tonsillar remains, although these may consist of no more than one little discharging crypt.

If one is totally to avoid the risk of leaving portions of the tonsils, a short anaesthesia, such as gas or ethyl-chloride, is inadmissible. The operator must have time to stop the bleeding completely, and make a deliberate survey of the tonsil bed. Incidentally, this has the further advantage of greatly diminishing the amount of blood swallowed, with consequent lessening of post-operative vomiting.

NOTES ON GENERAL PRACTICE: AS SEEN BY A PHYSICIAN

"A bove majori, discit arare minor."

THE lookers-on see most of the game, and so, perhaps, something may be fairly said about general practice by those who sit and wait close at hand.

Experience teaches, but the record of others may

assist those who are about to step out to face the bowling, and may prevent a bad stroke or erratic hitting when a googly ball is delivered.

These remarks are the impression of a round number of years in practice, and are for this reason mature, and probably represent an experience common to those who stand behind the front rank of the profession. Perhaps this essay may induce others to relate their observations, which would be of great value to one and all, and especially to those who are about to don the pads.

Some of the statements may be self-evident, or superfluous, but may be of use to a few, and on the whole endeavour to express the difficulties, not of diagnosis, but of a comprehension of human nature.

The two main essentials to success in practice are: (1) A good knowledge of the art; (2) a sympathetic understanding of the subject.

The first should be easy of attainment when the *alma mater* is Bart.'s. The second comes easily to some men *ex dono Dei*, but can be slowly acquired by the majority if pursued patiently and diligently. "Nil tam difficile est, quin querendo investigari possit." The broad view conferred by St. Bart.'s upon its alumni is of inestimable value in this connection, and the devoted and unobtrusive service of its Staff leaves an ineffaceable memory on the mind of its students. The only criticism of medical education I shall make is the inadequate instruction in minor ailments which could be systematically given by the casualty M.O.'s in the surgery. These cases form the bulk of the work in general practice, and a fresher is often measured by their management, for the opportunity of skill in acute or severe states may be delayed or infrequent in early days. It is generally inferred that if a man is careful in the day of small things, then he may be relied on at a time of grave or greater things.

The acute emergencies must be ever in mind for instant intervention. A time sense should be keenly cultivated from the commencement or delay in acute conditions may be serious.

To parody a famous phrase—there is a tide in the affairs of inflammation which if taken at the flood leads on to life (for the patient) and to fortune perhaps (for the physician). A routine method of examination once learnt and constantly practised is quickly performed, and nothing is more impressive and reassuring to the subjects of our art than a thorough general examination. Mistakes are generally made from insufficient examination and rarely from an erroneous conclusion deduced from full facts.

Always keep spare parts, such as the various outfits, exploring syringe, new needles, and inspect the contents of your toxicology bag regularly. Unless you

work with method and precision you may have to borrow a death certificate from a colleague, and this may be used in evidence against you.

Never omit to examine the urine, or unknown to you it may be taken to a chemist round the corner and a diagnosis suggested by the colour alone. "*Mundus vult decipi*," and the dispensers of our potions are often the agents of such deception. A diagnosis of movable right kidney was made by one after a few questions and a close inspection of the urine by transmitted light, and a reminder that the pain was on the left side promptly elicited the reply that it was "from sympathy." Unless the examination of the urine is a part of the routine, you may be suddenly summoned to your patient in a state of coma following, perhaps, a rather trivial operation. Never relax your standards and the moral of the following incident will be obvious.

The writer once saw a busy panel practitioner filling in a form for life-insurance after only listening to the chest in the vicinity of the watch-pocket with a phonendoscope, and who then remarked upon the great value of the instrument. One agreed that it was a d— fine instrument to ascertain the specific gravity of the urine. You may be obstructed in the ritual of a routine examination, as *e.g.*, a nervous or shy young woman who refused an examination of the abdomen, and an acute condition was unobserved, with disastrous results. A little firmness and tact alone were necessary, for the consultant who insisted on having his way found the condition.

Do not be persuaded under any circumstances to give in to the whims of a patient. If, after using your full powers of persuasion, the patient refuses, then you should threaten to retire from the case, which threat is often sufficient to convince the patient, and the relatives in particular, of the necessity for examination.

One may be permitted to remind the young practitioner of two regions of the abdomen which are apt to be overlooked, *viz.* the hypogastrium, and summit of the costal angle immediately below the xiphisternum. A swelling in the former region is sometimes due to causes other than a distended bladder, whereas the latter region often discloses the hard and thickened edge of an enlarged liver when this is not as yet obvious elsewhere, or when it is otherwise obscured by flatulent distension. Listen carefully to a patient's tale of woe, for thereby you may glean valuable information.

A child's throat should never be overlooked. Again, the general effects of a malady are far more easily seen by a practitioner, and cannot be estimated by a consultant at one visit. The general practitioner is in a favourable position to see the first appearances of the grey spectre, arterio-sclerosis, or to know the circum-

stances (*e.g.* mental strain) attendant on its approach, or again the early collapse of acute abdominal conditions.

It is vitally important to realize when a patient is acutely or gravely ill, as mistakes in this respect may be extremely unpleasant, *e.g.* a G.P. failed to estimate the gravity of a case of pneumonia and only called in a consultant when the patient was moribund, to the natural indignation of the relatives, who had earlier suggested a second opinion. Pneumonia is a common event, and often atypical, and in treatment do everything to conserve the patient's strength and avoid any unnecessary or prolonged examinations.

Keep a log-book and make your entries regularly, for your notes may be wanted in evidence some day, *e.g.* in a murder or compensation case, or when the validity of a will is contested, and you are called to say whether the deceased was *compos mentis* or not at the time, and it is salutary under such circumstances to be *au fait* with the subject of aphasia, or you may be discomfited under cross-examination. The memory is sometimes severely strained in a county court, as, *e.g.*, in a case of old injury, and brings forth unwanted comments from the judge.

The second part of this sketch is more difficult of description, and has been already illustrated in some of the preceding paragraphs. Do not be surprised or disappointed by anything, however extraordinary, from your patient, or more often from the relatives, and always bear in mind that illness is an anxiety which makes for unbalanced or abnormal behaviour.

"There's none so queer as folk," and no one is in a better position to appreciate the truth of this remark than the practitioner of medicine. You will often be hard put not to give them a return in kind, but "let your speech be always with grace, seasoned with salt that ye may know how ye ought to answer every man."

Sometimes in a long and difficult case after you have done your best there is a loss of confidence, and more often on the part of the relatives, which is difficult to overcome. Should this happen and you discern the desire for a change of doctor, then retire gracefully after giving your successor the details, and wish him luck.

This is better than that you should receive a note of dismissal. You may be consoled with the certainty that, sooner or later, he will have to give way to another, or on another occasion the position will be reversed.

Do not change gear hastily, and when you do, move the lever lightly.

These and similar experiences should be relegated to what Kipling would term the "minor dammalities of medical practice," and should be cheerfully accepted as such and forgotten.

Do all you can to establish a bond of friendship with

your professional colleagues, and face any misunderstanding promptly and squarely, and not the least entertaining side to an occasional meeting will be the antics and vagaries of the funniest of all the species, viz. your patients and their kin.

You will find all the best literature in full accord with your observation in this respect. Kipling, in a recent address to students, prescribes "Sanity, humour, and the sound heart which goes with a sense of proportion," and this counsel was never more needed than at the present time. Never lose the saving grace of humour, for whilst there is much that is tragic or sad there is more that is amusing.

Finally, "Wisdom is the principal thing; therefore get wisdom and with all thy getting get understanding."

I. J. D.

APOPLEXY.

By W. H. M.

HAD we poet, novelist or journalist with us, as we plod our daily rounds, shrugging our shoulders by force of habit, what bitter irony, or what comedy, would not be pointed out! Sometimes we see it and sigh, but better that we disregard much that isn't essential.

Cerebral hæmorrhage—I use its sudden and dramatic onset as synonymous with apoplexy—is one of the most tragic terminations of life, or, at least, the *temporary recovery* from it is. That brilliant intellect, the once great athlete, the man of letters, the busy politician, the steady, apparently unreplaceable bread-winner, are laid low in mockery at their plans, just when they had attained what seemed worth living for. Death is, of course, inevitable, and sudden death enviable, but the miserable condition of recovery from cerebral hæmorrhage is a disaster.

We have steered through the threatening rocks of traumas, the infections, new growths, the troubles of enlarged prostate, and may be in sight of port without arthritis: we may be saying, "Soul, enjoy your leisure; you have worked hard, you can hardly expect physiological old age, but you would like not to live to be a nuisance."

Then strikes the clock: perhaps a bang is heard or felt, a sudden confusion of thought maybe—I have seen a look of surprise or curiosity on the face of the stricken, a sort of vague realization of some catastrophe. And if there be an awakening, it is an awakening to misery.

Let us pray that no kind friend succeed in bringing

us round. The only chance is to let the tree lie where it has fallen. It's a case of masterly inactivity, and I can remember, when called into consultation, I have been "sniffed" at because I said "Let him be." The cure is to do nothing, except don't disturb him. But, fortunately for the sufferer, this is not often possible. There are clamouring friends and anxious wife; the patient "must be got upstairs somehow" to the bedroom, from whence he will reissue in his coffin.

No one really recovers completely. The intellect is never so sound as it was, and even do we escape comparatively lightly, we may expect the summons at the door to be repeated with greater violence. So, kind friend, when my turn comes, have me taken upstairs, venesect, do lumbar puncture, compress my carotids, and purge me with calomel—fight against Nature! I have never seen aught but harm from any of these measures. I can't conceive how intravenous calcium or adrenalin or amyl nitrite can affect a big lesion—only people can recover despite us if the lesion be small. I should like a lot of things done to prevent my awakening, to possibly realize my wreck, to be called forsooth "Daddy" by some well-meaning nurse, who will insist on that bedpan I have fought over with others; perchance to be left in the hands of some valet who will surreptitiously pinch the aphasic old buffer, and steal my treasures; and, as I weep, to be reported as a bit emotional or light-headed.

Yet, I must speak only for myself. It is not for us to decide who shall be saved or who not. There may be much behind the scenes—a man may have wished to live till a certain time when Death Duties are invalid; he may not have made his will; there may be plenty of means of caring for him; he may be a valuable old ornament (worse luck for him), and it is arguable that he won't realize what has happened. I am certain, however, most people do understand, and can't properly express themselves as they wistfully watch. If recovery is important or desired, complete physiological restfulness and inactive yet active methods are essential; but if pity allow Euthanasia, then the obviously active and enterprising "scientific" plans afford the best prospect for that blessed state of non-existence.

I have learnt from my thirty years of general practice, how futile and annoying are the extreme or so-called ideal methods of preventing cerebral hæmorrhage. I, like my brethren, finding the usual signs of arterio-sclerosis, worry or amuse with the somewhat fallacious sphygmomanometer, think of purin-bodies, the dangers of common salt, remove the food and drinks my patient likes best, and insist on much that he abhors. Various nauseous medicines are to be swallowed, and needlessly we stop certain pleasant activities. I fancy most of us

disbelieve in half we advise, but we talk to satisfy friends and relations, lest some other man go the whole hog, and be deemed less slack, or because our patient has time and inclination for that valetudinarianism which we think really is worse than the evil it is supposed to obviate.

Moderation, nothing in excess, are the real watch-words. Study statistics of centenarians—some vegetarians, some heavy smokers, some big meat-eaters, some much addicted to alcohol. We know all sorts of patients who flourish in spite of our injunctions. As it happeneth to the fool, so it happeneth even to the wise man! Still, we must advise for comfort even if it be not for prolongation of life. A man in the late forties must understand his arteries are less adaptable, and must avoid sudden departures from his normal life, and in his declension apply the brakes in time. There is no need to be depressed over it (although there is the vicious circle of arterio-sclerosis, depression—depression, arterio-sclerosis), no more need than when cricket and football had to be forsaken. The chief dangerous things, such as tea, coffee, meats, alcohol, tobacco, exercise, business, must be or should be halved, and two daily meals suffice. I sometimes think the artificial teeth should be removed at meals lest too much be eaten, and the banquet again be indulged in! But if unhappiness result, let the poor chap be, and watch and be ready to step in. If discomforts ensue, he will listen. Happy is the man whose physician is also a pal, and one in whom the wife also has confidence. It's not a bit of good trying "glands" and rejuvenescence methods. We are meant to die, and our loss is very soon remedied. Our small part in life's drama is played; we might live on like a Strulbrug, only it's nice not to have recovery from apoplexy as passage to the Great Epilogue.

There are certain books making for that valuable equanimity which teaches us to shoulder-shrug and to suffer fools gladly or less impatiently, that impatience which is apt to produce angina pectoris or strain our cerebral vessels. Usually it's one or the other with arterio-sclerosis. Marcus Aurelius knows there's a Great Purpose or Fate in what may befall. Ecclesiastes tells us that all is vanity, and we are to make the best of things. There is the interesting debate of Evil in Job. If we can understand Horace and Omar, all the better, and I'm sure Thomas Hardy doesn't intend hopelessness. He helps us to that valued calmness and resignation, patience and charity and tolerance to all those in the same shipwreck, and under the same "necessity."

Of prodromas there are (*inter alia*) vertigo, faints, head-pains and transient weaknesses or "slight strokes," diplopia, and hæmorrhages.

Vertigo, when it persists in a man near 50, is always a source of anxiety. When we have treated the curable toxæmias (oral sepsis, tobacco, gout, post-influenza, uræmia), auditory nerve or nasal lesions, we are probably up against some hind brain-lesion, actual or threatening. Organic heart disease doesn't seem to produce vertigo. I am often called for an attack of tinnitus and vertigo by patients supposing they are on the verge of apoplexy. It's pleasant to reassure them, although I haven't yet met the aurist who helps much in these cases.

Faints.—This "faint," usually over on our arrival, may mislead a *locum*, who may inject strychnine or pituitrin! There is frequently sickness following it; a bystander may say he has been able to feel the pulse throughout. I suppose, like the transient hemiplegia or aphasia, they indicate some local alteration of blood-pressure in the brain. Senile epilepsy is worth remembering. This, at times, may be mere transient vertigo. And sometimes the "faint" means uræmia. One has to await a repetition before a complete diagnosis is possible.

The *transient hemiplegias* or *slight strokes* are very important as indications of what may happen. We are apt to leave such a case feeling a somewhat certain expectation that the patient will be worse at our next visit, but it may have all passed off, all due "to your wonderful medicine and promptitude, doctor!" Sometimes we find an unexpected hemianopsia, especially if there has been associated numbness or tingling on one side.

Diplopia, to me, is often very puzzling when conjugate movements seem normal and there is no squint. I remember being snubbed at a post-graduate course by my question whether such diplopia might not be an entirely cerebral event. Is the diplopia of tobacco excess (*e. g.*) always due to faulty conjugate ocular movements?

Head-pains.—Many people with threatening apoplexy or arterio-sclerosis give a history of migraine, and I have met with migraine and transient aphasia in quite young people. I find migraine happens with all varieties of blood-pressure. Charles Dickens seems to have had a lot of general neuralgia before his fatal stroke. A somewhat fascinating theory for some cases of migraine is that which supposes the lesion is due to an enlarged or unable-to-expand pituitary body. May not this hyperpituitarism in some cases lead to high blood-pressure and so to arterio-sclerosis, and explain the connection of the past to present condition? It's remarkable how in the life-history of some migraine cases one gets apoplexy-prodromas, faints, aphasias, blinding dull headaches, weakness or numbness, or both on one side, vertigo, diplopia. The dull heavy morning headache and yawning are in my experience symptoms causing anxiety and need thorough investigation.

Hæmorrhages.—The text-books don't exaggerate in pointing out the significance of epistaxis. I let them bleed, and if I am bothered too much I know I shall find the septal ulcer in 99 per cent., and so control my case! I attach no importance to the subconjunctival hæmorrhage. A retinal hæmorrhage is ominous in an eye previously healthy. Piles are very apt to bleed in these arterio-sclerosis cases, and one has to be a bit firm in not agreeing to operation. A large number of uterine fibroids are associated with arterio-sclerosis. It's remarkable how many "fibroid cases" refuse operation with impunity!

So I could write indefinitely, but I suspect without advantage to readers. If space be allotted to me on another occasion, I will narrate a few cases exemplifying this essay, for essay this must be regarded rather than a serious contribution. I shall be thankful if it interest, or arouse criticism.

"From Marlborough's eyes the tears of dotage flow,
And Swift expires a driveller and a show."

THE EIGHTH OLYMPIAD.

IT has been requested of me that I should endeavour to write something about the Eighth Olympiad. Before I take this plunge into print may I explain that the following statements are only a laboured attempt to give you the less sentimental impressions of a mere athlete.

There are certain sights which will ever be fresh in our memories, and which are ill-described when it comes to putting them into words. This is so with me as I sit down and try to describe the Olympic Games of 1924.

The departure.—On July 2nd at 10 a.m. the Continental Departure Platform at Victoria witnessed a scene of hilarity. Some twenty-five staid and elderly gentlemen (officials of the A.A.A.) were endeavouring to exhort seventy undisciplined youths from a *melée* of luggage and press photographers.

With a few exceptions the journey to Paris was uneventful. Perhaps the most tragic sight that I have ever witnessed on a channel crossing was that of a gentleman of considerable half-miling fame and one renowned for his Bond Street summer suitings, lying on the deck in a paralytic state, fully clad in his latest sartorial creation, and with the elements drenching him mercilessly. He refused to move or be comforted lest —!

On arriving at the Gare du Nord we were met by Earl Cadogan, General Kentish, the British Ambassador, and many other celebrities. Formal salutations were exchanged, and we proceeded to the Hotel Moderne in the Place de la République, where the Hungarian team was also housed.

I have yet to find a noisier spot than the Place de la République. In the night hours I longed to find an assassin who, for a modest 100 francs, would scalp a French taxi-driver for me. Why do the French like shrill-pitched motor horns?

The following morning we were paraded in our Olympic uniforms and taken out to the Stadium at Colombes to see the track and to "limber up."

To be driven seven or eight miles over cobbled streets and rough roads is not conducive to that state of physical and nervous perfection so necessary before an athletic contest. Fortunately this was recognized by the authorities, and every effort made to provide a smooth passage for those competing each afternoon.

The Stadium.—The Arena is oval in shape, the green grass in the centre contrasting vividly with the red track and the white concrete stands, with their blue and gold-coloured iron framework. Beneath the Grandstand there are some thirty dressing-rooms, showers and bathrooms, connected by a long concrete corridor. From this corridor a subterranean tunnel labelled "Entrée de la Piste" leads into the centre of the arena.

The opening of the Games.—At 10 a.m. on July 5th a most impressive service was given to the athletes of all nations in Notre Dame. At 3 p.m. the Stadium was packed for the official opening of the games and the march past of the athletes.

The day was perfect—a blazing sun in an azure sky.

An overture was sung by choirs of male voices. Then followed a deathly silence, broken a few minutes later by the sound of massed bands, the Marathon Gate was opened, and to the crashing of cymbals and the rolling of drums the South African team entered the Stadium, heading the parade. Those of us who had the good fortune to watch this spectacle will never again see anything to equal it in its splendour. Not even the most phlegmatic of us could fail to be thrilled at the sight of the wiriest and lightest bodies of the athletes of forty-five nations, clad each in their respective national uniforms, and marching with heads erect behind their flag-bearers.

Cheer after cheer went up as each column entered the Stadium, and, marching round the track, dipped its flag and saluted at the President's box.

The Americans formed the largest detachment, being some 350 strong. Haiti and China were the smallest, and were represented by one standard bearer, one flag-bearer and one rank and file. The national uniforms were splendid. The French deserve special mention for their smartness, and next to them the Turks, with uniforms of green sweater coats, white flannel trousers and crimson fez.

The demeanour of each nation was interesting to

watch—the French with their characteristic alertness and vivacity, the Americans with their air of self-assurance; the Italians always demonstrative and emotional; and the stolid Britisher, displaying a calmness and a resoluteness of purpose in the face of odds.

When each nation had marched past and taken up its post in the centre of the ground facing the Presidential box, the flag-bearers advanced and formed a semicircle around André (France), the chosen athlete, who, with his right forearm extended forwards and upwards, took the Olympic oath in these words: "Nous Jurons, que nous nous présentons aux Jeux Olympiques en concurrents loyaux, respectueux des réglemens qui les régissent et désireux d'y participer dans un esprit chevaleresque pour l'honneur de nos pays et la gloire du sport." This oration was followed by a salvo of artillery and forty five baskets full of pigeons were released.

The massed bands struck up "La Marche Heroique" and the teams marched out of the Stadium.

The Games.—As the newspapers have published full accounts of the races and field events I will not repeat the descriptions of those struggles here. Instead may I attempt to give a brief account of what an athlete endures? It would need an Edgar Allan Poe to do justice to the description of those specific sensations experienced prior to any athletic event. Personally I know of no worse ordeal than lying full length in a partially denuded state on a massage table previous to an Olympic race.

There is an atmosphere of tension in the changing-room; the manager and captain are whispering into your ear those last few words of advice while a burly masseur is kneading your biceps femoris. The air is richly perfumed with the aroma of rubbing-oils, and some cheery fellow remarks that it will all be over in half an hour.

One lapses into a reverie, only to be awakened rudely by the sharp crack of a pistol-shot fired from outside. It is only the start of another race, and you express a desire to be one of those poor devils who have nearly got it over. Once more you return to your day-dreams, only to be painfully disturbed by a maniac dashing down the corridor outside and bawling "Huit-cent metres." How one loathed that man!

Somebody, kindly intentioned, thrusts a wet sponge into your face. Feverishly you collect your gear, and inserting your upper incisors into your lower lip, you advance to the fray. The journey by way of the subterranean passage affords one a strange mingling of weird sensations. The earthy smell of this haunt is so comforting as one ponders on what is to be seen on ascending that last flight of stone steps leading up to the arena.

Suddenly you emerge into a blaze of sunlight, and, if

you are a favourite, a roar of applause goes up, making you feel more unsteady than before.

On reaching the starting-post a few awful minutes are spent in "limbering up"; "warm up" suits are discarded and you face the starter. A brief dissertation is given in three or four languages to the effect that the race must be a fair one, with no jostling or obstruction, etc. Places are drawn for; you seize a trowel and automatically dig yourself in.

The starter lines the men up two paces behind their "marks." There is a dreadful hush all round the Stadium then the starter's command, "A vos marque"; you all step boldly forward and place your feet in the holes. Then "Preparez-vous," and you are conscious of straining muscles and a bursting head, there is a sharp crack of a pistol-shot and the final agony has begun.

Mere words could not describe one's thoughts in a race. They seem to be desperately rapid, ranging between the technicalities of the race itself and mere trivialities.

After the first wild rush there is a pause, while everybody is endeavouring to store energy for that last effort; then the bell rings out for the final lap. You speculate as to who will start the final sprint first, and as to how far you can make your own final effort from, etc.

Ere a few seconds have elapsed you are in the midst of a neck-and-neck struggle down the home straight. Forms begin to sway, men groan under the exertion, the "tape" seems to recede into the distance, the spectators' voices become less audible, one's eyes are blurred, and then all is over.

A few breathless men stand or lie about in varying attitudes of physical fatigue, feeling that where every man has done his best there are no victorious and no vanquished. The loud-speaker proclaims that the Olympic ceremony for that event is about to take place, and the massed bands play the national anthem of the victorious country. At the north end of the Stadium the flags of the nations who have gained first, second and third places are slowly hoisted and float languidly in the breeze.

It is an impressive sight to see thousands of men and women of various nationalities bare-headed and standing to attention, paying solemn respect to the victorious nation.

Last impressions.—This article would not be complete unless something was said about the victorious American team. Cleaner and better sportsmen one could not hope to meet; they played the game hard and well, and were splendid losers. Perhaps the truest test of a good sportsman is the manner in which he takes his losses. Padlock (the American sprinter who was first in the 100 metres at Antwerp in 1920 and eighth in 1924), on being

asked where he finished in the final, remarked, "Waal, I guess I was so far behind the judges couldn't see me!"

After the final of the 800 metres I was drinking *chocolat* with one of the American finalists in that event and he had been even more soundly beaten than myself. After a brief discourse on the discomforts of running 800 metres, he leant back in his chair, tilted his summer hatting on to the back of his head, and with his thumbs stuck firmly into his axillæ drawled out in cheerful tones, "So this is Paris," and we laughed together.

One could not help admiring his spirit, for here was a man who, like many others, had worked hard and staked his all on less than two minutes' running and had lost cheerfully.

Conclusion.—As we stood on the boat bound for England and watched the French coast disappearing over the horizon, one thought occupied our minds, and that was—where the youth and sportsmen of the world are gathered together all is well.

Who knows but that a league of sportsmen might one day divert a world-war?

Since the termination of the Stadium events things have occurred of which sportsmen are ashamed—to wit the boxing and fencing fiascos. Through the columns of the daily press misguided persons are advocating the abolition of the Olympic Games. I wish some of these creatures had worn a spiked shoe at Colombes; they would have found nothing but good feeling between the nations. Such a thing as petty national jealousies never existed. Great Britain has benefited by competing against other nations, and they, too, have been the richer for competing against us.

H. B. S.

FURTHER ANÆSTHETIC APHORISMS.

[Stimulated by the "Anæsthetic Aphorisms" of the June issue, another correspondent sends us the following.]

1. When anæsthetizing a long series of cases, if the surgeon says that one patient is straining, it is probably your fault; if he says that they are *all* straining, it is probably his—but on no account say so.

2. Do not use ethylene-oxygen or acetylene-oxygen for anæsthetizing patients on whom diathermy of the tongue is to be performed. The reason will be obvious to those standing at a distance of over 20 feet. To those closer, nothing will be obvious for some time.

3. Never argue about the colour of a patient. It is well known that some of our most eminent surgeons

are colour-blind, and have the greatest difficulty in distinguishing between pink and black.

4. When using the "endo-tracheal" method of anæsthesia, the forcible expulsion of poached eggs through the nose usually indicates that the catheter is not in the trachea.

5. If the surgeon or his assistant persists in leaning on a patient's chest, the simplest way out of the difficulty is to direct a steady stream of chloroform from a drop bottle on to his elbow. To those who have not experienced it, the resulting irritation is almost incredible.

6. Do not run your motor cycle on hospital A.C.E. The chlorine in the exhaust will bleach your trousers.

7. Too many pokes spoil the cornea.

8. Take care of the airway, and inquests will take care of themselves.

9. A false tooth in the hand is worth two in the larynx.

DOUBLE ACROSTIC NO. 6.



E print the sixth and last acrostic with its solution.

Containing multinuclear cells
And reminiscent of egg-shells.

1. An appropriate name has this complaint,
Since through lips half-closed come mumbly faint.
2. 'Tis the smallest fluke that's found in man;
They named the little beast in Japan.
3. This organ's function you may see
By putting an "h" before an "e."
4. If half thy foot offend thee,
Who better aid could lend thee?
5. No patients with knock-knee?
Then you will not need me.
6. There are hoies in this sheath;
Dead fragments lie beneath.
7. "Hic," says the reveller, "two moons there be—
Alarming thing for a man to see!"

SOLUTION.

1. M	ump	S
2. Y	olagaw	A
3. E	a	R
4. L	isfran	C
5. O	steot	Ome
6. I	nvolveru	M
7. D	iplopi	A

"ASEPSO" SOAP.

This soap, which is of a pleasing light green colour, lathers well, and the amount of antiseptic in it, although effective, does not in any way roughen the hands. It should be of considerable use in those instances where there is liability to infection from patients or materials. The price is such that it can be used without stint.

STUDENTS' UNION.

CRICKET.

Saturday, June 21st, v. R.A.M.C. Bart.'s, 214; R.A.M.C. 171 for 9—drawn. Bart.'s won the toss, and were largely indebted to A. E. Parkes (69) and J. Parrish (29) for the total of 214. These two put on 58 runs for the fifth wicket. For the R.A.M.C., Sgt. Quelch made a very good 70 before being caught and bowled. Although the first, second and third wickets all fell at the same total of 27, the later batsmen did better, and were able to play out time with one wicket to spare, thus leaving the game drawn. Cooper took 4 for 68.

Thursday, June 26th, v. St. Albans. Bart.'s, 179; St. Albans, 184 for 6—lost. This very enjoyable match was played at St. Albans and lost by 4 wickets, though five of the regular team were unable to turn out for Bart.'s. A. E. Parkes again did well with 54, helping G. C. Woods-Brown (33) to add 42 for the third wicket, and A. B. Cooper (21) to add 40 for the fourth wicket. Later H. W. Guinness hit hard for 28, and the innings closed for 179. Hosier and Bland put on 69 for the first wicket when St. Albans went in, and after this the home side never looked like losing, out total being passed for the loss of 6 wickets.

Saturday, June 28th, v. St. Albans.—Bart.'s, 243 for 6; St. Albans, 121—won. Although only five of the regular team were playing for Bart.'s, this, the return match against St. Albans, was decisively won almost entirely on account of the brilliant innings of 132 by R. H. Bettington, who remained unbeaten when the innings was declared. His hits included one 6 and fifteen 4's, and he helped himself to 24 runs off one over from Rabone. M. G. Fitzgerald was not out with 42, which included 8 fours, and he helped Bettington to add 59 runs in about half an hour. After a good beginning St. Albans collapsed and were all out for 121 (R. H. Bettington 6 for 50). Dumbledon (35), Leddon (31) and Barnes (21) were the highest scorers.

Saturday, July 5th, v. Finchley.—Bart.'s, 135; Finchley, 86—won. This match, played at Finchley, was a low-scoring match, and resulted in another win for Bart.'s, Finchley again failing to reach three figures. R. H. Bettington with 41 and J. Parrish with 26 made runs for Bart.'s, but Finchley could do little against the bowling of the former, who took 7 for 46. This was the seventh consecutive time G. C. Woods-Brown had won the toss.

Wednesday, July 9th, v. R.A.F. (Uxbridge).—Bart.'s, 142 for 9; R.A.F., 247—drawn. Played at Uxbridge, this match was drawn, greatly in favour of the home side. Flying-Officer Essex and Martelli made 67 and 63 respectively, and with Flying-Officer Hobbs (31) were most successful with the bat for the Air Force. K. W. Mackie was the highest scorer for Bart.'s with 47, and A. Carnegie-Brown made 24. Bart.'s just managed to make a draw of it, Guinness and Guillole playing out time.

Saturday, July 12th, v. R.A.M.C.—Bart.'s, 237 for 7 (dec.); R.A.M.C., 238 for 4—lost. This was a very interesting and high-scoring match. A. Carnegie-Brown won the toss, and A. B. Cooper and A. E. Parkes put on 43 before they were separated. The former went on to score a very good 83 and A. Carnegie-Brown made another hard-hit 50, scoring 3 sixes and 5 fours in his 59. Hodgkinson played well for 22. In the light of what happened later Carnegie-Brown declared too soon, since R.A.M.C. went all out for the runs and obtained them for the loss of only four wickets. Sgt. Quelch again distinguished himself by making 59, and Lt. Davey was unbeaten with 76.

CORRESPONDENCE.

THE UNIVERSITY OF LONDON UNION.

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

SIR,—I notice in last month's JOURNAL that a report of the doings of the University of London Union is included in the column headed "Students' Union." This column is intended for reports of the activities of the various clubs of the Students' Union of this Hospital, and as the University of London Union is in no way connected with our own Union, the mistake is obvious. One does not wish, however, to quarrel with what is evidently a small error of classification. It provides a suitable opportunity, nevertheless, for stating a few facts which are not, as they should be, generally known. When the idea of forming a University of London Union was first made known, just over a year ago, the Council of our Students' Union was

approached with a view to sending representatives to a meeting to discuss and report on the scheme. This was done, a report was submitted to the Council, and the whole question thoroughly considered. The result was that the Council was quite definitely of the opinion that the formation of a University of London Union, on the lines suggested, could have little or no interest to the students of this or other hospitals, who have their own Unions, their own University Clubs, and their own United Hospitals Clubs. It was further thought that to ask students to pay a subscription, however small, to such an institution, was as unnecessary as it was likely to be unsuccessful.

These were the main lines on which the Council decided to give no support to the formation of this Union.

Since then the University of London Union has come into existence, and one or two members of this Hospital hold official positions therein. I have thought it desirable, therefore, that newcomers and others in this Hospital should know a little of the past history of the situation, so that they may know the attitude of their own Union to the body in question, and so that they may perhaps be guided when they are trying to decide whether to join or not.

I am, Sir, etc.,

W. HOLDSWORTH,

St. Bart.'s Hospital. Vice-President, Students' Union.

[We have no doubt that the Bart.'s men holding official positions in the University Union will wish to reply to this letter, but at present they are away on holiday.—Ed., St. B. H. J.]

WHITE COATS.

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

SIR, May I enter a brief protest against the practice of coming down for meals in the restaurant in a white coat? In a newly-fledged and thoughtless dresser this should be a lightly punishable offence; in a house-surgeon—and house-surgeons are by no means blameless—it is excusable, and the recent spectacle of a distinguished member of the Senior Staff so attired during tea was too astonishing to pass without comment.

The purpose of a white coat is not to proclaim to the world its owner's accession to responsible office. It is intended for protecting its wearer against dirt, blood, and other offensive or dangerous material which he may encounter in the course of his work, and as such it is a garment which has no place in a room where people take their meals.

May I at the same time refer to the disgusting but not uncommon practice of wiping unwashed hands on post-mortem room towels after handling specimens? In a laboratory our lives are literally in the hands of our fellows, and no amount of washing is a safeguard when the only available towels are smeared with (possibly infected) blood.

I enclose my card, and remain Sir,
Your obedient servant,
G. P. L.

July 22nd, 1924.

TRANSFUSION.

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

DEAR SIR,—I wish to bring to general notice the question of blood transfusion, with special relation to three points—grouping serum, apparatus, and donors.

At present there is no active provision made for a constant supply of stock Group II and Group III serum. Chief assistants—who generally do the transfusions—may or may not have a supply of their own, won by silver from the veins of "Lab." boys. In an emergency there is a reasonable chance that the possessors of such serum may not be in the precincts of the Hospital.

The same principle holds good for apparatus, which is also—if available at all—privately owned. The remedy here lies in the hands of the physician or surgeon, who could sign to have it provided for his wards.

The question of donors is the most serious one. Their supply is entirely dependent upon the fortuitous presence of some hypothetical relative, or upon the generous motives of some reasonably plethoric student.

A constant supply of potential donors should be available. The small number of transfusions done means that this at £5 a time would not be a matter of serious expense to the Hospital.

Donors could be found among porters, among the general public

or even among students, as at Guy's and at many American Universities.

With the highest motives in the world it is unreasonable to trade upon the generosity of men whose work brings them into daily contact with infection of all kinds.

I should like therefore to suggest to those responsible:

- (1) That stock grouping serum be kept.
- (2) That each firm should possess a transfusion apparatus (cost 35s.).
- (3) That an official list of donors be compiled, and available to house-physicians.

I am, Sir,
Yours sincerely,
G. B.

REVIEWS.

A PRACTICAL HANDBOOK OF DISEASES OF THE EAR. By (Sir) WILLIAM MILLIGAN, M.D., and WYATT WINGRAVE, M.D. (Wm. Heinemann (Medical Books), Ltd.) Pp. 191. Price 12s. 6d. net.

This small handbook of Diseases of the Ear is intended by the authors for the senior student of medicine, and for those who intend taking up appointments where knowledge of the essentials of otology is required.

In the arrangement of the book the authors have followed closely the lines of their larger work on the same subject, and in so doing have, we think, made a mistake. They have produced a book which, although containing many good and valuable chapters, is badly balanced, and is too much the classical type of text-book, and too little the practical handbook, which from the title, we understand, they intended it to be. For example, whereas 56 pages are devoted to diseases of the auricle and external auditory meatus, chronic suppurative otitis media (non-tuberculous), which forms the vast bulk of otological practice, has been allotted only four pages, and its complications only 35 pages.

The earlier part of the book, especially the chapters on examination of the ear and foreign bodies in the external auditory meatus, is excellent, but in the later parts, in the chapters on mastoiditis and the cerebral complications of otitis media, one looks in vain for some indications of the difficulties of differential diagnosis and for guidance as to how these difficulties may be surmounted.

The last chapter is devoted to formulae, and contains 4 pages on pathological methods with reference to otology. The latter section of this chapter would have been better omitted, as it is too short to be of value and contains not a few misleading statements.

COMMON INFECTIONS OF THE FEMALE URETHRA AND CERVIX. By FRANK KIDD and A. MALCOLM SIMPSON. (Oxford University Press.) 183 pages. Price 7s. 6d.

Here is concisely set out the experience of a man whose pioneer work at the London Hospital has helped to revolutionize the treatment of female gonorrhoea. This book in its teaching closely concurs with that in practice at the Golden Lane Centre. It is warmly recommended to the notice of our readers, especially as Mr. Frank Kidd points out that much in it is within the scope of the general practitioner.

At the outset he wisely insists on the absolute necessity of lithotomy "sight" examination with a Brewer's self-retaining speculum. The Sims position—"that curse of gynecology in England"—must be abandoned. A clear scheme is set out for case-taking, examination and routine treatment.

"Infected tubes are not an inherent danger of gonorrhoea; they are the natural consequences of its neglect." In their plea "to save the tubes," the authors show that the closed os internum forms a barrier against the upward spread of infection. Hence rest in bed and cessation of cervical treatment must be the rule during a period, and every effort must be made to cure the condition before labour ensues. With early treatment Mr. Kidd has reduced the incidence of salpingitis to 5 per cent. of all cases.

Dr. Hobbs's method of washing out the uterus with glycerine and iodine for acute endometritis is described and recommended. Treatment of the ovaries by diathermy is dismissed shortly and would seem to merit a warmer mention than it receives.

There is an excellent chapter on arthritis. Its treatment must be local, both of the cervix and the urethra; salicylates have no effect,

and vaccines are useless. Vaccine therapy in gonorrhoea is not needed, and its results are viewed with pessimism. Ophthalmia neonatorum is fully and well dealt with, and there is a good section devoted to the bacteriology of gonorrhoea. The complement-fixation test is briefly mentioned; it must not replace bacteriological tests as a criterion of cure. The question of prophylaxis is honestly thrashed out and constructive suggestions are put forward.

Finally there is an analysis of 650 consecutive cases. This threatens to be dull reading, but is not so, for here, as throughout, a good scientific work is tempered with a sense of humour. The book is illustrated and has two coloured plates.

BIRTHS.

BOWES.—On June 27th, at 3, De Vaux Place, Salisbury, to Dorothy, the wife of Gerald K. Bowes, M.D., M.R.C.P.—a son.

CANE.—On July 14th, at St. Luke's, Jersey, to Eud (née Marett Tims), wife of Major A. S. Cane, D.S.O., O.B.E., R.A.M.C.—a daughter.

GRANT.—On June 27th, at York, the wife of Major M. F. Grant, R.A.M.C.—a daughter.

GRIFFITH.—On July 10th, at Roydon, Asheldon Road, Torquay, to Helena and Harold Kinder Griffith, F.R.C.S.—a daughter.

HOGBEN.—On July 11th, at Brand House, Ludlow, to Dr. and Mrs. G. Hamilton Hogben—a son.

NICOL.—On June 5th, at 34, Nottingham Place, W., to Norah (née Mayberry), the wife of W. D. Nicol—a daughter.

VAILE.—On July 2nd, at 7, Albert Mansions, Northumberland Street, W. 1, to Dr. and Mrs. T. B. Vaile—a son.

VERNEY.—On June 27th, at 28, Clifton Avenue, Church End, Finchley, to Ruth Eden (née Conway), the wife of E. Basil Verney—a son.

MARRIAGES.

ASHBY—KIES.—On July 3rd, at St. John's Church, Harrow, by the Rev. Thomas Smith, Cyril Francis Ashby, M.R.C.S., L.R.C.P., only son of Mr. and Mrs. F. W. Ashby, of Ivy House, Roade, to Kathleen Paula, only daughter of Mr. and Mrs. L. J. Ries, of Tremorna, Kenton.

CHAPEMAN—GODDARD.—On July 3rd, at Ringwould, Kent, Edward Chapman, M.A., M.B. (Oxon.), of 1, Broad Street, Wokingham, Berks, to Margaret Elizabeth Beatrice Goddard, daughter of Mrs. and the late Mr. A. E. Goddard, of Kingsdown, Deal.

LANGTON—HODDING.—On July 17th, at St. Joseph's, Highgate, Edward Athol Clarence Langton, of Inward, Uganda, and of 61, Dyke Road, Brighton, to Muriel Carr Hoddling, second daughter of the late Mr. W. H. Hoddling, of Torquay.

ROSS—TOWNSEND.—On July 5th, at St. Bartholomew-the-Great, London, James Paterson Ross, F.R.C.S., to Marjorie Burton, younger daughter of Capt. F. W. Townsend, Botley, Hants.

SATOW—NEILSON.—On July 16th, in the Cathedral, Westminster, by the Right Rev. Monsignor Canon Howlett, D.D., Lawrence Lancaster Satow, M.C., M.R.C.S., etc., of Filkins, Oxon., youngest son of Mr. and Mrs. Charles Satow, of Twinstead, Suffolk, to Margaret de Vercherès, younger daughter of Mr. and Mrs. Norman R. Neilson, of Neilsonville, in the province of Quebec, Canada.

DEATH.

PIDCOCK.—On July 16th, 1924, at a nursing home, George Douglas Pidcock, M.A., M.D., M.R.C.P., etc., of Hampstead, aged 72.

NOTICE.

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

"Æquam memento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

VOL. XXXI.—No. 12.]

SEPTEMBER 1ST, 1924.

PRICE NINEPENCE.

CALENDAR.

- Fri., Aug. 29.—Dr. Morley Fletcher and Mr. Waring on duty.
Tues., Sept. 2.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Fri., „ 5.—Sir Thomas Horder and Mr. Rawling on duty.
Tues., „ 9.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Fri., „ 12.—Prof. Fraser and Prof. Gask on duty.
Tues., „ 16.—Dr. Morley Fletcher and Mr. Waring on duty.
Fri., „ 19.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Last day for receiving matter for October issue of Journal.
Tues., „ 23.—Sir Thomas Horder and Mr. Rawling on duty.
Fri., „ 26.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Tues., „ 30.—Prof. Fraser and Prof. Gask on duty.
Wed., Oct. 1.—Old Students' Dinner in the Great Hall at 7.30 p.m.

EDITORIAL.

IT would be black ingratitude to the writer of last month's "Editorial" to suggest that anything worthy of record happened last month. A monthly publication has some of the faults of a monthly letter. We understand that friends who write to each other every day find a great deal to say. We ourselves find it possible to compose an epistle of respectable length to those who hear from us about once a year. A month is a most difficult space of time. It is too long a time to admit of details being of great interest; it is too short to allow any generalizations to be made.

Had we composed an editorial on each day during August, it would have been packed with interesting record and comment. Yet to review the whole month leaves us gloomily apathetic. We merely hope that ours was the only spot where the sun never shone, ours the only district where the rain was incessant, and ours the only town where babies were born only between midnight and 4 a.m.

The amusing story of a most determined "unregistered practitioner" has been brought to light by the zeal of an American visitor to renovate the memorials of his ancestors.

In the Church of St. Bartholomew-the-Great is a mural tablet commemorating Francis Anthony. Anthony, born in 1550, was the son of a goldsmith. He practised in London without the authority of the College of Physicians. The College—rather generously it seems—decided to examine him, and, as they have done in the cases of others we know, found him rather ignorant of the principles of medicine. Possibly he failed to realize the therapeutic use of viper tongue broth, or knew not the drug which openeth the spleen—these details, unfortunately, are not to hand. He was forbidden to practise, but such was his professional keenness that shortly after he was fined and sent to prison for violating the instructions of the law. Liberated by the Lord Chief Justice, he again offended, was sent back to prison, and was only liberated on the plea of the poverty of his household. Again he began to practise, making great gain from the sale of his nostrum, called *aurum potable*. He maintained that gold was the most valuable of medicines, and he claimed that he had made a solution of this metal, a second examination catastrophe resulting from his failing to demonstrate to the Master of the Mint that he could make liquid gold.

In 1835 a fund called the "Samaritan Fund" was established to give assistance to patients after discharge

from the wards of St. Bartholomew's Hospital. Over seventy-three thousand patients have received benefit from this fund, which has distributed £55,705.

* * *

Elsewhere in this issue will be found a notice of the "Newbolt Memorial Fund." Mr. Newbolt was a Bartholomew's man, and was undoubtedly well known to some of our readers. The object of the fund is to extend the X-Ray Department and provide additional accommodation for the Nursing Staff at the Royal Southern Hospital, Liverpool, both being improvements which Mr. Newbolt had at heart at the time of his death.

* * *

The Old Students' Dinner will be held this year on Wednesday, October 1st, 1924, in the Great Hall at 7 for 7.30 p.m.

Dr. J. H. Drysdale will be in the chair, and this fact alone makes the Dinner of especial interest.

Will all Old Bart.'s men intending to be present communicate quickly with either of the Honorary Secretaries, Sir Charles Gordon-Watson or Mr. Vick at 82, Harley St.

OBITUARY.

GEORGE HEATON, B.Ch., F.R.C.S.

WE greatly regret to record the death of Mr. George Heaton, which occurred on August 13th. Mr. Heaton was 63 years of age. Educated at Clifton College, he went up to Oxford with a Demyship in Science and took a first class in the Honours School of Natural Science.

At Bart.'s he became Senior Scholar, Gold-Medallist and afterwards House-Surgeon, and later he took up consulting surgical practice in Birmingham. He served the General Hospital there as Honorary Surgeon, and at the time of his death was on the Consulting Staff. He was Examiner in Surgery at the University of Oxford and Lecturer on Operative Surgery in the University of Birmingham. He had a considerable reputation as an excellent teacher, good clinician and a masterly operator. His published works include a book on *Surgical Interference in Diseases of the Stomach* and a number of other monographs.

SKIN TRAUMA THAT WON'T HEAL—AND SYPHILIS.

By H. M. HANSCELL, D.S.C., M.R.C.S., D.T.M.&H.,

Pathologist and Director, V.D. Clinic, Seamen's Hospital, Royal Albert Dock; Late Senior Demonstrator, London School of Tropical Medicine.

IT is well known that late syphilitic lesions often appear on the site of some recent trauma. It is hoped that the following cases, illustrating this fact, may be of interest.

(1) Seaman, European, *et. 26*; "tattooing had never healed." Three months before, at a China port, he had been tattooed on flexor surface of right forearm. Keeping strictly to the lines of some species of dragon were a series of discrete, inflamed, dull red, nearly painless nodules, the circumference of the nodules desquamating. Wassermann positive ++. Eight years before a chancre that had "carried away the bobstay," followed by rash and ulcers in throat. There was no frænum—a smooth scar occupied its site.

The nodules disappeared rapidly under anti-syphilitic treatment.

(2) Seaman, European, *et. 65*. "Boils" on buttock, and "vaccination on arm had never healed."

On right buttock were two gummata. On external surface left deltoid were three shilling-size red, scaly, raised flat-topped discs. Six months before he had been vaccinated against smallpox exactly on those spots; twenty-five years ago chancre (scar on glans penis) and rash. Wassermann positive ++. Scrapings from under scales on the vaccine spots revealed, microscopically, *Sp. pallidum*. [One recalls here the stories of transmission of syphilis by arm-to-arm vaccination.] Under anti-syphilitic treatment, while the gummata steadily healed, the vaccine spots rapidly changed their character, becoming smooth, round, depressed pink scars.

(3) Seaman, European, *et. 35*. Three weeks previously cut himself shaving at sea. On under-surface of chin was a narrowly oval ulcer $1\frac{1}{2}$ -in. long; steep sides, sticky yellow secretion, and tissues around red and oedematous. Chancre and rash eleven years before. No scar on genital region detected. Wassermann positive ++. Letter from ship's surgeon recounted accident with razor and that under antiseptic dressings "it had never healed." There was quick healing under anti-syphilitic treatment.

(4) Docker, European, *et. 56*. Sat suddenly and heavily down on to his hook; 2-in. deep punctured wound of the left buttock; no healing. Two months later it showed all the characteristic features of gumma.

Wassermann positive ++, and steady healing under anti-syphilitic treatment. Chancre denied; definite scar on glans penis accounted for by patient. Many years ago he had dropped a burning cigarette end there—"you know, doctor." Of course the doctor's primitive sympathy must render unavoidable the induction in him of some part of his patient's emotion; all the same the frequent readiness of the V.D. patient to assume openly, as quite in the natural order of things, that the doctor has had objective experiences as well, like to the patient's own, is embarrassing.

(5) Seaman, negro, *et. 50*. Ship's surgeon wrote that side of patient's neck had been caught by running rope, causing severe abrasion of skin. After four weeks of antiseptic treatment and a further two weeks of dry dressings only "it had never healed, but was now worse." Diagonally across right side of neck lay a row of five rupial lesions, $\frac{1}{2}$ to $\frac{1}{4}$ in. diameter. After removal of the limpet-shell-like scabs, the juice from lesion showed, microscopically, many *Sp. pallidum*. Wassermann positive ++. Much pitted and scarred penis. First chancre acquired thirty-five years before; had never noticed rash. Most of the chancres treated assiduously by different stewards with caustic. Rapid healing of neck ulcers under anti-syphilitic treatment.

(6) Seaman, Chinaman, "aged." Letter from ship's surgeon said: Patient had fallen out with another Chinaman, the cook's mate, who had thrown boiling water on him, scalding left groin, penis, left scrotum and upper inner region of left thigh. After the blister stage had passed "it had never healed properly, and now looked as if it were some ? skin fungus infection." On prepuce, left groin, left scrotum and over left Scarpa's triangle was a dull red, ring-mottled smooth area. At the festooned outer edges were scaly nodules connected by raised scaly ridge. Scrapings from edges revealed no fungus microscopically, but fairly numerous *Sp. pallidum*. Wassermann positive ++. No frænum, but definite scar on site of frænum.

Rapid disappearance of lesion under anti-syphilitic treatment.

(7) European officer, *et. 32*, before proceeding to India was given by the writer anti-typhoid inoculations. The second into the right deltoid—a larger dose—produced a more severe local reaction than the first into the left deltoid; in fact the second "never healed." Five weeks later the outer surface of the right deltoid presented a tumour, hen's egg size and shape, dull red and painless, softer in centre and redder, but not fluctuating—continuous with skin and underlying muscle. No fever; patient was quite sure that "it had grown steadily from and right after the inoculation," and (?) artlessly wondered "whether the needle had been dirty." Wassermann

positive ++. He then confessed to "a touch" four years previously. This, one gathered, had been a small hard papule, which "never broke," behind the corona glandis. No scar to be detected; rash denied. Puncture of tumour and inoculation of juice into broth and on agar produced no bacterial growth.

The tumour rapidly disappeared under anti-syphilitic treatment.

(8) The writer, during the war, served with the R.N. Expedition, Lake Tanganyika. Several of the men suffered from crops of painful itching boils, out of which crept or were expressed maggots (? *Cordylobia sp.*). These seasonal adjuncts to Central African life were regarded with peculiar horror. After the first enemy gunboat had been brought to action and forced to haul down her flag, one of the R.N. ratings was observed, soon after the action, standing on the deck of the prize, in the capture of which he had played a distinguished part.

The killed around his feet, silence and dancing glitter from the lake, and a stench of lyddite and spattered human tissues. For minutes his great frame stooped and motionless; his face drawn, with deep set gazing eyes—a model for Rodin. Then slowly and thoughtfully he picked his way toward the writer, who, himself, was feeling very much what our daughters at school to-day call "soppy." Surely now, one thought, this storm-tried mariner would show, Disko-Masterman-Ready-like, that he knew what the judgments meant. But, saluting and pulling up his shirt, and turning his back, all that came was: "Doctor, sir, is one of them maggots in my back?" One of them was. From a very small boil between the scapulae a very young maggot was pressed out. Six weeks later, in spite of dressings, this boil had become an obvious, larger gumma. Inquiry revealed that infection with syphilis had occurred eighteen years previously. The lesion healed rapidly under anti-syphilitic treatment.

(9) A traveller who had ranged the Andes consulted the writer for Llama bite that "had never healed." Examination discovered three typical confluent skin gummata arranged in slight crescent on left upper arm. The patient was positive the lesions occupied the exact spots where the llama teeth had broken the skin five months previously. He feared that he had thereby been infected with llama pox, a sort of syphilis—indeed some said syphilis itself—from which these beasts suffered, and often, by their saliva, transmitted to men. (This, apparently, is true.) It is only polite, anyhow at the start, to acquiesce in one's patient's own diagnosis. However, the bionomics of llama pox proved in this case to be, perhaps, beside the point. For further, tactful examination disclosed the usual traveller's puckered groin and hardly less usual scar on the penis. Thirty years before there had

been an ulcer there—the result, so one was told, of a gadfly sting. After all, one heard, Travellers in the Waste Places cannot avoid doing some things *al fresco*. Later a “blood rash” had appeared, of which he had been cured by Amerindian medicine, and by bathing in some high medicinal spring in the Cordilleras.

Besides the llama bites he suffered from aortitis, and had already experienced several attacks, after undue exertion, of severe pain, starting under the left clavicle and running down the left arm.

Wassermann positive ++. Under anti-syphilitic (very cautious) treatment the arm lesions quickly healed. He discontinued treatment. Eighteen months later his death from anginal heart attack was reported.

(10) All of the foregoing history should not be thought to lack, entirely, verisimilitude, for the writer was shown, in the Gold Coast Colony, by a European patient, a large wheal with bleeding puncture at apex, situated on skin of penis just proximal to the coronal ring. A few minutes previously the patient had been stung there by a “mangrove” (gad) fly (*Chrysops sp.*). Six weeks later there was still present a rather painful red lump on the site of the sting. This lump never disappeared, and four months later, now in London, the writer found it had broken down, to become an obvious gumma.

Wassermann positive ++, and quick healing under anti-syphilitic treatment. Six years before chancre and rash; no scar on penis.

(11) Patient, *et. 29*; nine weeks before jambed finger in taxi door. At the time much bruising. The finger had become inflamed, and this inflammation “had never healed.”

Terminal phalanx of left index finger was thickened, dull red, glazed, pitting on pressure and slightly painful on moving. Wassermann positive ++. No scar on genital region. Patient (painter and poet) had been infected as the result of a very troublesome affair when 19 years old—there had been rash and ulcerated throat before treatment was begun. Treatment had been practically trivial. There had been three attacks of slight angina. As he told the story of his infection his excitement grew to a frenzy, cut short suddenly by a living portrayal of the terror, clammy paleness, and almost breathless immobility of the only attack of angina pectoris the writer has yet witnessed. The paroxysm was barely over when, with a wry lumou, the patient said: “Now you know the truth; I could never think of her without pain in my heart.” Under very cautious anti-syphilitic treatment the finger rapidly returned to normal condition. He died two years later, one heard, from a heart attack.

(12) A sea officer, *et. 39*, was found to have a shilling-sized hard chancre with unbroken surface, situated at end

of long prepuce. After pricking, the juice from chancre revealed microscopically *Sp. pallidum*. Wassermann negative. No other signs of syphilis, except for a large rubbery gland in left groin. (The writer has not yet found syphilitic glands to be hard or shotty.) There was but a short portion left of his leave; treatment was therefore pressed. After two injections Wassermann still negative. Ten days after first examination, during which time he had received four injections of arsenobenzol and four of mercury, circumcision was performed. He rejoined his ship ten days later, and by then had received 2.85 grm. of arsenobenzol and 7 gr. of mercury. The stitches were out, and healing by first intention had occurred except at right side of frænum and at a spot on the dorsum. Gland in groin still large. The third Wassermann, after last but one injection, was still negative. Sections of the chancre cut and stained (Levaditi) showed no *Sp. pallidum*, while the control section of congenital syphilitic liver stained at the same time and by the same process revealed many spirochaetes.

Eight weeks later the patient returned. The wound “had never healed.” Surgeon of ship wrote that patient had been dressed daily and had not left his ship at all during interval. Since it was a warship, one may take it, as patient asserted, that no fresh exposure to infection had occurred.

Examination discovered a hard, heaped-up ulcer on the site of the unhealed area by frænum and also on that on the dorsum. *Sp. pallidum* found easily in both. Wassermann positive ++. No other signs except large glands, now in both groins. One regrets that the large gland in the left groin had not been aspirated and the juice examined at the end of the first course of injections. It was probably the source of the clinical relapse.

A HOUSE-SURGEON'S MENTAL NOTES.

AMONG all the influences which go to the making of a Bart.'s H.S. there is one which stands out above all others; it is responsibility.

The consciousness of his own responsibility is perhaps the first feeling in the mind of the new H.S., and immediately it makes itself felt, his outlook on his work becomes new, the importance of his knowing his job startles him, and he mops up knowledge greedily.

Responsibility, it is said, makes a man; it certainly makes house-surgeons.

To find someone to lean upon when faced with a difficult problem, to shelve the responsibility for deciding definitely on a single course of action, is to lose a golden

opportunity. How often does the question arise as to whether or not to have one's Chief down in the middle of the night?

The thought of one's discomfiture if he is called down for a “dud” (e.g. a medical condition) or of one's pleasure on his agreeing with the diagnosis equally stimulate one to do one's best.

It is comforting to have a second opinion before telephoning for him; but how much is self-confidence consolidated by acting on one's own initiative!

The “committee-meeting” diagnosis is easy in the making; but in the writer's opinion less accurate than that of the single mind, and to the self-respect of the H.S. disastrous.

To leave a patient lying on a couch for many minutes while making up one's mind does not make decision on what to do any the easier, and it is the first step towards the “committee-meeting” method. It may even be that it is only after excluding every medical and special department ailment that the H.S. feels bound to accept the case because there is no one else to take it. The length of time patients are kept waiting varies inversely with the efficiency of the H.S.

Is there any spur to do one's best so keen as the feeling that one is solely responsible for deciding whether a patient needs immediate admission to hospital, or whether he can go home with a bottle of medicine?

Is there anything so thrilling as treading the narrow ledge between intussusception on one side and enteritis on the other, and deciding on which side of the ledge to come down?

Another outstanding influence in the making of a Bart.'s H.S. is experience, especially his own personal experience of cases under his care.

In one short year this experience may be very considerable, and when to it is added the lessons learnt from the tales told by his colleagues, and the wise sayings of ward sisters, the sum total makes him conversant with the principles of surgery and perhaps confident enough to practise it.

The ignominy of a mistake made, or the thrill of an error just avoided, inculcate their lessons more surely than any other teachers.

Experiences which teach are worth writing down and keeping. Therefore a record of interesting cases is a valuable store of experience from which a man may learn, not once only but repeatedly, and not the least instructive part of such a record is that which contains the history of the patient after he has left hospital.

Keep a card-index of interesting cases and follow them up. In this way is experience invaluable to oneself amassed, and at some time it may even prove valuable to others.

The third influence moulding the H.S. is that of the sisters in his wards. Happy is the man whose ward-sisters know their job, and can put him on the road to understanding and coping with the human side of sick people and their troubles.

Here, in practical clinical treatment, is a part of training found in no text-book, and yet a part which he will afterwards find to be second in importance to diagnosis only. By his ability to treat his private patients with that tact and sympathy with which sisters, by long experience and constant care, have learned to treat cases in their wards, the reputation of a young surgeon may stand or fall.

One learns much from sisters. Be slow to criticise and change their methods. Their experience is truly vast, yours is as nothing; learn, therefore, and be thankful that you are not yet alone in private practice. One gets many useful tips from nurses. Their training is more clinical and less academic than yours. Their services are usually much more appreciated by the patient than yours; therefore learn their methods, that your private patients may appreciate you. The time may come when you yourself are nurse, sister, H.S. and surgeon all in one.

Dressers may be divided into four classes:

- (1) Learned and useful.
- (2) Learned but useless.
- (3) Ignorant but useful.
- (4) Ignorant and useless.

Cultivate and encourage 1 and 3; but protect the patients from 2 and 4.

The enviable reputation which this Hospital holds in the minds of the lay public is something of which all Bart.'s men are proud, and it is due in no small measure to the chivalrous treatment of patients by many a generation of House men. Waiting, often for hours, is an inevitable accompaniment of hospital treatment; but many hours of unnecessary waiting and disappointment could be saved by a little thought on the part of the house man in charge.

Remember that however great the mental satisfaction to yourself may be in a skilful diagnosis of an obscure case, the relatives will not easily understand your elation if it is apparent in your manner while telling them that the patient's case is hopeless.

When a man writes a text-book he describes typical cases. Among patients coming to you for diagnosis there are excessively few typical cases. Medicine, and surgery too, are not so easy as that. Very large numbers of the patients you see do not represent what the physicians call “clinical entities,” and their ailments come under no heading in the text-books.

It is disappointing at first that the interesting case is

so long in coming. Take heed lest it have already been "snagged" by you on to the H.P.D., only to return in due course with the correct *surgical* diagnosis suggested politely.

"Spot diagnosis may be magnificent; but it is not diagnosis."

Despise not the clinician who takes pains; respect the man who applies his whole ability to each case; remember the hare and the tortoise.

"A physical sign is of more value than many symptoms," but to rely on one physical sign for a diagnosis is to court defeat. In other words, pathognomonic signs are very rare.

The common condition is not always the correct one to diagnose, but it is ALMOST always so.

Given an "acute abdomen," the *cause* is diagnosed from the history rather than the physical signs.

In this connection the taking of a history is a fine art. Scribbled hieroglyphics like "Shivering, vomiting ++, pain in side, B.N.O. P.O., D/N—?/4," indicate a very hazy idea of what actually happened to the patient whose history they purport to be.

The *sine qua non* of history-taking is the visualizing exactly of each symptom with precise time and date from the onset till the moment the patient is seen.

Feel at the end of taking the history as if you had had all the symptoms yourself, even if the diagnosis prove to be—twisted ovarian!

A MORNING SPENT AT THE SURGICAL CLINIC OF PROF. F. DE QUERVAIN AT BERNE.

By ALEX. E. ROCHE, M.B., B.Ch.(Cantab.).

THE Polyclinic Inselspital is reached *via* a shady side-street on the outskirts of the beautiful and leafy city of Berne, from which one sees the pleasant green of the surrounding hilly and wooded country. The Professor commenced to demonstrate to a mixed class of men and women at 8.20 a.m. in a handsome semi-circular lecture theatre, partially roofed with glass, which an arrangement of sliding curtains could rapidly plunge into darkness for the purpose of throwing pictures on the screen. The first patient was a man of about thirty, the subject of the sufficiently rare condition of hydatid cyst in the region of the Sylvian aqueduct, where X-rays had shown an obstruction to the downward passage of intraventricular gas. The reaction to Wassermann's test was negative, the only positive clue to the nature of the tumour which a very

fragmentary knowledge of German allowed to be gathered being the magic word "cosinophilia." The other patients, all men, were good illustrations of tumours of bone, the first being a large exostosis of the lower part of the right femur, the second a sarcoma of the upper part of the right tibia, and the third a recurrent mass in the left thigh, presumably sarcomatous. A radiogram of the chest of the second patient showed extensive secondary deposits in both lungs.

At 9.30 operations were commenced, two tables being in simultaneous use. The first case operated upon by the Professor was one of recurrent goitre in a woman. The second was a man of about sixty who had had an epithelioma removed from the floor of the mouth without local recurrence, but with irremovable recurrence in the right side of the neck, leading to severe neuralgia in the ear, cheek and neck. Through an incision along the posterior border of the sternomastoid the cervical plexus was exposed, cystic epitheliomatous glands being opened in the process. The roots of the second and third cervical nerves were grasped and twisted away from the spinal cord and their distal connections, and the loop between the third and fourth cervical nerves was also destroyed. The nerves were seen to be embedded in neoplastic tunnels, which had grown along them as far as the intervertebral foramina. The operation was commenced under local anaesthesia; but, on touching the nerves, more novocaine was required, and finally, this proving insufficient, general anaesthesia, of which sparing use seems to be made at the Clinic. The last operation was for hypospadias in a subject aged twenty.

A small curved transverse incision was made just proximal to the urethral opening at the proximal margin of the glans, and the catheterized urethra dissected out for about three-quarters of an inch, and brought out through a stab wound at the apex of the glans, the edges of the mucous membrane being stitched to those of the skin, and the former wound sewn up. This, I was told, was Beck's operation. In this case, the adrenalin having been accidentally omitted from the local anaesthesia, its effects soon wore off, and more novocaine was applied, but with little result, and in the end, resort, perhaps somewhat tardy, had to be made to general anaesthesia.

After lunch at his house, to which the Professor had very kindly invited me, I saw some photographs of tadpoles which had been fed on different varieties of thyroïd. One rather interesting result of these experiments was to show that the thyroïd of cretins is not inactive, tadpoles fed on it showing more rapid development of the legs than otherwise.

Prof. de Quervain is in the prime of life, very alert, and appears, in bewildering fashion, to have the details of the achievements of international surgeons

at his fingers' ends. He is also very kind and unaffected, and his eyes gleam with the humour which flashes through his admirable book on *Clinical Surgical Diagnosis*. Those who have enjoyed its pages will have revelled in that wonderful passage—no isolated example—which is surely not unworthy to stand beside those of Gibbon, and which, as nearly as memory recalls, reads as follows: "An aged grandmother consulted us for a unilateral purulent nasal discharge, occasionally containing shreds of bone. Her history told of several miscarriages and children born dead. Iodide of potassium worked wonders. We shared her pleasure at the result, but refrained from telling her that it was a reminder of her late husband, whose portrait smiled down at us discreetly from the wall."

A HOLIDAY IN HOSPITAL.

AFTER a procrastination of some twenty-five years, I decided to trust myself to the surgeon's tender mercies. One cherishes a "natural" horror for surgeons and an instinctive mistrust of their tender mercies; yet knowing that my case of necessity required one, how could I hesitate? So I surrendered, and the event amply justified my faith. But healing depends not merely on surgical skill—the *corpus sanum* postulates a *mens sana*; and it is these subtle psychological conditions, which I found in St. Bartholomew's Hospital, that made the fortnight following my operation a holiday.

The early summer sun shone, as it seldom does in London, lighting up the green walls, the white ceiling, the polished floor, the pink counterpanes on the beds, the flowers in their vases. From outside came the chirping of sparrows and the cooing of pigeons, with, every now and then, the dreamy plashing of a fountain. It was hard to realize that a stone's throw off lay Smithfield Market, hideous with "the bustle of butchers and the rattle of vehicles." I knew that such things existed, because I read of them in Mr. J. Ivo Ball's excellent little *Story of St. Bartholomew's Hospital*. But the knowledge, far from disturbing, rather accentuated the sense of tranquillity that pervaded my immediate environment.

Let me dwell a little on the most memorable feature in the whole scene—the one that gave meaning to the scene—the nurse. I use the term generically. It stands for the embodiment of a quality new to my experience. We ordinary folk, however nice we may try to be to everybody, are inevitably influenced by particular likes and dislikes. Our benevolence is a matter

of sentiment, and depends to a great degree on the personality of the recipient. Not so with the nurse. You see that her good offices come from no regard for you as yourself, but purely for you as a sufferer. She was the same to the man who preceded you, and will be the same to the man who will follow you. She has neither predilections nor aversions. She arrives and she departs, as does the sun, with a "Good-morning, everybody"—"Good-night, everybody." In that *everybody* lies the essence of her all-embracing, matter-of-fact charity—a virtue which, impersonal without being mechanical, seems to combine the efficiency of education with the spontaneity of nature, and this I had to go to St. Bartholomew's to discover. The discovery, I think, was well worth a surgical operation.

Something of this universal goodwill seemed to communicate itself to the patients. There were a dozen of them in our division of the ward—men of various kinds, blown together from various quarters, to be scattered again. Yet, for the time being, they became fused into a happy family.

Listen, gentle reader, and shudder in sympathy: Breakfast at 6! Had it happened only once it would have been a grievance. But as the day never dawned in which this unholy element did not work, I came to look upon it as a normal, matutinal mortification. Another cruelty to which I could never resign myself arose from the excessive passion for tidiness. As I submitted to being tucked in, on an average ten times a minute, I could not help reflecting, with infinite bitterness of spirit, that the art of making one comfortable had in this particular ward reached a most undesirable state of perfection.

However, even these positive trials—not to mention negative prohibitions and restrictions that forced one to ask in despair, "What has become of my liberties?"—had their educational value. They gave me some idea of prison-life—an idea which became particularly vivid when I heard myself referred to as "6." It was thrilling to find oneself suddenly elevated to the dignity of a number, after having been all one's life a cipher.

Do not charge me with egotism and vanity, if I set down another occasion on which I experienced the thrill of transition from insignificance to importance. The Surgeon-in-Chief made a point of visiting our ward at intervals, attended by a troop of students. He paused at each bed, lecturing on the character and treatment of the case with a lucidity which brought comprehension even to the lay mind. In due course came my turn. I lay quiet, intensely interested in his discourse; and as I listened it was borne in upon me that I was no ordinary case, but the vilest of its kind the eminent practitioner had ever dealt with in the whole of his

extensive practice—a distinction, you will grant, and the more gratifying because largely due to my own long and steadfast procrastination.

So a fortnight passed—moments of rebellion against the tyrannical discipline notwithstanding—most pleasantly. Never had I slept so soundly or eaten so hungrily. Never had I enjoyed such absolute rest for body and mind. Even when bodily vigour began to return, there still remained a mental vacuity, which enabled me to appreciate why in certain languages “blessed” is a synonym for “half-witted.” A blessed existence, indeed, in which nothing concerning you is your concern. Everything is done for you. All you have to do is to be ill. I am not sure that I should care for such heatitude as a permanent condition. But as an interlude it had its charm. The memory of it is a possession for ever; when I want to recapture the sense of tranquillity, I need but turn in spirit from the roar and clatter of the world to the cloistered, kindly calm of a ward in St. Bartholomew's. G. F. A.

A CASE OF SUPRARENAL ADENOMA.

By N. L. CAPENER, M.R.C.S., L.R.C.P.

P RIMARY tumours of the suprarenal gland are sufficiently rare to warrant the recording of the following case, which has been under treatment during the past year in this Hospital.

Apparently adenomas of the suprarenal, although benign in appearance on removal, tend to recur and to take on malignant characters.

Apart from the pathology and the rarity of the condition, the following case is of interest on account of the size of the tumour and the difficulty of its removal, and also from the point of view of diagnosis.

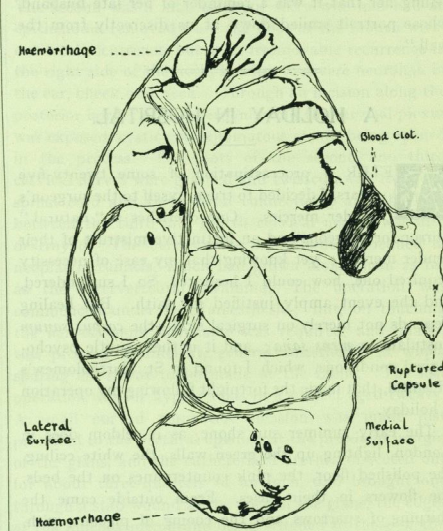
G. P. B.—, No 24975, male, *et.* 55, inspector of advertisements, admitted November 28th, 1923, complaining of pain and swelling in the left upper abdomen.

History.—For over a year he had felt unwell, being treated for “gastric catarrh.” For five months before admission he had repeated attacks of pain in the left side of the chest, which was thought to be due to pleurisy. The pain was dull aching in character and seemed to commence just below the tip of the left ninth costal cartilage and extended upwards over the lower portion of the left side of the chest. There was no radiation of pain to the left post-renal angle nor to the left groin or testicle. The pain was worse on exertion, relieved by lying down and was unrelated to meals.

On micturition there was no pain, increased frequency or difficulty, and the urine was always normal in appearance. The patient complained that he had become very weak, having *lost weight* to the extent of 14 lb. during the last year. He had anorexia, nausea and flatulence, but otherwise no gastric, intestinal or renal symptoms.

One week before admission he “caught a chill,” and it was during examination then that an *abdominal swelling* was first noticed.

Condition on admission.—The patient was a thin, ill-looking man, but was of optimistic temperament.



CUT SURFACE OF TUMOUR.
(Reduced to rather less than one quarter actual size.)

Apyrexial. Pupil reflexes normal. Tongue clean and moist; no dental sepsis.

There was no enlargement in connection with cervical, axillary or inguinal lymphatics.

Chest.—Moist rales at bases of both lungs. Heart normal.

Abdomen.—There was an obvious swelling in the left upper abdomen extending up under the left costal margin down to 1 in. below the umbilicus, in front to the mid-line and at the back into the loin. The swelling moved downwards an inch or so on inspiration. The skin over the swelling looked normal, but it was definitely hyperaesthetic. The tumour was irregularly

globular, almost reniform, having no sharp anterior margin, and was firm and elastic in consistence. It was felt to be deeply seated in the abdomen, and on percussion extended up to the level of the sixth rib in the mid-axillary line. Over the front of the swelling there was a resonant note, continuous with the stomach note; below it was the tympanic note of the colon. The right kidney could not be palpated. The liver was not enlarged, and there was no ascites. The rectum, prostate and external genitalia appeared normal.

Urine.—Faintly turbid, *sp. gr.* 1020, acid; mild B.C.C. infection. No blood or pus.

Cystoscopy.—No evidence of cystitis. There was obstruction to the passage of ureteric catheters up the left ureter at 5 in.

On abdominal examination under anaesthetic it was thought that the swelling, which extended right back into the left loin and could be palpated in the left post-renal angle, was a cystic swelling.

Skagrams of the genito-urinary tract showed no evidence of renal or other calculus. The left kidney shadow was enlarged, extending down to the level of the upper border of the fourth lumbar vertebra.

Renal function tests.—Normal.

White blood-count.—7200.

Diagnosis was of a left renal cystic “tumour,” and it was thought that it was probably a large left hydro-nephrosis due to obstruction to the left ureter.

Operation, December 7th, 1923, by Mr. Girling Ball: A long left lumbar incision was made as for nephrectomy, the muscles being divided in the line of the skin incision. In the position of the left kidney there was found a large solid retro-peritoneal tumour, which was highly vascular, having enormous veins coursing over its surface. The left kidney was identified lying below the lower pole of the tumour and unattached to it. The left suprarenal body was not seen. The incision was enlarged and the peritoneum stripped forwards. Large blood-vessels passing to the tumour from all directions were clamped and divided. Owing to adhesions difficulty was experienced in separating the mass from the left dome of the diaphragm and medially from the pancreas and duodenum. During this part of the operation there was very free haemorrhage. At one point in the removal of the tumour its capsule burst and a small quantity of encephaloid material exuded. The area of operation was drained through the upper end of the wound, which was otherwise closed.

Following the operation the patient suffered from profound shock; he was given an intravenous blood transfusion and usual anti-shock treatment. The subsequent progress was uneventful but slow. The upper end of the wound took a long time to close completely;

it was, however, healed on discharge, January 3rd, 1924.

Description of part removed (specimen in Museum).—
(a) *Macroscopic.*—The tumour measured 9 in. by 5 in., with greatest circumference of about 22 in.; it was divided into two portions, the main mass ovoid in shape and having on its medial aspect a globular projection about 2 in. in diameter. The capsule of the latter portion was ruptured during removal.

There is a thick, smooth fibrous capsule, ramifying in which are numerous large blood-vessels. The cut surface of the tumour shows it to be roughly divided into lobes by bands of fibrous tissue. The lobes are composed of soft material resembling brain-tissue, with areas pigmented a darker greyish-brown colour. Dispersed throughout the tumour are numerous small haemorrhagic spots.

(b) *Microscopic* (report by Sir Bernard Spilsbury).—
“The tumour consists of fairly large and deeply staining cells arranged in solid columns, separated by a little supporting tissue and thin-walled blood-vessels. These areas resemble the zona fasciculata of the normal suprarenal cortex. In some parts of the growth the arrangement is a looser one, and spaces which resemble glandular spaces are present; some of them are occupied by blood. The tumour-cells are not vacuolated and the tumour appears to be encapsulated. The structure is that of a tumour of the suprarenal cortex, and the growth appears to be an adenoma rather than a carcinoma. Tumours of this type are liable to develop into carcinomata even if adenomata at first.”

The patient was seen six weeks after leaving and was looking and feeling extremely well and happy. He had gained two stones in weight since discharge from Hospital.

He has been seen again seven months after discharge; he is quite fit and there are no signs of recurrence.

I am indebted to Mr. Girling Ball for permission to publish this case.

A CASE OF MECKEL'S DIVERTICULUM.

T HE embryonic vitelline duct persists in about 2 per cent. of adults as a Meckel's diverticulum, which consists usually of a tubular projection, an inch or two in length, free at its extremity. The following case deserves note owing to the fact that intestinal obstruction resulted from a diverticulum attached to the umbilicus.

On June 14th, 1924, W. P.—, *et.* 13, a schoolboy,

was admitted to the Royal Infirmary, Sunderland, with a complaint of severe abdominal pains. His history was as follows:

Five days before admission he was seized with a spasm of abdominal pain at midnight, which wakened him. Later, vomiting commenced and continued through the night. On the succeeding day his bowels were open, but after this neither *faeces* nor *flatus* were passed. The patient vomited each day until admission, the vomitus never becoming *faeculent* in character, whilst the pain, which he described as being "across the bowels," *i. e.* round the umbilicus, became more intense and more constant.

There was no history of previous similar attacks nor of any recent loss of weight.

On admission his temperature was 97.8° F., his pulse 94. The tongue was moist and an examination of his abdomen showed marked distension, especially in the epigastric region, with prominent veins on either side of the umbilicus. There was abdominal tenderness, but it was generalized and not pronounced. Signs were present of free fluid in the peritoneal cavity. No hernia were found in the usual situations, and *per rectum*, the anterior wall of the bowel above the prostate was bulged inwards.

A turpentine enema was given, with a "poor" result.

The whole picture suggested an attack of intestinal obstruction resulting from some intra-abdominal condition. The boy's *facies* seemed to indicate the tubercle bacillus as a possible causative agent, but no definite evidence existed to support that view.

Laparotomy was performed through a right paramedian incision 3½ in. long, with its centre opposite the umbilicus. On opening up the peritonum free fluid of a serous nature escaped and distended coils of jejunum presented themselves. On returning these within the abdomen a large loop of distended ileum was found twisted on itself and kinked over a Meckel's diverticulum, which was attached 3 ft. from the ileocolic junction, and which possessed a lumen patent up to the umbilicus. A well-marked constriction ring was found half an inch above the origin of the diverticulum. Running down from the umbilicus towards the apex of the bladder was a fold of peritoneum containing a large vein, and the lateral folds of peritoneum forming mesenteries of the obliterated hypogastric arteries were especially well marked.

The diverticulum was divided between clamps and the stump buried in the ileum. The umbilical extremity was detached and the peritoneal margins united, the abdominal wound being then closed.

Vomiting ceased immediately after the operation and the bowels acted on the following day. An uninter-

rupted recovery ensued, and the patient, feeling in good health, was discharged from hospital three weeks later.

My thanks are due to Dr. Hamilton Ross for his kind permission in allowing me to publish the details of this case. E. J. B.

A SAD STORY WITH A MORAL.

BEHOLD, my friends, the fate that falls to overweening pride,

And learn a lesson from the tale of Angus James MacBride.

Though he was quite a clever lad, well versed in Pharmacology, Anaesthetics, metaphysics, and even some pathology; His cases he would not examine, his head was far too swollen.

Either to palpate the spleen, or percuss the transverse colon.

But at last there came a day, when, as with poor old Sisera,

"The stars fought in their courses," by means of transposed viscera.

A Friday afternoon it was, the time I have in question, When Angus James read out a case, who complained of indigestion.

"Her name is Mrs. Martha Jones, scrubbing's her vocation;

"Her eyes react to light quite well, and to accommodation.

"Mouth—mucous membrane rather pale; her teeth are not infected;

"The tongue is moist and slightly furred; her tonsils are injected.

"Neck—no glands are palpable. Chest and lungs—there's *nil* A.D.,

"No *râles* or crepitations, or whispering pectoriloque.

"Abdo. moves on respiration, I've mapped the liver dulness;

"Heart fifth left intercostal space, though the beat's inclined to fulness."

At this his chief expressed surprise: "What's this! Good heavens! durn yer!

"Her heart beat's on the right, sir; she's a diaphragmatic hernia."

* * *

Now from this tale a moral take, be ye clerk or dresser, And never tell a lie that's big, if you can find a lesser;

And if you haven't seen your case, even though you're clever, Your chief may often find it out, in spite your best endeavour.

Yet if at all you should forget that "*iβpus*" leads to Nemesis,

Remember James MacBride and his case of hæmatemesis. D. McI. J.

NOTES ON GENERAL PRACTICE.

MIDWIFERY.

THE MIDWIFERY BAG.

EXPERIENCE during a fair number of years in general practice has convinced me that the following contents are sufficient for all general purposes, and that their number is irreducible:

Bottles:

Extractum ergotæ liquidum.

Tinctura opii.

Tinctura iodi.

Chloroform.

Tablets of hydrargyri-perchloridum.

Pituitary extract in ½ c.c. vials.

Hypodermic syringe—1 c.c. capacity.

Nail-brush, antiseptic soap, gloves.

Sterilizer containing—

Short-handled forceps.

Uterine douche.

Spencer-Wells forceps, 2.

Dressing forceps.

Scissors, straight and curved.

Needle, Charlotte's type, 1.

Catgut sutures—20-day strength.

One small packet of compressed sterilized gauze, plain.

One small packet of compressed sterilized wool.

Short-handled forceps.—The shank of the usual type of axis traction forceps is, in my opinion, much longer than is necessary. This part of the instrument needs only to be sufficiently long to enable an adequate fixation screw to be fitted. By using forceps with shanks about one-third of the usual length I can use a much smaller sterilizer, and consequently a smaller and less cumbersome midwifery bag.

THE USE OF PITUITRIN.

I have not forgotten the stern warning I received as a student against telling an examiner that I would use pituitary extract in the second stage of labour.

In the case of elderly multipara with a very adequate birth-canal I have often used pituitrin in a prolonged second stage, with most pleasing results. Only last week I had waited for three hours in a cottage with the mother worrying me incessantly for chloroform, while

her "eleventh" showed not the least sign of advancing from his uterine home. I gave ½ c.c. of pituitrin into the buttock, and in three minutes one huge pain satisfactorily finished the business.

POST-PARTUM HÆMORRHAGE.

I have never had a case of post-partum hæmorrhage sufficiently severe to call for treatment except after chloroform anaesthesia and forceps delivery. In these cases I have not used a uterine douche. I dip a swab in the water in which my forceps were boiled (invariably burning my own fingers), and push the swab into the vagina. I have always found this satisfactory, and much quicker than fiddling with a douche-can.

THE VERNACULAR.

During my first week in general practice my greatest shock was received from a woman whose little daughter I had just examined. The woman began: "Oh, Doctor, I wants to talk to yer about meself—all me blood's turned to water." I hope she interpreted my facial expression during the next fifteen seconds as one of sympathy for her sad plight! Hers was a condition, I felt sure, with which I was not acquainted. But suddenly light dawned. This figure of speech, I discovered, was a quaint euphuism to describe the onset of the menopause.

A practitioner from the Isle of Wight sends the following letter:

DEAR SIR,—I was much interested in your article, "A Day in the Life of a G.P." He appears by the way to be pretty free with morphia.

We country G.P.s. have indeed much to contend with. On Tuesday week I was called to a primipara at a neighbouring village, a woman, not a trained nurse, being in charge. Eventually I used Neville's axis traction forceps (this, by the light of a solitary candle, reminded me of the burial of Sir John Moore or a picture of Hogarth's). While putting in two sutures "nurse" fainted and the patient held the candle. Talk about the boys of the bulldog breed! Patient did well; sutures removed and a perfectly sound perinaum.

Again, having prescribed for a fisherman, before leaving I told him to get a bottle of liquid paraffin. The following day I found he had been given a portion of the contents of a disused paraffin oil lamp containing dirt, verdigris, etc. I asked his wife why she didn't give him a yard of wick and turn him into a "red" lamp. No evil results followed.

Snails, the common or garden variety (shells being removed), applied to an inflamed heel did not appeal to me as a therapeutic measure. A key, ½ in. long, tied in a handkerchief applied to the neck failed to stop severe epistaxis.

Yours truly,
K.

A NOTE ON HYPODERMIC MEDICATION.

W. H. M. sends the following notes on hypodermic medication:

Truly what a lot of silly mistakes are possible! I confess I have made them. *Quorum pars magna fui!*

1. The needle may be broken into the skin and need to be hunted for.
2. The lumen of the only needle is found, at the end of a long journey, inebriably blocked.
3. Being partly blocked some of the solution runs out at the needle-barrel junction. I know of a case where the doctor thinking patient had got none, proceeded to give more, with a nearly fatal result; and another where the poor soul got none.
4. The piston doesn't fit—with similar results.
5. The apparatus, skin, operator, all or separately, are septic. A boil is the usual result. Worse possibilities.
6. The glass barrel breaks from too much heating.
7. A blunt needle leaves a painful scar and much upsets a heart case.
8. A nasty hematoma may result from a clumsy injection.
9. The operator muddles his tablets and is uncertain what he has given.
10. If he use lysol he may cause a nasty slough, and a disinfectant may spoil the solution.

My method is to keep the needles rinsed out and put away with pure lysol in them. This obviates boiling and doesn't blunt. When to be used a wash backwards and forwards with ordinary clean water leaves no disinfectant inside. I then suck up from a spoon as much fluid as I intend to inject. In this I dissolve my carefully selected and handled tablet (a clean tooth-pick wrapped in a piece of sterilized gauze does best). I then, having injected horizontally and slowly, re-wash the apparatus and suck in sufficient lysol. I generally dab on the skin before and after some Friar's balsam—iodine or picric acid if a modern nurse is critically regarding me.

Much depends on environment. We are known to take no precautions with impunity. This reminds me how the "habit" cases can sometimes be spotted by their little pustules on arms. Sometimes we find these people habitual and needless liars. Is it cause or effect?

STUDENTS' UNION.

MUSICAL SOCIETY.

MEETINGS have been suspended during the vacation in view of the large number of members on holiday or working for examinations. Inquiries have been made as to the date of resuming. Unless these assume proportions making it necessary to consider holding meetings before, the Society will commence its winter activities—both choral and orchestral in the early part of September or as soon as possible before Michaelmas term begins.

R. J. BROCKLEHURST } Hon. Secs.
J. HARTSILVER }

CORRESPONDENCE.

VACCINATION.

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

DEAR SIR,—While perusing my BART'S JOURNAL for June my attention was suddenly arrested by the subject of the debate held in the Abernethian Room on May 1st, 1924—That vaccination was a useless and dangerous prophylactic. I was also interested by your concluding remarks—"That no one deemed it necessary to add anything to Dr. Lyster's admirable speech." While not attempting to offer support on this question to such an able person as Dr. Lyster, I am going to ask you to bear with me for a moment to hear of an experience I had a few months ago.

Last February I was appointed surgeon to a fairly large liner bound for Bombay. Our crew consisted, with very few exceptions, of Britishers, and numbered 380 all told. We were all medically examined before leaving. The voyage lasted nineteen days, and there was no case of serious illness among the passengers or crew during the outward journey.

Our ship lay in Bombay for two weeks and occupied a berth in a rather filthy part of the town. There was constant communication between the ship and the shore, our men penetrating to various parts of the town, and Indian visitors and workmen coming on board. Apart from the effects of a very hot climate everything went well

while in Bombay, but seven days after leaving that port on the homeward journey, I was visiting the ship's hospital when I noticed a few purplish-coloured papules on the forehead of a patient I had in hospital for a slight attack of influenza. On further examination I found more of these papules just appearing on the abdomen. To come to the point and omit details, here was a case of smallpox. The patient was immediately isolated and all necessary precautions taken. On arrival at Port Said two days afterwards my diagnosis was confirmed by the port Sanitary Authorities. The case was landed and taken to the Smallpox Hospital, and we proceeded with a vague feeling of relief, but on the eleventh day out from Bombay my attention was called to a patient who a few days previously had been treated by the dispenser for a slight chill. He was reporting to the dispensary for more medicine when I noticed a few papules on his forehead, but in this case they were confluent. Here again was another case of smallpox. He was isolated, etc., and four days later landed at Marseilles after the diagnosis had been confirmed by the Medical Officer of Health at that port. We arrived at Liverpool nineteen days after leaving Bombay, and no other case of smallpox occurred on board. I should like to mention that we carried 1600 passengers on this homeward journey, every one of whom had previously been vaccinated at least once and come on many occasions.

Here we have two cases of smallpox occurring amongst a crew of 380. On the appearance of the first case I insisted on what I believed to be the only really effective measure to prevent a spread of the disease under such circumstances, namely, a thorough and early vaccination. I made this compulsory (as far as possible) for the crew, and voluntary for the passengers. Before setting out to vaccinate the 380 members of the crew, I decided to obtain from each one a few details regarding his previous vaccination history.

After vaccinating the crew (I worked for forty-eight hours with only a short break for rest and food) I started to arrange these histories and obtained the following results:

Of the 380 histories 4 had had the disease previously, 374 had received vaccination at some period of their lives, and these were the two cases which became infected in Bombay. Every one of our crew was equally exposed to infection. The fact that these two unvaccinated cases were "picked out" by the disease can be no mere coincidence and in my opinion it forms a very good reply to those who hold "That vaccination is a useless and dangerous prophylactic."

Yours sincerely,
J. J. G.

ATHLETICS AND BART'S.

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

SIR,—I am so very glad that you have in your Editorial Notes referred officially to the personal achievements of Mr. H. B. Stallard, which, with characteristic modesty, he was naturally compelled to eliminate from his most interesting article on the Eighth Olympiad.

Mr. Stallard's record is too well known to demand a detailed description, but I may be permitted just this observation: His wonderful mile in 1921 would alone confer on him athletic immortality; but he has been an A.A.A. champion in two consecutive years, and it is perhaps not generally realized what a remarkable feat this is for a medical student engaged in clinical work, one, moreover, whose academic attainments have been by no means without distinction.

The hospitals are deservedly proud of the many fine athletes they can claim, but I think I am correct in saying that, within the last 27 years, only two medical students have gained the highest honours in British athletics in the A.A.A. Championships, and that both were Bart's men—Mr. Stallard and Mr. T. H. Just, who won the Half-Mile in 1908.

It was almost as great a disappointment to me as it must have been to Mr. Stallard himself that he was denied the crowning of his great athletic career by an Olympic victory. This he undoubtedly would have gained but for a degree of unluck which he himself did not realise, but which was certainly obvious to me. Yet Mr. Stallard may take this comfort to himself: there was not one athlete in the whole Olympiad who made a stronger personal appeal throughout Paris, or who, on account of his bearing in victory and in defeat, did more to consolidate that international friendship for which the Olympic Games were intended.

I am, Sir,
Your obedient servant,
ADOLPHE ABRAHAMS.

UNIVERSITY OF LONDON UNION SOCIETY.

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

SIR,—Like the writer of the letter appearing in your last issue, I feel that the article criticized must have been unwittingly inserted under the wrong heading. He is away on holiday at present, or I am sure he would himself have been willing to correct a mistake which appeared in the second part of his letter. As an ex-President of the above Society and as one present at the meeting to which he refers, I feel I can speak with some authority.

The purpose of the meeting was to consider the setting up of a Commission to investigate the Hospital and College feeling with regard to their representation *en bloc* on the University Athletic Union and University of London Union Society (the former now of thirteen years' standing, the latter of only three years'), and to report on the feasibility of compounding subscriptions to these in the ordinary Students' Union subscriptions.

Though still, I believe, part of the policy of the Athletic Union, the idea was never strongly supported by the Union Society, who consider the time for such a step lies in an extremely remote future, and who, during my term of office, very strongly endorsed a policy of "individual membership."

The above scheme rather than the Union Society was considered by the Committee of the Students' Union here, and consideration of the Union Society as such yet remains to be given.

Unexampled and unexpected progress has been made during the last year, and the completed temporary premises will include, by October next, a debating hall (floored so as to be available for dances), common lounge, men's lounge, women's lounge, dining-room, caretaker's quarters, kitchen, two offices, two committee-rooms, a library and the usual offices, the furniture including grand piano, gramophone, ping-pong table, etc.

Mr. Holdsworth feels that hospital students' interests are not catered for. I can point to the facts of the hospital membership having doubled during the past year, and four medical students (from Guy's, St. Thomas's, Charing Cross, and Bart's) being on the Union Committee—one of the most representative ever elected—as in some way negating his suggestion, which I am sure he will acknowledge is founded on opinion rather than personal experiment. Even were medical students' interests not catered for, there is quite a large body of medical and lay opinion which feels that a better service would be rendered to the public by a considerable widening of those interests beyond their present scope.

During the past year more than 250 meetings of various students' societies have been held on the Union premises; seven Cabinet or ex-Cabinet Ministers have agreed to take part in the political debates; social functions, such as dances, have been run successfully at half the usual prices (owing to the large constituency served); increasing recognition has been obtained from the Senate, Students' Union committees and other University unions, including Oxford and Cambridge.

The University of London has too long been dominated by its external graduates; surely no possible censure can attach to any efforts tending to bind together into a coherent body its present internal students; and the Senate would be expected to look with surprise at opposition to such endeavours coming from one of its 64 constituent or affiliated units.

Finally, may I express my warm gratitude to all officers of the Students' Union for their courtesy and help to me and to others, in our efforts to persuade members of the Hospital to take the leading position in Union affairs which at present lies open to them.

Yours faithfully,
H. G. ANDERSON,
(EX-PRES. U.L.U.S.).

April 19th, 1924.

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

- ADAMSON, H. G., M.D., F.R.C.P. "The Pattern and Distribution of Skin Eruptions." *Clinical Journal*, June 11th, 1924.
- ARKWRIGHT, J. A., M.D., B.Ch., F.R.C.P. "The Position of Rickettsia as an Aetiological Factor in Disease." *Journal of the Royal Army Medical Corps*, June, 1924.

BOYLE, H. E. G., O.B.E., M.R.C.S., L.R.C.P., and HEWER, C. LANGTON, M.B., B.S.(Lond.). "Recent Work in Anaesthesia for Gynaecology and Obstetrics." *Journal of Obstetrics and Gynaecology of British Empire*, Summer No., 1924.

BROUGHTON-ALCOCK, W., M.B. "Case of Filaria without Clinical Symptoms: Embryos of *F. perstans* in the Blood." *Proceedings of the Royal Society of Medicine*, May, 1924.

BROWN, W. LANGDON, M.A., M.D., F.R.C.P. "Types of Glycosuria and their Treatment." *Clinical Journal*, June 18th, 1924.

—"A Lecture on Changing Standpoints in Metabolic Diseases: Diabetes, Nephritis, Jaundice." *British Medical Journal*, June 28th, 1924.

BUTLER, T. HARRISON, M.A., M.D. "Observations on the Practical Value of the Slit-Lamp." *Ibid.*, May 31st, 1924.

CARSON, H. W., F.R.C.S. "The Early Recognition of Gastric Cancer." *Clinical Journal*, July 19th, 1924.

CHRISTOPHERSON, J. B., C.B.E., M.D., F.R.C.P. "Case of Actinomyces of the Parotid Gland, from Teheran." *Proceedings of the Royal Society of Medicine*, May, 1924.

COPLAND, A. J., M.A., M.B., D.P.H., B.Sc. "A Preliminary Report on Cocaine, Butyn, Tulocain, and other Local Anesthetics." *British Medical Journal*, July 12th, 1924.

DAVENPORT, R. CECIL, M.B., B.S., "Congenital Abnormalities." *Proceedings of the Royal Society of Medicine*, May, 1924.

DIVE, G. H., D.S.O., R.A.M.C. (and H. M. LAFRENAIS). "A Case of Deposition of the Eggs of *Hepaticola hepatica* in the Human Liver. With a Note on the Identity of the Eggs by W. P. MACARTHUR, R.A.M.C." *Journal of the Royal Army Medical Corps*, July, 1924.

DUNDAS-GRANT, SIR JAMES, K.B.E., M.D., F.R.C.S. "Cases of Ocular Disturbance attributed to Nasal Disease, with Recovery or Improvement following Intra-nasal Operative Measures." *Journal of Laryngology and Otology*, July, 1924.

DUNHILL, T. P., C.M.G., M.D., Ch.B., FRASER, F. R., M.D., and STOTT, A. W., M.D. "Auricular Fibrillation in Thyro-toxic Conditions." *Quarterly Journal of Medicine*, July, 1924.

DUPRÉ, W. H., M.B., B.S. "Diabetic Gangrene treated by Insulin." *British Medical Journal*, July 5th, 1924.

ELLIOT, R. H., D.Sc., M.D., F.R.C.S. "A Blinded Soldier Re-learning to See." *Ibid.*, July 5th, 1924.

EVANS, GROVERLY, M.D., F.R.C.P. "The Essential Significance of Arterio Sclerotic Disease. A British Medical Association Lecture." *Ibid.*, July 5th, 1924.

FRASER, FRANCIS R., M.D. See Dunhill, Fraser and Stott. (J. C. LEDDINGHAM and F. R. F.). "Tularaemia in Man from Laboratory Infection." *Quarterly Journal of Medicine*, July, 1924.

GARDNER-MEDWIN, F. M., M.R.C.S., L.R.C.P. "The Precipitation of Crisis in the Treatment of Pneumonia." *British Medical Journal*, July 12th, 1924.

HADFIELD, GEOFFREY, M.D. (CECIL CLARKE and G. H.). "Congenital Pancreatic Disease and Intestine." *Quarterly Journal of Medicine*, July, 1924.

HALL, ARTHUR J., M.A., M.D., F.R.C.P. *Encephalitis Lethargica*. Bristol: John Wright & Sons, Ltd., 1924.

HANSCHALL, H. M., B.Sc., M.R.C.S., D.T.M.&H. "Prevention of Sub-Tertian Malaria (Failure of Quinine)." *Transactions of the Royal Society of Tropical Medicine and Hygiene*, May, 1924, vol. xviii.

HEWER, C. LANGTON, M.B., B.S., M.R.C.S., L.R.C.P. See Boyle and Hower.

HORDER, SIR THOMAS, Bart., M.D., F.R.C.P. "The Mackenzie-Davidson Lecture on the Influence of Radiology upon our Conceptions of Disease." *British Medical Journal*, July 19th, 1924.

KING, H. H., M.B., B.S. "Treatment of Gastro-duodenal Ulcer." *Ibid.*, May 17th, 1924.

LANG BASIL, F.R.C.S. "Case of Associated Movements of Nose and Eyeballs." *Proceedings of the Royal Society of Medicine*, May, 1924.

LEATHART, P. W., B.A., M.B., Ch.B., M.R.C.S., L.R.C.P. "Some Observations on the Common Cold." *British Dental Journal*, July 15th, 1924.

LLOYD, ERIC I., F.R.C.S. (T. TWISTINGTON HIGGINS and E. I. L.). "Mesenteric Cysts," with a Report of Two Cases." *British Journal of Surgery*, July, 1924.

MYERS, BERNARD, C.M.G., M.D. "The Nutritional Disturbances of Infancy. A British Medical Association Lecture." *British Medical Journal*, June 21st, 1924.

- PERKINS, ROWLAND J., M.D.(Lond.), M.R.C.P. See Twort, Todd and Perkins.
- POWER, Sir D'ARCY, K.B.E., F.R.C.S. "Eponyms: Syme's Amputation." *British Journal of Surgery*, July, 1924.
- SIMMONDS, F. A. H., M.R.C.S., L.R.C.P. "Strangulated Hernia in an Infant of Three Weeks." *British Medical Journal*, July 12th, 1924.
- STORER, E. J., M.R.C.S. (LEONARD COLEBROOK, M.B., B.S., and E. J. S.). "On the Reduction of the Bactericidal Power of Blood which is effected by adding to it Citrate of Soda and other Decalcifying Agents; and on the Question whether Blood so Treated should be employed for Immuno-Transfusion." *British Journal of Experimental Pathology*, April, 1924.
- STOTT, ARNOLD W., M.D. See Dunhill, Fraser and Stott.
- THORNE, LESLIE THORNE, M.D., B.S.(Durb.), M.R.C.S., L.R.C.P. "The Bacteriological Treatment of Angina Pectoris." *Practitioner*, June, 1924.
- TODD, E. W., M.D.(Cantab.). See Twort, Todd and Perkins.
- TURTON, J. R. H., F.R.C.S. "Notes concerning the Surgical Removal of a Canine." *British Dental Journal*, April 1st, 1924.
- TWORT, C. C., M.D.(Aberd.), TODD, E. W., M.D.(Cantab.), and PERKINS, ROWLAND J., M.D.(Lond.), M.R.C.P. "Studies on the Group Specificity of some Antigens derived from Acid-fast Bacilli." *Quarterly Journal of Experimental Pathology*, June, 1924.
- VERRALL, P. JENNER, F.R.C.S. "Case of Patchy Gangrene of the Toes due to Vasomotor Injury." *Proceedings of the Royal Society of Medicine*, April, 1924.
- VINES, H. W. C., M.D. *The Parathyroid Glands in Relation to Disease*. London: Edward Arnold & Co., 1924.
- WALKER, KENNETH M., F.R.C.S., M.A., M.B., B.C. "The Risks of Prostatectomy." *Practitioner*, May, 1924.
- "Gonococcal Septicæmia." *Clinical Journal*, July 2nd, 1924.
- WEBER, F. PARKES, M.A., M.D., F.R.C.P. "Case of Hepatic Cirrhosis, eight and a half years after the Disappearance of Ascites." *Proceedings of the Royal Society of Medicine*, April, 1924.
- "Return of Pulsation in Thrombo-Angiitis Obliterans." *British Medical Journal*, July 12th, 1924.
- WHARRY, H. MORTIMER, F.R.C.S. "A Series of Cases of Tinnitus Aurium associated with Abnormalities of Blood-Pressure." *Lancet*, May 3rd, 1924.
- WHITE, J. RENNIE, M.S., F.R.C.S. *A Manual of Surgical Handicraft and Physiotherapy*, vol. i. Dundee: Couls, Somerville, Wilkie, Ltd., 1923.
- "Two Rare Bone Diseases: Hereditary Deforming Chondrodysplasia and Chondrodystrophia Fœtalis." *British Journal of Surgery*, July, 1924.
- WHITTINGDALE, JOHN, M.A., M.B., F.R.C.S. "The Management of Pulmonary Tuberculosis in General Practice." *Clinical Journal*, June 4th, 1924.
- "Rupture of the Rectus Abdominis produced by Vomiting." *Lancet*, July 12th, 1924.
- WOODMAN, E. MUSGRAVE, M.S. "Suppurative Disease of the Upper Nasal Sinuses." *Journal of Laryngology and Otolaryngology*, July, 1924.

REVIEWS.

THE STUDENT'S POCKET PRESCRIBER AND GUIDE TO PRESCRIPTION WRITING. By DAVID MITCHELL MACDONALD, M.D., F.R.C.P.E. (E. & S. Livingstone.) Pp. 207. Price 3s.

In the eighth edition of his book the author has included a useful chapter on the Dangerous Drugs Act as it affects the practitioner. The arrangement of prescriptions under the heading of diseases is certainly open to criticism. A set of prescriptions for "phthisis," another set for "heart disease," and one for "debility in children" runs contrary to the conception of therapeutics held by our Teaching Staff.

Also the method of writing prescriptions—the amount for one bottle, instead of the amount for one dose, being written—will be a little unfamiliar to most of our readers.

We should also like to point out that there is an excellent Pharmacopœia published by this Hospital, and housemen will render the task of our dispensers much more easy if they order our standard mixtures rather than mixtures from other prescribing manuals.

MINOR SURGERY AND BANDAGING. By GWYNNE WILLIAMS, F.R.C.S. (J. & A. Churchill.) Pp. 408. 230 illustrations. Price 10s. 6d.

Filled from cover to cover with invaluable tips and practical points we have nothing but praise for this book. Designed originally for the young house-surgeon it should be read by every student starting his dressing, and will undoubtedly render the first six weeks of surgical out-patient dressing less of an incomprehensible nightmare.

In this, the seventeenth edition, the chapter on the treatment of fractures is considerably enlarged, the method of blood transfusion described, and the chapter on anaesthesia is added to by an account of gas and oxygen anaesthesia and sacral anaesthesia.

WHEELER'S HANDBOOK OF MEDICINE. By WILLIAM R. JACK, M.D., F.R.C.P.G. (E. & S. Livingstone.) Pp. 612. Price 12s. 6d.

Earlier editions of this most useful book will be known by many readers. The seventh edition, now available, contains considerable additions and modifications.

The article on diabetes mellitus has been re-written and gives a very fair idea of the modern method of treatment. The Graham ladder diet is briefly described.

Several new articles are added to the section on nervous diseases, and epidemic encephalitis is briefly treated.

In a work which aims at presenting the whole subject of medicine in a small handbook, the clinical descriptions are necessarily slight, but the student is usually sufficiently warned against mistaking a handbook for a text-book.

For obtaining a general idea of a disorder before reading it up in a larger book, and also for rapid revision before examination, this work certainly deserves to retain the high place it has won in the opinion of students of medicine.

LECTURES ON GONORRHEA IN WOMEN AND CHILDREN. By J. JOHNSTONE ABRAHAM. (Heinemann.) Pp. 136. Price 7s. 6d.

These lectures are devoted mainly to treatment, much of which must needs be confined to the specialist. The book, though consequently less suited to the general reader than that of Mr. Kidd, deals well and in detail with gonorrhœal complications. Cystitis, ureteric catheterization for pyelitis, treatment of chronic cervicitis by ionization, abdominal operation for restoring the patency of occluded tubes, and tests for cure—these subjects are all discussed.

The author outlines arguments for and against the expectant treatment of acute salpingitis. His two lectures on metastatic gonorrhœa are very good. It is interesting to note that he is averse to treating the cervix during the acute stage of an arthritis. Much of his experience from the London Lock Hospital for Women differs from that of Mr. Kidd; he has found considerable benefit result from the use of vaccines, and by him diathermy of the cervix is viewed with more favour. He claims good results from treating Bartholinitis by injections of manganese butyrate. The book is illustrated.

HANDBOOK OF SANITARY LAW. By B. BURNETT HAM, M.D., D.P.H. Ninth edition, edited by HENRY R. KENWOOD, C.M.G., M.B., F.R.S.(Edin.), D.P.H. (London: H. K. Lewis & Co., Ltd.) Pp. 244. Price 5s. net.

The ninth edition of this useful handbook on sanitary law contains little more than previous editions, though several Acts and Orders have been added to bring it up to date—notably those in the appendix, relating to medical officers of health. Of necessity it is written in a cold-blooded and succinct manner, and it possesses an excellent index and list of definitions—the *sine qua non* of a book of this description. The more logical arrangement under Public Health subjects rather than under the various Public Health Acts is adopted, and a more living interest is thus imparted.

A passion for classification, sub-classification and reclassification has led to several small errors in the numbering thereof, e.g. in Chapter XII, making it difficult in some cases to follow through the author's scheme. Every Act or technical expression that can be abbreviated has been thus treated, and most, though not all of these contractions are collected at the beginning of the book and explained. Several Acts have been omitted for some unknown reason, e.g. the Shop-Hours Acts and the Elementary Education (Defective and Epileptic Children) Act, 1899.

With these few exceptions the book is excellent, and is almost indispensable to those working for Public Health qualifications.

RADIUM: ITS THERAPEUTIC USES IN GENERAL PRACTICE. By G. H. VARLEY, M.D. (Oxford University Press. Humphrey Milford.) Pp. 103. Price 6s. net.

The author describes his impressions from the treatment of 141 cases, many of which he has been unable to follow up for any length of time after the treatment. Nothing is said about the physical principles underlying the treatment and their biological application. The modern advances in technique are not described, and the methods used by the author appear to be largely empirical.

ORAL HYGIENE. By J. SIM WALLACE, D.Sc., M.D., L.D.S. (London: Baillière, Tindall & Cox.) Pp. 76.

The author points out some probable causes of dental caries and suggests preventative measures. The theory that the function of saliva is, "par excellence, oral hygiene," is brought forward. Unfortunately no experimental evidence is given in support; the pen of Dr. Wallace is not sufficient to blot out the established ideas of the physiology of saliva.

The reasoning is very unscientific, and loose statements are made that are quite unpardonable in a scientific treatise, e.g., "Sugar is . . . a pure chemical product, produced in quantity for the destruction of teeth!"

The book may cause the student to revise his knowledge of the functions of the salivary gland, and so is not without value.

EPIDEMIC ENCEPHALITIS. By ARTHUR J. HALL, M.A., M.D.(Camb.), F.R.C.P.(Lond.). (Simpkin, Marshall, Hamilton, Kent & Co., Ltd.) Pp. 220. Price 12s. net.

This excellent volume consists chiefly of the subject-matter of the Lumsden Lectures delivered in 1923 by Prof. Hall, and those of us who had the pleasure of attending those lectures know how delightful it would be to read them thus, together with recent additions.

It is difficult to pick out any one point for special commendation, but if one had to do so, it seems to us that the outstanding merit of this book is the clear and lucid manner in which Prof. Hall deals with his subject. We have already advised many of our friends to take this volume with them on their holidays, having read it they will know something of "the romance of medicine." The pathology is, or dealt with, to be, almost as interesting as the clinical section. The various diagrams and illustrations are excellent, while, if any criticism can be made of the Bibliography, it would be that it is much too complete and long!

We conceive it to be the special duty of every medical man these days—whether student or practitioner—to keep himself well informed as to the varied and diverse manifestations of this scourge known as epidemic encephalitis. Without any hesitation we can safely say to them that there is no more certain method of carrying out that duty than to read this excellent volume.

EAR, NOSE AND THROAT TREATMENT IN GENERAL PRACTICE. By GEORGES PORTMANN, M.D. Translated and edited by R. SCOTT STEVENSON, M.D. (Wm. Heinemann (Medical Books) Ltd.) Price 10s. 6d. net.

Inasmuch as sound treatment must always be based upon accurate diagnosis, we cannot see that Dr. R. Scott Stevenson's translation of Dr. Georges Portmann's book on the treatment of ear, nose and throat disease will greatly avail the general practitioner. Diagnosis in affections of these regions is admittedly the stumbling block of most general practitioners, and to advocate direct massage of the malleus by pressure against the short process—a landmark often only identified with difficulty—is, to say the least of it, ambitious.

The book not only confines itself to treatment, but limits this again to "medical" treatment, and such important emergencies as foreign body in the nose, larynx, pharynx and œsophagus are not even mentioned. The subject of tracheotomy is omitted, while puncture of the maxillary antrum is described in some detail. The prescriptions, of which the book is largely composed, are good, but inclined to redundancy in places, and the profuse advocacy of the cocaine group will not be generally accepted.

The short sections on plugging of the nose and the treatment of epistaxis are among the more practical elements in a book the scope of which has been too narrowed to be of much general value.

Books Received.

The following books have been received and will shortly be reviewed:

- MODERN DIAGNOSIS AND TREATMENT OF SYPHILIS, CHANCROID AND GONORRHEA. By L. W. HARRISON. Price 10s. 6d.
- MODERN VIEWS ON THE TOXEMIAS OF PREGNANCY. By O. L. V. DE WESSELOF and J. M. WYATT. Price 7s. 6d.
- MODERN METHODS IN THE DIAGNOSIS AND TREATMENT OF PULMONARY TUBERCULOSIS. By R. C. WINGFIELD. Price 10s. 6d.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

At a Congregation held on August 6th the following degree was conferred:

M.B.—I. M. Sidley.

Final Examination for the Degrees of B.M., B.Ch., July, 1924.

Materia Medica and Pharmacology.—N. Chilton, G. H. Crisp, J. H. Kennedy.

Pathology.—E. N. Abbott, M. J. W. Minshull, G. P. Roxburgh, J. de la M. Savage.

Forensic Medicine and Public Health.—K. J. Franklin, P. H. Martin, H. W. Pearson, A. A. P. Peel, A. W. L. Row, T. E. Ryves.

Medicine, Surgery and Midwifery.—R. E. D. Cargill, C. L. Elgood, K. J. Franklin, C. A. H. Green, H. W. Pearson, A. A. P. Peel, T. E. Ryves, I. M. Sidley.

UNIVERSITY OF CAMBRIDGE.

Examination for the Degree of M.Ch., Easter Term, 1924.

Examined and Approved.—E. P. Brockman, A. E. Roche.

At a Congregation held July 17th the following degrees were conferred:

M.B.—T. M. Thomas.

B.Ch.—J. R. B. Dearden, A. H. Johns.

First Examination for Medical and Surgical Degrees, Easter Term, 1924.

Part I. Chemistry.—G. G. Gabbett.

Part II. Mechanics.—G. G. Gabbett, J. D. Morison.

Part III. Physics.—G. G. Gabbett.

Part IV. Elementary Biology.—A. A. Heathcote, J. D. Morison.

Third Examination for Medical and Surgical Degrees, Easter Term, 1924.

Part I. Surgery, Midwifery and Gynaecology.—A. Barnsley, P. O. Davies, P. D. Griffiths, F. H. King, A. W. C. Mellor, A. V. Pegge, T. M. Preece, E. Rudge.

Part II. Principles and Practice of Physic, Pathology and Pharmacology.—C. V. Brambridge, J. R. B. Dearden, H. H. Fisher, P. D. Griffiths, C. J. P. Grosvenor, C. A. Hendor, A. H. Johns, J. A. W. Robertson, J. Ness Walker, F. R. Winton.

Diploma in Medical Radiology and Electrology.

Part I. Physics and Electrotechnics.—A. R. Colyer, F. H. Donnison, C. R. Eulichman, S. G. Galstaun, I. D. Overend, R. S. Topham, K. F. Vickers.

Part II. Radiology and Electrology.—F. H. Donnison, N. Grellier, J. V. Sparks.

UNIVERSITY OF LONDON.

M.D. Examination, July, 1924.

Branch I. Medicine.—J. N. Kerr (University Medal).

Branch IV. Midwifery and Diseases of Women.—C. M. Gwillim.

Branch V. State Medicine.—H. Shannon.

First Examination for Medical Degrees, July, 1924.

A. Bennett, R. C. Bennett, A. M. Boyd, S. G. Collingwood, D. F. L. Croft, R. Crumie, F. A. Edwards, A. D. Everitt, G. M. Flemming, K. L. H. Harris, K. W. D. Hartley, J. Huntley, E. M. Laker, C. E. F. Parsons, R. A. C. Rice,† E. M. Sharples, J. O. Williams, T. C. Yip.

* Awarded a mark of distinction in Physics. † Awarded a mark of distinction in Biology.

Second Examination for Medical Degrees, July, 1924.

Part I. Organic Chemistry.—A. Bennett, W. R. Bett, J. R. Colville, C. N. Evans, C. M. Flemming, J. Hopton, W. L. Hurst, W. A. Hutton, D. C. R. Jenkins, S. McGladdery, K. W. Mackie,

W. T. Mills, R. W. Raven, J. A. Robson, C. G. Sinclair, K. G. Sugden, V. F. Winslow.

Part II. Anatomy, Physiology and Pharmacology.—V. H. Abrahamson, W. Adams Clark, W. V. Cruden, L. F. Day, J. H. Gubbin, S. A. Gunter,* D. Stanley Jones, I. Landon, R. A. Lewisy-Lloyd, W. C. Munro, F. I. H. Pentreath, O. Richardson, R. Roderick, H. Royle, C. B. V. Tait, E. S. Vergette.

* Awarded a mark of distinction in Pharmacology.

CONJOINT EXAMINING BOARD.

First Examination, July, 1924.

Chemistry.—C. L. Carter, M. W. Gonin, G. K. McKee, K. L. Meeser, G. A. M. Parker,* A. S. Philips.*
Physics.—C. L. Carter, C. H. Devin,* M. W. Gonin, G. K. McKee, G. A. M. Parker,* A. S. Philips,* A. F. Stinson, R. J. G. Williams.

* New regulations—Pre-medical.

Second Examination, July, 1924.

Part I. Anatomy and Physiology.—C. H. A. Carty-Salmon,† B. Crossley-Meates,† N. A. King,† M. Malk,* R. E. Norrish, S. D. S. Smith,† W. M. Wilson.

* Anatomy only. † Physiology only.

Part II. Pharmacology and Materia Medica.—D. W. Cooke, J. G. Galt, H. Hillaby, W. A. R. Maller, J. G. Paley, R. Zeitlin.

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

R. N. Aston, A. E. Austen, A. Barnsley, F. A. Bevan, R. Bolton, A. C. Brown, D. D. R. Dale, A. C. Dick, N. B. Dreyer, C. J. East, H. E. K. Eccles, J. E. Elam, F. G. France, G. E. Harries, J. Hart-Silver, C. M. Jennings, I. Kinsler, A. H. Kynaston, J. R. C. Laptain, A. V. Mackenzie, B. A. J. Mayo, K. C. L. Paddle, A. A. F. Peel, M. S. Pembrey, A. D. H. Simpson, A. W. H. Smith, K. S. M. Smith, H. A. Ware, W. Wilkinson, F. E. C. Williams, T. J. Wilson.

CHANGES OF ADDRESS.

ARIBUR, G. K., 295, High Street, Brentford.
BARNES, E. B., 75, St. Giles' Street, Northampton. (Tel. Northampton 1092.)
CODY, W. E., Colecroft, 212, London Road, Twickenham. (Tel. Richmond 499.)
DARBY, W. S., Dunwich, 16, Lyon Road, Harrow.
DAVIS, K. J. ACTON, 9, Lower Berkeley Street, Portman Square, W. 1. (Tel. Mayfair 5507.)
DRUITT, A. E., "Castra," Kila Road, Fareham, Hants.
GREEN, S. F. StD., Maj.-Gen. I.M.S., Headquarters, Western Command, Quetta, Baluchistan, India.
HALLSTONE, J. E., c/o P.M.O., Entebbe, Uganda.
KEMP, J. R., Rossall School, Fleetwood, Lancs.
LLOYD, W. E., 25, Brook Green, W. 6 (Tel. Hammersmith 326.)
McMENAMIN, J. G., Germiston, Transvaal.
NEWTON, H. W., Chestor Cottage, Kingsdown, Deal.
NICOL, W. D., Herton Mental Hospital, Epsom, Surrey.
PRATT, ELDON, "The Hollow," Derby Road, Caversham, Reading. (Tel. Reading 680.)
REID, R. D., 16, Riding House Street, W. 1.
ROBINSON, G. DRUMMOND, St. John's Croft, 1, Madingley Road, Cambridge. (Tel. Cambridge 1394.)
ROSS, J. P., 32, Londoun Road, St. John's Wood, N.W. 8. (Tel. Hampstead 8332.)
STARKEY, H. S. C., Sqd.-Ldr. R.A.F., M.S., Royal Air Force Headquarters, Strada Scozzese, Valletta, Malta.
STEELE, C. R., Lord Mayor Treloar Cripples' Hospital and College, Alton Park, Alton, Hants.
THOMSON, N. GRAY, Lavington, Barnet, Herts. (Tel. Barnet 2100.)
YUSUF, Z. M., 67, Southwark Park Road, S.E. 16.
ZEROLEO, T. F., Costa Clinic, Teneriffe.

APPOINTMENTS.

BUIST, J. J., M.B.(Lond.), appointed Teacher of Vaccination to the Welsh National School of Medicine.
CARGILL, R. E. D., M.R.C.S., L.R.C.P., appointed Assistant Resident Medical Officer, Queen Charlotte's Maternity Hospital.
COBB, G. F., M.R.S.C., L.R.C.P., appointed Senior Assistant Medical Officer and Deputy Medical Superintendent of the Burntwood County Mental Hospital, near Lichfield, Staffs.
CRUDEN, S. S., M.R.C.S., L.R.C.P., appointed House-Physician at the Seamen's Hospital, Greenwich.

DUNSCOMBE, C., M.B., B.Ch.(Camb.), D.P.H., appointed Assistant County Medical Officer of Health and Assistant School Medical Inspector for Wiltshire.

POLLARD, E. B., M.R.C.S., L.R.C.P., appointed House-Surgeon, Royal Berkshire Hospital, Reading.

REID, R. D., M.R.C.S., L.R.C.P., appointed House-Surgeon at the Radium Institute.

ROBERTSON, J. A. W., M.R.C.S., L.R.C.P., appointed Assistant Resident Medical Officer, Queen Charlotte's Maternity Hospital.

ROBERTS, C. S. LANE, M.S.(Lond.), F.R.C.S., appointed Obstetric Surgeon to Out-Patients, Queen Charlotte's Maternity Hospital.

SMITH, A. B. PAVEY, F.R.C.S., appointed Aural Surgeon, Harrogate Infirmary.

STEELE, C. R., M.R.C.S., L.R.C.P., appointed Junior Assistant Resident Medical Officer, Lord Mayor Treloar Cripples' Hospital and College, Alton.

BIRTHS.

KEYNES.—On August 9th, at 10, Boundary Road, N.W. 8, the wife of Geoffrey Keynes, F.R.C.S., of a son.

OSMOND.—On August 4th, at Warwick House, Ashford, Middlesex, to Daisy, wife of T. E. Osmond, M.B.—a son.

SALE.—On July 27th, at a nursing home, Harrogate, to Olive, wife of John Caruthers Sale, of Queensland—a daughter.

MARRIAGES.

HORSBURGH—CLARKE.—On August 6th, at St. Jude's Church, Belfast, by the Rev. J. S. Taylor, M.A., Rector of the Cathedral, Lisburn, assisted by the Rev. W. J. Grandsen, Dr. Percy Gilbert Horsburgh, Medical Officer of Health, Scunthorpe, son of Mr. and Mrs. James Horsburgh, of Wanaka, Queen's Avenue, Muswell Hill, London, formerly of Dunedin, New Zealand, to Margaret Georgina, daughter of the late James Clarke and of Mrs. Clarke, of India House, Ravenhill Road, Belfast.

NIXON—WALKER.—On Monday, August 18th, at St. Crantoc, Newquay, Cornwall, by the Rev. L. H. Nixon, M.A., Priest in Ordinary to the King and Precentor of Westminster, brother of the bridegroom and cousin of the bride, assisted by the Rev. Canon W. E. R. Morrow, M.A., Vicar of Clifton, John Alexander Nixon, C.M.G., M.D., F.R.C.P., Professor of Medicine in the University of Bristol, Physician to the Bristol Royal Infirmary, formerly Consulting Physician to the B.E.F., second son of the late Robert Bell Nixon, of Madras and Bombay, and Mrs. Nixon, of Clapham Common, S.W., to Doreen Gennifer Constantia Walker, M.R.C.S., L.R.C.P., only daughter of Mr. and Mrs. W. A. Walker, and granddaughter of the late General G. W. Warren Walker, R.E., of Bath.

RIGBY—WOOD.—On July 8th, at St. Saviour's Church, Walton Street, by the Vicar, John Charles Alexander Rigby, O.B.E., B.A., M.B., B.Ch.(Camb.), of Tower House, Bideston, Suffolk, son of the late Rev. George Henry Rigby, to Katharine, daughter of the late Arthur John Wood, Esq.

THOMSON—PERRING.—On June 25th, at St. John's Church, Putney, Dr. Norman Gray Thomson, son of Robert Thomson, to Doris Inez Perring, younger daughter of John Perring, L.C.C.

DEATHS.

DENNYS.—On July 30th, 1924, at "South Lea," Milford-on-Sea, Colonel G. W. P. Dennis, C.I.E., I.M.S. (retired).

HEATON.—On August 13th, 1924, George Heaton, F.R.C.S., aged 63.

NALL.—On June 29th, 1924, suddenly, at Furness Vale, Samuel Nall, B.A., M.B., D.P.H., M.R.C.S.(Eng.) (Camb. and St. Bart.'s), the beloved husband of Lizzie Nall, aged 69. For many years in practice at Disley.

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.

