up to a rush from the bull, and plunges the sword up to the hilt between its shoulders-blades and the bull drops dead at his feet. Then, after the "espada" has made further obeisance and speeches to the president, gaily decked out teams of horses enter the ring and drag out the dead bull and horses. The average time to kill a bull is twenty minutes, and usually six to ten bulls are killed in each "corrida." It is said that during each season about 2500 bulls and 3500 horses are killed.

There is no getting over the fact that a bull-fight is cruel, but to my mind to the horses only, and that exceptionally so. The bull, after all, is in a mad fury; he dies fighting, and at the end death is instantaneous. The men taking part run a considerable risk, and it is by no means uncommon for them to get seriously hurt or even killed. I should go and see another bull-fight to-morrow if it was not for the horses, and that, I think, is the reason why the sport is condemned by English people, and nowadays even by the better classes in Spain.

C. H. SAVORY.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

Final Examination for the Degree of B.M., C.Bh, July, 1925.

Materia Medica and Pharmacology.—K. A. Hamilton, K. Okell.

Pathology.—L. W. H. Bertie, Noel Chilton, T. B. Hodgson, J. H. Kennedy.

Forensic Medicine and Public Health.—D. A. Abernethy, E. N. Allott, F. J. Bach, J. N. C. Ford, T. B. Hodgson, O. R. Tindall.

Medicine, Surgery and Midwifery.—D. A. Abernethy, E. N. Allott, V. P. Robinson, R. A. Walsh.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:

M.B., B.Chir.—C. H. C. Dalton.

UNIVERSITY OF LONDON.

First Examination for Medical Degrees, July, 1925.

D. A. Beattie, A. Caplan, W. W. Dewar, I. F. Fisher, L. Freeman, A. H. Grace, G. G. Hanna, D. S. Hayes, G. W. Kirk, G. C. Knight, J. S. MacVine, I. W. Matheson, J. H. Pierre, E. Renbom*, J. I. Rerrie, R. S. Risk, M. Schlaff.

* Awarded a mark of distinction in Physics.

Second Examination for Medical Degrees, July, 1925.

Part I.—E. F. D. Baker, R. C. Bennett, W. R. Candler, J. R. Crumbie†, A. M. Gibb, I. Huntley, I. M. Lamont, H. M. List, C. T. E. Parsons, E. S. Pope, A. C. Riley, R. D. Robinson.

† Awarded a mark of distinction.

ROYAL COLLEGE OF PHYSICIANS.

The following have been admitted Members:

E. Gallop, M.D.(Lond.), G. L. Lyon-Smith, M.B.(Cantab.), H. L. Stokes, M.B.(Melbourne).

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS.

Diploma in Tropical Medicine and Hygiene.

The Diploma has been conferred on the following:

D. D. Anderson, G. H. Dive, T. E. Sheehan, C. Sturton, W. Wilkinson.

Diploma in Psychological Medicine.

The Diploma has been conferred on:

R. G. Riches.

CONJOINT EXAMINING BOARD.

Pre-Medical Examination, July, 1925.

Chemistry.—A. F. Davy, R. L. Mansi.
Physics.—A. F. Davy, R. L. Mansi, J. S. Knox, J. T. Rowe.

First Examination (Old Regulations), July, 1925.

Chemistry.—P. J. StH. L. Maudsley.
Physics.—P. J. StH. L. Maudsley, D. F. Powell.
Biology.—B. F. Powell.

Second Examination, July, 1925.

Part I. Anatomy.—H. H. Boyden, M. Gamboa, G. P. Nixon, H. G. M. Page, D. Preiskel, F. G. V. Scovell, J. L. Smith.

Physiology.—H. H. Boyden, F. W. Crossley-Holland, J. G. Galt, M. Gamboa, A. P. Gaston, H. W. Guinness, P. N. Hanson, F. G. V. Scovell.

Part II. Pharmacology and Materia Medica.—J. R. J. Beddard, W. A. Bellamy, L. G. Byrde, C. R. Todd.

The following have completed the examination for the Diplomas of M.R.C.S., L.R.C.P., and have had the Diplomas conferred:

J. S. Aldridge, R. G. Anderson, E. Bacon, H. I. C. Balfour, H. C. Boyde, J. W. D. Buttery, G. H. Day, M. Fishman, E. A. Freeman, W. F. Gaisford, S. J. P. Gray, M. J. Harker, L. F. A. Harrison, B. L. Hodge, C. L. Hunt, A. K. Kerr, M. L. Maley, J. B. W. Roberton, G. L. F. Rowell, H. J. Seddon, R. K. Smith, R. Stuart, D. E. Thomas, P. R. Viviers, J. S. Whitton.

CHANGES OF ADDRESS.

ARCHER, C. W., The Sycamores, Cottingham, E. Yorks.
BARNSLEY, R. E., Maj. R.A.M.C., c/o Messrs. Grindlay & Co., Bombay.
ECCLES, T. A., Park House, 47, St. John Street, Ashbourne, Derbyshire.
GREY, H. M., 26, Park Crescent, Portland Place, W. 1. (Tel. Langham 1715.)
KHAMBATA, R. B., School of Tropical Medicine and Hygiene, Central Avenue, Calcutta.
MAXWELL, J. P., Union Medical College, Peking, China.
STORER, R. V., 159, South Terrace, Adelaide, Australia.
TRIPP, C. L. H., Woldingham Chace, Woldingham, Surrey.
WILLIAMS, R. LESTER, 14, Oxford Terrace, Hyde Park, W. 2.

APPOINTMENTS.

BROOK, C. W., M.R.C.S., L.R.C.P., appointed Casualty Officer, Royal Waterloo Hospital.
KHAMBATA, R. B., M.R.C.S., L.R.C.P., D.P.H.(Camb.), appointed Director of Bengal Public Health Laboratory, School of Tropical Medicine and Hygiene, Calcutta.
KLIONSKY, K., M.B., B.S.(Lond.), appointed Resident Medical Officer at the Worcester General Infirmary.
POOLE, J. W., M.B., B.S.(Lond.), appointed Resident Medical Officer, Royal Buckinghamshire Hospital, Aylesbury.
SAVAGE, J. J., M.B.(Oxon.), appointed Casualty Officer, St. Mary's Hospital.
WILLIAMS, R. LESTER, M.B., B.Ch.(Camb.), F.R.C.S.(Eng.), appointed Assistant Surgical Officer, Royal Northern Hospital, Holloway.
WOODFORDE, A. W. G., M.B., B.S.(Lond.), appointed Surgeon to In-Patients, St. Bartholomew's Hospital, Rochester, and Surgeon to Ear, Nose and Throat Department, St. Bartholomew's Hospital, Rochester.

DEATHS.

DANIEL.—On August 2nd, 1925, at Beaminster, Dorset, Thomas Palmer Daniel, M.R.C.S., aged 88.
ODELL.—On August 21st, 1925, at Ferndale, Torquay, William Odell, M.D., F.R.C.S., aged 74.
SHARMAN.—On August 20th, 1925, at Brighton, Dr. J. S. Sharman, of Norwood.

The Editor regrets that the Notices of Births and Marriages are unavoidably held over until next month.

St. Bartholomew's Hospital Journal.

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

VOL. XXXIII.—No. 1.] OCTOBER 1ST, 1925. PRICE NINEPENCE.

CALENDAR.

Thurs., Oct. 1.—Old Students' Dinner in the Great Hall.
Fri., „ 2.—Prof. Fraser and Prof. Gask on duty.
Sat., „ 3.—Rugby Match *v.* Moseley. Away.
Mon., „ 5.—Special Subject Lecture. Mr. Elmslie.
Tues., „ 6.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Wed., „ 7.—Clinical Surgery Lecture. Sir Holburt Waring.
Fri., „ 9.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Clinical Medicine Lecture. Dr. Langdon Brown.
Sat., „ 10.—Rugby Match *v.* Richmond. Away.
Mon., „ 12.—Special Subject Lecture. Mr. Harmer.
Tues., „ 13.—Sir Thomas Horder and Mr. Rawling on duty.
Wed., „ 14.—Clinical Surgery Lecture. Mr. McAdam Eccles.
Fri., „ 16.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Clinical Medicine Lecture. Dr. Morley Fletcher.
Sat., „ 17.—Rugby Match *v.* Northampton. Away.
Mon., „ 19.—Special Subject Lecture. Mr. Just.
Tues., „ 20.—Prof. Fraser and Prof. Gask on duty.
Wed., „ 21.—Clinical Surgery Lecture. Sir Holburt Waring.
Rugby Match *v.* Cambridge University. Home.

Last day for receiving matter for November issue of the Journal.

Fri., „ 23.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Clinical Medicine Lecture. Dr. Langdon Brown.
Sat., „ 24.—Rugby Match *v.* R.M.A. Away.
Mon., „ 26.—Special Subject Lecture. Mr. Harmer.
Tues., „ 27.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Wed., „ 28.—Clinical Surgery Lecture. Mr. McAdam Eccles.
Rugby Match *v.* Cardiff. Away.
Fri., „ 30.—Sir Thomas Horder and Mr. Rawling on duty.
Clinical Medicine Lecture. Sir Thomas Horder.
Sat., „ 31.—Rugby Match *v.* Old Leysians. Away.

EDITORIAL.

EVERY profession which is dear to the heart of its exponents tends to produce a specific series of metaphors. Merely to emphasize that a particular statement is correct a carpenter will say, "You have hit the nail on the head;" a soccer forward will say, "You've scored," and possibly a signalman would say, "You are on the right line," and a jockey, "You've backed a winner." Surely no one can criticize a Hospital journal for discussing its "circulation." As for our fleshy temples, so for any literary effort, life depends upon circulation.

Recently we have been troubled by quite a few letters of this order:

"DEAR SIR,—Since leaving the Hospital after qualifying I have not received my copy of the JOURNAL. [Here follow a few remarks which modesty compels us to omit concerning the excellence of our periodical, its powerful linking with the hub of medical thought, etc., etc. It continues:] On commencing my medical studies my benevolent parent paid a large sum of money on my behalf as my subscription for life membership of the Students' Union. If I am a life member why am I not receiving my JOURNAL, for, contrary to metropolitan opinion, medical practitioners, even if resident in Blankshire, are still living?"

We are desirous to clear up any little misunderstanding. The JOURNAL is supplied free of charge to all members of the Students' Union *until they are qualified*. On qualification all members are asked to become subscribers. No JOURNALS are posted to men who have not registered as subscribers, and the JOURNALS supplied on demand in the Cloak Room are for non-qualified men only. An exception is made to members of the Junior Staff, who have a right, during their term of office, to obtain copies free of charge.

We are naturally desirous continually to increase our circulation, and we hope that no men leaving the Hospital and going into practice will fail to become regular subscribers. We are convinced that the gain will be mutual.

* * *

At this time when there is widespread interest in the curriculum for nurses' training, we are pleased to record a new departure in the teaching of nursing at this Hospital.

Buildings have been equipped at King's Square for the accommodation and instruction of twelve probationers. This preliminary course will last for six weeks, and instruction will be given in anatomy, physiology, hygiene and cooking, as well as in the elementary practical points of nursing.

Miss Smith, better known to our readers as Sister Darker, has accepted the position of Sister in Charge. We feel sure that this innovation will raise still farther our high standard of nursing, and will considerably add to the joys and lessen the sorrows of the junior probationer when she starts work in the wards.

* * *

Men in blue overalls have been stealthily creeping round behind the beds throughout each block, tacking bunches of wire neatly against the walls. The hope of "wireless for every bed" is fast becoming a fact.

A large central valve set is being fixed in the basement under Casualty Ward, and the general receiving aerial will be over this block.

* * *

A most interesting fact has recently come to our notice.

In Tonypandy there is a Bart.'s doctor who is collecting money to instal an X-ray plant in the local hospital. Many of our readers, remembering their days of surgical dressing, will realize that a certain jibe will have to be moulded anew. For old times' sake we feel like opening a subscription list for this worthy object.

* * *

The reopening of the South Block of wards and the return of sisters to duty has seen several changes in ward staff. Miss Duke has left the gloomy confines of Casualty to be Sister Charity, Miss Smith, as mentioned above, has left Darker to become Sister-in-Charge of the Preliminary Training School, and Miss Stevenson has taken her place as Sister Darker. Miss Watkins has been appointed Sister Casualty, and Miss Gray takes the post of Assistant Sister Theatres. We offer to them all our best wishes in their new spheres of work.

HUMOUR AND THE CONSULTANT:

I. THE DOCTOR.

(Concluded.)

THE doctor's parting words, said half to himself and half to me as he passed out of my room, had been: "And she is such a valuable cook." These same words rang in my ears as I went my "round," and they ceased not to echo when I resumed my consultations at home, so that for sheer peace of mind I wrote to him and apologized for the exigency which had interrupted our discussion of the health of his household and asked if the cook might be spared to come and see me. This done, my conscience gave me a little peace.

The enthusiasms of doctors for special views in pathology and for special lines of therapeutics often lead to situations that do not lack humour. I sometimes see a very intelligent patient under process of psycho-analysis by a doctor whose mental equipment is of the most limited kind, and whose knowledge of the world is far inferior to that of the person he is trying to help—a pathetic as well as a humorous sight. The obsession of "endocrine imbalance" may prevent a man from recognizing a glaring clinical picture. One such enthusiast brought me a patient and told me with great excitement that he felt sure she was suffering from an unusual mixture of endocrine defects, and he besought my help to unravel the various elements in the disturbed economy. He described the case, and left me wondering if I could possibly hope to throw light upon what appeared from his account to be a very complex problem. He initiated me into the mystery of several formulæ which he had tried in vain; one of these contained no less than five different internal secretions. I professed myself puzzled and rang the bell for the patient. There walked slowly into the room such a typical case of myxœdema that not to "spot" it at sight would have "ploughed" a candidate at any final examination, and legitimately. The largest dose of thyroid in any of my friend's prescriptions had been $\frac{1}{10}$ of a grain.

I suppose we are all of us slaves to our particular theories and to the things we have been taught as "facts." A patient once came to me and said plaintively, "Do you know why my doctor won't give me bicarbonate of soda for my indigestion?" I confessed that I did not, and I murmured something about its being quite a cheap remedy. He then showed me a prescription containing peroxide of magnesia, which, he said, his doctor told him was much superior to the soda, but it didn't relieve his pain, nor did it give him that comforting sensation of "getting rid of the wind." I changed the drug which was theoretically the better anti-acid for the one which, in practice, had produced the desired result. A grateful letter followed, with comments anent my skill. I have effected the same simple adjustment in the same doctor's formulæ two or three times since, and each time with good results.

Young doctors starting in practice in the country sometimes find that their *flair* for surgery is not so popular as they imagined it would be when they were house-surgeons. "Are you doing much surgery here, Smith?" I once asked an old pupil of mine whom I met after a long interval; "I remember you were very keen on it." "No," said Smith, "not very much; you see one has to live amongst one's patients." Which reflection perhaps determined the conduct of another doctor who, before leaving a partnership in a certain district, "took a look round before retiring," and enucleated all the tonsils which he had previously guillotined.

I find the great majority of doctors receive my suggestions as to diagnosis with almost painful deference. Occasionally, however, they are resented. A friend of mine, an old hospital contemporary, was once indignant because I told him I thought a certain curious skin eruption in the case of a favourite patient of his was factitious. He was quite rude as he strode about my room. When his heat had cooled he asked me what conceivable reason I thought an extremely intelligent girl could have for making such a fool of herself. "I don't know," I said; "perhaps she is in love with her doctor," at which he angrily left the house. But he was a good fellow; he wrote and apologized twelve months afterwards, telling me my diagnosis was quite correct, both in regard to the nature of the eruption and the motive underlying it.

Not only are the majority of practitioners genuinely grateful for any effort at helping them, most of them are equally desirous of assisting the consultant, who stands a big risk of making a fool of himself at times, and who is often prevented from doing so by a timely hint from the doctor. No doubt this was the spirit which imbued the elderly practitioner who brought me a straightforward case of hemiplegia. The patient walked into my room with characteristic gait, the affected arm hanging in front of him, the face drooping on one side. He took the patient's chair and I sat on his sound side and proceeded to feel the pulse at the wrist. Whereupon the doctor drew near to me and whispered, "The other is the paralysed side." Then, lest this may have been noticed by the patient's wife, who was seated in the background, he walked up to her and engaged her in conversation so as to distract her attention in the event of my committing some further blunder. The motive was so generous and the action so fine that I never told him he had not done what he thought he had—saved me from an exhibition of crass immaturity.

Of other consultants I could say a good deal that might be appropriate under the title of my present article, and of course they could say a little about myself. Exactly why one consultant is chosen and another left would in itself provide a goodly number of stories not lacking in humour. I have occasionally earned an easy reputation by the accident of saying very little during a consultation: one is sometimes tired and sometimes one has a headache. I believe there are consultants who make a practice of judicious silence. A friend of mine tells the story of an eminent consultant whose forbearance in speech led to a curious misunderstanding on the part of one of the patient's friends. When the relatives were ushered into the room where the doctor and the consultant had conferred after the examination of the patient, they found the eminent "specialist" standing with his back to the fire looking very wise. They waited for him to begin his summing-up, but the great man said nothing. The sick man's son—Semitic—mistaking the nature of the oracle's slowness in committing itself, whispered to the practitioner, "Won't he talk until he has had his fee?"

On the other hand the consultant may be too voluble, too mentally alert, and bursting with unnecessary, not to say undesirable, details. I was once chosen to represent a senior colleague at a consultation because the latter was away for a short holiday. The patient was old and was slowly dying of "a complication of disorders." Consultations were held weekly, and for the convenience of the numerous relatives who gathered at the house on these occasions to hear of the old man's steady progress towards another sphere, the time selected was 10 o'clock in the evening. I was informed of the patient's condition and of the details in the euthanasia, which seemed to me to be entirely according to our art. I was also enjoined to be very brief in my comments downstairs—an injunction which appealed to me as quite appropriate. To the large array of sons, daughters and "in laws" collected in the library I said very little, confining myself to the fact that some strength had been lost during the week (as was inevitable), but stressing the point that the patient was not suffering, either physically or mentally. I noticed that the dying man's wife, a little old lady using an ear-trumpet, was

sitting with her eldest son in the front row. (A distinguished surgeon who, I was informed, attended the consultations regularly because there was a small ascites present which, all were agreed, did not indicate paracentesis, wisely forebore making any comments at all.) Altogether my conduct appeared exemplary, for satisfaction was expressed by the son of the house and by the doctor; I was handed a large cigar whilst the friends drove off to their respective homes.

A fortnight later I was surprised to receive an invitation to join in the consultation again, and still more surprised to find my senior colleague, who was, I knew, back at work, was not present. Somewhat puzzled, I went through much the same process. The patient was nigh to death (a fact which led my surgical friend to add his view that there was still no need to evacuate the small collection of peritoneal fluid). The talk downstairs was even shorter, if possible, than before. I accepted the doctor's invitation to drive home with him so that he might tell me what had happened during the intermediate consultation. It appeared that my senior had caused grave displeasure, hence my being sent for in lieu of him. Whether it was that his holiday had stimulated him to renewed interest in the case, or whether for the moment he thought himself giving a clinical lecture, I cannot say. He held forth at some length in talking to the family conclave, drew graphic pictures of the state of the heart, blood-vessels, kidneys and liver, and explained exactly why the functions of these organs were failing. He was suddenly interrupted by a cry of distress from the old lady in the front row; several juniors ran to rescue her and to comfort her, and the meeting "broke up in disorder." In the hall, on saying good-bye, the eldest son remarked to the doctor, "Will you bring Dr. X next week, instead of Dr. Y? You see, we know that our father is dying but we didn't want to know how rotten he is." X.

DIET FROM THE PHYSICIAN'S STANDPOINT.

By W. LANGDON BROWN, M.D., F.R.C.P.

THE story is told of Sir William Gull that at a medical dinner-party he was discoursing on a favourite theme of his. "It is the old story," he maintained, "*Plebs vult decipi.*" "Which being translated," said Dr. Martin, then one of our physicians, "means, the public likes to be *gulled.*"

Whether or no the public likes to be gulled, it certainly likes, and indeed demands, to be dieted, and it is often gulled in the process. It may seem curious to start an article on the influence of diet in disease by declaring that its importance has been much exaggerated. It would perhaps be fairer to say that it has been much misunderstood. It does not need much knowledge of chemistry to recognize that red wine cannot make red blood, nor chalky water produce gouty chalkstones. Yet both beliefs are wide-spread.

The instinctive craving for a mixed diet is the unconscious expression of a physiological need, for no one foodstuff contains all the elements required in the appropriate proportions. Yet many "crank" diets are grossly disproportionate to the needs of the body, both in quantity and quality. And even in more orthodox practice, our dietetic restrictions and prescriptions are too much dictated by fashion. Except in cases where we must forbid something for a perfectly definite reason, our patient's likes and dislikes should be carefully considered, whereas it is our own likes and dislikes which tend to recur in our dietetic schemes. Given a certain knowledge of the physician, one can predict fairly accurately what he will recommend to any patient, whether a purin-free diet, lactic acid oats or uncooked vegetables. The dyspeptic is often a diligent seeker after advice, and when he tries to harmonize the various dietetic gospels he has received, his opinion of our profession is not enhanced.

"There is to be observed a sort of fashion running through these restrictions," said Sir William Roberts, "yet I know not on whose authority they repose. . . . They are for the most part quite unmeaning, they stand on no ground of science or experience, and are gratuitously punitive to our patients."

Yet it is extraordinary how quite opposite methods of restriction do good. The explanation is that such a patient ordinarily eats and drinks too much. Variety of diet stimulates his appetite, while the monotony entailed by abstention from so many pleasant things results in his eating less altogether, with benefit to himself.

Indeed we have learned of late years that a fast may be one of the most useful dietetic measures. Its value in diabetes is beyond question, but it may also be very helpful in asthma, while in various alimentary disturbances nature enforces this therapeutic measure on the patient. I have even heard it suggested that Moses enjoined occasional fasting on the Jews because, without knowing why, he found it suited, as it naturally would, a race so prone to glycosuria. And so a hygienic measure was translated into a divine command.

Two other things we have learned of late; the first

is the enormous value of those accessory articles of diet known as vitamins. This was a death-blow to the diligent search for synthetic foods, and proved another call for a return "to nature." The interaction of light and vitamin A is one of the most fascinating chapters in recent medicine, affording a scientific basis for treatment by light. But apart from deficiency diseases due to gross vitamin defect, like rickets, beriberi, scurvy and pellagra, we are beginning to realize how many vague conditions of ill-health are due to minor degrees of the same defects. In this connection McCarrison's observation of the influence of vitamins on the nutrition of the colon deserves mention.

The second is the scientific interpretation of the old adage that one man's meat is another man's poison, as illustrated by the toxic idiopathies. Morley Roberts has made the profound remark that "Immunity is assimilation." There is one flesh of birds and another of beasts. From the welter of amino-acids which result from the disintegration of food proteins each animal has to build up its own characteristic and specific tissues. Specificity is chemical as well as morphological. To some foreign proteins we are naturally immune, *i. e.* we can assimilate them automatically; to others we acquire immunity, *i. e.* we learn to assimilate them. But to some foreign proteins immunity is not congenital nor can it be acquired. The tissues continue to resent the introduction of such. They will not assimilate them. Richet has defined anaphylaxis (and the same would apply still more to this phenomenon known as allergy) as the last stand of the race against adulteration of its protoplasm. In extreme degrees they are fatal because assimilation would mean too profound an alteration of bodily structures. In lesser degrees allergy declares itself in violent attempts to get rid of the foreign invader. Yet for others such substances are not toxic at all.

Coming to more ordinary topics, it is clear that the chef has often anticipated the physiologist. Desiring to encourage appetite he begins the meal with *hors d'œuvres* and soups—and then the physiologists discovered that condiments and meat extracts increased the acidity of the gastric juice. The physician followed by forbidding these delicacies to the hyperchlorhydric. Applying the same principles, he divided the proteins into those which contained substances likely to cause such secretion and those which did not. He built up a diet for peptic ulcers which was rich in the latter group while avoiding the former, discovering that a diet of proteins which did not stimulate the production of acid helped to fix such acid as was present in harmless combination, while flatulent distension was avoided by cutting down the starch, digestion of which soon comes to an end in the hyperchlorhydric stomach. He was driven to seek such methods, moreover, when he became convinced of the very small amount of protein that could be absorbed from rectal feeding. The case against giving fat in this way is even stronger. "A little food in the stomach is worth a great deal in the rectum." Few attempt to give more than water, salt and dextrose by this channel now.

When he learned how complete is the disintegration of food proteins he became sceptical of the possibility of their running through a damaged kidney. He ceased to regard eggs as anathema in nephritis. Indeed, Epstein has shown that in chronic nephritis of the hydræmic type, with dropsy but no nitrogen retention, an abundant diet of proteins without much extractives may be positively beneficial, and that fat may increase œdema. But in acute nephritis, in which nitrogen retention is marked, he is learning that even his favourite milk diet may be injurious, because of both its protein and fat content. And so he has recourse to fruit-juice and sugar to tide the patient over this phase. He knows now that the colour of a meat is no guide to its purin content; to tell a gouty patient to take sweetbread and avoid mutton is to achieve the opposite to his real aim. But faith in the digestibility of starch, however administered, dies harder. Said Sir Clifford Allbutt, "There is no superstition more tenacious of life than what which prescribes carbohydrates to all dyspeptics as 'so digestible,' and into weak stomachs, ready to dilate, is thrown a mass of such a dish as rice-pudding—a bulky food, imperfectly salivated, and peculiarly apt to decompose with the disengagement of volumes of carbonic acid gas." A dyspeptic, whether of the hyper- or hypochlorhydric type, should have his starch in a crisp, dry form, such as toast, biscuit or rusk, so that it may be thoroughly insalivated. "Digestion starts in the mouth, and indigestion often starts there too." If for any reason starch cannot be managed in this form it should be malted first. We should also remember than when carbohydrates are given with protein they are retained longer in the stomach than if given by themselves. In the latter case they pass quickly into the sphere of influence of the pancreatic juice. For some dyspeptics, therefore, it is good to give chiefly protein at one meal and chiefly carbohydrate at another, as in the continental breakfast.

It is hardly necessary, and certainly impossible in this article, to describe the revolution in the dietetic treatment of diabetes. Suffice to say that the old attempts to find a diet free from carbohydrate are recognized as fallacious. The abundant diet of protein throws fuel into the flames of an already exaggerated katabolism, while excess of fat produces the smoky flame of a toxic

ketosis. Neither in diabetes nor in nephritis do we look upon fat as the harmless food it was formerly considered. In diabetes it is no advantage to replace hyperglycæmia by ketosis. A balanced diet, at a lower level, is now our aim in diabetes; fortunately the discovery of insulin enables that level to be higher than was formerly possible. Fat cannot be completely oxidized in the absence of carbohydrates, and we are learning the advantage of glucose and the disadvantage of fat when the oxidases are at a low ebb, as in hepatic toxæmia. But the very readiness with which carbohydrates, once digested, are assimilated tells us that in the production of obesity they may be more potent than fat itself. Bearing in mind how frequently pathological obesity is a latent glycosuria, there is another reason for their limitation.

The mechanical aspect of diet has also received more attention. No longer is it considered desirable that food should be completely absorbed, for it is recognized that a certain amount of residue is necessary for due intestinal peristalsis. Cellulose is useful for this purpose, but as it may undergo fermentative changes in the cæcum, it may be unsuitable in some cases of intestinal stasis. If foods containing cellulose have to be removed from the diet, paraffin and agar have to be resorted to in order to increase the bulk of intestinal contents. In typhoid fever too much attention was paid formerly to the state of the food as it enters the mouth, and not enough to its condition when it passed over the ulcers. Yet it is clear that milk can form irritating curds in the bowel, while jelly becomes liquid there. Oxaluria is a condition which may mechanically irritate the kidney, and call for abstention from strawberries, rhubarb and spinach, and their replacement by foods rich in magnesia, such as peas and beans.

But I finish as I began—if the patient insists on being knocked off something, have a definite reason for doing so. Discourage crank diets; I recently saw a woman slowly kill herself by a devotion, amounting to an obsession, for the Salisbury treatment. It was quite another Salisbury who said that "for the soldier, nothing is safe; for the priest, nothing is innocent; for the doctor, nothing is healthy." It may seem heretical, therefore, to declare that for the great mass of mankind and for the majority of patients a mixed diet of plain fresh food is eminently healthy. But that is my belief.

A lost-looking lady was encountered by a nurse in the waiting-room and asked what she wanted. The lady replied: "I've come from Harley Street Ward and I've been told to look for a green fern."

"HOW NOT TO PRACTISE MEDICINE."

By An Authority.

THE path of the physician is thornier than is that of the surgeon. This is true not only in the practice of the therapeutic art—if indeed such a compliment can be paid to the more assertive branch of the profession—but also in the compilation of an article headed as is this. The surgeon, if he be wise, will never undertake the management of a case whose treatment he knows to be beyond his powers; instead, he hands it with a superficial air of generosity to the physician, whose congenital benevolence blinds him to the guile that underlies the gift. Thus the heading of an article "How not to be a surgeon" could fairly precede a detailed and carefully polished compendium entitled, "Let all but the easy cases well alone," or "How to gull the physicians."

The physician, being of an ampler, more generous spirit, instead of following this line, as well he logically might, is content to remain the butt, and is willing to assume the care of many cases whose treatment is futile, merely to admit to some degree of shelter the poor helpless vagabonds whom his younger brother of the scalpel has so heartlessly cast out. The mistakes of the surgeon shout to heaven; all are there to see—the anæsthetist, the nursing staff, the assistant, the dressers. The physician is as often blamed for his success as he is praised for his failures. Who, then, shall criticize the former for following the easy path, or the latter for an occasional stumble?

It is thus clear that an editorial request to write on the subject "How not to be a surgeon" can be turned aside with some facile gesture such as has been indicated above. Far otherwise will be the task imposed by the complementary question. Compliments here will rather embarrass by their spurious pertinence: "Who so qualified as you to write on such a subject?" or "How well you have accomplished your task"; "The hand of a man who knows his subject"—these and like shafts are destined to probe the quivering flanks.

Nevertheless the physician may avoid many wounds at the hands of Fate if he will guard himself with the greaves of logic and will put on the breastplate of mental honesty.

The qualities necessary to the exercise of his art can be grouped under two heads—those of the heart and those of the brain.

Kindliness must never desert him. The most verbally incontinent gossip must be dealt with gently; even if the mailed fist become necessary the velvet glove must always conceal it. It ought never to be forgotten that the doctor is a species of "loud speaker," that every word of his to a patient is many times amplified in importance and that all patients have at the moment a more delicate receptivity. The faintest shade of impatience becomes a sharp gust of anger, the slightest hint a dictum. Thus kindliness must ever be tempered with equanimity. The facts of the situation must be levelled out into a rather flat landscape, whose tones are not high enough to be exaggerated by imagination.

A sense of humour is even more necessary for the good of the practitioner's own soul than for that of his patient.

The question of absolute openness is one requiring more consideration. Though self-deception is unforgiveable, deception of the patient may occasionally be necessary. The hackneyed theme "Should a doctor tell?" can be applied to many cases, and the answer will always be varied by the facts of each individual situation.

The essential qualities of the brain are easier to discuss. By them is measured a man's ability, but to them alone can never be attributed his success. Personality, and indeed that side of therapeutics that is dependent upon suggestion—a matter of no little importance—are compounded of a mixture of qualities of the heart and of the head. The former is often in the greater proportion. The best examinee is frequently a minor success—in the best sense of the word—in practice. It does not do to regard human beings as test-tubes—the thought dwelling in the eyes is so easily read by the patient.

Again, lack of academic knowledge is not necessarily a matter for grief; it can never be expected of a man by his fellows individually, or by his country legally, that his performance should rise above his capabilities. These must only be of reasonably average merit. But however sparsely equipped be his armoury—and most are better stocked than the owner is aware of—the weapons must be kept polished and used logically and truly.

Accurate observation, logical deduction, a reasonably good memory—these are the essentials, and of the three the first is the greatest.

The statement, if it be true and accurate, "I have seen," is above cavil, and any observer of a sufficient number of cases will have always with him a mental text-book superior to any made with hands, provided always that he be served well by his two compilers—Memory and Observation. If, in addition, he have Logic as an assistant editor he need fear no reviewers. But reliance upon personal observations and experience, though it must take the precedence of living over dead facts, is not enough. No one can afford to remain ignorant of the experience of others: the recluse is self-limited; self-limitation is stagnation. Reference to the work of others will stimulate, and will serve as the means by which a greater mass of knowledge can be accurately wielded than would ever be in the capacity of a single mind to carry. Facts that are unknown must be readily traceable through books of reference.

Finally comes absolute honesty to self and to others in the face of difficulty. The man who never says "I don't know" to others cannot be comprehensively honest. He who never says it to himself is merely a fool. The refusal to admit this, or rather the reaction against this, constitutes one of the greatest and most ridiculous attitudes of the medical mind. It is probably a relic of the witch-doctor days, when to be wrong spelt ruin. The survival is to be seen in several forms, but its central idea is that of impressing.

The least harmful type of the disorder, and to onlookers perhaps the most amusing, is that of impressing oneself. The victim will mouth great syllables, he calls phlegm effluvia, worms vermiform parasites, dropsy anasarca, and so on and so forth, his eyes the while swelling with self-admiration. This is an innocent type of the malady. It is when his impressiveness is transferred to the patient that the malignant form become apparent. The former is mere pneumocephaly: the latter is a malignant pneumoma. The victim of the disorder will try to impress in many ways. He will assume a manner of gruffness or a weightiness of speech that he has thought effective in someone else, to whom, indeed, it was natural, and in whom therefore it probably was effective. He will array himself in spats, tarsal or cervical, or both, will assume a white waistcoat and a coloured tie, will wear a top-hat on the back of his head, as though to say to all the world, "Earls are my washpots; upon Duchesses do I triumph." Other minor manifestations are an air of great business, the appearance of not having time to stop, the flaunting of loudly-painted motor-cars, the worship and futile brandishing of intricate apparatus; again, the habit of keeping patients needlessly waiting, with the implied hint of being greatly sought after. These may all and each be diagnostic.

It must, however, always be borne in mind that only in the artificiality of the attitude does harm lodge. There are many men of great personality to whom certain habits of mind, speech and manner are natural, but by their personalities do they stand out and by no trick of the tongue. There are men who naturally dress in ways different from those of their companions; it is to their honour that they maintain their individuality. There are even men who can afford expensive cars, and whose whim it may be that these be plum-coloured,

maroon or beige. There are finally radiologists, the mysteries of whose temples are necessary to their livelihood. These are following their natural impulses or necessities. It is the fool who swells himself up with wind like the frog in the fable and who makes himself and his profession ridiculous. His folly, moreover, is dishonest.

THE ANATOMY OF THE PROSTATE IN RELATION TO SURGERY.

IT is well that those who make mistakes should sometimes have the opportunity of correcting them. My conscience in this matter is far from clear, and when certain facts taught by me in the Department of Anatomy are recalled, I see how many of the misconceptions surrounding this difficult subject have arisen. The sole consolation is that I am in distinguished company. This article is, then, an expression of repentance for past mistakes, and an attempt to clear away some of the difficulties which the student meets in understanding how the prostate gland can possibly be removed.

It will be remembered that the prostate is a gland furnishing both an internal and an external secretion, the exact nature of the former being still a matter of dispute. Normally it is roughly the size and shape of a horse chestnut—a time-honoured description—and is situated at the neck of the bladder, to which it is connected by its base, while its apex rests on the triangular ligament. In addition to this it presents a posterior surface, with a vertical median groove, in relation to the anterior surface of the lowest part of the rectum, and two antero-lateral surfaces in relation to the back of the pubes. Traversing the gland is the prostatic urethra, running a curved course with a forward concavity. It is crescentic in section, due to the projection of a vertical elevation on its posterior wall—the verumontanum. This forms the widest portion of the urethra. Opening into it on the verumontanum are the two common ejaculatory ducts, which run an oblique course through the gland, entering it immediately posterior to the attachment of the bladder. Between and below these is the homologue of the uterus—the sinus pocularis—while in a deep groove on either side of the verumontanum are the openings of the numerous prostatic ducts.

To consider more carefully the connections of the gland: like other glands it has a covering or capsule of fibrous tissue, which is intimately adherent to its glandular substance. Superiorly it blends with the muscle and fibrous tissue of the base of the bladder and with the sphincter vesicæ muscle which surrounds the termination of the urethra. The superior relations are shown in Fig. 1.

The infero-lateral portion of the prostate comes into relation with the upper surface of that portion of the levator ani which arises from the back of the pubes. From this it is supposed to derive a mysterious sheet of fascia, variously known as the pubo-prostatic fascia or anterior true ligaments of the bladder, which are part of the visceral or recto-vesical portion of the pelvis fascia. It is also supposed that this pubo-prostatic fascia covers the prostate in such a way that it provides

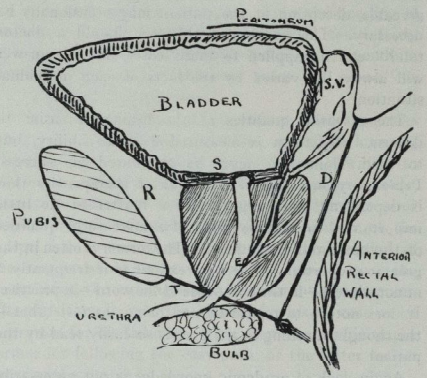


FIG. 1.—SAGITTAL SECTION THROUGH THE PROSTATE (DIAGRAMMATIC). R. SPACE OF RETZIUS. S.V. SEMINAL VESICLE. D. FASCIA OF DENONVILLIERS. E. OPENING OF COMMON EJACULATORY DUCT. S. INTERNAL SPHINCTER. T. TRIANGULAR LIGAMENT.

a sheath, which posteriorly is prolonged downwards and upwards, separating the prostate, bladder and vesicles from the rectum. I say "supposed" because, though the prostate in common with other pelvic viscera is covered with connective tissue, filling up the "dead spaces," anchoring the viscera, and providing a supporting tissue for the vessels and nerves, yet it is impossible to demonstrate any sheath or envelope by injection or other methods. Certainly there is nothing comparable to the synovial sheaths of the tendons of the hand. The most careful dissector will fail to demonstrate anything more than two denser portions running to the pubes, which may be dissected into bands, and a well-defined sheet (if the specimen is fresh) in front of the rectum—the "fascia of Denonvilliers." In the words of Elliot Smith, "the pelvic fascia, as ordinarily described, is a myth."

In this connective tissue, best described as the pelvic cellular tissue, are the vessels and nerves of the organs. The prostate is surrounded by a very well-marked plexus of veins, which drain into the internal iliac vein by way of the inferior vesical veins. Its arterial supply comes from the inferior vesical and middle hæmorrhoidal vessels, and sometimes also from the internal pubic artery.

It is from this highly vascular cellular tissue, open to the ready spread of infection, that, according to one of our most distinguished urologists, the prostate is enucleated in the operation of suprapubic prostatectomy. If this was actually done, the inevitable result would be pelvic cellulitis, as neither pelvic cellular tissue nor pelvic fascia presents any barrier to the spread of infection. But fortunately the term "prostatectomy" is a misnomer. The hypertrophic nodules of gland-tissue, whether they are believed to be derived from lobules of gland-tissue or from embryonic rests, do not involve the whole gland, the remnants of which are compressed and form with the fibrous capsule the "surgical" or practical capsule from within which the adenomata are enucleated.

There are two routes of surgical approach to the prostate: (1) The suprapubic route, which is the one commonly employed in this country; and (2) the perinæal route, which, though of general application for the drainage of an abscess in the gland, does not give good results in the removal of adenomata, except in the hands of Hugh Young and his associates.

Use of the former route depends on the fact that when the bladder is distended, the peritoneum is raised up and separated from the anterior abdominal wall. The bladder is distended with 8 oz. of lotion, and a mid-line incision made, commencing one finger-breadth above the upper border of the symphysis pubis. The incision is carried down between the recti muscles, the fascia transversalis incised, and the extra-peritoneal fat reached. It is important that the fatty tissue should not be separated from the posterior surface of the symphysis pubis, or any downward extension made, in order not to open up the loose cellular tissue of the space of Retzius. This space is situated above the prostate and between the pelvic surface of the symphysis and the bladder. The fat is very loose, and a considerable potential space is present into which fluid or infected material might gravitate. If the space is accidentally opened, a drain should be inserted.

The extra-peritoneal fat is incised transversely and the anterior surface of the bladder brought into view. This may be recognized by the presence of large tortuous veins on its surface, by obvious muscle-strands, and by its pink colour. At this stage of the operation the lower limit of the parietal peritoneum will be seen as a fold on the surface of the bladder. It should be pushed upwards and gently stripped from the bladder with the finger. The bladder is then secured with tenaculum forceps or retaining sutures, and incised in a vertical direction as high up as possible. A lower incision will tend to sink down behind the symphysis when the bladder contracts. The next step is the removal of the adenomata, and the surgeon has to find some line of separation or cleavage between them and the surgical or practical capsule already mentioned. To do this the right forefinger is introduced through the internal sphincter to dilate it, and the mucosa of the prostatic urethra "cracked" immediately below. This is done along the line of least resistance, usually on the anterior or lateral wall, and the line of cleavage is found. The finger is swept round from side to side, separating the adenomata from the prostatic tissue outside them. Assistance is obtained by inserting the index finger of the other hand into the rectum and pressing the prostate upwards so that it moves about as little as possible. The ejaculatory ducts usually escape injury as they are displaced downwards by the adenomata. Some surgeons find it more convenient to reach the line of cleavage by tearing through or incising the mucous membrane of the base of the bladder, the "trigone," over a projecting portion of prostate.

In the perineal route an incision like an inverted "U" is made in the perinæum, the apex being 1½ in. in front of the anus, and the lateral portions running back towards the tuberosities of the ischium for about 2 in. This incision is carried through skin and superficial fascia, exposing but not opening the posterior part of the bulb of the urethra. The space between the transverse perinei muscles and the levator ani is opened by blunt dissection, keeping in front of the rectum and behind the triangular ligament. At this stage the central tendon of the perinæum is cut across close to its attachments to the bulb. The surgeon is now separated from the prostate by the fascia of Denonvilliers, which can be seen as a pearly-white sheet. It stretches from the triangular ligament below to the pocket of peritoneum which separates the posterior surface of the bladder from the rectum. This pocket must be avoided, especially in operations on the seminal vesicles, and may even be injured in an operation on the prostate. It should therefore be pushed up out of the way. Adenomata are removed by incising the practical capsule of the prostate, rather less than ½ in. to either side of the vertical median groove, in order to avoid injury to the ejaculatory ducts.

In conclusion, brief reference should be made to the rectal examination of the prostate. As already seen,

the gland is in relation to the anterior wall of the lower part of the rectum, and a finger inserted in the rectum may palpate its posterior surface and recognize the faint median groove. It is difficult for the tyro to determine how large a prostate is. Normally the surface feels flat, and an enlargement may be detected by feeling a convex projection on either side of a more marked median groove. A deep lateral sulcus will be found in the rectum when the projection is at all marked (see Fig. 2). The size may be estimated in finger-breadths by moving the finger across the gland, anything above three being abnormal. This is a very rough

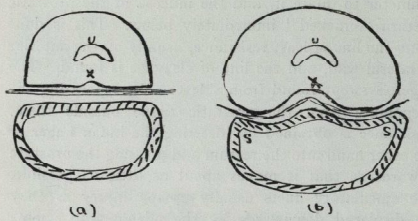


FIG. 2.—DIAGRAMMATIC SECTION THROUGH PROSTATE AND RECTUM. (*a*) NORMAL. (*b*) ENLARGED. x. MEDIAN VERTICAL GROOVE. u. URETHRA. s. LATERAL SULCI IN RECTUM.

guide, but may be of some use. A more accurate estimate can be made by the use of the cystoscope, when the extent of the upward enlargement of the prostate into the bladder may be seen, and also the degree of obstruction to the prostatic urethra which it has produced.

J. B. HUME.

THREE CASES OF IMPACTED GALL-STONES CAUSING ACUTE INTESTINAL OBSTRUCTION.

By E. W. G. MASTERMAN, F.R.C.S.

GALL-STONE obstruction is an uncommon condition, and the three cases given below are good samples of these kind of cases.

They are all in women in late middle or old age (58 to 72). In all the history gave no certain indication before operation as to the nature of the obstruction—there was no history of jaundice, biliary vomiting or gall-stone colic. In the first case we had, regrettably, the opportunity for a post-mortem, and found, as is usual, a wide fistula formed between the gall-bladder and the adherent duodenum, through which the gall-stone had passed into the bowel. In all three cases the stone was caught in the ileum, and in two the stone had stuck in a loop of the ileum which had prolapsed deeply into the pelvis. The two cases which recovered both had a discharge from the closed incision some days later due apparently to some slight leakage, and I should, in a subsequent case, certainly put in a tube rather than sew up as I did. Another lesson which these cases teach is that a case of intestinal obstruction coming in old age with no local signs, which is ordinarily due to a malignant growth, *may* be of this nature and therefore is urgent. In all these cases the incision on the left side, as if for a colostomy, proved the best.

By a curious coincidence the first two cases were operated upon on successive days, although the three cases are the only ones of their kind occurring among many hundreds of cases of abdominal operations done here during the last ten years. And by another coincidence the sister of the second case was operated upon for cholelithiasis here while Case 2 was in the Hospital.

CASE 1. S. B—, æt. 72.

Admitted March 30th, 1921, with intestinal obstruction. Gave a history of "dyspepsia" for eight years. She stated that she had had complete constipation for three days and had been retching for four days, and once vomited; she had passed flatus and had had considerable abdominal pain at first, but none the last two days. She was rather emaciated. The tongue was dry and brown, and the abdomen distended, tympanitic and very tender. The rectum was full of fæces, after the removal of which the patient was relieved. The case was thought to be one of obstruction due to a growth, and was brought to the Theatre on April 1st, 1921, for the operation of colostomy. The condition of the patient was such that I was most unwilling to operate, but thought that she might stand a quick colostomy, which would probably give her relief.

On making the usual incision, instead of the obstruction being found in the colon, the small intestines were found distended and a coil of ileum was found lying in the pelvis, containing a large calculus. In removing the coil of intestine it gave way at the site of the stone. The rupture was enlarged longitudinally and a large gall-stone was removed. The rupture was closed with three superimposed tiers of sutures, the bowel was cleansed and a drainage-tube inserted. The condition of the intestine was so doubtful that, had the patient's condition permitted it, a resection would have been made, but it was obvious that the patient could not stand a longer operation. The patient unfortunately did not rally, and died at 11·25 a.m. the next morning.

At the post-mortem the fistulous opening in the gall-bladder by which this large gall-stone had passed into the duodenum was clearly demonstrated.

CASE 2.—S. F—, æt. 58.

Admitted April 2nd, 1921. Gave a history that she had had a similar attack five years previously, but that she had passed "something hard" one day by the bowel and was relieved.

This present attack began one week previous to admission with diarrhœa and vomiting, followed by constipation. The last two days before admission the vomiting was very frequent; there was also some pain in the left iliac region. Examination of the abdomen and rectum gave no indication as to the source of the obstruction; there was no distension, rigidity or tenderness. The condition was thought, as in the previous case, to be due to a malignant growth.

An incision as for colostomy was done on the day of admission, and on inserting a finger a large gall-stone was found in the lower end of the ileum and the loop of bowel lying, as in the last case, in the pelvis. The loop of bowel was carefully brought out of the abdomen, and after being packed off, the gall-stone, which was larger than the last one and was tightly impacted in the bowel, was removed by a longitudinal incision, which was closed in two layers with no drainage. The stomach was thoroughly washed out on the operating table. She did very well for nine days, with a temperature only on one occasion above 100°, but on the eleventh some foul-smelling pus appeared, and, on removal of the stitches, welled out of the wound. Considerable sloughing of the subcutaneous tissue followed for a time, but in another ten days the wound had become clean, and was firmly healed when she was discharged quite well on June 17th, 1921.

She has been in good health since, except for an incisional hernia, which is satisfactorily controlled by an abdominal belt.

CASE 3.—M. H—, æt. 70.

Admitted July 12th, 1925, with a statement that she had been troubled with constipation for the last three months, and had acute abdominal pain since the 10th, the vomiting gradually getting more frequent and profuse, and on admission was apparently stercoraceous. The abdomen was distended, tympanitic and tender, but no mass was felt. She was operated upon at once, the incision being made as for colostomy, through the left rectus. On inserting finger, a loop of inflamed, but only moderately distended, ileum was felt, containing a large gall-stone, which was immovable in the bowel. The loop was drawn out, packed round, and the stone extracted. The wound was closed in two layers. On the 20th some fæcal discharge occurred through part of the wound, and a small tube was inserted. The discharge, which was at first fæcal, became purulent. By July 19th, 1925, however, the wound was almost healed, and she was discharged fit on August 18th, 1925. Like Case 1, the patient was a very fragile old lady, and her urine contained a heavy cloud of albumen, and, considering her apparently desperate condition on admission, she did very well.

Dimensions of the Calculi.

Case 1: Length 2 in.,	breadth	1⅜	in.,	weight	323	gr.
Case 2: „ 2 „	„	1¼	„	„	354	„
Case 3: „ 2⅜ „	„	1¼	„	„	388	„

The first two calculi had probably become somewhat lighter through desiccation since removal in 1921.

Each stone has a more lightly-coloured upper end, where, in the case of the largest stone, this is a distinct facet. The lower end is more definitely rounded off. In all the surface is "greasy" to the feel. The colour of the older stones is a greeny-brown; that of Case 3 is a light yellow-brown, darker in patches, and the lower end a creamy white.

DIET AND DIETING.

The Impressions of a Lay Observer.

WITH much reluctance I have consented to offer some humble observations from the lay standpoint on diet and dieting. Few subjects cover a wider ground or offer more ample material for discussion. And that is because, speaking of dietetics merely as applied to normally healthy persons living under normal conditions, it is impossible to lay down any hard and fast rules. As to the influence of diet upon health, we are all agreed. But individuals vary in their food requirements just as they vary in the capacity for food and in their power of assimilation.

Some will thrive on a diet which in others would be attended with disagreeable consequences. Many, again, can preserve a condition of good health on a food allowance which, measured by accepted principles, would appear to be wholly inadequate. That is to say, there is no ideal formula for a perfect regimen. To seek such a formula is to pursue a will-o'-the-wisp, since the character and quantity of food adapted with success in a given instance might be entirely unsuited in another. Shakespeare probably had this in mind when he said: "They are as sick, that surfeit with too much, as they that starve with nothing." Medical science in relation to food values has, of course, greatly advanced since those words were written, and when the sole aim was to furnish the greatest quantity of nutriment without overloading the stomach. But with the lapse of years has come economic transformation, tending more and more to food adulteration, to the use of food preservatives, to cold storage, to canned goods, and generally to conditions that rob raw food substances of much of their natural virtues.

These penalties of a progressive civilization have, of course, added to the difficulties and complexities of the diet question, which, like the poor, will always be with us. In most discussions on the subject the tendency is to ignore the really important fact that circumstances alter cases. The diet suitable for adults can only be determined by considerations personal to each adult. It cannot be prescribed indiscriminately for all and sundry. What would be said, for example, if the same fare should be ordered for a person of sedentary occupation and habits as for the open-air labourer? But the trouble is not merely in disparity of vocation and environment. It is no less to be found in the different food requirements of different persons living under conditions common to them all.

Having demonstrated that diet is not and cannot be made an exact science, I pass on to some humble conclusions at which I have arrived from observation. In the first place I would lay down as a general axiom that a natural diet must be composed entirely of wholesome food. The argument may be opposed that "wholesome food" is an elastic phrase. It may be. But it conveys to my mind fresh meat, fish, vegetables, fruit, etc., prepared hygienically, and in such a manner as to preserve, as far as possible, their nutritive and health-giving qualities.

I would resolutely bar the *table d'hôte* dinner, although frankly confessing to a partiality for it. I would veto without hesitation the consumption of high game, or of any foodstuff that had reached the stage of decomposition. In principle, also, I am opposed to meat as an article of diet more than twice a day, and would suggest as an aid to comfortable condition of body and mind a discreet abstinence from rich sweetmeats. The habit of eating between meals is no less to be proscribed, since it imposes a quite unnecessary strain upon the digestive organs.

And now emerges the knottiest problem of all—to fix

the daily quantum of animal and vegetable foods for normal adults. Should we be rationed?—so much of this and so much of that, as is done in many public institutions, where great numbers are housed and fed. Science has certainly not succeeded in bringing these institutions into line as to a proper feeding allowance. Even the food expert, whose recommendations are with base ingratitude so generally ignored, finds it convenient to tread cautiously when dealing with this aspect of diet.

But when all is said and done, it is knowledge of oneself that is the best guide to a suitable diet. Too many are apt to regard the question of feeding as a matter of rule-of-thumb—as involving only the provision of any form of edibles with which to fill the vacuum so abhorred by Nature. And thus are digestive and other physical disorders engendered. Little more than a superficial acquaintance with the subject is needed to prove the wisdom of the trite aphorism, "One man's meat is another man's poison."

To sum up, therefore, I would urge, as a lay observer, with respectful deference to the medical profession, and to the food experts in particular, that the royal road to a beneficial diet is through the avenues of common sense and experience.

M. R. KING.

THE ABERNETHIAN SOCIETY.

THE following is an attempt to outline the history of the Abernethian Society with a view to interesting Freshmen and others in the purpose for which this, the oldest of our student societies, stands.

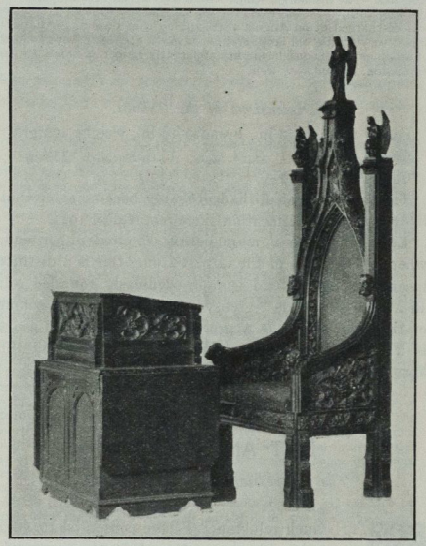
I have taken the liberty of making an abstract of the history of the Society from those excellent works, *The History of St. Bartholomew's Hospital*, by Sir Norman Moore, and *A Brief History of St. Bartholomew's Hospital*, by Sir D'Arcy Power.

I should like to take this opportunity of thanking Mr. A. W. L. Row for his kindness in presenting the Society with a photograph of the presidential chair, a print of which accompanies this article. The original is a most artistic piece of work in photographic light and shade.

The Abernethian Society is the third oldest Medical Society in Great Britain, the Edinburgh Royal Medical Society being the oldest, and Guy's Physical Society next.

Our Society was originally founded in 1795 as the "Medical and Philosophical Society of St. Bartholomew's Hospital," and in its youth John Abernethy and Dr. Richard Powell were its mainstays. Amongst other celebrities who played active parts in the earlier meetings of the Society were Sir William Lawrence, Surgeon to this Hospital, and James Macartney, who became Professor of Anatomy at Dublin.

John Abernethy was the first President, and was a most regular attendant at the meetings until his health began to give way. Simultaneously the Society became progressively less flourishing, and in 1832 the Library belonging to the Society was sold to the Medical School, and the meetings discontinued. In 1835 affairs began to look up again, and on February 6th of that year (Sir James) Paget, then a first-year student, read his celebrated paper on "Trichina spiralis"—an organism which he had discovered residing in the muscles of certain of the dissecting-room subjects.



THE PRESIDENTIAL CHAIR.

In the winter session of 1847–48 the Presidential Chair (see photograph) was purchased for the sum of £50, and it now stands in the Abernethian Room, and is used at all the meetings of the Society.

Previous to the purchase of this chair John Abernethy and his succeeding Presidents used to sit in "Sir Percival Pott's old chair." John Abernethy appears to have possessed a great admiration for Sir Percival Pott, for on several occasions he regaled the Society's meetings by relating incidents and stories concerning Sir Percival.

From 1850–1856 the Transactions of the Society were published and are now in the Library. They consist principally of papers read to the Society, and are of great interest.

Among the illustrious who used to take part in the discussions of the Society were Arthur Paget, Sir James Paget, Charles West, Luther Holden, Sir William Savory, and of more recent years those who now occupy exalted positions on the Visiting Staff.

The objects of the Society are to encourage accurate observation, the power of debate and *esprit de corps*. Students beginning or engaged in clinical work would be repaid a hundredfold by taking an active part in all the Society's meetings.

At the Clinical Evenings a member of the Junior House Staff presides, and those attending constitute a few recently qualified men, the remainder being students. These meetings afford an excellent opportunity to those of us who, through shyness, mental anxiety or what not are too timid to initiate a discussion on rounds, and who in a less awe-inspiring environment can give vent to our opinions by standing up and saying a few words.

H. B. S.

IDYLL.

EN trembling tones you told me of your dread,
Your abject fear.
It seemed to soothe your terrors when I said
That I was near.

And when at last with one unearthly cry
You, stupefied,
Lay silent there and senseless, it was I
Who watched beside.

I felt the flutter of your faltering heart,
And all the while
Your eyes were fearless, and your lips apart
In half a smile.

Lifeless you lay in everything but death,
Your form revealed;
And when I felt the fragrance of your breath
My senses reeled.

'Twas then I learned the object of your fear—
I stood dismayed
To see a masked and silent figure near
With naked blade.

Seizing you, he slowly raised his arm,
With steel ablaze;
But, fearless now, your eyes met his with calm,
Unflinching gaze.

* * *

That night, from Lethe's shadowed gloom you came,
Mute and pathetic.
For hours you vomited, but did not blame
The anæsthetic.

A. B.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

STARTING three weeks earlier this season than in former years we embark on a strenuous programme against almost all the first-class sides in the country. The team is, as yet, in the making, but promises to be as good as that which won the Cup two years ago. With Bettington as captain and H. McGregor and Buttery as vice-captain and secretary respectively we are in good hands, and the material is in the Hospital for an A1 XV. The final arrangement of the team must depend on the announcement of the new "House" in November, for four of the "regulars" will be departing unless they are appointed. "A," "Extra A," "B" and "C" XVs are being run regularly and start their fixtures early this month.

It is hoped that all non-playing members of the Hospital will support the teams—their presence and encouragement help materially. At Winchmore, where the stand has been re-painted and "done-up" generally, we are meeting such teams as Cambridge, Pontypool, Harlequins, Plymouth, Bristol, U.S. Portsmouth, etc., while in January Bradford pay us their first visit, and should be accorded a warm reception.

New recruits to the Club are very welcome, and we hope to receive strong support both on and off the field from men arriving this term. Names of new players should be given in to the Hon. Sec., from whom fixture cards are obtainable now.

W. P. G.

ASSOCIATION FOOTBALL CLUB.

THE Soccer Club opens this season with a match against the Old Citizens on October 17th, the earlier dates being devoted to trial games, in which it is hoped to find new talent.

Owing to the successes of last season, when we won the Senior Inter-Hospital Cup and reached the final round of the Junior Cup, stronger fixture lists have been arranged for the three teams.

Freshmen desiring to play are invited to add their names to the list of members posted in the Abernethian Room, or make themselves known to one of the players.

Officers for the season were elected as follows:

President: Sir CHARLES GORDON-WATSON.
Vice Presidents: Mr. FOSTER MOORE, Dr. GOW, Dr HURTLEY.
Captain, 1st XI: L. B. WARD.
Vice-Captain, 1st XI: A. E. ROSS.
Hon. Sec., 1st XI: J. HUNTLEY.
Captain, 2nd XI: I. E. PHELPS.
Hon. Sec., 2nd XI: W. A. BELLAMY.
Captain and Hon. Sec., 3rd XI: T. F. TIERNEY.
Committee Men: W. A. MAILER, E. S. EVANS, A. CLARK.

UNITED HOSPITALS HARE AND HOUNDS.

THIS year the opening run of the season will take place on Wednesday, October 7th, from the Railway Hotel, West Wickham, at 3.30 p.m. Train leaves London Bridge station at 2.23 p.m.

The Annual General Meeting of the Club will not be held till Wednesday, October 14th, when it will take place at the Railway Hotel after the run.

On Wednesday, October 21st, a five-mile handicap race will be held at West Wickham, and all those wishing to enter should put their names down on the notice on the Athletic Club board in the Abernethian Room at once, as by so doing they will facilitate the handicapping.

Anyone who has ever attempted long-distance running, whether he has previously been successful or merely an "also ran," is urged to take up running this winter, as with a few keen supporters Bart.'s will have an excellent chance of winning the Inter-Hospital Cup in March. Anyone who has not attempted cross-country running before and who wishes to keep fit is also invited to join us.

Even if you feel you can shine at no form of sport, and therefore take part in none, give cross-country running a trial, for by so doing you may be able to help Bart.'s to recover a cup which has not been seen in the Library since 1906; in any case you will have had healthy exercise and spent a few hours in the country, both of which are good for the body and aid in refreshing the mind.

The United Hospitals Hare and Hounds Club was inaugurated in 1886, and in March, 1887, the first year in which the Inter-Hospitals cross-country race for the Kent-Hughes Cup was held, it was won

by Bart.'s. Other years in which Bart.'s have held this Cup are: 1902, 1904, 1905, 1906. Ever since the war it has been in the possession of Guy's, and it is quite time that Bart.'s put up a really hard fight to regain it.

Last season we lost the race by the bare margin of one point. It is the duty of all Bart.'s men, and especially "Freshmen," to see that this year the Kent Hughes Cup is once more on view in the Library, and this cannot be done by merely looking on and criticizing while leaving all the work to those who have run previously.

Do not leave your efforts till the last minute. In the past few years we have been forced to persuade men to turn out even as late as the day of the cup race, whereas our opponents have trained their teams for several weeks. If a few members of the Hospital will show a little keenness and turn out regularly we have a very good chance of success in the Inter-Hospitals race; even if we do not regain the Cup we can at least feel that we have put up a sportsmanlike attempt for it provided we are backed by those who wish to do something for the Hospital with the true Bart.'s spirit.

Remember it is not easy to work hard unless you are fit, and no one can keep really fit unless he takes healthy exercise. Unfortunately exercise is not easily obtainable in London, therefore take the opportunities which are offered to you. H. N. W.

HOCKEY NOTES.

THE fixture list remains much the same as last year, with two additions, viz. Jesus College, Cambridge, and Haileybury College.

The drainage of the ground at Winchmore Hill has been improved, and it is hoped will now be able to cope with the severest downpours.

Last season, although marred by the abnormally wet state of the grounds, was very successful, especially for the second team. They won the 2nd division of the Inter-Hospital Competition, and lost only one match, whilst the first team reached the semi-final of the 1st division of the Inter-Hospital Competition.

This year ten of last year's first team are again available. J. H. Attwood has been elected captain and W. A. Briggs secretary.

Those wishing to play this season who did not play last should sign their names on the notice-board.

UNITED HOSPITALS' SAILING CLUB.

THE races for the Inter-Hospital Challenge Cup (presented by Mr. James Sherren, F.R.C.S.) were sailed on the Crouch at Farnbridge on August 29th and 30th, the 14-foot International dinghies belonging to the Club being used. St. Thomas's were the winners. The weather was fine on both days, but the lightness of the breeze on the second made the racing very fluky, and the times were poor. Dr. Herbert French, of Guy's, kindly acted as umpire.

In the first race, between Thomas's and London, the latter fouled a mark-buoy and were disqualified, but Thomas's failed to finish the course satisfactorily, and so the Committee decided that the race should be re-sailed.

Bart.'s crew were unlucky in their second heat, as, owing to the light wind, the tide caused them to foul a yacht anchored on the course at the end of the first round, and more distance was lost than could be completely recovered during the remainder of the race.

Details. Two rounds of a Z-shaped course (approx. 1½ miles long).

1st Round.—Thomas's (Chandler and Harvey) beat London (Lister and Milner) by 16 mins. Time 34 mins. 34 secs.

Bart.'s (Thrower and Watts) beat George's (Pye and Scott) by 2 mins. Time 36 mins. 19 secs.

Guy's, bye.

2nd Round.—Guy's (Roche and Tupling) beat Bart.'s (Gough and Watts) by 4 mins. 30 secs. Time 1 hour 23 mins. 34 secs.

Final.—Thomas's (Chandler and Harvey) beat Guy's (Roche and Tupling) by 10 mins. Time 1 hour 21 mins. 30 secs.

A second cup has been presented to the Club by a surgeon to this Hospital for single-handed sailing and a competition for it will be arranged next season. Notice of the Annual Dinner and winter meetings of the Club will be posted in due course.

CORRESPONDENCE.

"OLD TIMES."

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

DEAR SIR,—I thank you for your offer to send me the Hospital *Reports*, which I declined, not because the old Hospital has lost its interest for me, but because of my age. I think I must be one of the oldest Bartholomew's men living, as I celebrated my 90th birthday last month. My grandfather, "John Haines," was at Bart.'s, my father a pupil of Abernethy and a contemporary of "Stanley," whose house-surgeon I was. He retired during my year, and I became "Paget's" first house-surgeon. My grandfather gave evidence on smallpox in the House. My father made himself a Governor of the Hospital to vote for Paget, who was the first man who broke the rule of the assistant surgeon's being chosen from the articled pupils of the surgeons. Paget's brilliant pupilage at the Hospital, in prizes, was the cause of his success. I entered the Hospital the same year as Alfred "Catt," who soon changed his name to "Willett," and I was house-surgeon with him. Then I joined my father and uncle in practice at Hampstead; my uncle, "William Haines," soon retired and went to Australia, and was Colonial Secretary at Melbourne for some years. Arthur Evans, also at Bartholomew's, was appointed a surgeon to the East India Co., and went out with his bride to Calcutta, where a cyclone arose—all were drowned. "William Lawrence" was senior surgeon and used to operate when he was over 80. Skey, who was a pupil of "Abernethy," was chiefly instrumental in the rule that 65 should be the age of retiring. After taking my degree at Oxford I entered the College at Bart.'s, living just opposite, in Duke Street, at a public-house kept by an old prize fighter, "Peter Crawley," who afterwards had an apoplectic attack, and came to the Hospital as a patient and was bled by Dr. "Andrew," Wadham Col.

I came home from Winchester with typhoid fever it was then called low fever or continued fever, in contra distinction to scarlet and intermittent. I can just recollect being placed on the first water-bed. It was a mahogany bedstead lined with sheet lead, like a bath, and cans of warm water were poured into it. It was known as Dr. "Arnott's" water-bed, and I well recollect he used to come round with Stanley when I was house-surgeon. I was at Winchester with "Pridgeon Teale," of Leeds, the rectangular flap inventor.

Please excuse this long ramble of a *Tum boyerau*.

HERBERT N. EVANS.

IODIDES.

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

DEAR SIR,—I have just been reading "Humour and the Consultant" in this month's Bart.'s JOURNAL, and think perhaps the following story may amuse some of your readers. It is an absolutely true story, the incident occurring this week.

Dr. A— took a Mrs. W—, who was suffering from osteitis deformans together with valvular disease of the heart and an aortic aneurysm, to see Mr. C—, a consultant. After carefully examining the patient and looking at the X-ray photographs he told the patient that although he did not think it was possible to cure her condition, still he thought the pains could be relieved and that he would have a talk with Dr. A— as to treatment. He told Dr. A— that he was of the opinion that there was a syphilitic element in the case, and he would advise large doses of IODIDE.

The next day the consultant received the following letter from Dr. A—: "Dear Mr. C—,—With reference to Mrs. W— and IODIDES, you were quite right about the pains stopping, but it was not the 'I-who-dide' but the 'she-who-dide' (last night) that unfortunately did the trick." —, F.R.C.S.Eng.

REVIEWS.

A SHORT PRACTICE OF MIDWIFERY. By HENRY JELLETT, M.D., F.R.C.P.I. 9th Edition; revised. (J. & A. Churchill, 1924.) Price 18s.

The appearance of a ninth edition of this work of Dr. Jellett will be universally welcomed, for it has a great reputation as a text-book of midwifery. Dr. Jellett is a master of lucidity, and by displaying the dogmatism necessary for a good teacher, he reduces intricate and sometimes obscure problems to simplicity. The additions to the new edition bring the book well up to date in certain fields, but more attention could have been paid to routine ante-natal examination and to puerperal sepsis. The author's well-known views on the operation of pubiotomy are mentioned, with the requisite indication that they are not universally accepted. There is a healthy criticism of what the author terms "meddlesome midwifery," which should be assimilated by all. The standard of the diagrams and of the print remains high, and it is undoubtedly true that no better elementary text-book of obstetrics in the English tongue exists than this work.

PRACTICAL SURGERY, ILLUSTRATED. By VICTOR PAUCHET. Illustrated by F. B. R. ATKINSON, M.B., C.M. With Introduction by Sir CHARLES GORDON-WATSON, C.M.G., F.R.C.S. (Ernest Benn, Ltd., 8, Bouverie Street, E.C. 4.) Vols. III, IV, V and VI.

We have already reviewed volumes I and II. These latter volumes continue much on the same lines, being profusely illustrated, both with drawings of actual operations and diagrams illustrating various procedures adopted by the surgeon. The almost universal adoption of local, spinal and splanchnic anæsthesia is a very prominent feature in the practice of the surgeon. One readily gathers the impression that abdominal surgery is the chief *forte* of the author, although scattered about these books are to be found procedures adopted in connection with the breast, prostate, œsophagus, bones, etc. Some of these are dealt with by colleagues. It is a little troublesome that the various abdominal conditions which are described are not all placed together, for even the methods adopted in the surgical treatment of a single viscus—for example, the duodenum—are to be found in each of the volumes. The literature contains a good deal of useful information with regard to the methods used, but by far the most valuable portions of the book are the illustrations with their diagrammatic drawings. It can safely be said that the book will have a stimulating effect on those anxious to try the most efficacious and up-to-date methods of treatment and should be useful to all young surgeons.

THE NURSES' HANDBOOK OF HYGIENE. By L. E. H. WHITBY, B.A., M.D., B.Ch., D.P.H. (London: The Scientific Press, Ltd.) Price 4s. 6d. net.

In the attempt to make a small volume the author has failed to give the student the practical help which is all that is needed by a nurse in house-to-house visiting, though he has given, in some cases, too much information of a technical character, which few nurses have time to study. It is doubtful if oil of peppermint introduced into a drainage system in the manner explained on p. 49 would prove a satisfactory test.

SOME ENCOURAGEMENTS IN CANCER SURGERY. By G. GREY TURNER, F.R.C.S. (John Wright & Sons, Ltd.) Pp. 74. Price 7s. 6d.

This little book contains the substance of a demonstration given before the Surgical Section of the Royal Society of Medicine.

The author is in favour of bold surgery in cases of malignant growths, and the cases which he quotes show that in his hands this attitude is certainly justified.

The book is excellently illustrated by forty figures. It should prove interesting to the younger surgeons, to whom its message is addressed—interesting perhaps rather than useful.

LECTURES TO NURSES. By MARGARET S. RIDDELL, A.R.R.C. New and Enlarged Edition. (London: The Scientific Press, Ltd.) Price 6s. net.

This manual, although useful in the main, is somewhat old-fashioned. In the treatment of meningitis (p. 191) blistering the neck is mentioned, but not lumbar puncture. The nursing directions for encephalitis, a disease in which much nursing may be required, are very inadequate. On p. 271 it states "the injection hypodermically of morphine is 2 to 5 minims (⅓–½)," which is obviously incorrect. In the section on obstetrical nursing no directions are given as to the fate of the baby; it is "wrapped in a warm blanket and put in a safe place while the mother is attended to." On p. 234 is a printer's error N.R.B. instead of N.A.B. Except for these minor points it is a book of moderate price, which should be useful to nurses in training.

GYNÆCOLOGY FOR NURSES. By COMYNS BERKELEY. (London: The Scientific Press, Ltd.)

This edition is a great improvement on what was already a very useful book for nurses. It now contains all the information required for the gynæcological section of the State Examination as well as that required by a nurse engaged in private nursing.

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

ADAMS, WILMOT, F.R.C.S. "Two Cases of Foreign Bodies in the Gastro-intestinal Tract." *British Journal of Surgery*, July, 1925.

BEYERS, C. F., B.A., M.B., B.S., F.R.C.S. "Normal and Abnormal Negroid Septa Pellucida." *Journal of Anatomy*, July, 1925.

BOWLBY, Sir ANTHONY, Bart., K.C.B., K.C.M.G., K.C.V.O., F.R.C.S. "Introduction to Atlas of Pathological Anatomy." *British Journal of Surgery*, July, 1925.

BROUGHTON-ALCOCK, W., M.B. (and DOUGLAS MACKENZIE, M.D., and H. C. LUCEY, M.D.). "A Study of the Tubercle Complement-Fixation Reaction with Besredka Antigen in the Investigation of Pulmonary Diseases." *Lancet*, June 27th, 1925.

BROWN, W. LANGDON, M.A., M.D., F.R.C.P. Discussion on the Treatment of Asthma. *British Medical Journal*, August 29th, 1925.

CAMMIDGE, P. J., M.D., M.R.C.S., L.R.C.P. "The Dosage of Insulin." *Practitioner*, September, 1925.

CHANDLER, F. G., M.A., M.D., M.R.C.P. "Pulmonary Tuberculosis in Childhood." *British Journal of Children's Diseases*, January–March, 1925.

——— "An Improved Refill Needle for Artificial Pneumothorax." *Lancet*, August 22nd, 1925.

——— "Types of Empyema." *British Medical Journal*, August 22nd, 1925.

CLARKE, W. E. LE GROS, F.R.C.S. "The Visual Cortex of Primates." *Journal of Anatomy*, July, 1925.

COLT, G. H., F.R.C.S. "Three Cases of Aneurysm of the Aorta Treated by Wiring: I. Aneurysms of the Abdominal Aorta." *British Journal of Surgery*, July, 1925.

CUMBERBATCH, E. P., B.M., B.Ch., M.R.C.P. "Treatment of Gonococcal Infection by Diathermy." *Proceedings of the Royal Society of Medicine*, July, 1925.

DAVIES, IVOR J., M.D., M.R.C.P. "Progressive Muscular Atrophy." *Clinical Journal*, September 9th, 1925.

DUNHILL, T. P., C.M.G., M.D., Ch.B. "The Surgical Treatment of Exophthalmic Goitre: Part I.—The Decision to Operate." *Lancet*, September 19th, 1925.

——— "The Surgical Treatment of Exophthalmic Goitre: Part II.—The Operation and its Danger." *Ibid.*, September 26th, 1925.

FISHER, A. G. TIMBRELL, M.C., F.R.C.S. "Principles of Treatment by Manipulation of Some Chronic Disorders of the Knee-joint following Injury." *Lancet*, September 12th, 1925.

GASK, GEORGE E., C.M.G., D.S.O., F.R.C.S. "The General Surgical Standpoint." *British Medical Journal*, August 22nd, 1925.

GORDON, M. H., C.M.G., M.D., F.R.S. "Viruses of Vaccinia and Variola." *Ibid.*, August 1st, 1925.

GORDON-WATSON, Sir CHARLES, K.B.E., C.M.G., F.R.C.S. Discussion on the Prevention and Treatment of Post-operative Pulmonary Affections. *Proceedings of the Royal Society of Medicine*, July, 1925.

HADFIELD, C. F., M.D. Discussion on the Prevention and Treatment of Post operative Pulmonary Affections. *Ibid.*, July, 1925.

HEY GROVES, ERNEST W., B.Sc., M.D., M.S., F.R.C.S. "Fracture Dislocation of the Upper End of the Humerus." *Lancet*, September 5th, 1925.

LANE-ROBERTS, C. S., M.S., F.R.C.S. "Venereal Disease in Pregnancy." *Clinical Journal*, August 12th, 1925.

LEVICK, G. MURRAY, M.R.C.S. "Successful Researches in the Treatment of Infantile Paralysis." *Lancet*, August 15th, 1925.

MOORE, R. FOSTER, O.B.E., F.R.C.S. *Medical Ophthalmology*, 2nd Edition. London: J. & A. Churchill.

MYERS, BERNARD, C.M.G., M.D., M.R.C.P. "The Nervous Child as seen in Medical Practice." *British Medical Journal*, July 25th, 1925.

NEWMAN, Sir GEORGE, K.C.B., M.D., F.R.C.P. "Fifty Years of Progress in Public Health." *Lancet*, July 25th, 1925.

PATERSON, HERBERT J., C.B.E., M.C., F.R.C.S. "Treatment of Patients Before and After Abdominal Operations." *Practitioner*, August, 1925.

POWER, Sir D'ARCY, K.B.E., F.R.C.S. "Eponyms: Charcot's Joints." *British Journal of Surgery*, July, 1925.

RIVIERE, CLIVE, M.D., F.R.C.P. "Tuberculosis in Childhood." *Medical Officer*, July 25th, 1925.

ROBINSON, C. A., B.A., M.B., D.M.R.E. "Technique Used in the Treatment of Gonorrhœal Infections by Diathermy." *Proceedings of the Royal Society of Medicine*, July, 1925.

SHAW, ERNEST H., M.R.C.P. "Carc noma of the Vermiform Appendix." *British Journal of Surgery*, July, 1925.

SPICER, W. T. HOLMES, F.R.C.S. Discussion on Eye Injuries and Interstitial Keratitis. *British Medical Journal*, August 29th, 1925.

STRETTON, J. LIONEL, M.R.C.S. "The Ultimate Fate of Disused Portions of Intestine after Complete Short-circuiting Operations." *Practitioner*, September, 1925.

TEICHMANN, O., D.S.O., M.C., R.A.M.C.(T.A.). "Surgeon-Major Belloste." *Journal Royal Army Medical Corps*, September, 1925.

WARD, R. OGIER, M.Ch., F.R.C.S. "A Clinical Study of Eleven Cases of Vesical Diverticula." *British Journal of Surgery*, July, 1925.

WATKYN-THOMAS, F. W., F.R.C.S. "Sequestra of Labyrinth." *Proceedings of the Royal Society of Medicine*, July, 1925.

WILLIAMS, R. LESTER, M.B., B.Ch., F.R.C.S. "A Case of Acute Intestinal Obstruction due to the Presence of a Drainage-tube Left in the Peritoneal Cavity." *Lancet*, August 1st, 1925.

YATES, A. LOWNDES, M.D., F.R.C.S(Edin.). "The Nasal Sinuses as a Route of Infection in Encephalitis Lethargica." *Ibid.*, July 18th, 1925.

CHANGES OF ADDRESS.

AINGER, W. B., 7, Cadogan Place, S.W. 1. (Tel. Sloane 2658.)

ANDREWES, C. H., Windy Gap, Merton Lane, Highgate, N. 6.

COLDREY, E. A., Chatham House, Rotherham, Yorks.

ELWORTHY, H. S., 7, Devon Avenue, Greve D'Azette, Jersey, C.I.

GOODWIN, T. S., C.M.S. Hospital, Kieuning, Fukien, S. China, *viâ* Siberia.

HERINGTON, C. E. E., Public Health Office, Doncaster.

HORNER, N. G., 3, Smith Street, Chelsea, S.W. 3. (Tel. Sloane 3617.)

HUME, J. B., 3, Handel Mansions, Brunswick Square, W.C. 1.

KYNASTON, A. H., 62, Narbonne Avenue, Clapham, S.W. 4.

LORENZEN, A. E., c/o Director, Sudan Medical Service, Khartoum.

PROSSER, T. G., Caldecote, near Market Harborough.

SMITH, A. B. PAVEY, Portland House, 14, Leeds Road, Harrogate. (Tel. Harrogate 379.)

TAIT, H. B., Ashmount, 68, Richmond Road, Worthing, Sussex.

TREWBY, J. F., 55A, Welbeck Street, W. 1. (Tel. Langham 2310.)

WILKINSON, W., c/o P.M.O., Kenya Colony, E. Africa.

APPOINTMENTS.

HERINGTON, C. E., M.B., B.S.(Lond.), D.P.H., R.C.P.S., appointed Assistant Medical Officer of Health and Assistant School Medical Officer to the Borough of Doncaster.

ROBINSON, V. P., B.M., B.Ch.(Oxon.), appointed House Physician to the Royal Infirmary, Sunderland.

ROBINSON, W. V., B.M., B.Ch.(Oxon.); appointed Honorary Anæsthetist to the Sunderland Royal Infirmary.

BIRTHS.

BROWN.—On August 19th, at Bassett Crescent, Southampton, the wife of Dr. A. W. Brown, of a daughter.

CROSSMAN.—On September 16th, to Dr. and Mrs. Francis Ward Crossman, Whites Hill, Hambrook, Glos.—a son.

ELGOOD.—On August 28th, at 20, Colebrooke Road, Bexhill-on-Sea, to Ethel, wife of Dr. C. Elgood—a son.

GRIFFITH-JONES.—On July 24th, at Brooklyn, Wellingborough, to Dorothy, wife of C. Griffith-Jones—a daughter.

HALES.—On September 12th, at Lees Lodge, Sheringham, Norfolk, to Pearl (*nee* Lee-Elliott), wide of Henry Ward Hales, M.D.—a daughter.

HEPPER.—On August 7th, at Frimley, Surrey, to Rosalind, wife of Dr. John E. Hepper—a son.

NIXON.—On July 25th, at 7, Lansdown Place, Clifton, to Doreen G. C. Nixon, M.R.C.S., L.R.C.P., wife of Dr. J. A. Nixon, a son (Gervase John Mapletoft), who only lived an hour, and a daughter

SATOW.—On July 26th, at "Ackland," Oxford, the wife of Lawrence L. Satow, M.C., M.R.C.S., etc., of a son.

MARRIAGES.

ADENEY—WARDLE.—On July 23rd, at St. Botolph's, Aspley Guise, Noel Frederick Adeney, F.R.C.S., to Bettie Holborn Gray, daughter of G. I. Wardle, of Ilford, Essex.

BROWN—WRIGHT.—On September 15th, at St. Paul's, Cambridge, Alexander Carnegie Brown, elder son of Rev. and Mrs. J. Carnegie Brown, to Ella Mary Wright, younger daughter of Mr. and Mrs. Arthur Wright.

COLDREY—GARDINER.—On September 16th, at Camborne, Eric Arthur Coldrey, M.D.(Lond.), younger son of Mr. and Mrs. A. A. Coldrey, The Laurels, Purley, Surrey, to Eleanor Isabella, only daughter of Peter Gardiner, M.D., and Mrs. Gardiner, Roslyn, Camborne, Cornwall.

HOSFORD—RANDALL.—On September 8th, at All Saints' Church, Ryde, by the Rev. Hugh le Fleming, Reginald Walter Patrick Hosford, M.B., F.R.C.S., eldest son of Dr. and Mrs. Hosford, of Hornsey Lane, Highgate, to Nora Kathleen, daughter of Mr. and Mrs. F. W. Randall, of Mayfield, Ryde.

HUME—POOLE.—On September 3rd, at Westcliff-on-Sea, John Basil Hume, F.R.C.S., son of Mr. and Mrs. David Hume, of Whitby, to Marjorie Constance, younger daughter of Mr. and Mrs. Frederick Poole, of Westcliff.

LONGFORD—DUNN.—On August 4th, at High Street Presbyterian Church, Holywood, by the Rev. D. H. Maconochie, B.A., B.D., assisted by the Rev. John H. Ilrath, B.A., William Ulic Desmond Longford, only son of Mr. and Mrs. William Longford, of Milan, Italy, to Elizabeth Jane Dalzell, elder daughter of Mr. and Mrs. William Dunn, Kinnegar, Holywood, co. Down, Ireland.

PARRISH—WHITEHEAD.—On August 14th, at St. Bartholomew-the-Great, John, son of Mr. and Mrs. J. Parrish, of Woodlands, Romford, Essex, to Ethel Maude, eldest daughter of Col. and Mrs. Whitehead, "Shuna," West Byfleet.

POTTS—HEPWORTH.—On July 30th, at Brompton Parish Church, South Kensington, by the Rev. Prebendary Gough, M.A., Dr. John Leonard Potts, only son of Mr. and Mrs. Leonard Francis Potts, of Ealing, to Nancy May, younger daughter of Mr. and Mrs. Allan Hepworth, of Ealing.

SHORE—HOARE.—On September 12th, at St. Bartholomew-the-Great, Smithfield, by the Rev. P. F. J. Burgess, Vicar of West Harptree, Bristol, assisted by the Rev. Tilden Smith, M.A., Thomas Henry Gostwyck, M.D., M.R.C.P., elder son of Thomas William Shore, O.E.E., M.D., of St. Bartholomew's Hospital, to Viola Edith, second daughter of the late Frederick Hoare, Esq., of Craiglands, Crouch End Hill, and Mrs. Hoare, 44, Stanhope Gardens, Highgate, N. 6.

SIMPSON—BATTEN.—On August 5th, at St. Mary Abbot's, Kensington, by the Rev. H. J. Matthews, Reginald Hugh Simpson, M.D., M.R.C.P., elder son of the late Frank Moncreiff Simpson, to Joyce Rayner Batten, M.B., B.Ch., younger daughter of Dr. and Mrs. Rayner Batten, of Campden Lodge, W.

DEATHS.

NICHOLLS.—On July 1st, 1925, at Longton, Staffs, Hubert Nicholls, M.D.(Cantab.).

WILLIAMS.—On July 16th, 1925, Dr. John Terrell Williams, of 262, Abbey Road, Barrow, aged 80.

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. XXXIII.—No. 2.] NOVEMBER 1ST, 1925. PRICE NINEPENCE.

CALENDAR.

Mon., Nov. 2.—Rugby Match *v.* Pontypool. Home.
Special Subject Lecture. Mr. Rose.

Tues., " 3.—Dr. Langdon-Brown and Sir C. Gordon-Watson on duty.

Wed., " 4.—Clinical Surgery Lecture. Mr. L. B. Rawling.

Fri., " 6.—Prof. Fraser and Prof. Gask on duty.
Clinical Medicine Lecture. Sir P. Horton-Smith Hartley.

Sat., " 7.—Rugby Match *v.* R.M.C. Home.
Association Match *v.* Old Citizens. Away.
Hockey Match *v.* Woolwich Garrison. Away.

Mon., " 9.—Special Subject Lecture. Mr. Elmslie.

Tues., " 10.—Dr. Morley Fletcher and Sir Holburt Waring on duty.

Wed., " 11.—Clinical Surgery Lecture. Mr. L. B. Rawling.

Fri., " 13.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Clinical Medicine Lecture. Sir Thomas Horder.

Sat., " 14.—Rugby Match *v.* Portsmouth Services. Home.
Association Match *v.* Old Cholmelians. Away.
Hockey Match *v.* Hendon. Away.

Mon., " 16.—Special Subject Lecture. Mr. Scott.

Tues., " 17.—Sir Thomas Horder and Mr. L. B. Rawling on duty.

Wed., " 18.—Clinical Surgery Lecture. Sir C. Gordon-Watson.
Hockey Match *v.* Jesus College, Cambridge. Home.

Fri., " 20.—Dr. Langdon-Brown and Sir C. Gordon-Watson on duty.
Clinical Medicine Lecture. Dr. Morley Fletcher.

Sat., " 21.—Rugby Match *v.* Bristol. Away.
Association Match *v.* St. John's College, Oxford. Away.
Hockey Match *v.* Jesus College, Cambridge. Away.
Last day for receiving matter for December issue of the Journal.

Mon., " 23.—Special Subject Lecture. Dr. Cumberbatch.

Tues., " 24.—Prof. Fraser and Prof. Gask on duty.

Wed., " 25.—Clinical Surgery Lecture. Sir C. Gordon-Watson.

Fri., " 27.—Clinical Medicine Lecture. Sir P. Horton-Smith Hartley.
Dr. Morley Fletcher and Sir Holburt Waring on duty.

Sat., " 28.—Rugby Match *v.* Devonport Services. Away.
Association Match *v.* St. John's College, Cambridge. Away.
Hockey Match *v.* Shoeburyness. Away.

Mon., " 30.—Special Subject Lecture. Mr. Elmslie.

EDITORIAL.

THE student who enters this Hospital is allowed to do so with the minimum of fuss and the least possible good advice. He is expected to draw his inspiration from the spirit of the place. It is true that if he lifts his eyes as he enters the portals of his Medical School he may read a hard saying concerning the temporality of his existence and the eternity of his art—but beyond this there is nothing to guide him. That this has its advantages cannot be denied. The Prize Distribution with which other hospitals open the session is usually an inglorious and dull ceremony, and the accompanying address is often reminiscent of the Head's chapel sermon at the commencement of term—perfectionist advice that the average man is forced by limits of temperament and intelligence to ignore.

But occasionally it is quite otherwise, and we confess to a feeling of envy as we read the addresses that Ian Hay delivered at Guy's.

We hope that our readers did not miss this admirable lecture, filled with wit and wisdom. It is, in itself, a sufficient argument in favour of these annual ceremonies—but unfortunately there are not enough Ian Hays to go round—and perhaps it is better that it should not be done at all than done badly.

* * *

It was a happy thought that prompted someone to ask Dr. John Adams to preside at the annual Old Students' Dinner. He is the G.O.M. of Bart.'s general practitioners, and, as Dr. Langdon-Brown described him during the evening, he is the youngest of old students, and one who, amid all the pressure of a long life of busy general practice, had found time for valuable scientific work.

He presided over a large and distinguished gathering.

Among the guests were Sir John Bland-Sutton, Surgeon Vice-Lieutenant-General Sir William Leishman, Admiral Chambers, and Air-Commodore David Munro.

Sir William Lawrence, the Senior Almoner, outlined the plans for the reconstruction of the Hospital, which include the building of a paying patients' block of 80 beds, and the erection of a new surgical block. Nothing, however, was said about the erection of a children's ward or the rebuilding of the Anatomy Department.

These plans are soon to be laid before a Court of Governors, and all Bart.'s men will watch with interest the outcome of these schemes.

Sir John Bland-Sutton, in a characteristically delightful speech, spoke of his personal association with the Hospital; his appreciation of the help that Sir Anthony Bowlby had given to him as his successor in the Presidential Chair; his deep affection for the memory of Sir James Paget, who had greatly encouraged him as a young man, and his long friendship with John Adams.

The health of Dr. John Adams, proposed by Dr. Langdon-Brown, was drunk with musical honours.

After the Chairman, obviously moved by the warmth of his reception, had replied in a few words, the company adjourned to the Library for coffee.

The Secretaries, Sir C. Gordon-Watson and Mr. Vick, are to be congratulated on the organization of a highly successful evening.

* * *

Nothing less than a hemiplegia is considered an efficient excuse in these days for not dancing, and we doubt if the energetic secretaries of the Bart.'s Dance will deem this disability good enough. We can assure those who have never been to the Dance that it is an incomparably good evening—the band, the floor and the supper are of the finest, and for the small sum of ten shillings (above the price of your own ticket) you can make certain of the best company in the world.

* * *

We congratulate our Nursing Staff, who, at the Inter-Hospital Swimming Competition, won the Nurses' Championship Cup, and won in addition two other Cups. These successes were mainly due to the fine swimming of Nurse Pole, who won three events.

* * *

On October 15th Mr. W. M. Evans, who has been a well-known figure in the surgery for 33 years, was presented by Mr. Watkins, the Curator, with a cheque. Unfortunately Evans has had to retire on account of ill-health, and many of the Senior Staff, Sisters, Junior Staff and students had subscribed to the present as a demonstration of their sympathy and goodwill. We wish him better health and happiness in his retirement.

The Annual Dinner of the Cambridge Graduates' Club of St. Bartholomew's Hospital will be held on Tuesday, November 24th, at the Hotel Victoria (King Edward VII Rooms). All Cambridge men are, *ipso facto*, members of the Club; so will any Cambridge man who has not received an invitation please apply to the Secretaries, Dr. H. N. Burroughes and Mr. Reginald M. Vick, at the Hospital?

* * *

The 1925 volume of the Hospital *Reports* has appeared unduly late in the year, because the new Committee, to whom the publication of the *Reports* has been entrusted, had no material in hand when they undertook their task. It is intended to publish earlier in the year in the future. All past students of the Hospital have been circularized and the effort to rally the *Reports* has met with a good response. Two hundred and thirty-four new subscribers have sent in their names up to date, and the volume just published is sold out. Those who have not sent in their reply to the circular and who wish to keep their series complete should notify the Treasurer or Secretaries at once.

Any inquiry about the *Reports* should be addressed to one of the Joint Secretaries, Mr. W. Girling Ball or Dr. Geoffrey Evans, addressed to the Hospital.

* * *

We should be glad if all who deal at any of the firms advertizing in our columns would mention the fact that they read these advertisements in the Hospital JOURNAL. Advertisers are hard men who like to see results, and the funds of the JOURNAL (and incidentally of the Students' Union) depend mainly upon this source of income.

HOUSE APPOINTMENTS.

The following gentlemen have been nominated to House Appointments from November 1st, 1925:

Junior House-Physicians—	
Dr. Morley Fletcher.	G. L. Alexander.
Sir Percival Hartley	W. A. Bourne.
Prof. F. R. Fraser.	H. F. Brewer.
Sir Thomas Horder, Bart.	R. A. Walsh.
Dr. Langdon-Brown.	A. Barnsley.
Junior House-Surgeons—	
Sir Holburt Waring.	H. J. Seddon.
Mr. McAdam Eccles.	P. R. Viviers.
Mr. L. Bathe Rawling.	M. G. Fitzgerald.
Prof. G. E. Gask.	E. A. Freeman.
Sir C. Gordon-Watson.	L. W. D. Buttery.
Intern Midwifery Assistant (Resident)	F. A. Bevan.
Intern Midwifery Assistant (Non-Resident)	D. A. Abernethy.
Extern Midwifery Assistant	D. G. Martin.* / G. H. Day.†
H.-S. to Throat and Ear Department	N. A. Jory.
H.-S. to Ophthalmic Department	R. Bolton.
H.-S. to Venereal and Skin Department	R. T. Payne.* / E. R. Cullinan.†
H. S. to Orthopædic Department	G. K. Loveday.
Senior Resident Anæsthetist	A. J. Durden-Smith.‡
Junior Resident Anæsthetists	W. P. Gaisford. / M. J. Harker.

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

OBITUARIES.

W. E. NICKOLLS DUNN, M.B.

WE regret to announce the death of Dr Nickolls Dunn, at Mentone, on October 16th, at the age of 54. We have received the following appreciation of him from a friend:

"Those who can remember Nickolls Dunn in the 'nineties, when he was on the Junior Staff at Bart.'s, will not forget with what tragic suddenness the disease appeared which compelled him to give up the work he loved and was doing so well.

"He was, however, full of courage; on one occasion many years ago, just as he was preparing to return to Europe, he started off at a moment's notice to go from Cairo on a camel expedition into the Sinai Mountains to help a man who had developed pneumonia whilst hunting chamois in those regions. And the Sinai Peninsula in those days was much more dangerous and unknown than it is to-day.

"He did useful work during the Great War, working in his own modest and very thorough manner, but felt the strain afterwards.

"He was a very good fellow, a trusty friend, and a worthy son of Bart.'s. Perhaps he was not as well known as he ought to have been, but ill-health, combined with his natural modesty, made him diffident about himself. He took the knock-out blow of his illness very pluckily, though it struck him down just as he was entering the most interesting stage of his career.

"His memory is very sweet to those who knew him."

A. G.

DR. ADAM OAKLEY.

We also regret to announce the death of Dr. Adam Oakley, who died at Twickenham at the age of 69. He was the son of the late Sir Henry Oakley, and having completed his medical education at St. Bartholomew's Hospital, he practised for many years in Hampstead. The shortage of medical men during the war called him out of retirement and he became a School Medical Officer to the Middlesex County Council—a post which he held until a few months prior to his death.

CAPTAIN T. B. A. HAGGARD.

We regret to announce the death of Captain Thomas Haggard, late R.A.M.C., which took place at this Hospital, where in earlier years he had been a House-Surgeon; later he was Clinical Assistant at the Central London Ophthalmic Hospital. In 1907 he married Agnes Angela Rider, daughter of the late Sir Henry Rider Haggard, the novelist.

DIET IN THE TREATMENT OF CONSTIPATION.

By GEOFFREY EVANS, M.D., F.R.C.P.

THE natural effect of food is to stimulate the digestive tract, just as physical exercise increases the activity of the heart and circulation. It follows that a proper ordering of the diet is always the first step, and it is rarely the last, in the treatment of constipation.

When a barium meal is taken, it is "held up" by the muscle-tone of a healthy stomach; it flows through towards the pylorus, and after a longer or shorter interval active peristalsis is seen and the stomach begins to empty. Its further course is quite complicated. It is held up momentarily in the duodenal cap and then passes quickly through the duodenum to the duodeno-jejunal junction, where again it almost halts. It is not uncommon to see reverse peristalsis in the duodenum with a barium meal. The further course of barium through the jejunum and ileum is difficult to follow, as its passage is rapid and the barium is increasingly diluted. In addition to peristaltic waves, segmentation of the bowel wall has been described by Hurst, and by its means good mixing of the contents with digestive juices is effected and good contact made with the mucous membrane of the gut-wall. At the end of 3½ hours the meal is collecting in the terminal loops of the ileum up to the ileo-cæcal valve.

As the food is followed thus far in its course we see its local effect on the neuro-muscular mechanism of the digestive tract, and we see that for the proper activity of the bowels *food must be taken*. It sometimes happens that constipation is due to taking too little food. In the few days' starvation that is generally ordered after severe hæmorrhage from a gastric or duodenal ulcer, or in the abstention from one or more meals in the day that some patients practise on their own initiative when they suffer from chronic and severe indigestion, obstinate constipation is liable to result. Whatever the reason may be, if the first object is the treatment of constipation, and if there are no contra-indications such as gastric or duodenal ulceration, the first direction to the patient is to take proper meals.

Let us return to the barium meal as it collects in the terminal coils of the ileum, 3½–4 hours after a meal, and watch it as a second meal is taken. Hurst describes the operation of a gastro-ileal reflex, which leads to increased peristaltic activity of the terminal ileum, relaxation of the ilio-cæcal sphincter and filling of the

cæcum. There is a second distant reflex, the gastro-colic reflex, through which the arrival of food in the stomach exerts a powerful action on the activity of the whole length of the colon, causing "mass peristalsis" and the wholesale forward movement of the contents of the colon. Hurst describes one series of observations in detail, and says, "It was found that the progress through the colon was exceedingly slow apart from meals, and that often no appreciable change could be observed after a whole hour." These observations show that the proper digestion of one meal is in part dependent on the taking of the next meal, and in the treatment of constipation it means that *food must be taken at regular times.*

Some experience of radiology shows that the activity of the stomach (and the intestines) is by no means controlled by its work as an organ of digestion. It is striking to see the stomach drop suddenly with weakened tone if a person feels faint; the reverse picture of a little contracted stomach tucked up under the costal margin as a result of nervousness may be changed to a picture of normal form and movement by 5 minutes' rest and reassurance. These are just objective illustrations of the common experience that the emotions disturb digestion: the "student habit" is something of an offender too. On the other hand, there are central stimuli which promote digestion, and it has been shown in dogs (Cash) that the smell of food increases peristalsis in the small intestine, while, according to Hurst, the sight of food may be sufficient to provoke "mass peristalsis" in the human subject.

Order, therefore, the best food that circumstances permit and *the nicest food* that common sense allows! A good appetite and enjoyment of food is the third step in the dietetic treatment of constipation.

Patients take little notice of directions thus far because they are waiting, all attention, to know the details of what they may eat. It must be *a varied diet.* Constipation is often complicated by indigestion, and the indigestion is often attributed to this and that article of food which is consequently discarded, and so the variety of the diet becomes too restricted. I admitted a patient of this kind to Sir Archibald Garrod's ward when I was his house-physician; it was a woman who developed scurvy as a result of having steadily restricted her diet until it consisted only of boiled milk. Some badly nourished dyspeptics are slight imitations of this bizarre case. From another point of view there is a simple illustration of the value of mixing food in the fact that bread and milk is more digestible for adults than milk alone.

The chief stimulus to digestive activity is the mechanical or chemical stimulus of food. We know more about the mechanical stimulus, and we know that constipation may be due to a deficient residue. Even when the residue is sufficient for ordinary days, it is a useful measure to increase it temporarily to correct the transitory constipation that sometimes follows a railway journey, a change of environment or a day's hard exercise. The residue is best increased by taking fruit and vegetables with ample cellulose content, and, since well-cooked cellulose is so softened that it loses some of its efficacy in this respect, some of the fruit should be raw, and some of the vegetable may be in the form of salad. Wholemeal bread, rye bread, porridge, oat-cake and nuts are additional means of increasing the bulk of food residues. For chronic constipation not due to organic disease, an *increased bulk of the food residue* is the most generally useful dietetic measure to adopt, and it is particularly useful in the treatment of dyschezia as distinct from other types of constipation. The importance of a mechanical stimulus is realized when chronic constipation is cured by simply taking a dessert-spoonful of psyllium seeds daily.

All articles of food exert a chemical stimulus. The carbohydrates and vegetable acids are the most potent, and the effect of honey, treacle and marmalade for breakfast illustrates this. *Per contra*, the absence of carbohydrate from the diabetic dietary is one of the causes of the constipation to which diabetics are prone. Fruit, therefore, is most active both chemically and mechanically; it acts chemically by virtue of its carbohydrate, its organic acids and salts; it acts mechanically by virtue of its cellulose, and sometimes its skin and pips. Some fruits are more laxative than others, and first in the list come prunes, figs, dates and raisins. The products of digestion of proteins and fats are slight stimulants to peristalsis, but fat is of more importance than protein because, in addition to the slight stimulant action of its breakdown products, it is a means of keeping the stools soft. The limit of fat-absorption from the bowel is given by Flack and Hill as 5½ oz. daily, so that if more than this is taken the fat will pass through unabsorbed and make a soft stool.

Recent work by Louis Gross has shown that vitamin B is a stimulant to peristalsis. In 18 rats he found that the removal of vitamin B from a standard diet increased the time taken in the passage of food residue from mouth to anus, both in regard to the time of appearance of the head of the residue and in regard to complete evacuation of the remainder of the residue. This change in function could not be correlated with any very definite change in structure of the bowel-wall; it is possible, however, that McCarrison's observation of degenerative changes in Auerbach's plexus in animals fed with a vitamin-poor diet may be a link between Louis Gross's work and Sir Arthur Keith's description of lesions in Auerbach's plexus in cases of advanced colonic stasis. These observations at least have this importance—that they show there is more in diet than is comprised in the mechanical and chemical stimuli with which alone we were recently familiar.

Fluids are of great importance in the dietetic treatment of constipation. An adult requires about 2½ pints daily, more or less according to climate, exercise, etc. It is always necessary to go into this matter in detail because the amount of fluid taken is often too little, and as a result the fæces are too hard for easy passage from the pelvic colon to the rectum, or for expulsion from the rectum. It may be as a matter of convenience that the fluid intake is restricted, or it may be that some colons (like some people) are born thirsty. Water is the best drink, but all water is not good to drink, and hard water seems to be constipating sometimes. Even if the water is constipating it is better to neglect the fact, and determine that the patient at any rate drinks the required amount of fluid. If circumstances permit a bottled water may be advised, and Malvern water is, I believe, the purest English water. Milk is good for the stomach, but bad for the intestine, and in intestinal dyspepsia it is generally better avoided except in dilute form in tea or mixed with carbohydrates in cooking. The effect of alcohol varies in different people. Cider and beer are slightly laxative, particularly cider, which sometimes causes diarrhœa in those unaccustomed to it. The red wines are said to be constipating on account of the tannin they contain, but their effect is often inappreciable. Tea is only constipating to the extent of the tannin it contains, and there is generally less tannin in China tea than in Indian and Ceylon tea. The tea must be fresh; it must be infused for less than 5 minutes and may then be allowed, even to constipated persons. Coffee, as drunk with milk at breakfast, instead of tea, is certainly stimulating to some people, but the small cup of black coffee taken after lunch or dinner is perhaps better prohibited.

Constipation is not always to be treated by gastro-intestinal stimulation. It is sometimes due to over-fatigue of the digestion, due to some such simple cause as long-continued over-eating, or to some more general state such as neurasthenia. Under these circumstances the first indication is rest, not only of the patient, but also of his digestion. If the condition is obstinate or serious he must be put to bed and given at first a perfectly bland diet in small quantity. If the fatigue is recent this may quickly restore the normal function of the bowel. If the whole health and strength are undermined this must be built up, and as much food will be given as the digestion can deal with. There are other disorders of intestinal function that are best treated on these dietetic lines. One of these is spastic constipation, for which, in severe cases, a completely unstimulating diet is recommended; throughout its treatment coarse residues, and chemical irritants such as pickles, curries and condiments, must be rigidly avoided. Lastly there are cases in which constipation seems to be due to some inherent weakness or functional disorder of the neuro-muscular mechanism of the bowel. The diet indicated for these is the best and most appetizing food, plainly cooked and taken at regular times; it should be small in bulk, very fresh and digestible, leaving relatively little residue, and given with a more than ample supply of vitamins. A residue is added, as required, in the form of agar. Such a bowel needs coaxing to do its work.

LIFE AND WORKS OF SIR JAMES PAGET.

By W. R. BETT.

Being the Wix Prize Essay of 1925.

SIR JAMES PAGET was born at No. 59, South Quay, Great Yarmouth, Norfolk, on January 11th, 1814. His father, Samuel Paget, was a prosperous, hard-working brewer and shipowner who "had risen to his good position by his own power and character." He was mayor of Yarmouth in 1817. Paget's mother was an enthusiastic collector of seals, autographs, china, shells and curios of all kinds. From her Paget got his passion for botany, his love of museums and his skill in drawing. Samuel Paget's business failed "through no fault of his own," and he had to give up his house in 1848. He died nine years later, aged 82, "of that most rare of all the causes of death—mere old age."

Paget attended a day school kept by a Mr. Bowles, where he received a very fair education and became head boy. He was attracted towards the study of botany, which had great charm for him all his life. The following quotations from his *Memoirs* are interesting:

"I think it impossible to estimate too highly the influence of the study of botany on the course of my life . . . the knowledge was useless: the discipline of acquiring it was beyond all price."

Paget left school when he was sixteen and it was decided that he should be a surgeon. In order to learn the "art and mystery of a surgeon," he was on March 9th, 1830, apprenticed to Mr. Charles Costerton, an old Bartholomew's man, described by Paget as an "active, energetic, and well-educated practitioner." His first sight of surgery was before he was apprenticed, on

February 17th, 1830—a double amputation of thigh and arm for gunshot wounds. It is recorded that he fainted at the operation.

He attended a series of lectures on anatomy by Mr. Randall, a young surgeon living in Acle, a village near Yarmouth, and learnt dispensing and became acquainted with the elementary principles of medicine and surgery. Above all he acquired exactness, neatness, and business-like habits, of highest value to him in his future career. In spare moments he taught himself French and read the works of Cuvier and Bichat. He found time to botanize on Saturday afternoons and "on casually unoccupied bits of days, and often before breakfast," and made a complete collection of the flora of the neighbourhood. In 1834 he and his brother Charles published a little book of 88 pages, called *Sketch of the Natural History of Yarmouth and its Neighbourhood*, in which they gave a full list of all the species of animals and plants found near Yarmouth.

In October, 1834, James Paget came with his brother George to London and entered St. Bartholomew's Hospital.

To this hospital Paget gave of his very best, and the Hospital in her turn took a deep interest in him, guided his footsteps when he was a stranger, saw his early struggles, awarded him his first prizes, became the home of his dearest friendships and the proud witness of his increasing fame.

When Paget arrived the Medical School was badly administered, its members working badly together. In an address which he delivered before the Abernethian Society in 1885 he said: "Many of the Governors of the Hospital fifty years ago were either quite indifferent to the School or looked upon it with dislike and suspicion, and some held that it distracted attention from the Hospital, cost money, gave trouble, trained disrespectful young men and did many other evil things."

Paget worked hard in the dissecting-rooms, with the aid of Stanley's *Anatomy*, the Dublin Dissector, and a translation of Cloquet's *Anatomy*, and he attended Stanley's lectures on General Anatomy and Physiology. The following quotation from his *Memoirs* is of interest: "For the great majority of students, and for myself at first, work at that time had to be self-determined, and nearly all self-guided; it was very little helped by either the teachers or the means of study."

From October till Christmas, 1834, the two Pagets lodged together at 9, Charlotte Street, Bloomsbury. After Christmas James moved to 12, Thavies Inn. He followed Lawrence through the wards, and Burrows in out-patient work. At the end of the first year he came out first in Medicine, Surgery, Chemistry and Botany.

On January 30th, 1835, an Italian, aged 45, died at St. Bartholomew's Hospital, in one of Dr. Roupell's wards. Three days later, while the dissection of the body was in progress, curious little specks were noticed in the muscles. Paget says in his *Memoirs*: "All the men in the dissecting-rooms, teachers included, 'saw' the little specks in the muscles; but I believe that I alone 'looked at' them and 'observed' them; no one trained in natural history could have failed to do so." His difficulty was that he possessed no microscope with which to examine the "spiculæ of bone" intimately. He was unable to procure a microscope in the Hospital, so he called on Mr. Children, chief of the Natural History Department of the British Museum, who took Paget to Robert Brown, who was working in the next room.

Brown at once lent Paget his simple dissecting microscope, and with this Paget discovered that the minute specks were due to the presence of a small parasite enclosed within a calcareous capsule. He had discovered a "perfectly new animalcule." He made sketches of the worm, and was invited to give an account of his discovery and to show his drawings at a meeting of the Abernethian Society. Paget's specimens were shown to (Sir) Richard Owen, who established their nematoid nature and named the parasite "*Trichina spiralis*." The natural host of the flesh-worm is the rat, but it is very prevalent in the pig. It gives rise to the disease known as trichiniasis.

There is a tendency for Paget's name to be dissociated from the worthy place which it deserves to occupy, owing to the illustrious names of great men who took up further investigation of the subject, but to Paget belongs the credit of having discovered *Trichina spiralis*.

Paget was unable to afford the fee demanded by the surgeons of the Hospital for a dressership; so he served as clinical clerk to Latham and worked with Burrows in the out-patients' room. At the examination held at the end of the winter session he was first in Anatomy, Physiology, Chemistry, Medicine and Medical Jurisprudence. When 22 years old he passed the examination of the College of Surgeons and obtained his M.R.C.S. His examiners were Sir Astley Cooper and Anthony White.

Early in 1836 Paget left Thavies Inn and moved to 82, Hatton Garden, where he lodged with his friends Firth and Master.

In October, 1836, he became engaged to Lydia North, daughter of Rev. Henry North, domestic chaplain to the Duke of Kent.

In this year Paget took lodgings in Millman Street. He had a pupil to board and work with him. The pupil had no inclination to work, and it is said that, to escape from him, Paget went to Paris for a few months, where he became acquainted with the work of Roux, Magendie, Lisfranc, Cloquet and others. He returned to London in April, 1837, and devoted himself to writing. For six years he was sub-editor of the *Medical Gazette*. He also wrote the annual reports of the progress of anatomy and physiology for the *Medical Quarterly Review*. These reports are remarkable for their thoroughness, condensation and justice, and they contain references in six languages.

In 1726 a museum of "anatomical and chirurgical preparations" was established at St. Bartholomew's Hospital and entrusted to John Freke, who at that time was an assistant surgeon to the Hospital. When Paget arrived the Museum was "in good order and good repute," and had recently been enlarged.

He was appointed Curator in 1837 and held the office for six years. His salary was £40 per annum. Attending from nine till four daily (except Saturdays), he put up new specimens, repaired and catalogued the old ones, and prepared demonstration-specimens for lectures. The first volume of the catalogue appeared in 1846 and the second in 1851, the preface being by Paget.

Looking back, it is worth our while to consider to what an extent the experience which he gained in the Museum fitted Paget for his subsequent career; it made him an accurate observer and taught him the value of writing terse English; it stimulated him to "study the science as well as practise the art of surgery." In those days, too, his interest in pathology was born.

A replica of Paget's bust by Sir Edgar Boehm was presented to the Museum by Lady Paget in 1887. It is placed opposite the bust of John Hunter, whose methods he copied, developing surgical pathology on truly Hunterian lines.

In the beginning of 1842 James Paget was engaged to prepare a catalogue of the pathological collection of the Museum of the Royal College of Surgeons, as the earlier catalogue, dated 1830, had by that time proved unsatisfactory.

On December 18th, 1838, while making a post-mortem in a miserable house in Lambeth, where a child was lying ill with typhus fever in the next room, Paget became infected and was seriously ill. The crisis occurred on January 5th, 1839.

In the summer of 1839 Paget was appointed Demonstrator of Morbid Anatomy in the Medical School. With this appointment his career as a teacher began. His demonstrations were very popular and well attended. Paget was a pioneer in the teaching of scientific pathology, and he knew how to make his subject interesting if not fascinating. In November of that year his pupils, to show their appreciation of the value of Paget's demonstrations, urged in a letter to the Medical Officers that he should be made Lecturer on Morbid Anatomy. After long delay their request was granted.

On May 30th, 1843, Paget was appointed first lecturer on General Anatomy (Microscopic Anatomy) and Physiology. His lectures, "admirable in substance as well as in form," were the talk of all the medical schools. He himself speaks of them as "containing extremely little original matter, scarcely even any original thought."

The value of these lectures is best shown by the fact that the *Handbook of Physiology*, by Dr. Kirkes—one of his pupils—was their direct outcome.

When Paget started his course of lectures many parts of physiology were still unexplored. Certain discoveries were either wrongly interpreted or their value was not appreciated.

One of the most original of Paget's contributions to physiology was his research on what he called "The Chronometry of Life." This absorbing study interested him for a large part of his life. He first mentions the subject in the Croonian Lecture which he delivered before the Royal Society in May, 1857. He begins his lecture with an account of the work of Martin Heidenhain, Stannius and others, on the heart-beat of the frog and on the presence of nerve-centres in the heart. He speaks of the rhythmic movements of ciliated cells and of the yolk of the ovum of the pike. "All the rhythmically acting organs are all seats of nutritive processes, and I believe that their movements are rhythmical, because their nutrition is so, and rhythmic nutrition is only a peculiar instance, or method of manifestation, of a general law of time as concerned in all organic processes. In other words, I believe that rhythmic motion is an issue of rhythmical nutrition."

He again deals with the time-regulation and time-adjustment of the processes of life in a lecture before the Royal Institution in April, 1859.

"The phenomena of disease, especially in fevers, agues, the consequences of injuries, and many cutaneous eruptions, would afford abundant instances of the observance of time in the organic processes."

One could go on quoting for ever from his fascinating book, *Studies of Old Case Notes*. The following quotations are of special interest:

"In many instances the time-rates may be determined chiefly by the events in the lives of microbes."

"Let it be remembered that even the smallest defect in chronometry, beginning in early life and continued, will become constantly more serious in its effects, just as an inaccurate clock becomes more wrong the longer it goes."

"We should not be content with asking a patient how old he is; we should ask ourselves how old is

his heart, or his brain, or any other part which seems now less healthy than the rest."

When the Physiological Society was founded it made Paget, with William Bowman, one of its very few honorary members.

Paget became first Warden of the Residential College in October, 1843, at the age of 29. He held this office for eight years, resigning in October, 1851. To him, with his keen sense of duty and high moral character, this was a most responsible post. He had now his own home, living with his wife in the College. His lonely existence in lodgings during ten years was now a thing of the past and was becoming a memory. His first son was born March 9th, 1848. Through the time of his wardenship he kept himself deliberately poor as so to be able to pay his share of his father's debts. The last debt was paid in 1862. "He had to watch the dissolution of his old home, the lingering illnesses, and the going-out of all the lights there. The men in College knew nothing of it, and must have wondered sometimes at the austerity of the Warden's life." Paget made short notes of how students had got on at the Hospital and later on in life. The entry-book, written between 1843 and 1858, is preserved in the Library of the Royal College of Surgeons. It is an interesting book, containing a number of pleasant prophecies, most of which came true, and a few gloomy verdicts.

Among the students who resided in the College in Paget's time William Palmer must be mentioned, as he achieved notoriety and inspired others to follow his example. Like Paget, he has the distinction of appearing in the *Dictionary of National Biography*. There is more than one way of becoming immortal. This is Paget's impression of Palmer in his student days: "Idle, dissolute, extravagant, vulgar and stupid." He adds: "He scarcely practised and was chiefly engaged on the turf. He was hung for the murder of a friend, Wm. Cook, in ——". The date is not filled in. Palmer was executed on June 14th, 1856, outside Stafford Gaol. A further reference to Palmer from Paget's pen appears in his essay on "What becomes of Medical Students": " . . . the notorious Palmer who committed murder at Rugeley—he was an idle, dissipated student, cursed with more money than he had either the wisdom or the virtue to use well." Some of the short notes reveal a certain feature which was prominent in Paget's character, and which became perhaps more accentuated with advancing years: his dislike of eccentricity. He did not care for people with hobbies and unsettled fancies and tastes for things outside their business. With them he was formal, even hard: to them he seemed austere and lacking in sympathy.

In 1846 he brought out his *Records of Harvey*. This is a collection of all the entries relating to William Harvey in the Hospital JOURNAL, and reveals Paget's deep and lasting affection for the Hospital.

On February 24th, 1847, Paget was elected Assistant Surgeon to the Hospital after considerable opposition, based mainly upon the ground that he had never been dresser or house-surgeon.

In the same year he became Arris and Gale Professor of Anatomy and Surgery at the College of Surgeons. He delivered thirty-six lectures, with the following titles:

1847. Nutrition.
1848. The Life of the Blood.
1849. The Process of Repair and Reproduction after Injuries.
1850. Inflammation.
1851. Tumours.
1852. Malignant Tumours.

In July, 1861, Paget was appointed Surgeon to the Hospital, and in 1865 he became Lecturer on Surgery. This post he held for four years. In surgery there is an art and a science. The former Paget practised, the latter he studied and taught. Sir Norman Moore said of him: "His success as a surgeon was largely due to his work as a pathologist." He was a keen and accurate observer and took infinite pains. In his Hospital work he was punctual in attendance. To quote from his *Memoirs*:

"I observed the admirable rule which had been set, especially by Lawrence and Stanley, of attending the Hospital on at least six days in the week and of never refusing to go to urgent cases at any time by night or day."

He resigned as Surgeon to the Hospital in his 56th year and was made Consulting Surgeon. He gave up operating at the age of 64.

He served on the Council of the Royal College of Surgeons 1865–1889, being twice re-elected, and was made President in 1875.

Paget in this country and Virchow in Germany represent a period of transition between the teaching of Hunter, the pioneer, and the genesis of modern pathology.

Paget was one of the first to apply the microscope to pathological investigations, especially to the study of tumours.

It is instructive to look back and see under what handicaps Paget laboured in his day and what advances have since been made in pathology. Fifty years ago the word "bacteriology" was unknown, and little or no interest was shown in germs.

Antiseptic surgery was in an experimental stage. In 1871 Carl Weigert succeeded in staining bacteria; three years later aniline dyes were introduced, and in 1877 Pasteur's work on anthrax was published.

The cause of fermentation was discovered by Pasteur, and Lister applied this discovery to the daily task of the surgeon and pathologist. In 1886 von Bergmann introduced steam sterilization of dressings and instruments. Rubber gloves were first used in 1890.

Paget became President of the Pathological Society at the age of 73. In the inaugural address in January, 1887, he urges the general practitioner to remember that being a doctor he is a man of science, and that general practice was full of scientific opportunities.

One of Paget's most fascinating addresses was given at Cambridge on "Elemental Pathology." This address is remarkable in that it reveals how far he had advanced in his conception of the ideals and aims of pathology; and that he knew along what lines the progress of this science could best be ensured. He recommended the pathologist to begin at the beginning, to study the diseases of plants, gradually proceeding from the simple to the more complex. For him the healing of the wound of a plant and of the body of man were but variations of the same process.

His most original work was published relatively late in life. The treatise on *Disease of the Mammary Areola preceding Cancer of the Mammary Gland* appeared in the Hospital *Reports* for 1874.

His treatise on "Osteitis Deformans" appeared in the *Medico-Chirurgical Transactions* for 1876 and immediately attracted much attention. "A better name," he said, "may be given when more is known of it."

The haustus hydrargyri perchloridi cum potassii iodido is known even to-day as "Paget's mixture." It appears for the first time in the 1882 edition of the Hospital *Pharmacopœia*.

Paget was elected a Fellow of the Royal Society in 1851. He received honorary degrees from the Universities of Oxford, Cambridge, Dublin, Bonn and Würzburg. He became a foreign Associate of the Académie de Médecine in 1886. He was also a member of the French Institute and enjoyed innumerable other foreign honours.

As early as 1843 he was elected Honorary Fellow of the Royal College of Surgeons when the higher diploma was instituted, and in August, 1871, he was made a baronet.

It is impossible to enumerate all the honours conferred on him by the Royal College of Surgeons. One of the greatest was the Honorary Gold Medal, awarded to him and to Lord Lister in 1897.

He delivered the Hunterian Oration on February 13th, 1877, before a distinguished audience, which included the Prince of Wales. He spoke of the "motives of John Hunter in his scientific life," emphasizing his passion for knowledge, his love of collecting, and his desire of happiness in intellectual exercise.

Mr. Stephen Paget tells me that Sir James learnt this Oration by heart and rehearsed it to Lady Paget. When he delivered it he had the notes in his pocket, but he had no need to consult them.

Paget had no real holiday for seventeen years.

In August, 1861, he went with his wife and daughter for three weeks to North Wales. The story goes that he flung up his hat in the railway-carriage, like a schoolboy, at the joy of getting away from work and starting his first real holiday.

Sir Humphry Rolleston, in recently emphasizing the fact that holidays are essential to the well-being of man, mentioned Sir Henry Holland, who for more than half a century spent every year two months in travel, and with him contrasted Sir James Paget, who had no holiday for more than fifteen years. For both men the span of life was the same. Both died at the advanced age of 85.

Early in 1871, during a post-mortem, Paget contracted blood-poisoning, resulting in a diffuse cellulitis. He was dangerously ill, for many weeks lying between life and death. He finally recovered, but his power of resistance was permanently impaired, and in May he resigned the office of Surgeon to the Hospital.

On Thursday evening, October 11th, 1894, Sir James Paget opened the one hundredth year of the Abernethian Society's existence, delivering the Inaugural Address on "The Advancement of Knowledge by the Scientific Study of Diseases in Medical and Surgical Practice." The address was a memorable one in the history of the Society. It was given in the Anatomical Theatre, which was so crowded that the gallery had to be called into use. Over 500 people were present.

In the same year the Hospital honoured her famous son by assigning his name to one of her wards, thus gladdening his old age.

Shortly afterwards Lady Paget died. After her death Sir James aged very greatly. For two years he had to bear the burden of a helpless life, growing feebler and feebler till at last he could do nothing for himself.

At 10 o'clock on Saturday night, December 30th, 1899, Paget died, 85 years of age.

His death added one more note of mourning to the end of the year. The first part of the funeral service took place at Westminster Abbey, and the interment at Finchley.

Sir James Paget was tall and slender, his face rather long, his cheeks somewhat flushed and his eyes bright. He was always well-dressed, wearing dark clothes, of a somewhat old-fashioned cut, especially the coat collar.

His voice was soft, clear and musical, with a distinct Norfolk accent. He spoke quietly and fluently, always thinking for a few seconds before he opened his mouth. By his dignified bearing and charm of manner he never failed to ensure perfect order and attention at his lectures and visits to the wards.

Paget was always pleased with anything that came his way—holidays, books, music and honours. He loved success and revelled in its sunshine. One of the outstanding features of his character was the great sobriety of his mind. His intelligence was always clear, he was never excited and never in a hurry. The topics of the day were of high interest to him, and he discussed them calmly as a rule. He possessed extraordinary tact, knowing exactly when to speak and what to say. "There are occasions," he used to say, "on which one must be more than courteous and generous; one must be chivalrous."

In bringing this essay to a conclusion, I recall the valuable help that has been given and the inspiration which I have derived in writing it, yet I feel that, in the words with which Stephen Paget prefaces the *Memoirs* of his father, the essay is not worthy of Paget's memory.

THE INFLUENCE OF MEDICINE IN MESOPOTAMIA.

By Sir THOMAS CAREY EVANS, M.C., F.R.C.S.(Eng.),
Formerly Surgeon to the Viceroy of India.

As Iraq or Mesopotamia is, at the moment, much in the public mind, and as great developments may, in the near future, emerge from that part of the world, involving the re-establishment of a full medical service, it may be of interest to readers of the ST. BARTHOLOMEW'S HOSPITAL JOURNAL to record the appreciation by the Arabs of efforts made to heal their sick and to relieve their suffering, for which the Arabs—in spite of the fatalism that all is destined by the will of Allah—have the utmost regard, as is shown by their use of the word "Hakim," which has two meanings, and applies equally to the physician and to the governor of a colony.

It was in the last year of the war and before the fall of Kut that I was encamped with others outside a small Arab town on the banks of the Tigris, and some little distance from the firing-line. We were frequently annoyed by thieving Arabs, and we often had to accompany mobile columns, which would be out in the desert and away for several days or until the drinking-water gave way. During these intervals of mild excitement we successfully attended to innumerable slight ailments and accidents, so that the medical section gradually secured the confidence of the native Arabs and got into friendly touch with many of their chiefs.

Three cases deserve mention. Whilst in camp one day a wild-looking man of about 30 came to us from the Persian hills, seeking relief from stone in the bladder. He had travelled continuously for ten days before he reached us, and as stone in the bladder is a rare disease among the Arabs, I examined him for this with a No. 7 silver catheter which I happened to possess, although our surgical equipment was meagre; this instrument was duly sterilized and passed, and confirmed all his symptoms. Permission from the C.O. to operate was obtained, and as fear and the apprehension of an operation might have caused the patient to vanish before relief was secured, I decided to operate the next morning, and as his general condition was satisfactory and his facial expression was free from pain and anxiety, the prognosis was regarded as favourable. With such instruments as we possessed a supra-pubic cystotomy was performed in the pure open air of the desert, a few orderlies making things easier by chasing the myriads of insects attracted to the site. The stone almost completely filled the bladder. It weighed 5 oz., and was composed of urates coated with phosphates; but it was too large to be removed through the wound, and as we had no lithotrites or lithotomy forceps, we used an Army pattern tooth forceps and scooped out the pieces with an Army mess tea-spoon, which served the purpose well. The bladder was thoroughly washed with diluted cusol, and the patient left the camp in three weeks quite well. The news of his relief, however, soon spread far and wide, as such news always does in the East, and our little camp was immediately besieged with the blind, deaf and halt, urging us to treat them also. The innumerable spies among the Arabs at that period caused us to deliberate somewhat, and only to choose for relief the most pressing cases or the most grave deformities, lest, peradventure by crowding, the permission given us to operate in camp might be withdrawn.

Two other cases also deserve mention, one an Arab youth of about 18 the only son of an influential father who came from a long distance—beyond the Hai region—and suffering from ectopia vesicæ with the urethral canal an open gutter. There were all the painful disabilities of this horrible deformity, and he presented a pitiable condition of suffering, apart from the expense and trouble caused by the constant change of clothing necessitated by the rhythmic flow from the ureter openings.

We had no text-books to consult, and although we

should have preferred to transplant the whole bladder and ureters into the sigmoid flexure or the rectum, we decided to secure two skin-flaps to cover the defect, which they almost did, and to close the urethral gutter over a small rubber catheter. All went well for a week, when the good result expected proved to be only a partial success, and a condition which would probably at the age of seven or eight have been a *succés fou*, only proved at his age to be a *succés d'estime*. However, both his father and he were deeply and intensely thankful for partial relief, and to show his gratitude the father presented our Indian sick in hospital with 20 fowls, a basket of fresh eggs, 10 sheep and a gazelle—very acceptable dainties when fresh meat was a luxury.

The other special case was that of a young Arab woman aged about 20, who was brought in from the desert by her brother—who alone could understand her muttering and defective speech. She was suffering from the growth of an enormous tumour of the right lower jaw, which began when she was three. It extended upwards into the face, cheeks and lips, inwards into the mouth, compressing the tongue so that it resembled a thin wafer, and was pushed outwards between the tumour and the left cheek, and downwards in front of the neck. The skin over it was everywhere thin and stretched; at one spot it had broken down and was ulcerated, but nowhere were there any enlarged glands. In deference to the importunate entreaties of herself and her brother for its removal, Major Napier and I consulted as to the possibility of surgical relief, and we consented to operate for what appeared to be absolutely inoperable conditions.

Under chloroform, both the jaw and the growth were bared after an incision almost from ear to ear, and after sawing through the jaw. In spite of severe hæmorrhage the patient left the hospital without facial deformity, and was able to eat, drink and talk. When she first saw her altered features in a mirror of polished tin, she was most pleased and was deeply grateful to us. The growth (weighing 2 lb.) and the jaw (despite enemy mining of the transport vessel on the voyage to England) reached the Museum of the Royal College of Surgeons and was accepted by the Curator.

We often encountered the common affliction of the East, viz. cataract, and I operated successfully upon fourteen out of fifteen cases—some performed by Smith's method, viz. by removing the lens in its capsule without a preliminary iridectomy, and others with iridectomy and laceration of the capsule.

An incident unfortunately occurred which caused us to give up our camp as a hospital. Nomad Arab thieves entered our tent at night when temporarily unguarded and removed all our belongings. We realized that gratitude, which is a virtue of the highest excellence, may not extend beyond the immediate beneficiaries, and sometimes not even to them. We were, however, not deterred by the unfriendly act, for we subsequently established a new clinic in the town, to be administered under stricter supervision, and to be open only for fixed periods of the day.

Needless to add, we were soon invaded again in the new clinic by crowds of applicants for relief. The din of Arab entreaties, the struggle for priority of place, the pushing and elbowing lest the stock of medicine be exhausted before they could receive any, clearly demonstrated to us that a well-staffed medical service could attain a greater influence over the natives than even the most wise and tactful diplomacy of political officers.

For two years after the recapture of Kut, and the fall of the holy cities of Bagdad, Kerbala and Nejaf, it was carried on efficiently by my successor until 1920 this medical and surgical clinic, which began in one room, and which gradually extended—through the aid of the political officer—into a good and commodious Arab house with a large and convenient courtyard. During this period the *clientèle* increased rapidly, and applicants were clamouring for operations to be performed upon them by the "Great Hakim"; and although the Arab town with its 3000 inhabitants had been under the rule of the Turk for 600 years, yet no government medical officer had ever been within its walls.

With a shade temperature of 110°–115° F. and with primitive surroundings I performed 13 supra-pubic cystotomies, all for stone, and all successfully; we relieved 22 cases of cataract and iridectomy; we restored 10 cases of hare lip, 8 cases of hernia, 3 cases of hydatid cysts of the liver during a few months only. We daily encountered trichiasis, polypi of the nose and ear, and we removed malignant growths. We never turned away any patient on account of poverty, and although our charge was only one rupee per person we never failed to receive it from the poorest of applicants.

The influence of our medical service in Iraq had the most civilizing social influence upon the wildest Arab patients. The moral effect of these services was no less than their financial results, for they augmented the amount and value of work done, and they tended to cleanliness, health, and a respect for others. The debt which British medicine owes to Avicenna and the great Arab physicians is being repaid to the inhabitants of Iraq, where we are endeavouring to show them that the fate of man is in his own hands.

THE CUILELESS G.P. AS A VICTIM.

A NUMBER of articles have recently appeared in this journal purporting to guide the budding G.P. I cannot seriously believe that any intelligent student of to-day will be willing to work himself to death for the sake of the few paltry shillings that are to be earned in general practice. By the aid of that smattering of science which most students manage somehow to pick up, anyone taking my Correspondence Course can be certain of a princely income even before he qualifies. Send me fifteen guineas and I guarantee you £10,000 a year or your money back (if you can get it). My Correspondence Course teaches you how to bluff the G.P., and how to keep him bluffed. As a guarantee of my honesty, I give below Lesson I of the "Principles of Medical Advertising," which the reader may peruse *without any extra charge whatever*.

LESSON I.

Before seriously trying to sell anything to your victim, prepare the ground carefully. Send him calendars, blotting-paper, diaries, reprints of articles on setting fractures, all stamped with the name of your firm, Dosem & Rookham. These should be despatched once or twice a week at first, gradually increasing in numbers till the recipient is likely to be in a fit state of mind for your more serious effort. Your first object is now to convince your man that he is hopelessly out of touch with modern scientific progress. Start with some references to the literature; this sort of thing will do: "The history of medical science reveals no more fascinating story than the discovery of the regulating influence of the coccygeal gland on the functions of the rubro-spinal tract. ("Good Lord!" thinks Dr. Hayseed, "I missed seeing that; must read my journals more regularly!") Ever since the fundamental physiological facts were elucidated by Fidlsticz (*Bolshevicovitz Medizinsky*, 1924, xxxvii, p. 263) (always have your references in some wholly inaccessible—or better, fictitious journal), clinicians have been anxious that some practical application should come from this brilliant piece of research. ("Very natural, too," thinks Hayseed.) It was left to Bunco, a Paraguayan chemist (*Oculolavato mediciño*, 1925, xii, p. 179) to isolate and purify the active principle, coccygein, while Blough (*South Dakota Medical Gossip*, 1925, xxii, p. 2) worked out its clinical indications. Never again will a doctor feel helpless in the presence of that distressing malady, rubro-spinal hypotonia. As every up-to-date physician knows, its symptoms are (put in the commonest symptoms you can think of) headache, lassitude, asthenia, diarrhœa and constipation. ("Golly!" says Dr. Hayseed, "that must be the matter with old Mrs. Smith and Mr. Jones and I totally missed it; high time I took a post-graduate course.") Coccygein has been put on the market by Messrs. Dosem & Rookham in pink capsules flavoured with aq. menth. pip. all ready for intramuscular injection (box of 3 capsules, 18*s.* 6*d.*); it is sold under the name of Cerebro-pep (1-ortho, 2-iso-propyl ipecacuanhic anhydride)."

That, by the way, is a useful trick; a man who doesn't bite at the Cerebro-pep lure is all the more certain to be landed by a thing that begins as scientifically as 1-ortho, 2-iso.

So Dr. Hayseed reaches out for his cheque-book.

And I hope that the readers of this article will also seize their cheque-books; as I remarked before, the fee for my entire course is a trifling fifteen guineas.

C. H. A.

THE ABERNETHIAN SOCIETY.

ON Thursday, October 22nd, Sir Anthony Bowlby delivered the Annual Inaugural Address of the Society before a large and appreciative audience in the Medical and Surgical Theatre. Sir Anthony's subject was "Surgical Experiences in Two Wars."

At the outbreak of the Boer War, Sir Anthony, the late Doctor Tooth, Mr. Calvery and Sir Cuthbert Wallace offered their services to the Army and sailed for South Africa. For two months they were stationed at the Portland Hospital near Cape Town.

During the early months of the war the army was severely tested in every department, and in December of the same year military activities had to come to a temporary cessation owing to the lack of soldiers and inadequate equipment.

Sir Anthony then related an amusing piece of conversation that took place between two "Tommies" concerning the boxes of chocolates which Queen Victoria had sent to each of the troops for Xmas. The one was bemoaning the diminutive proportions of his respective box of chocolates, and proclaiming that he could eat eight of them, to which his mate rather aptly responded, "It's not the blessed bellyful, but it's the blooming idea."

Later in the war a Boer convoy arrived at a British camp one day and asked to be allowed to take away the body of a dead commandant, which was then in British hands. The convoy stated that two of their party were medical men. Suspicion was aroused, so that the commanding officer asked Sir Anthony and his colleagues to verify this fact. The Boers were accordingly subjected to an anatomical viva, one man being requested to put his hand on his liver, and the other one was asked the weight of the kidney. Both of them were "referred" by the Board of Examiners, and the coffin that they had brought with them was used as a table for the officers' mess.

One of the great difficulties of the war was the nature of the country over which it was fought. The railways were of a different gauge to any other country, being 8 inches broader than the British gauge, so that there was considerable delay in making engines.

Of the other means of transport oxen were used, but they only travelled at the rate of 2½ miles an hour.

The army was a "sick" one. At Bloemfontein 11,600 men out of 40,000 were disabled by enteric, dysentery, etc., in the course of six weeks.

The wounds were of a comparatively mild nature compared with those of the Great War. The rifle bullets were cylindrical with an oval head, and were usually fired at very long ranges. The entrance wounds were very small holes. Sir Anthony related an interesting story about a soldier who, on putting his right hand into his trouser pocket, had found his pipe broken and together with it a Boer bullet. He had had no recollection of being shot. On examination an entrance wound was found in the right supra-scapular region, and the exit wound just below Poupart's ligament and thence into his trouser pocket.

The wounds healed well, and the soil of the Veldt was sterile. The Boer War tested the British army in every department, and was an excellent preparation for the late war, in so far that it showed that some of the older methods of fighting were useless in modern warfare.

After the Boer War Sir Anthony became Consultant Surgeon to Millbank Military Hospital, and at the outbreak of the Great War he gave his services wholeheartedly to the army. In September, 1914, he went out to France at the time of the Battle of the Aisne. Out in France he was told that the only place for a consultant surgeon was at the "base," to which he characteristically replied that he considered his place was at the "front." The organization of the R.A.M.C. was good. Stretcher-bearers carried the wounded to an "Aid Post," where the regimental M.O. dressed the wounds and despatched the wounded to the C.C.S. either by horse or motor ambulance.

At the C.C.S. there were 6 M.O.'s (and later in the war sometimes 30), and the wounded were fed, dressed and received efficient surgical treatment. From the C.C.S. the men were conveyed to Red Cross trains and taken to the Base. Sir Anthony gave an interesting account of the state of the French army in 1917, when a mutiny broke out, resulting in comparative inertness of the French Army till May, 1918.

In 1917 the French became dissatisfied with General Joffre and appointed General Nivelle as commander-in-chief in his stead. The latter had distinguished himself on the front in the vicinity of Verdun, and stated that given the Artillery he could smash up the Germans on other parts of the line.

A scheme was evolved in which the British were to draw the Germans at Vimy Ridge on April 9th, and on April 16th, a week later, the French attack would be launched.

About this time a certain misunderstanding had arisen concerning the administration of the French Medical Service, and to add to the trouble a French officer was captured by the Germans with all the plans of the attack on him.

The Huns were accordingly fully prepared for the French offensive. The French casualties were enormous, amounting to 300,000 odd. Train-loads of wounded men were sent all over France to towns which were unprepared to receive them. Hundreds died on the platforms, some perished after remaining in trains for a week or ten days with no attention, so that throughout France there spread a feeling that a great national disaster had occurred.

The civilian population demanded that their men-folk should be properly cared for and that the Government should put an end to the war. Mutiny first broke out in a French corps who were resting behind the line, and quickly spread to other divisions.

The result of all this was that the French Government issued a statement that the French Army would take no active part in the war for some time but would be content with holding the line.

In the meantime, while the French Army was endeavouring to recover its "morale," the British troops had to draw the enemy in an incessant battle in mud and rain in the Ypres sector.

The wounds in the Great War were terribly severe compared with those in the South African War. The bullets were sharp-pointed, fired at a very close range, and did considerable damage. Shrapnel, hand grenades, high-explosive shells, etc., wrought havoc; sometimes whole limbs and heads would be shorn off by a fragment of shell. Another serious factor was the contamination of the wounds by mud and dirty uniforms, etc.

A great deal of splendid work was done on the field by fixation of fractured limbs in Thomas's splints, blood transfusions, etc. Shock was counteracted and many valuable lives saved.

Comparing the work of the Medical Services of each nation, Sir Anthony was of the opinion that undoubtedly the work of the R.A.M.C. was superior to that of the others.

Mr. MCADAM ECCLES proposed a vote of thanks. In seconding the vote of thanks, Mr. Geoffrey Keynes gave us a brief and lucid outline of Sir Anthony's work in France, and told us of his optimism in the face of any odds.

In replying, Sir ANTHONY told us that there were two things that mattered in warfare: one was to win the war even at the cost of great individual sacrifice, and the other was to "keep smiling."

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

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

Played at Winchmore Hill on September 19th.

The opening match of the season against a strong side, and one whose name on the advertisement poster would naturally lead our Treasurer to become optimistic, was completely spoilt by a continuous heavy downpour of rain.

There was little to choose between the two packs, but superior handling by the Blackheath three-quarters, who made the most of their opportunities, gave our opponents the victory. For the Hospital Gaisford kicked a penalty goal, and Bettington scored an unconverted try from a forward dribble.

Result: Blackheath, 19 pts.; Bart.'s, 6.

Team: W. F. Gaisford, *back*; T. R. Griffiths, M. G. Fitzgerald, H. Royle, E. V. H. Pentreath, *three-quarters*, H. MacGregor, T. P. Williams, *halves*; R. H. Bettington, J. W. D. Buttery, J. A. Edwards, M. L. Maley, W. S. Morgan, A. W. L. Row, E. S. Vergette, T. J. Pittard, *forwards*.

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

Played at Nuneaton on September 26th.

After a somewhat uninspiring game, in which neither side was able to institute any organized movements, our opponents succeeded in prevailing upon the referee to accede them two tries.

Result: Nuneaton, 6 pts.; Bart.'s, 0.

Team: W. F. Gaisford, *back*; T. R. Griffiths, M. G. Fitzgerald, H. Royle, E. V. H. Pentreath, *three-quarters*; H. MacGregor, T. P. Williams, *halves*; R. H. Bettington, J. W. D. Buttery, J. A. Edwards, M. L. Maley, W. S. Morgan, T. J. Pittard, C. R. Jenkins, K. R. Stokes, *forwards*.

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

Played at Birmingham on October 3rd.

In a most delightful game, characterized by hard, clean, open football, Bart's. obtained a worthy victory by two tries to a try. Our forwards were well together and played an excellent game, being particularly effective in the line-outs and in the "loose," though they more than held their own in the tight scrums, despite the absence of the telling weight of J. W. D. Buttery, who unfortunately was "crocked" at Nuneaton. At scrum-half T. P. Williams was greatly superior to his rival, and Gaisford gave a good exhibition of touch-finding.

Hulns scored Moseley's try from an intercepted pass, while for Bart.'s W. S. Morgan and T. J. Pittard each obtained a try.

Result: Bart's, 6 pts.; Moseley, 3.

Team: W. F. Gaisford, *back*; A. H. Grace, J. T. Rowe, E. V. H. Pentreath, H. J. Royle, *three-quarters*; H. MacGregor, T. P. Williams, *halves*; R. H. Bettington, J. A. Edwards, C. R. Jenkins, M. L. Maley, W. S. Morgan, T. J. Pittard, K. R. Stokes; E. S. Vergette, *forwards*.

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

Played at Richmond on October 10th.

The outstanding features of a rather scrappy game were the promising display by the Bart.'s forwards, the keen rivalry of the opposing scrum-halves and the poor display on the part of the Hospital three-quarters, especially in the tackling department. Despite the superior speed and handling on the part of the Richmond backs, some resolute tackling would have altered the result of the match considerably.

Pentreath scored a try by following up his own cross-kick, while just on time a combined movement between Stokes and Grace resulted in the latter registering another try.

Result: Richmond, 22 pts.; Bart.'s, 6.

Team: P. G. Levick, *back*; A. H. Grace, J. T. Rowe, H. W. Guinness, E. V. H. Pentreath, *three-quarters*; H. MacGregor, T. P. Williams, *halves*; R. H. Bettington, J. A. Edwards, C. R. Jenkins, M. L. Maley, T. J. Pittard, A. W. L. Row, K. R. Stokes, E. S. Vergette, *forwards*.

ASSOCIATION FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL 1ST XI *v.* OLD CITIZENS.

Played at Winchmore Hill on October 17th, the 1st XI started the season by a rather lucky win over the Old Citizens. The Old Boys started with a rush, but play soon turned in the Hospital's favour, and the Old Boys' goal-keeper made some good saves. In the second half play was extremely even, the ball travelling quickly. When a draw seemed inevitable Phelps put a centre from Gibb into the empty goal with the last kick of the match. Play never reached a high standard, both defences depending on high kicks, and there being no combination in either set of forwards.

Team: L. B. Ward; A. Bennett, J. Huntley; W. A. Bellamy, E. S. Evans and J. R. Crumbie; A. M. Gibb, W. A. Mailer, A. Clark, I. E. Phelps, R. W. Dunn.

Other results:

"A" XI. *v.* Brentwood School (away). Lost 7—2.
v. Chigwell School (home). Won 7—0.
2nd XI. *v.* Old Cholmeleians (home). Won 7—0.

RIFLE CLUB.

OPEN range shooting at Bisley was this year very successful.

The Hospital won the Armitage Cup with a very comfortable margin, and also just won the United Hospitals Cup by 1 point, the scoring, which was exceptionally high, being as follows:

J. Elgood	49
M. J. Harker	48
A. W. L. Row	48
H. J. Burrows	48
F. T. J. Hobday	46
Total	239 out of a possible 250.

As regards individual performances during the Bisley meeting, Elgood was reserve for the English XX and tied for 1st place in the Donegal Competition; Harker shot in the English XX for the National Challenge Trophy, shot for England in the Mackinnon Long Range Competition, and also got into the King's Hundred; Burrows reached the final stage of the St. George's Competition.

The standard of shooting shows an improvement on last year's, but, as some of the team will not be here next year, it is hoped that more people will support the Club.

Rifles may be borrowed from the Club for practice purposes, and half-fare vouchers can be obtained from the Secretary, so that an afternoon's practice at Bisley is not a very great expense, and it is hoped that, when the season opens next year, we shall have a team which will win the United Hospitals Cup by a larger margin than 1 point.

UNITED HOSPITALS HARE AND HOUNDS.

At the Annual General Meeting of the above-named Club, held at West Wickham on October 14th, the following officers were elected:

President: H. A. MUNRO, Esq., M.D., B.Ch.
Vice-Presidents: A. F. VOELCKER, Esq., M.D.; H. MORLEY-FLETCHER, Esq., M.D.; A. R. THOMPSON, Esq., Ch.M.
Captain: W. W. DARLEY (Bart.'s).
Hon. Secretary: H. N. WALKER (Bart.'s).
Hon. Treasurer: W. KELSEY FRY, Esq.
Committee: G. W. RAKE (Guy's), J. E. SNOW (Bart.'s), A. SIMPSON (King's), A. N. OTHER (Middlesex).

It was decided that country walks, for the purpose of training, be held on Sundays throughout the winter.

A list of dates will be posted on the Athletic Board, and anyone wishing to participate in these walks should give their names to one of the above-named officials. The date of the Inter-Hospitals Cross-Country race for the Kent-Hughes Cup has been fixed for Wednesday, March 10th.

H. N. W.

CRICKET CLUB.

Colours for the season 1925 have been awarded to the following: R. H. Bettington, N. E. Cook, W. F. Gaisford, H. W. Guinness, R. R. Felle, H. L. Hodgkinson, K. W. Mackie, M. L. Maley, K. Meeser, M. R. Sinclair, G. C. Woods-Brown.

M. L. MALEY,
Hon. Sec.

REVIEWS.

INJURIES OF THE WRIST: A RADIOLOGICAL STUDY. By the late DR. ÉTIENNE DESTOT. Translated by F. R. B. ATKINSON, M.D., C.M.(Ed.). (Ernest Benn, Ltd.) Pp. 170. Price 10s.

In a way it seems a pity that this excellent little book should be called a radiological study, because here we find the whole study of wrist injuries very completely dealt with from every point of view.

After a rather long but very interesting introduction, the book commences with a chapter on the anatomy and physiology of the wrist of no less than thirty pages, in which the movements at the radio-carpal joint as well as those joints between the individual carpal bones are minutely discussed.

Under the heading of sprains some emphasis is laid on the condition, which is sometimes seen, of a curious mottled appearance of the carpal bones, most commonly the semilunar. This the author believes to be due to a trophic change as a result of the tearing of the vessels in the ligaments of the bones. It is an important condition, for it affects the prognosis, and the treatment recommended is excision of the affected bone.

In discussing fractures of the scaphoid and semilunar, each in a separate chapter, much interesting evidence obtained from (1) autopsies, (2) skiagrams, (3) operations and (4) experiments on the cadaver is brought forward to illustrate the mode and mechanism of these fractures.

It comes rather as a shock to find the classic Colles's fracture referred to as Pouteau's fracture; it is, however, correct, as Pouteau was the first to describe it.

The mechanism, atiology, radiological appearances, signs, symptoms, prognosis and treatment of each type of injury are given in their respective chapters.

There are many excellent skiagrams illustrating all the lesions described in the text.

For advanced students who are interested in the anatomical or surgical aspect of the wrist-joint, this volume is heartily recommended as the most complete and modern work recently published on the subject. For those who are still working for examinations, however, it is better avoided for the present as being too advanced and involved.

THEORY AND PRACTICE OF NURSING. By M. A. GULLAN. 2nd Edition, with three additional chapters. (London: H. K. Lewis & Co., Ltd.) Demy 8vo. Pp. xvi + 234. Price 9s. net.

In the second edition of this work the high standard of the first edition has been maintained, and a small section on surgical nursing has been added. In spite of this addition the book still remains essentially a treatise on medical nursing. In describing the procedure of removal of a test-meal no mention is made of an evacuating bottle, the suggestion being that the patient should vomit the meal through the tube, which does not seem a good method. The description of bathing a patient in bed ("Cleansing Baths," p. 82) is not very clear. The heat given for hot-air baths appears excessive; we have never known any patient tolerate 175° F. Except for these items the information is clearly expressed, and it is a book that any nurse would find really useful.

THE MEDICAL WHO'S WHO. Seventh edition, by the Grafton Publishing Company, Ltd. Price 30s. net. Pp. 769.

This work, after being for seven years in abeyance, appears again in a book four times the original size.

Its publication this year was much delayed (as, too, has been our review of it), but the Editor hopes to publish promptly at the beginning of each subsequent year.

The book contains a mass of useful information not found in the *Medical Directory*. In its present state it is far from complete, but for this the Editor can hardly be blamed. With further growth it will become an invaluable book of reference.

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

BATTEN, RAYNER D., M.D. "Cyst of Optic Sheath or Hole in Optic Disc (?)." *Proceedings of the Royal Society of Medicine*, April, 1925.

BATTERHAM, D. L., Capt. R.A.M.C., M.B., F.R.C.S. "A Case of Intestinal Obstruction due to Meckel's Diverticulum." *Journal Royal Army Medical Corps*, October, 1925.

BROWN, W. LANGDON, M.A., M.D., F.R.C.P. "Special Discussion on Endocrine Therapy." *Proceedings of the Royal Society of Medicine*, June, 1925.

COPELAND, A. J., M.A., M.B., D.P.H., B.Sc. (and H. E. F. NOTTON, B.Sc., A.R.C.S.). "The Borocaines: A New Class of Anæsthetics." *British Medical Journal*, September 26th, 1925.

DAVIS, HALDIN, M.B. "Case of Late Post-X-ray Pigmentation." *Proceedings of the Royal Society of Medicine*, June, 1925.

DUNDAS-GRANT, Sir JAMES, K.B.E., M.D. Discussion on Paroxysmal Rhinorrhœa. *Ibid.*, June, 1925.

——— "Some Points in the Diagnosis and Treatment of Tuberculosis and Cancer of the Larynx." *Clinical Journal*, October 7th, 1925.

EDWARDS, F. SWINFORD, F.R.C.S. Discussion on Fistula. *Proceedings of the Royal Society of Medicine*, May, 1925.

ELMSLIE, R. C., O.B.E., M.S., F.R.C.S. Discussion on the Diagnosis and Treatment of Affections of the Sacro-iliac Joints. *Ibid.*, April, 1925.

——— "Two Cases of Scoliosis with Paraplegia." *Ibid.*, June, 1925.

EVANS, E. LAMING, C.B.E., F.R.C.S. "Case of Osteogenesis Imperfecta." *Ibid.*, June, 1925.

FINZI, N.S., M.B. Discussion on Radiotherapy and X-Ray Therapy in Diseases of the Bladder and Prostate. *Ibid.*, June, 1925.

FISHER, A. G. TIMBRELL, M.C., F.R.C.S. "Pathological Types of Chronic Arthritis." *British Medical Journal*, October 3rd, 1925.

FORBES, J. GRAHAM, M.D., F.R.C.P., D.P.H. Discussion on the Mental Sequelæ of Encephalitis Lethargica. *Proceedings of the Royal Society of Medicine*, April, 1925.

GROVES, ERNEST W. HEY, B.Sc., M.D., M.S., F.R.C.S. "An Address on Ununited Fractures." *Lancet*, October 10th, 1925.

HALL, ARTHUR J., M.A., M.D., F.R.C.P. Discussion on the Mental Sequelæ of Encephalitis Lethargica. *Proceedings of the Royal Society of Medicine*, April, 1925.

HAYNES, G. S., M.D., M.R.C.P. *Notes on Medical Case-Taking and the Examination of Patients*. Cambridge: W. Heffer & Sons, 1925.

HILL, H. B., M.B., M.R.C.P. "Common Mistakes in the Teaching of Physical Training." *British Medical Journal*, October 3rd, 1925.

HORDER, Sir THOMAS, Bart., M.D., F.R.C.P. Discussion on Treatment of Chronic Arthritis—General and Local Treatment. *Ibid.*, October 10th, 1925.

HOWELL, B. WHITCHURCH, F.R.C.S. "Treatment of Injuries to the Elbow in Children." *British Journal of Children's Diseases*, April–June, 1925.

HOWELL, C. M. HINDS, M.D. "Two Cases of Disseminated Sclerosis with Acute Posterior Column Lesions." *Proceedings of the Royal Society of Medicine*, June, 1925.

HUDSON, BERNARD, M.D., M.R.C.P. "The Value of Soft-Ray Technique in Pulmonary Radiography." *Lancet*, October 17th, 1925.

HUGHES, W. KENT, M.B., M.R.C.S. "Deformities following upon an Attack of Infantile Paralysis." *Medical Journal of Australia*, August 15th, 1925.

LOVATT EVANS, C., D.Sc., M.R.C.S., L.R.C.P., F.R.S. *Recent Advances in Physiology*. London: J. & A. Churchill, 1925.

——— Editor, 5th Edition *Bainbridge and Menzie's Essentials of Physiology*. London: Longmans, Green & Co., 1925.

MCDONAGH, J. E. R., F.R.C.S. "Fibrositis." *Practitioner*, August, 1925.

——— Special Discussion on Endocrine Therapy. *Proceedings of the Royal Society of Medicine*, June, 1925.

——— "The Changes the Blood Undergoes in Pregnancy and After." *Journal Obstetrics and Gynæcology of British Empire*, Autumn No., 1925.

MAXWELL, J. PRESTON, M.D., F.R.C.S., J.L.Lin. (and LEE M. MILES, M.D.). "Osteomalacia in China." *Proceedings of the Royal Society of Medicine*, June, 1925, and *Journal Obstetrics and Gynæcology of British Empire*, Autumn No., 1925.

EXAMINATIONS, ETC.

CONJOINT EXAMINING BOARD.

Pre-Medical Examination. October, 1925.

Chemistry.—J. S. KNOX, J. T. ROWE.

Physics.—P. L. S. Hatton.

Second Examination. October, 1925.

Anatomy and Physiology. M. L. Kreitmayer, C. D. D. de Labilliere.

Anatomy.—B. Crossley-Meates, J. H. A. Donnelland, J. G. Galt, H. W. Guinness, C. E. Holden, H. Stevens.

Physiology.—E. V. Frederick, N. F. Kendall, G. P. Nixon, D. Stephens, G. W. Sturgess, J. M. Taylor.

Materia Medica and Pharmacology.—A. J. M. Melly, W. V. Roache, W. M. Willoughby.

CHANGES OF ADDRESS.

BATTERHAM, Capt. D. L., R.A.M.C., c/o Messrs. Grindlay & Co., Bombay, India.

BEVERIDGE, C. E. G., Soudan Medical Service. c/o Anglo-Egyptian Bank, Khartoum.

BOWES, C. K., Greeba, Oxenden Square, Herne Bay, Kent.

GILLIES, H. D., 56, Queen Anne Street, W. 1. (Tel. Lang. 1711).

GILLON, G. GORE, 47, Clarence Road, Horsham, Sussex.

HANSCHEL, H. M., 35, Weymouth Street, W. 1. (Tel. Lang. 1520.)

HEYWOOD-WADDINGTON, W. B., 7, St. Catherine's Road, Littlehampton. (Tel. 201.)

JEUDWINE, Lt.-Col. W. W., I.M.S., c/o Messrs. Grindlay & Co., 54, Parliament Street, S.W. 1.

KILNER, I. P., 56, Queen Anne Street, W. 1. (Tel. Lang. 1711.)

SHORE, L. R., "Lamorna," Ember Lane, Esher, Surrey, and 43, Queen Anne Street, W. 1.

SHORE, T. H. G., 28C, Devonshire Street, W. 1. (Tel. Lang. 2073.)

WATERFIELD, N. E., Horse Fair, Banbury, Oxon. (Tel. Banbury 109.)

WHITBY, H. A. M., Assistant Colonial Surgeon, Falkland Islands, S. America.

WOODRUFF, C. R., 106, Park Street, Grosvenor Square, W. 1. (Tels. Mayfair 1882 and 3744.)

APPOINTMENTS.

ALDRIDGE, J. S., M.R.C.S., L.R.C.P., appointed House-Surgeon at the Royal Gwent Hospital, Newport, Mon.

ALDRIDGE, S., M.R.C.S., L.R.C.P., appointed Junior Resident Medical Officer, Weir Hospital, Grove Road, Balham, S.W. 12.

BEVERIDGE, C. E. G., M.R.C.S., L.R.C.P., appointed Medical Inspector, Sudan Medical Service.

BINDLOSS, E. F., M.R.C.S., L.R.C.P., appointed Poor Law Medical Officer for Farnborough, Hants.

CLEMINSON, F. J., M.Chir.(Camb.), F.R.C.S., appointed Consulting Surgeon for Diseases of the Ear, Nose and Throat, National Hospital for Diseases of the Heart.

HARRISON, L. F. A., M.R.C.S., L.R.C.P., appointed Resident Medical Officer, at the York Road Lying-In Hospital.

NELKEN, G. J. V., B.S.(Lond.), appointed Assistant Medical Officer, Queen Charlotte's Maternity Hospital.

WHITBY, H. A. M., M.R.C.S., L.R.C.P., appointed Assistant Colonial Surgeon, Falkland Islands.

BIRTHS.

BOLTON.—On September 30th, at Bedford Lodge, 40, Belsize Grove, to Dr. and Mrs. A. O. Bolton, of Leighton Buzzard—a son.

COLDREY.—On October 18th, at "Penvean," Camborne, Cornwall, to Violet, wife of Dr. R. S. Coldrey—a son.

HEYWOOD-WADDINGTON.—On October 5th, at 7, St. Catherine's Road, Littlehampton, to Dr. and Mrs. Heywood-Waddington—a daughter.

ORAM.—On October 4th, 1925, at 43, Lee Terrace, Blackheath, S.E. 3, to Evelyn Mary (*née* Trethowan), wife of E. H. B. Oram, F.R.C.S.—a son.

REID.—On October 15th, at Chipperfield, Herts, to Dr. and Mrs. A. Lestock Reid, of 46, Brook Street, W., and Brambles, Chipperfield, —a daughter.

MARRIAGES.

BARNES—LOBB.—On Wednesday, October 14th, at Southwark Cathedral, by the Rev. Canon J. B. Haldane, assisted by the Rev. J. S. Dean and the Rev. W. W. Hilburn, Dr. Francis Gregory Lawson, son of the late Rev. Francis Barnes, of Shadingfield, Suffolk, and Mrs. Barnes, of Beaumont Villa, Beecles, to Nellie Winifred, daughter of the late Mr. Thomas Lobb and Mrs. Lobb, of Roche, Cornwall.

CUTHBERT—TAYLOR.—On October 5th, at All Saints', Shooters' Hill, Captain Edmund Sheppard Cuthbert, R.A.M.C., son of the late R. S. Cuthbert and of Mrs. Cuthbert, of Newmarket, to Annie Rose, elder daughter of Captain R. C. Taylor, R.H.A. (ret.), and Mrs. Taylor, of Plumstead.

FOOTE—ADAIR.—On September 25th, at Holy Trinity Church, Sloane Street, S.W., Robert Rowden Foote, M.R.C.S., L.R.C.P. (Lond.), to Maureen, only daughter of Mr. and Mrs. G. E. R. Adair, Wellesley House, Lower Sloane Street, S.W. 1.

HILTON—HILL.—On September 16th, Reginald Hilton, M.A., M.B., B.Ch., M.R.C.P., to Gwenda Hill, B.Sc., M.B., B.S.

LAUDER—THOMPSON.—On October 3rd, at St. James's, Sussex Gardens, by the Rev. Thos. Bentham, uncle of the bride, and the Rev. Henry L. Bothamley, Harold Victor Robert Thomas Lauder, M.R.C.S., L.R.C.P., son of the late James Lauder, of 4, Marlborough Gate, Hyde Park, to Phyllis Anna Lynn, daughter of the late Alfred Lynn Thompson, and Mrs. Lynn Thompson, of 17, Westbourne Street, Hyde Park, W. 2.

SCOTT—HEWETT.—On October 17th, 1925, at St. Margaret's Church, Barking, by the Rev. J. W. Eisdell, Rector of Orsett, Dr. John Murray Scott, eldest son of Dr. Scott, of Leeds, to Valentine, third daughter of R. M. Hewett, J.P., of Roden Lodge, Barking, Essex.

STURTON PRATT BROOKS.—On October 17th, at Clapton Hall, Stoke Newington, Clement Sturton, M.B., F.R.C.S., to Mary Ellen, daughter of J. Pratt Brooks, M.R.C.S.

DEATHS.

BEWES.—On September 7th, 1925, at Papatoetoe, Auckland, New Zealand, Edward Anstis Bewes, M.R.C.S.(Eng.), L.R.C.P.(Edin.), second son of the late Col. Wyndham Bewes, aged 66.

BROWN.—On September 26th, 1925, at Preston Park, Brighton, Thomas Lloyd Brown, M.R.C.S., of Stonecroft, Cuckfield.

COOPER.—On October 10th, 1925, Percy Robert Cooper, M.D., F.R.C.S., of Glenthorne, Bowden, Cheshire.

DAMANT.—On October 10th, 1925, at a nursing home, London, Arthur Johnson Damant, surgeon, formerly of Cowes, I. of W.

DUNN.—On October 1925, at Mentone, suddenly, after years of ill-health, William Edward Nicholls Dunn, M.B.(Lond.), Major R.A.M.C., aged 54.

HAGGARD.—On October 18th, 1925, at St. Bartholomew's Hospital, Thomas Barker Amyand Haggard, late Capt. R.A.M.C., B.A., M.R.C.S., L.R.C.P., second son of the late Bazett Haggard and Mrs. Lofthouse, of Shipdham Hall, Norfolk, beloved husband of Angela Rider Haggard, aged 50.

OAKLEY.—On September 26th, 1925, suddenly, at 8, St. Stephen's Gardens, East Twickenham, Adam Robert Hamilton Oakley, M.R.C.S., L.R.C.P., eldest surviving son of the late Sir Henry Oakley, aged 69.

SERPELL.—On October 11th, 1925, at a nursing home in Plymouth, after operation, Hugh Hamilton Serpell, M.R.C.S., L.R.C.P., late Lt.-Col. R.A.M.C., of Polyphant House, Lewannick, Cornwall, aged 48.

WHITSED.—On October 14th, 1925, suddenly at "Bukloh," Tilehurst, Reading, James Longland Whitsed, M.R.C.S., L.R.C.P., aged 74.

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. XXXIII.—NO. 3.] DECEMBER 1ST, 1925. PRICE NINEPENCE.

CALENDAR.

Tues., Dec. 1.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Thurs., „ 3.—Joint Meetings of Abernethian and Debating Societies. Debate. *Motion*: "That this House considers that the Art of Medicine is of more value than the Science." Chairman: Sir Thomas Horder, Bt.
Rugger Match *v.* Swansea. Away.
Fri., „ 4.—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Sat., „ 5.—Rugby Match *v.* R.N.C. Home.
Association Match *v.* Old Bancroftians. Home.
Tues., „ 8.—Dr. Langdon-Brown and Sir C. Gordon-Watson on duty.
Fri., „ 11.—Prof. Fraser and Prof. Gask on duty.
Sat., „ 12.—Rugby Match *v.* Plymouth Albion. Away.
Tues., „ 15.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Thurs., „ 17.—Association Match *v.* St. John's, Cambridge. Home.
Fri., „ 18.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Sat., „ 19.—Rugby Match *v.* Old Alleynians. Away.
Association Match *v.* Old Brentwoods. Home.
Tues., „ 22.—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Last day for receiving matter for January issue of the Journal.
Fri., „ 25.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Sat., „ 26.—Rugby Match *v.* Old Milhillians. Away.
Tues., „ 29.—Prof. Fraser and Prof. Gask on duty.

EDITORIAL.

NOT the least of the many advantages of spending one's student days in a large general hospital like St. Bartholomew's is that one has the opportunity of seeing examples of an enormous variety of pathological conditions. Certainly we rarely see beri-beri, and the filaria *Bancrofti nocturna* is not often isolated, but of the diseases prevalent in this country very few are unrepresented in our wards during any triennial period.

Yet although the cases are there, only a small percentage of students see them. A case of unique interest may be seen only by two visiting men, two house-men and thirty clerks. It may never appear at consultations or in the post-mortem room, and even if it does appear in either of these more populous arenas its publicity is but slightly increased.

The Abernethian Society, by means of its frequent clinical evenings, is attempting to attack this problem.

The JOURNAL is anxious to carry the matter farther. We ask housemen, dressers and clerks to record briefly cases of absorbing interest and submit them to us for publication. Our idea is that the case-notes shall be short—about twenty lines of print—and that only essential points shall be included.

While advocating these brief notes, we wish to assure our readers that we are always anxious to receive more elaborate accounts of cases which they think worthy of permanent record.

* * *

Messrs. Adlard & Son & West Newman have for many years supplied covers for binding the JOURNAL for one year. The resulting volume is rather thin, and in order to provide something more sizeable they are prepared to supply covers for binding the JOURNALS for three years in one book.

The price for case and binding will be about seven shillings and sixpence.

* * *

In view of the National Mourning, the Bart.'s Dance, booked to take place on December 1st, has been postponed. The Secretaries hope soon to announce a date in January for this function.

* * *

This month has seen further changes in the Nursing Staff. Miss V. Etches, who was Sister Sandhurst, has left the Hospital for professional work elsewhere. She has taken no small share in the excellent work done by the Medical Unit, and most men who have qualified in

the last few years learnt much from her. We wish her good luck in her new sphere.

Miss Watkin, after a very brief sojourn in Casualty, takes her place in Sandhurst Ward, and Miss N. Wright has been appointed Sister Casualty.

* * *

There are remaining still a few copies of the *Short History of St. Bartholomew's Hospital*, by Sir D'Arcy Power and Sir Holburt Waring. It contains several well-executed and interesting illustrations. If the number issued would permit of it, the book should certainly be on the bookshelves of all Bart.'s men. The edition, however, is strictly limited, and cannot be repeated. The whole of the proceeds of the sale of the *History* go to the funds of the Hospital. It can be obtained from the Librarian for the sum of ten shillings and sixpence, and early application is advised.

WAR MEMORIAL.

The Committee dealing with the St. Bartholomew's Hospital War Memorial is very glad to be able to report that a decision has been arrived at as to the general scheme of the Memorial.

In the archway between the Steward's and the Renter's offices are four panels, on which it is proposed to engrave the names of those men who lost their lives in the Great War. Until quite recently these panels were covered with plaster, as also was the domed roof. The plaster has been taken away, and it is intended to fill in the whole of the spaces, including the panels and the arched roof, with Portland stone, and thus to convert the whole into a Memorial. This scheme almost comes within the scope of the funds which have been collected. If there are any old Bart.'s men who are still desirous of subscribing, will they please send their subscriptions to Mr. W. Girling Ball, 77, Wimpole Street, London, W. 1? The Committee is taking this opportunity of informing subscribers of its intentions.

INTUSSUSCEPTION ASSOCIATED WITH A MECKEL'S DIVERTICULUM.

By W. GIRLING BALL, F.R.C.S.

THE following case is worthy of being placed on record.

On October 16th, 1925, I was asked by Dr. Matheson, of Harrow, to see a boy æt. 13, at the Harrow Cottage Hospital. He complained of severe abdominal pain accompanied with vomiting, which had commenced some forty-eight hours previously. The pain, which was referred to the umbilicus, had persisted more or less during this period, but was more severe at one time than another; the vomiting occurred during the maximum intensity of the painful spasms.

On further inquiry it was discovered that since the age of six the boy had complained of abdominal discomfort whenever he had a cough. Occasionally it was noticed that his motions were very offensive. A history was also obtained of similar attacks to the present one during the previous three weeks; these, however, although severe, had only lasted for a few hours, leaving the patient quite well and free from abdominal discomfort in the interval. The actions of his bowel were unaffected by these attacks. There had not been any abdominal distension.

When I saw him, the boy did not look ill, but was obviously in great pain; he was also vomiting. The temperature was normal, and the pulse-rate had risen to 120 per minute. The abdomen was moving quite well on respiration; there appeared to be some swelling in the right iliac fossa, over which the abdominal muscles were slightly rigid to palpation. The swelling was resonant on percussion. *Per rectum* no abnormality could be felt, but on withdrawal the tip of the finger was slightly blood-stained. Dr. Matheson suggested that possibly the boy had got an intussusception, with which view I concurred. It was therefore decided that an exploratory laparotomy should be made. Under the anæsthetic a very definite rounded swelling could be felt in the right iliac fossa, with a finger-like process running upwards from it towards the right loin, along the line of the ascending colon and obviously connected with that structure. The swelling was quite soft, smooth and freely movable. The abdomen was opened by a paramedian incision, with its centre on a level with the umbilicus. There was some excess of clear fluid in the peritoneal cavity. On passing the finger into the wound it was readily discovered that the swelling was caused by an intussusception; it was completely delivered on to the abdominal wall quite easily, owing to a loose mesentery of the lower two-thirds of the ascending colon. A portion of the small intestine was then seen to have invaginated itself into another piece of small intestine about 1 ft. above the ileo-cæcal valve and had passed through the latter into the ascending colon, the apex of the intussuscepted portion reaching almost to the hepatic flexure. There was a mild degree of congestion of the bowel. The appendix and cæcum had not become invaginated. Some difficulty was experienced in reducing the intussusception, apparently owing to a tightness at the ileo-cæcal valve, but when once it started to move the reduction was easily completed. During the process the boy became a little collapsed; he was resuscitated by pouring warm saline solution into the peritoneal cavity. On examination of the bowel there was discovered, about three feet from the ileo-cæcal valve, a dimple in the peritoneal coat, which was surrounded by an area of congestion, which involved a thickening of the bowel at this point. A small bag of fat was seen at the base of the dimple; this was pulled on and the swelling was squeezed. From the dimple was drawn out a Meckel's diverticulum, which had a wide base about ½ in. in width; the diverticulum was about 1 in. in length and the tip was surrounded by a small bag of fat; the apex of the diverticulum was congested, but not to a very marked extent. A crushing clamp was placed across the base of the diverticulum and the bowel sewn across on the proximal side of the clamp. The diverticulum was removed. The stump was then invaginated into the intestine by a continuous Lembert suture; there was no difficulty in doing this as there was hardly any congestion of the intestine itself. The patient had a small, natural action of the bowel shortly after the operation, but was rather collapsed during the subsequent twenty-four hours. From that time onwards he made an uninterrupted recovery.

The interesting features of this case are the prolonged history of mild abdominal disturbance without any definite evidence as to its causation. The condition of acute intestinal obstruction was that rather characteristic of an intussusception; any doubt in the diagnosis prior to the examination under anæsthesia was due to the age of the patient—an uncommon age with which to associate this condition. Under the anæsthetic there was no doubt as to the lesion. In cases of intussusception due to a Meckel's diverticulum, this congenital structure may or may not have invaginated itself into the lumen of the bowel, although its involution into the intestine, thus acting as a polypoid projection, is apparently the more common lesion to find. These cases are not very commonly seen.

In 1904 Watson-Cheyne collected some 16 cases, including one of his own, which required resection of the bowel owing to an associated stricture of the small intestine. In 1913 Hertzler and Gibson collected the records of some 40 cases, including some of Watson-Cheyne's. A case was recorded by Greenwood in the year 1923.

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SOME NOTES ON THE SURGICAL ANATOMY OF THE KNEE-JOINT.

JOINTS in relation to dislocations owe their stability to three main factors:

1. Strength of ligaments.
2. Shape of bony articular surfaces.
3. Action of surrounding muscles.

Individual joints usually depend more especially upon one or other of these factors. Great mobility and less strength is found in joints of the third class, of which the shoulder is an example, greater strength in the second class, in which is found the elbow, and the greatest strength in the first class, which is represented by the knee, whose crucial and collateral ligaments are enormously strong. This joint has a complicated movement which does not allow of it coming under any simple classification, such as arthrodial or ginglymus. The synovial area is larger than in any other joint in the body. In addition to these peculiarities the presence of intra-articular fibro-cartilages gives to the knee-joint an amount of interest, both mechanical and surgical, far in excess of any other articulation.

Synovial surface.—The large area of this, together with the peculiar liability of the joint to minor traumata and the susceptibility of all synovial membranes to infection, is responsible for the frequency with which the joint is affected by tuberculous disease, acute arthritis and osteo-arthritis. (Tubercle in this joint generally originates in the synovial membrane as opposed to the bone in hip disease.) At the point of reflection of synovial membrane from bone there is, in this connection, an important vascular area, the "circulus vasculosa" of William Hunter.

There are several pouches in the membrane, and a knowledge of their position is necessary in order to recognize the characteristic shape of a knee with an effusion into the joint. The chief one is upwards in front of the femur, under the crureus muscle (the sub-crureus bursa)—pressure upon this is usual when eliciting the sign of "riding of the patella"—and two on the posterior aspect of the femur, one between each condyle and the corresponding head of the gastrocnemius muscle. Of the latter that on the inner side communicates with a further prolongation of the synovial cavity between the inner head of the gastrocnemius and the semi-membranosus muscles (the semi-membranosus bursa). These pouches render impossible adequate drainage of a suppurative joint by any one simple incision. The contents of the pouches are emptied by contraction of surrounding muscles in alternate flexion and extension of the joint. This fact has been utilized as a method of treating suppurative arthritis of the knee, ordinary

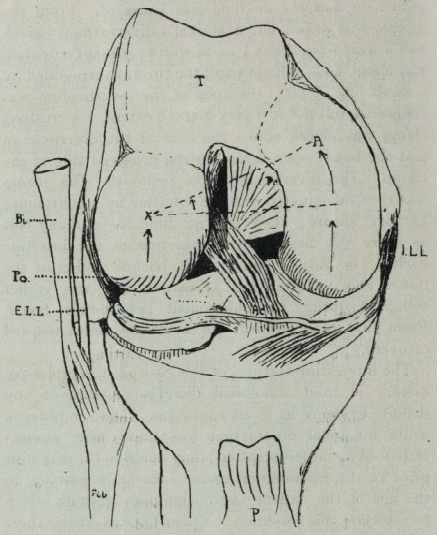
incision anteriorly on each side of the patella being combined with routine movements of the joint, so as to empty these pouches of their contained pus. This, however, is rather contrary to the orthodox principle of rest for inflamed surfaces. Bursal prolongations of the synovial sac must be completely eradicated in excisions for tuberculous disease. Special attention must therefore be paid to the sub-crureus bursa when dealing with the lower end of the femur.

In connection with these pouches it is interesting to note that they provide haunts for "joint mice" (Gelinksmäuse)—the elusive pathological loose bodies which are here to-day and gone to-morrow.

"*Ligamenta alaria and mucosum.*"—These are folds in the synovial membrane, not true ligaments. They indicate the primitive embryonic division of the knee-joint into three separate joints. The ligamenta alaria, lying below and on each side of the patella, represent a degenerated capsule of the trochleo-patellar joint. The ligamentum mucosum, which is situated immediately below the patella, and may be connected by a band to the front of the intercondylar notch of the femur, is the remains of the capsule between each condylar joint. These folds are of surgical importance in that they contain deposits of fat which tend to project into the joint between the bony surfaces, and may become inflamed or be actually nipped and then give rise to symptoms resembling those of ruptured or dislocated cartilages.

Bone surfaces.—The rounded condyles of the femur articulate with shallow depressions on the upper end of the tibia. These depressions are deepened by the interposition of intra-articular fibro-cartilages, which Sir Arthur Keith has aptly likened to the ball-bearings of a motor-axle, some of the balls of which occasionally break and have to be removed by the mechanic. The two condylar surfaces of the femur are joined together in front by the trochlear surface, which is for articulation with the patella. While the line of the outer condylar surface is directed entirely antero-posteriorly, the inner condylar surface at its anterior end curves outwards before running into the trochlear surface (see figure). In the ordinary antero-posterior movements both condylar surfaces of the femur and tibia respectively play an equal share, but in rotatory movements, and in the transference of body-weight from femur to tibia, the internal and external condyles differ in their function. Weight is borne chiefly by the external condyles, which, owing to the obliquity of the shaft of the femur in the standing posture, come to lie in a line almost immediately under the centre of the hip-joint.

Movements.—The most extensive part of the movement of the knee-joint is flexion and extension, and occurs around a horizontal axis, which is approximately the centre of the two condyles. At the end of extension, however, there is superimposed a rotatory movement between the femur and tibia, around a perpendicular axis which passes through the centre of the outer articular surface of the tibia and the point on the anterior end of the outer condyle of the femur, marked



RIGHT KNEE-JOINT, FLEXED TO A RIGHT ANGLE. *Ac.* ANTERIOR CRUCIATE LIGAMENT. *Pc.* POSTERIOR CRUCIATE LIGAMENT. *Bi.* BICEPS TENDON CUT SHORT. *Po.* POPLITEUS TENDON. *E.L.L.* EXTERNAL LATERAL LIGAMENT. *I.L.L.* INTERNAL LATERAL LIGAMENT. *P.* PATELLA LIGAMENT TURNED DOWNWARDS. *T.* TROCHLEAR SURFACE OF FEMUR. *A—X.* (SEE TEXT).

x in the diagram. When the femur is the fixed point, such as occurs when the knee is extended with the foot off the ground, the rotation is outwards—the inner condyle of the tibia slipping forwards and outwards on to the area (A in the diagram) on the anterior ends of the femoral internal condyle. When the tibia is the fixed point with the foot on the ground, as in walking, the movement is essentially the same, except that it is the femur that rotates inwards. As most of the forces acting upon the knee-joint in full extension are applied around the horizontal axis, and would, therefore, tend to produce flexion of the joint, the addition of this perpendicular rotatory movement gives to the joint greater stability in this position. The application of these facts is well known to every school boy, who, by

tapping the hams of his unwary companion's flexed knees, brings about his downfall.

Intra articular fibro cartilages. In association with the difference in the movement of the inner and outer condyles in rotation we find a difference in the shape of the semilunar cartilages. The outer cartilage is almost circular so as to provide a socket for the pivot-like action between it and the outer femoral condyle, while the inner cartilage is more semicircular and longer from before backwards, thus allowing for the gliding rotatory movement between it and the inner femoral condyle.

Each cartilage is attached in the centre of the joint before and behind the spine of the tibia, the horns of the smaller outer cartilage lying within the gap between the horns of the inner cartilage. The periphery of both cartilages is bound down to the upper end of the tibia by the weak coronary ligaments. The outer cartilage is unattached to the external lateral ligament; actually the tendon of the popliteus muscle is interposed. The inner cartilage is, however, very firmly bound down to the internal lateral ligament, especially posteriorly. It thus happens that the outer cartilage moves freely forwards or backwards, and easily slips out of the way in unusual movements of the bones. The inner cartilage, however, does not slip out of the way, and in violent rotation inwards of the femur on the fixed tibia in a flexed condition of the joint there is a liability for the anterior end to be buckled backwards upon the firmly attached posterior end. Thus it is that internal derangement of the knee-joint is more often due to rupture or dislocation of the inner cartilage than of the outer cartilage. The commoner lesions of the cartilage include (*a*) separation of the anterior horn from its attachment and (*b*) longitudinal splitting, with formation of a "bucket-handle"-shaped piece of cartilage attached only at each end. So-called "cysts of cartilage," occur rarely in connection with the external cartilage, and are probably of the nature of ganglia of the popliteus tendon sheath.

Ligaments: The crucial ligaments.—The terms "anterior" and "posterior" as applied to these structures refer to their attachments to the tibia. On the femur their attachment is reversed, the anterior being attached posteriorly on the external condyle and the posterior ligament anteriorly on the internal condyle. Interposed between these two ligaments at the point where they cross one another there is a small prolongation of the synovial cavity, which facilitates the movement of one against the other. They are chiefly brought into action at the end of full extension of the knee, when, during the rotation that normally occurs at this point, they are twisted around each other and lock the joint. Furthermore, these ligament have the added function of preventing, the one anterior, the other posterior, dislocation of the tibia upon the femur. The anterior crucial ligament also is responsible for the prevention of hyper-extension; in this it is sometimes unsuccessful, and may then be ruptured.

The collateral ligaments.—These ligaments, besides aiding the crucial ligaments in holding the femur and tibia together, also prevent lateral mobility of the joint. The relation of the collateral ligaments to the intra-articular fibro-cartilages has already been dealt with. Immediately after an accident involving a semilunar cartilage, before the effusion has appeared, a small swelling may be seen just in front of the internal lateral ligament caused by the damaged cartilage. Upon this swelling pressure should be exerted in manipulations for reduction. In most cases of damaged internal cartilage there is a tender point on the skin lying over the internal lateral ligament.

In slight flexion both the crucial and collateral ligaments are not so taut as in full extension, therefore the position of rest of the knee-joint is one of flexion. This is the position that it takes in tuberculous disease. The hamstring muscles become spasmodically contracted, and later, should destruction of bone occur, there is a tendency for subluxation to occur of the tibia backwards and outwards—the latter due largely to the action of the biceps femoris and popliteus muscles.

Muscles.—The relation of the gastrocnemius, the semi-membranosus and the popliteus to the knee-joint has already been dealt with. The latter muscle has an interesting action: by its origin from the outer side of the external condyle of the femur and its insertion to the posterior surface of the upper end of the tibia, it unlocks the knee at the commencement of flexion by undoing the outward rotation of the tibia that has taken place at the end of extension. On the outer side of the joint the tendon of the biceps femoris in its course to the upper end of the fibula must not be mistaken for the external lateral ligament, which it overlaps, or for the ilio-tibial band, which lies between it and the outer border of the patella. Passing over the surface of the internal lateral ligament there are three muscle tendons going to the subcutaneous surface of the tibia: these are the sartorius in front and the gracilis and the semitendinosus behind. In between these insertions there are bursæ which may be the seat of enlargements.

Incisions.—On each side of the patella in front there is an expansion from the corresponding vastus muscle. When exploring the joint the opening is usually made in this situation, the skin incision being either perpendicular or horizontal; in cases that do not require a large exposure, the aponeurotic fibres may be divided in the line of their fibres. In the horizontal incision

special care must be taken not to damage the lateral ligaments. Where larger exposures are required the patella may be turned upwards either by dividing the patella tendon or by removing the tuberosity of the tibia, or the patella may be split longitudinally and each half widely retracted, or the patella may be displaced to one side by Timbrell Fisher's method. In aspiration of the joint the needle is inserted through one of two small triangular spaces, which can easily be felt in the normal extended knee on each side of the patellar tendon, the latter forming one side of the triangle; the others are the borders of the tibia and femur.

The patella.—This bone forms an important protection to the joint in front; its posterior surface is covered with articular cartilage, which is continuous with the rest of the synovial area. On this account operations for the suture of a fractured patella necessarily involve an arthrotomy of the knee-joint, and accordingly should not be carried out before adequate precautions have been taken for the sterilization of the surrounding skin. Furthermore, suture materials should not be allowed to pass through the articular cartilage on the back of the bone.

Nerve supply.—The knee-joint is freely supplied with nerves from the three great trunks entering the limb, which also supply the hip-joint. In disease of either joint pain may be referred to the other.

N. L. CAPENER.

PUBLIC HEALTH WORK IN THE ORIENT.

BANGKOK, Siam. I wonder how many readers of the JOURNAL have any exact idea as to whereabouts on the map that is. I must confess that before I came out here three years ago I was a little vague about it myself. I knew it was somewhere round the corner of the Malay Peninsula, perhaps halfway between Singapore and China, but that is about as far as my knowledge of geography took me. It is for this reason that I have thought a short account of life and medical work here might be of interest.

Bangkok, the capital and port of Siam, is situated at the top of the Gulf of Siam, about twenty miles from the sea, on the banks of the River Menam Chow Phya (the Mother of Waters). Being rather isolated, out of the route of the big mail steamers, it is not visited by many tourists, and the average Britisher in the Far East will tell you that it has a terrible climate and a good club, where the unfortunate residents strive to fortify themselves against the ravages of cholera with liberal doses of alcohol. Kind friends who entertained me at the various ports of call on my way out were of opinion that my life, if short, would be a gay one. Europeans in the East know little of Bangkok. Up to ten years ago the ravages of cholera were dreadful, but now the town possesses one of the finest waterworks in the Orient, and its worst public health problem has been solved. It has certainly a very fine Sports Club, where the European colony, roughly 1000 strong, foregather for exercise in the evening, but its consumption of alcohol, though good, is not excessive.

The State medical work of the country is administered by two bodies—the office of the Medical Officer of Health for the capital and province of Bangkok, an area of 1100 odd square miles with a population of about 700,000, and the Department of Public Health for the rest of the country, both being responsible to the Ministry of the Interior. Each administration has several foreigners, English or American, acting in advisory and executive capacities, with a staff of locally trained doctors under them. I have recently launched into private practice, but during my first two years in the country I was associated with the former department, and the experience I gained in it was useful and varied. In addition to the usual administrative Public Health work of the town and port, our Office controls an Emergency Accident Hospital of 60 beds, a Fever Hospital, a Lunatic Asylum of 500 patients, an Out-patient Clinic and a Laboratory, where the clinical pathology of the hospitals is done and the water supply tested daily.

Our staff consisted of two foreigners, the Medical Officer of Health, an American, and myself, and eighteen locally trained doctors. These men are keen and industrious, but of course their training has been of a very indifferent kind, and they need constant supervision. The variety of the work is a little alarming at first, and I certainly felt hardly qualified to look after a horde of Oriental lunatics, but in the East one must be prepared to tackle anything, and I strongly advise any men who contemplate coming out to get as general a training as possible and to do as many different kinds of appointments as they can.

The chief essentials to progress here are more money, more sanitary laws, more education. A ridiculously small proportion of the revenue is allocated to health administration, the judicial system is only now being properly established and judicial codes promulgated, and till recently little effort had been made to teach the people personal hygiene. Great assistance in this direction has been rendered by the Rockefeller Institute, who, in collaboration with the two existing departments, have made a thorough survey of the incidence of hookworm in the country and have financed units for work in the most heavily infested areas. These units combine popular hygiene lectures and demonstrations with their hookworm treatment. Recently also the Red Cross Society of Siam has inaugurated a Junior Section with branches all over the country, and it is hoped this will effect much among the younger generation. This same society, having plenty of funds, are beginning to develop Public Health Nursing Centres, in conjunction with which it is hoped to open tuberculosis and maternity and child welfare clinics, and they are tackling another health problem of the East—the segregation and treatment of lepers. It is hoped that when they have organized and demonstrated the success of these essential services the Government may be induced to take them over.

The chief public health problems out here are (1) the reduction of a big infantile mortality rate; (2) the prevention of such communicable disease as exists here; (3) the control of the water and food supply; (4) the provision of better sanitation; (5) opium smoking.

The infantile mortality-rate is high; a figure could be given, but, like most vital statistics among native communities, it is not accurate. The cause of it is mainly lack of care at birth—tetanus neonatorum is common—and bad methods of feeding.

The most common communicable diseases are:

(*a*) Plague, which is kept under control by plague squads, who deal with the cases as they arrive, disinfecting the houses and inoculating contacts, and by systematic daily examination of rats. More cannot be done until a building law is produced to make the erection of rat-proof buildings compulsory.

(*b*) Smallpox is always a danger in the East, and we had to fight a serious epidemic two years ago. A law exists by which vaccination can be made compulsory in an emergency, and with its help about 500,000 vaccinations were done at that time. Great difficulty is experienced with the Chinese, who form 50 per cent. of the population of Bangkok. They have their own methods of protection, which are to collect the desquamated scales from cases, and either wash their bodies with water in which the scales have been soaked or powder the scales and have them blown up the nose. The weakly contract the disease, the naturally resistant ones escape, and are, they think, well protected.

(*c*) Tuberculosis is very common and is mainly of the very chronic phthisical type. Little can be done until they are taught the necessity of personal hygiene. Betel-nut chewing is a habit practised by all classes of society, and this, of course, leads to excessive expectoration.

(*d*) Venereal disease is rampant here, but seems to attack the Siamese in a mild form. Syphilis of the nervous system is rare.

(*e*) Rabies is a danger, and is a difficult problem. The number of pariah dogs is enormous and cannot well be controlled, as no systematic destruction of these animals can be carried out legally, the taking of life being contrary to the tenets of the Buddhist religion. No law authorizing such action can, therefore, be proposed. The priests are perhaps the worst offenders. They wander around in the early morning with their begging bowls and always collect more food than they require, and every temple provides a home for pariah dogs. A well-equipped Pasteur Institute has been established by the Red Cross, and all cases in need of prophylactic treatment are sent up to Bangkok for injections and housed free of charge.

(*f*) Leprosy is being energetically attacked in Bangkok and Chiengmai, the capital of Northern Siam. Weekly clinics are held, and those who are willing are given a home in an asylum down the river. Segregation has not been enforced as yet.

(*g*) Malaria is not a great problem at present, but may become so. We have as many mosquitoes as any place in the world I should think. They are mostly annoying and harmless, but quite a number of different varieties of *Anopheles* exist. At present there is a little malaria, not much, but it is increasing steadily now that we are linked up by rail with the North, where pernicious malaria is common. Malarial carriers are constantly coming into Bangkok, and in a few years the danger may be a more real one.

As mentioned earlier, a great public health measure—the provision of a good water supply—was instituted about ten years ago, and almost complete disappearance of cholera has followed. Protection of the food supply is now urgently needed. A food and drugs law, compulsory examination of all animals slaughtered for home consumption, rules and regulations for the proper control of markets, dairies, etc., are a few of the other requirements.

Improvement in general sanitation awaits the promulgation of a building law, which is slowly coming through. At present many of the chief streets are lined with rat-infested wooden shanties. These districts are continually being burnt down, but owing to the absence of a building law the same type of hovel is erected.

Opium-smoking is a problem difficult for Siam. She is anxious to fall into line with other countries, but at the moment opium provides one of their chief sources of revenue. Until her treaties with European powers allow her to increase her customs import duties she

cannot be expected to tackle that problem very energetically.

You cannot hurry the East, and a man who comes out full of western enthusiasm usually finds himself up against a brick wall of passive resistance and is liable to be disheartened, but conditions of life have improved and are improving. The teaching of medicine is being entirely reorganized, and a faculty of medicine inaugurated, with a staff of European or American professors, equipped with fine laboratory and hospital buildings. This has been made possible by the generosity of the Rockefeller Foundation.

H. W. TOMS.

A CASE OF MULTIPLE PLASMOMA IN BONE.

THE following case is described partly because of the rarity of the disease (of which I have only found one other example in this Hospital), and partly because of certain interesting features which it shows.

Mr. F. B—, æt. 57, was admitted to Rahere Ward under the care of Sir Thomas Horder on November 6th, 1924, complaining of loss of power in the legs.

History of the present condition.—Five months ago he noticed pains in the right side of the abdomen, unrelated to food and constipation.

Three months ago, as a result of these, an exploratory laparotomy was performed at Guy's Hospital, and revealed very small gall-stones.

Six weeks ago fatigue and agonizing pain in the back after sitting up.

Four weeks ago loss of power and sensation in the legs. The onset was rapid but not sudden. Any movement caused intense pain in the back.

Three weeks ago urgency and difficulty in micturition.

Fourteen years ago patient fell on his back and was in bed for three weeks. Since then he was quite fit till the above symptoms appeared.

Condition on admission.—The abdomen was distended and the lower half did not move on respiration. The spleen was not palpated. Abdominal reflexes were present. Above the umbilicus there was a zone of hyperæsthesia. Below the umbilicus there was a region of diminished sensation to pain, heat and cold, which merged into a zone of anæsthesia in the lower hypogastrium and perinæum. The lower limbs were completely anæsthetic, with spastic paralysis and no apparent wasting. Knee- and ankle-jerks were accentuated on the left side, left ankle clonus was obtained, and a bilateral Babinski was present. There was a right-sided foot-drop, and on forcibly inverting the foot the left leg was involuntarily flexed at the knee. Small involuntary twitchings of the muscles of the left calf were noticed.

The back showed no obvious deformity, but there was marked tenderness over the tenth, eleventh and twelfth dorsal spines.

The blood-picture was as follows: Red corpuscles, 4,350,000 per c.mm.; white corpuscles, 7,800 per c.mm.; hæmoglobin 65 per cent.; and colour index, 0·75.

The rest of the body appeared normal and facies good.

A diagnosis of neoplasm of the spine in the region of the tenth dorsal vertebra was made. This was confirmed by X-ray examination, which showed considerable destruction of the right side of the body of the tenth dorsal vertebra and a little of the eleventh and ninth.

Course of the disease.—On the day of admission dribbling incontinence of urine was present for the first time, and three days later the patient developed incontinence of fæces. On the ninth day there was a bilateral foot-drop and complete absence of voluntary movement in the legs. On the following day the bladder was distended up to the umbilicus, with slight retention overflow. The patient was accordingly catheterized, and the urine withdrawn was found moderately infected. From this time onward he was catheterized regularly and the bladder was washed out with 1 : 4000 pot. permanganate solution. The urine cleared for a short period, but again became infected, microscopical examination showing pus-cells, and the reaction being alkaline. Four days before death the urine was thick, dark with blood, and had an offensive odour. This cystitis was accompanied, during the last fortnight, by pyrexia (102°) and a rapid pulse, the temperature gradually falling to 96° and the pulse quickly falling to 100 at the time of death (eight months after admission). Albumen was sometimes present during the illness, but there is no record of Bence-Jones protein ever being found.

The spine was treated with X rays projected towards the tenth dorsal vertebra alternately from the front and back, together with massage. Under this treatment his general condition improved. Three months after admission no ankle clonus could be elicited, voluntary flexion of both knees to a right angle was possible and sensations became normal above the knees. X-ray appearances, however, showed no change. The patient was fitted with a spinal jacket and was able to get up for a short time.

Post mortem.—Spine: The body of the fourth lumbar vertebra was largely replaced by a hæmorrhagic mass, and the body of the tenth dorsal vertebra contained a soft yellowish mass which replaced about half of the body and very slightly constricted the spinal canal. There were small extra-dural collections of blood in the spinal canal extending the length of two or three vertebræ in the region of the 10th dorsal, but not constricting the canal.

The spinal cord appeared natural and showed no macroscopic evidence of constriction.

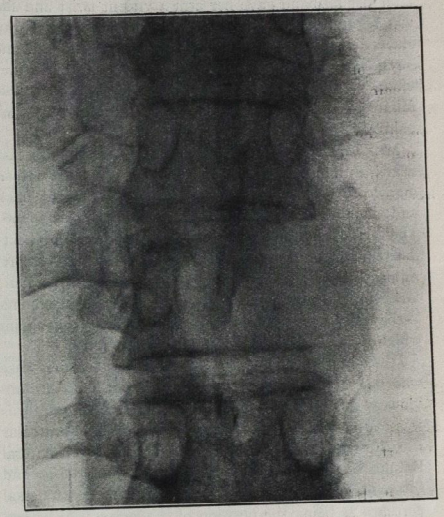
Besides the above condition in the spine, there were large masses of soft hæmorrhagic growth forming irregular cavities in the following bones: the right iliac bone near the brim of the pelvis, the left iliac bone just behind the anterior superior spine, the left femur in the region of the trochanters, and the sixth left rib.

The kidneys showed advanced pyelitis and the bladder advanced cystitis.

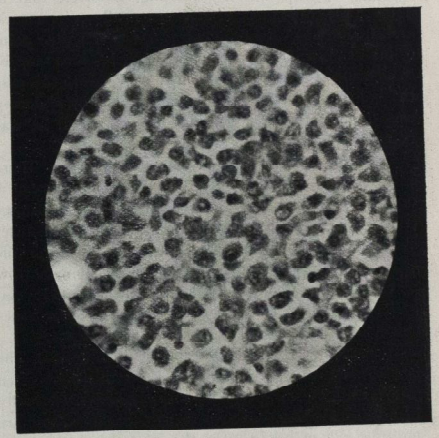
Prostate and spleen appeared normal. There was a growth in a gland at the upper end of the thorax, but otherwise no evidence of glandular involvement.

Histology of the tumour.—In all the affected bones the structure was that of a plasma-cell tumour. The cells, arranged for the most part in compact masses, were about the size of a large lymphocyte, rounded and polygonal, and their nuclei showed for the most part the "cart-wheel" character of the plasma-cell. Their cytoplasm showed the typical plasma-cell reaction when stained with Pappenheim. Besides these cells there were a few smaller and some larger cells, with an occasional multinucleated giant-cell. The tumours possessed very little stroma. Blood-vessels were abundant and mostly thin-walled, and areas of hæmorrhage as well as others of necrosis and fibrosis were present.

Another case.—Prof. Gask had a most interesting case of multiple plasmomata in 1921, and I am indebted to him for permission to describe this. A woman, æt. 42, had severe pain in the arms, chest and back, and five months later noticed a tender lump over the sternum. After another five months there was also a small lump over the fifth left rib. She was admitted on account of the lump and a state of general weakness. An X-ray examination showed areas of rarefaction in the right clavicle and manubrium, and further examination revealed the fact that every bone except the right fibula and left femur were similarly affected. There was no apparent glandular involvement and no Bence Jones protein in the urine. The swelling in the manubrium sterni was scraped, and microscopical examination showed a section of plasmoma apparently similar in all respects to the previous case. The blood-picture here was as follows: Red cells 5,375,000 per c.mm. and white cells 17,200 (of which 72·5 per cent. were polymorphonuclears). The patient made a rapid recovery and was discharged four weeks after the operation. Six months



X-RAY OF SPINE SHOWING SITE OF NEOPLASM.



SECTION OF TUMOUR. × 440.

later her husband gave her arm a violent twist and she was readmitted with a fractured humerus. An X-ray showed that the fracture had taken place through one of the tumours, all of which were much larger than previously. Whilst in Hospital Bence-Jones protein was found in the urine. The liver and spleen were not palpated.

Mr. Elmslie had a case of multiple myelomata last year—a man, æt. 49, who strained his back fifteen months before admittance, and had pain in the back and shoulders. No Bence-Jones protein was found. The blood showed the changes of anæmia, and post-mortem the vertebral bodies were found to be soft, pulpy, brown and collapsing. The section of tumour, however, did not show the characteristics of plasmoma—the cells not giving the reaction with Pappenheim which is characteristic of a plasma-cell tumour.

Discussion.—The picture presented by the first case was one of paraplegia of organic origin. It was obviously an upper motor neuron lesion, as the paralysis was of the spastic diffuse type with very little muscular wasting and with accentuated reflexes and bilateral Babinski. Further, both the area of anæsthesia and the tenderness over the spine pointed to the tenth dorsal vertebra as being the position of the lesion. An extra-medullary tumour rather than an intra-medullary was suspected owing to the history of root-pains at first and the slowly progressive signs of transverse lesion of the cord—as in the loss of sphincter control. Such a diagnosis was confirmed both by X rays and post-mortem findings. It is interesting, however, that at autopsy the cord appeared macroscopically quite natural and showed no evidence of constriction. Another point of interest is that the root-pains in these cases may be so severe as to lead the surgeon to operate—in this case the pain in the upper right quadrant of the abdomen was thought to be of gall-bladder origin and he was actually operated on for this.

The ætiology of multiple myelomata is obscure. There is frequently a history of trauma. The disease is usually accompanied by an anæmia, pain, deformity of the bones (which are liable to spontaneous fracture) and albumosuria of the Bence-Jones type, although this latter is also present in the destruction of bone-marrow by carcinoma, sarcoma, and in osteomyelitis and myelocytic leukæmia. The ribs and sternum are the bones chiefly affected.

The question of metastases is difficult to decide. The fact that in any particular case the tumours so often arise simultaneously, and on examination are usually found to be of about equal size, suggests that these are multiple foci of origin. On the other hand, cases are described in which it seems fairly evident that the growth forms secondary deposits—in the liver for instance. It has been pointed out that tumour-cells have been found post mortem in the spleen and liver, and it has been suggested that such transported cells will give rise to metastases if not destroyed.

Histologically Ewing describes four types of myeloma—those composed of plasma-cells, others derived from the red cells, myelocytes and lymphocytes respectively. Others consider that only one type of cell is responsible for the growth, and that the apparent differences in individual sections are due to alterations in preparation and staining of the slide, etc. Wallgren found only 118 true cases of plasmomata described up to 1920. Extra-medullary plasma-cell tumours occasionally occur, chiefly in the naso-pharynx, and are usually benign in character.

I am indebted to Sir Thomas Horder for permission to publish this case and for helpful criticism, to Sir Bernard Spilsbury for help in references, to Mr. G. L. Keynes for the excellent photograph of the tumour, and to Dr. Robert Knox, who kindly sent me a photograph of the X-ray for reproduction.

ST. BARTHOLOMEW'S HOSPITAL WOMEN'S GUILD.

BY the kind permission of Mrs. Douglas Harmer a most successful "Market" was held at 9, Park Crescent, on November 13th, at which our President, Lord Stanmore, was good enough to be present.

A most gracious contribution of various fancy articles was sent by the Queen, and her Majesty's kindly and helpful interest in the sale and its final result proved a great source of pride and encouragement to all those who took part in it.

The Viscountess Sandhurst (chairman) and the Committee wish to tender their most grateful thanks to Mrs. Harmer, who by her kind and generous help in lending her house and by her untiring and devoted energy in helping to organize the "Market" so greatly helped to ensure its success.

When the work of the Guild in the Out-patient Departments was first begun in 1919 there was a special fund in hand of £350, the proceeds of a legacy for crippled children. This fund, due to the repeated calls made upon it, has now been exhausted, and the Committee realized that some special effort would have to be undertaken to raise the necessary money if this much-needed and beneficient work was to be continued. The special object of raising this fund was to supply money for the relief of the necessitous poor in the Out-Patient and Special Departments, and for this purpose at least an extra £150 must be available each year in addition to the amount required to defray the ordinary undertakings of the Guild.

The Committee would like to take this opportunity of urging all those who are connected with the Hospital to interest their friends in the work being carried on by the Guild. Of necessity the expenses increase as the Guild's activities expand, and it is only by the generous co-operation of its members that the Guild is enabled to carry on its work. New members are urgently needed, and their names will be most gratefully received by the Hon. Sec., Mrs. Barris, 50, Welbeck Street, W. 1, who will be very pleased to furnish them with any further information they may desire.

The Committee wish to express their most heartfelt thanks to all their many friends, who by their kind gifts and most generous assistance made the "Market" such a striking success. The net amount realized was £508 2s. 4d., the only expenses incurred being a matter of 30s.—a most gratifying result.

ABERNETHIAN SOCIETY.

A MEETING of the Abernethian Society was held on Thursday, November 12th, at 5.30 p.m., in the Medical and Surgical Theatre.

An address on "Birth-Control and Social Progress" was delivered by A. F. Tredgold, Esq., M.D., M.R.C.P., of the Eugenics Education Society.

The speaker commenced by referring to evolution. Evolution is no longer merely a theory, but is an accepted fact among scientists. The means whereby it has taken place are summed up in the two processes of variation and selection. Variations among animals are caused by their gradually adapting themselves to their surroundings. Characteristics acquired by one generation are transmitted to the next, so that the characteristics of the different species have gradually become altered, according to their surroundings, habits and modes of life. Occasionally sudden big variations, known as mutations, occur.

Selection is necessary on account of the great speed with which reproduction takes place and its prolificity. Citing an instance, in thirty years two thrushes will have produced so many offspring that the surface of the earth and moon together could only hold a very small portion of them. Selection therefore is necessary and takes place by the survival of the fittest: those whose variations are advantageous to their well-being survive; those whose variations are disadvantageous have to go under in the struggle for existence. By these two processes, therefore, the evolution of life to a higher plane continues.

Turning next to man, it may be argued from the data at our disposal that man was just as high in the plane of evolution 6000 years ago as he is now. But this is not actually the case, as is shown by the difference in the treatment of the weaker members of the community; 6000 years ago those who were not able to look after themselves were either knocked on the head or left alone to perish. The very different treatment accorded to such in this era is evidence of a very considerable evolution of the mind to a higher and more altruistic plane, with the cultivation of such emotions as pity, love and affection.

But the question is, What has been the result of this on the physical and intellectual condition of the population? Is it causing an increase in the ratio of unfit to fit? In answer to this people say, Look at the war! Could a people which is degenerate produce such fine fighting men as were seen then? But it must be remembered that a very fine and careful combing out had to take place to produce this army. Of every nine men examined for enlistment only three could be pronounced physically sound. Of all the casualties in the war one seventh of the total were due to shell-shock and nervous affections, showing the unsound mental condition of the population. There is no doubt that this unfavourable ratio is increasing. The great question, then, is What is to be done about it? There are two possible remedies: One is to revert again to the methods of natural variation and selection by which evolution has been brought about; this would undoubtedly work, but it would be at the sacrifice of all the finer qualities and emotions which go to make up civilization, and which have been the product themselves of evolution. This, then, is obviously undesirable. The second remedy is to be found in eugenics. What is eugenics? It may be defined as the study of the agencies under social control which may improve or impair mental stability.

The methods by which eugenists hope to improve mental stability are two in number: Firstly, by the prevention of the propagation of the biologically unfit; secondly, the promotion of the propagation of the biologically fit.

The first of these methods is easy enough where the obviously unfit are concerned. It can be done by segregation. The difficulty is with the intermediate group—those with doubtful family histories and of neuropathic tendencies, who though, should they seek it, may be deterred from intermarrying by the advice of the medical man, nevertheless in many cases cannot be prevented from propagating. The second of these methods brings up the question of birth-control. Birth-control is no new thing, but has been practised among certain classes for many years.

If a man among the educated classes is asked why he does not have more children, he will generally say that he cannot afford them owing to high rates and taxes; he therefore practises birth-control. But the rates and taxes are kept high largely by the necessity for support of the biologically unfit. Therefore if these are eliminated, rates and taxes will be greatly lowered, and the propagation of children among the biologically fit will be increased. Therefore, birth control is most needed among the biologically unfit. But from its very nature it is more likely to be employed by the intelligent classes, and the biologically unfit, who most require it, will be the last to practise it. Therefore indiscriminate birth-control is bad, and will not furnish the whole solution to the problem.

The subject was then put to the meeting for discussion.

Messrs. Goodliffe and Pickup Greenwood asked questions and expressed their views. They were briefly, but ably, answered by the speaker.

Mr. NELSON proposed a vote of thanks and Mr. BARNSLEY seconded.

MEDICAL SICKNESS, ANNUITY AND LIFE ASSURANCE SOCIETY, LIMITED.

THE Annual Meeting of the Medical Sickness, Annuity and Life Assurance Society was held at the Offices of the Company, 300, High Holborn, London, W.C., on October 12th.

The new annual premiums in the Sickness and Accident Department amounted to £5,394, total claims paid. £21,630. The total annual premiums amounted to £45,071. The total of the fund at the end of the year was £283,552.

In the Life Department 238 policies were issued, assuring £143,500 net for net annual premiums of £4711. The total premiums amounted to £16,913. Claims by death and maturity were £2391, the total of the fund at the close of the year being £122,307.

The total premium income of the Society amounted to £61,985. The average rate of interest earned was £4 16s. 11d. per cent. gross and £4 1s. per cent. net. The total increase of the funds amounted to £34,240, and the total funds amounted to £407,949.

The Chairman called attention to the fact that though there was a steady increase in the business, the ratio of expenses had fallen by nearly 2 per cent. as compared with the previous year. He gave a brief history of the Society since its foundation in 1883, and in referring to the various policies issued said that the Society was converted into a limited company on a mutual basis in 1920, as hitherto it had suffered from the restriction under the Friendly Societies Act, which limited the amount for life assurance to £300. Since the alteration over £500,000 of new business had been transacted in that branch. The combined policies covering sickness, accident and life assurance as well as the educational policy were becoming increasingly popular. The Society, Dr. Allan said, was able to charge low rates for its

benefits, inasmuch as it did not have to pay dividends to shareholders and commission to agents.

Dr. F. C. Martley and Sir William Willcox were re-elected to the Board of Directors, and Messrs. Harber, Sturges and Fraser were re-elected auditors. The proceedings concluded with a vote of thanks to the Chairman for presiding and for his able work in connection with the Society.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

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

Played at Northampton on October 17th.

A hard and enjoyable game which was marred by an incident in the last quarter of an hour.

Bart.'s showed improved form and the forwards showed signs of making a good pack. The backs were also much improved and ran well on occasions. Bart.'s came near to upsetting Northampton's unbeaten record, the scores being level until a few minutes from the end, when Northampton broke away from a scrum and scored a placed goal.

Result: Bart.'s, 9 pts.; Northampton, 14.

ST. BARTHOLOMEW'S HOSPITAL *v.* CAMBRIDGE UNIVERSITY.

Played at Winchmore Hill on October 21st.

This was Cambridge's second game of the season, and the 'Varsity played a remarkable game. For most of the game Bart.'s were quite outplayed, and although some individuals played well there was no team-work. The forwards were beaten in the tight and in the loose, and so the backs had little chance of scoring, but might have done better in defence. The pace and cleverness of Devitt and Bordass were the chief cause of the Hospital's defeat. Buttery had to leave the field before the end of the game with an injured shoulder. He is most unfortunate, this being the third time he has been seriously crocked in his last five games.

Result: Bart.'s, 10 pts.; Cambridge, 27.

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

Played at Woolwich on October 24th.

Bart.'s showed slightly improved form in this game against a side lacking in experience. The forwards were unable to obtain the ball in the scrums, but there was some good interpassing amongst them in the loose. The backs ran well at times and defended strongly.

Result: Bart.'s, 22 pts.; R.M.A. 9.

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

Played at Cardiff Arms Park on October 28th.

Bart.'s made a splendid effort to lower Cardiff's colours and were extremely unfortunate to be losers by 2 points. The Hospital showed better form than before this season, and the display was most encouraging. Cardiff were not at full strength owing to a Welsh "trial" on the following day, whilst Bart.'s had several players away through various causes. Bart.'s scored a goal and a try before Cardiff scored. The forwards were playing a dashing game, especially the Welsh contingent. It is difficult to understand by what process of reasoning the referee allowed Cardiff's first try, which was scored (and converted) while the ball was really out of play. Cardiff scored again quickly from an interception, and at half-time the score was 10—8 in Cardiff's favour. Bart.'s played well against the wind in the second half, but no further score resulted, though both sides came near to scoring. As the local papers pointed out, Cardiff were very fortunate to avoid defeat.

Bettington played the splendid game that he has been playing recently and inspired the rest of the team by his example. Gaisford, whose knee is now quite recovered, played in his best form.

Result: Bart.'s, 8 pts.; Cardiff, 10.

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

Played at Wandsworth on October 31st.

An unscientific game of the kick and rush order. The ball was extremely difficult to field, being soft and slippery. Bart.'s, after their effort at Cardiff three days before, allowed themselves to be hustled by their lighter opponents, and at the interval were a try in arrears. At this stage Grace left the field with a sprained knee. Playing seven forwards in the second half, Bart.'s played much better and might have scored more than one goal.

Result: Bart.'s, 5 pts.: Old Leysians, 3.

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

Played at Winchmore Hill on November 2nd.

This was a disappointing game from the Hospital's point of view. The visitors played a vigorous game, but Bart.'s had a larger share of the game than their opponents and should have been several points up at half-time. With the wind in their favour the visitors played better in the second half, and scored a try, a placed goal and a dropped goal to a try. As has been customary in recent games, one of our opponents' tries was scored by intercepting a lobbed pass—a distressing feature of the back play. Bart.'s had only themselves to blame for defeat, and had ample opportunities of making the issue safe before half-time.

Result: Bart.'s, 3 pts.; Pontypool, 12.

ST. BARTHOLOMEW'S HOSPITAL *v.* R.M.C. (SANDHURST).

Played at Winchmore Hill on November 7th.

Sandhurst had a young side, and performed better than might have been expected from their previous record. The ground was heavy, but in the circumstances the handling of both sets of three-quarters was good. Lloyd, the Sandhurst left wing, ran strongly, and would have scored more than once had it not been for Frederick's good tackling. The Sandhurst forwards played a splendid game in the loose, but the side was somewhat lacking in experience and Bart.'s won by 11 points to *nil*.

ST. BARTHOLOMEW'S HOSPITAL *v.* UNITED SERVICES (PORTSMOUTH).

Played at Winchmore Hill on November 14th.

The Services sent a weak side to play us in this game. The ground was heavy, but the ball was not difficult to hold, and with straighter running the Hospital might have scored several more tries. The Services were inferior in all departments of the game, and Bart.'s won without undue effort. A. W. L. Row deputized as full back and only just failed to score on one occasion!

Result: Bart.'s, 13 pts.: United Services, 5.

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

Played at Bristol on November 21st.

The home side held an unbeaten record for the season and had two of their regular players away. Bart.'s lacked the services of five players, and owing to one forward missing the train at Paddington had to play a substitute in the pack. The first half was played at a great pace, and Bart.'s were clearly the better side up to the interval. The ball was obtained well in the tight and the heeling in the loose scrums was much improved; the halves and three-quarters handled, passed and kicked well and Bristol had hard work to keep their line uncrossed. One has not seen the backs play a better game than this. In the second half the forwards did not play so well, and so the Bristol backs saw a good deal of the ball. Resolute tackling and refusal to "buy dummies" kept the Hospital line intact for a time, but before the end Spoors, running strongly, scored three times near the corner-flag—one of which tries was converted. Just on time a penalty goal was scored from near the half-way line by Pickles, and the Hospital were beaten by 14 points to *nil*, although the score flattered the home side.

ASSOCIATION FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL 1ST XI *v.* OLD BRENTWOODS.

Played at Brentwood on October 31st this game resulted in a creditable win of 3—0. In the first half the game was very even, the ball travelling quickly from one goal to the other without much danger to either side, except on one occasion on which Mailer saved well. In the second half the Hospital team improved, and after Phelps had headed through a centre from Crumbie, he and Evans each added another. A heavy attack by the Old Boys proved to be a flash in the pan, and the defence managed to hold out against it.

The Hospital played one short throughout.

Team.—W. A. Mailer, *goal*; A. Bennett, J. Huntley, *backs*; H. W. G. Staunton, E. S. Evans, S. Jenkinson, *halves*; J. R. Crumbie, W. G. Burgess, I. E. Phelps, A. Clark, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL 1ST XI *v.* OLD CITIZENS.

On November 7th, at New Eltham, the 1st XI met their first defeat, when a slightly weakened team was beaten by five clear goals by the Old Citizens. The Old Boys took the offensive straight from the kick-off, and having taken it held it in no uncertain manner. Apart from a few isolated rushes the Hospital team was on the defensive all the first half. As usual the play improved after half-time, and although two down the forwards put up a strong fight. The defence, however, was not up to the pace and three goals were added to the toll. The day was very wet, as was the ground, but the Citizens were well worth their victory, being superior in every way.

Team.—W. A. Mailer, *goal*; A. Bennett, J. Huntley, *backs*; H. W. G. Staunton, I. E. Phelps, S. Jenkinson, *halves*; J. R. Crumbie, W. W. Dewar, A. M. Gibb, R. W. Dunn, A. Clark, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL 1ST XI *v.* OLD CHOLMELEIANS.

At Folly Farm, New Barnet, on November 14th, the 1st XI played a creditable draw with the Old Cholmeleians, each side scoring three.

The Hospital were fairly soon on the defensive, but some of their rushes proved dangerous, although no goal was scored. A heavy bombardment resulted in Ward being beaten, and soon after, despite some fine saves, he was beaten again. As usual the team play in the second half was considerably better than the first half, but it was some time before Clark scored, some of the forwards preferring to let the whole of the opposing defence get back before trying a shot. Midfield play was succeeded by an attack in which the Old Boys scored their third goal. This reverse put even more life into the forwards, and a fine passing movement ended with a better shot from Mailer scoring. With darkness descending the ball travelled the field quickly, and from one of these rushes another good if somewhat lucky shot equalized. In the last minute Ward made a fine save.

While this match was quite our best effort at team play, it also accentuated some grievous faults. The defence lacked the spirit or will to clear first time, while some of the forwards did not seem to realize the necessity of shooting before the defence has time to recover.

Team.—L. B. Ward, *goal*; A. Bennett, J. Huntley, *backs*; H. W. G. Staunton, E. S. Evans, I. R. Crumbie, *halves*; A. M. Gibb, W. A. Mailer, A. Clark, R. W. Dunn, A. P. Kingsley, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL 1ST XI *v.* JESUS COLLEGE, CAMBRIDGE.

Played at Winchmore Hill on November 19th, in ideal weather, this match resulted in a win for the Hospital by 3 goals to 2. The pace throughout was rapid, and in the first minute Clark put in a good shot which nearly scored. Immediately afterwards the home goal had a lucky escape. It was some time before Dunn scored, and this was followed by a pass from the outside right going astray and Ward punching into his own goal. After the change of ends Gibb put the Hospital ahead again with a goal much like that obtained by Jesus, who, however, equalized after some good passing, finished off with a good run, had brought Ward out of his goal. Runs were made by both sides, but very good ones by Dunn and Clark were unfortunate in not scoring, the opposing defence giving them little opportunity to shoot in peace. After a run Kingsley passed back to Huntley, who scored from some distance out. The defence successfully withstood the heavy attacks made on it in the last few minutes.

Team.—L. B. Ward, *goal*; E. N. Jenkinson, A. Bennett, *backs*; H. W. G. Staunton, E. S. Evans, J. Huntley, *halves*; A. M. Gibb, W. A. Mailer, A. Clark, R. W. Dunn, A. P. Kingsley, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL 1ST XI *v.* ST. JOHN'S COLLEGE, OXFORD.

On November 21st the 1st XI were the guests of St. John's College, at Oxford, and won a pleasant game by 3—1. The home team were unfortunate to lose a man in each half, both due to the uneven ground. A misunderstanding in the defence let the Oxonians in and Ward was well beaten. The Hospital forwards played well, but were weak in front of goal, more than one shot into an empty goal going astray. At last Dunn scored and matters were level for the remainder of the first half, our opponents playing pluckily, although a man short. Shortly after the breather the home team lost their left back, and although their defence played hard, Dunn added two more, and numerous chances were thrown away. The laxness of the Hospital defence allowed some good raids by the opposing forwards, but Ward saved well. It was good to see inside forwards, Mailer in particular, coming back to help the defence in trouble of their own making.

Team.—L. B. Ward, *goal*; E. N. Jenkinson, J. Huntley, *backs*; A. Bennett, E. S. Evans, J. R. Crumbie, *halves*; A. M. Gibb, W. A. Mailer, A. Clark, R. W. Dunn, A. P. Kingsley, *forwards*.

Other results:

2nd XI.	*v.* Old Brentwoods.	Won 7—0.
	v. Old Finchleians.	Lost 1—6.
	v. Old Chigwellians.	Won 4—3.
	v. Old Bancroftians.	Lost 2—6.
"A" XI.	*v.* H.M.S. "Worcester."	Won 13—3.
	v. R.M.A. (Woolwich).	Won 6—3.
3rd XI	*v.* Ibis "A"	Lost 0—12.

UNITED HOSPITALS HARE AND HOUNDS.

CLUB HANDICAP.

The first race of the season was the Club handicap on Wednesday, October 28th, over the five-mile course. The handicapping was arranged on the starting times. The order of finishing and times was as follows:

	Start. mins. secs.	Handicap time. mins. secs.	Actual time. mins. secs.
1. I. B. Morris (Guy's)	3 0	37 30	36 30
2. M. P. Way (Guy's)	3 0	38 21	37 21
3. J. H. Chitty (Guy's)	1 0	38 43	33 43
4. W. W. Darley (Bart.'s)	Scr.	39 33	33 33
5. W. E. Herbert (Guy's)	2 30	41 15½	37 15½
6. R. C. Brook (Guy's)	5 0	41 16	40 16
7. H. N. Walker (Bart.'s)	Scr.	42 15	36 15
8. J. R. J. Beddard (Bart.'s)	5 0	42 46½	41 46½
9. P. Stanley-Jones (Bart.'s)	6 0	43 0	43 0
10. S. Beerman (Bart.'s)	6 0	43 0½	43 0½
11. H. L. Rogerson (Bart.'s)	5 0	46 21	45 21
12. O. H. Bellerby (Bart.'s)	2 30	47 52	44 22

UNITED HOSPITALS *v.* UNIVERSITY COLLEGE "A."

University College beat United Hospitals in a five-mile cross-country match at Perivale on November 4th by 26 points to 29. The scoring was on the 'Varsity principle of five-a-side. Eight runners turned out for the University College, while United Hospitals had five.

The first man home was J. D. Cochrane (U.C.), whose time was 32 min. 23 sec. He caught W. W. Darley (U.H.H.H.) at the half distance, and the pair headed the field side by side until 1¼ miles from the finish, when Cochrane went in front and won by about 150 yards from Darley. The order of finishing and times was as follows:

	mins. secs.
1. J. B. Cochrane (U.C.)	32 3
2. W. W. Darley (U.H.H.H.)	32 37
3. J. H. Chitty (U.H.H.H.)	33 10
4. W. I. Scott (U.C.)	33 25
5. J. B. Morris (U.H.H.H.)	
6. J. Packman (U.C.)	
7. F. J. Armstrong (U.C.)	
8. J. W. Story (U.C.)	
9. D. H. Buckley (U.C.)	
10 [9]. M. P. Way (U.H.H.H.)	
11. C. Scarborough (U.C.)	
12 [10]. J. K. J. Beddard (U.H.H.H.)	
13. R. Walker (U.C.)	

University College, 1, 4, 6, 7, 8 = 26 points
United Hospitals, 2, 3, 5, 9, 10 = 29 "

UNITED HOSPITALS SAILING CLUB.

The second Annual Dinner and General Meeting was held at the Chanteeler Restaurant on Monday, November 9th, 1925, the Commodore, Mr. Claud Worth, F.R.C.S., in the Chair.

The Hon. Secretary submitted a report on the year's activities, and stated that in every way it had been most successful and that the financial outlook was good, especially if the grants from the Hospital Unions were maintained, and that it would be fair for those members coming from hospitals which did not make a grant to pay a slightly increased annual subscription or to become life members at the outset. The meetings during the winter months which were so popular last season are to be repeated this year, and due notice will be given as to date and place.

A competition for the Cup for Single-handed Sailing, recently presented to the Club will be arranged in the new year. Mr. Tupling (Guy's) was elected as the new Hon. Secretary.

After the meeting a very enjoyable dinner was held, at which 36 members were present, and at the end the Inter Hospital Challenge Cup won this year by St. Thomas's was presented to their Captain.

Any past or present members of this Hospital wishing to join the Club are asked to communicate with Mr. C. Watts, who is representative here.

W.R.P.

DEBATING SOCIETY.

An ordinary meeting of the Society was held in the Abernethian Room on Thursday, November 5th, 1925, Mr. F. R. Cullinan (Vice-President) in the Chair.

A debate was held on the motion—"That the emancipation of woman has been at the price of the degeneration of man."

Mr. P. Mellows, opening the debate, said that man was suffering as a result of women having become emancipated and that in any circumstances of life suffering led to degeneration, as was evident in the present steady decline in masculine efficiency. He pointed out that games which were thought formerly only to be suited to masculine tastes were now indulged in by women, who were able to compete on more than equal terms at the present time. He referred to the effeminacy of male attire as now frequently worn, and that often it was difficult in a crowd to distinguish between men and women. Men had been so overpowered that they were now willing even to revise the form of the marriage oath.

Mr. R. V. Goodliffe, opposing the motion, said that though women were able at the present day to work more evenly in harness with men, yet they still looked upon men as their mainstay and were not really independent. Nowadays it was fashionable to decry old-established principles and that this was all the proposer had attempted to do, and that even if woman were becoming emancipated, which he doubted, it should be a stimulus to men for greater activities.

Mr. W. R. Thrower, supporting the motion, deplored the wasted eloquence of his opposer for a losing cause, and said that one of the hardest things in this life was to accept unpleasant facts, however true they might be. He quoted the weakness of modern politicians and the editors of daily papers who, for the sake of peace and quietness, conceded to any demands made on them by women or others.

Mr. Scovell, supporting the opposition, said that though on the surface woman might be making strides at the expense of man, yet they did not take life very seriously and were not really emancipated. It was good for men to have their preserves challenged, and this certainly did not lead to degeneration, but raised their vigour in the protection of their rights.

The motion was then thrown open to the House for debate and the following members took part: Messrs. Royle, Simmonds, Abernethy, Helme, Frazer, Raven and Greenfield.

Mr. Mellows then replied, and the House divided: Ayes 11, noes 19, the motion being lost.

FORGOTTEN PIONEER NURSES.

The Committee of the Nurses' Fund for Nurses earnestly ask your help in giving publicity to its work.

The trained nurse of to-day, with her easier hours, better pay, and her status assured by State Registration, is reaping the harvest sown by the early pioneers, many of whom struggled through an incomplete training, worked for a mere pittance for many years, and now find themselves forgotten and in abject poverty. To help them a fund has been started called the "Nurses' Fund for Nurses," which aims at raising sufficient to allow these older ones to spend their declining years with at least enough to eat and a roof over their heads. Some of the cases are pitiful—all are elderly or in poor health; many have only disablement benefit of 7*s.* 6*d.* a week or the old age pension of 10*s.* They spent their lives in the service of the sick, and surely the community will repay them by caring for their old age! Help is urgently wanted immediately, and if enough money can be collected it is hoped to buy one or two houses where some of them could have a room at a nominal rent without any fear of the workhouse. The address of the Fund, which is managed by a representative committee of nurses, is "c/o *The Nursing Times*, St. Martin's Street, London, W.C. 2," where contributions will be gratefully received.

CORRESPONDENCE.

PRIMITIVE WARFARE IN THE CATERING COMPANY.

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

Dear Sir,—This burst of orthographic activity has been dragged from me by the numerous complaints that have come to my ears.

I would like to draw the attention of First Year men and some others to a few simple facts that have escaped their notice apparently.

(1) They have now left school.

(2) Bread and other items of food are designed to be taken internally.

(3) Owing to unavoidable limitation of space, conditions in the Catering Company are already rather uncomfortable, and certainly not improved by horseplay.

(4) A little observation readily shows that the Catering Company waiting staff is overworked, and its lot is not lightened by having to sweep up additional unnecessary rubbish from the floor.

In the event of your accepting this "moan" for publication, I trust that the precedent so created will not result in the Editorial sanctum being deluged by "bleats" of a similar or different elk.

Yours sincerely,

November 22nd, 1925. P. M.

ENGLISH IN THE ORIENT.

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

The enclosed two specimens of English may interest those who have not yet met any Chinese patients. These were written by a teacher in a Chinese school in Malaya. I do not imagine that he taught English! The key to his physiology, I should explain, is a pyloric stenosis relieved by a gastro-enterostomy. Two phrases in the first letter are not clear. "The head become cluggy" is very expressive, but I do not know what English word he was aiming at. "Blood rejection" I know from conversation with him to mean intravenous medication.

He was perfectly well able to express himself in Malay, which is in general use by every nationality, but he was too proud of his English to do so. T. W. H. Burne.

Kuala Lumpur,
F.M.S.

"Dear Dr. ———,

"I have the honour to consult you for my stomach trouble as follows:—

"1. What is the reason the acidity of my stomach vomiting out so much? and the sour regurgitate come out often? When after taking supper.

"2. How can lets the acidity reduced? If the acidity does not gathering so much, my stomach is still strong and can take any food.

"3. My mother had the same stomach trouble last time, but she has been recovered already now. I think my stomach trouble something hand-down from my mother.

"4. My stomach is quite well in the morning, because the body take a long time rest after sleeping. Only at the evening after taken supper, felt not safe; the head become cluggy, the back and kidney parts pain and whole body is not happy. after vomiting the body is still safe and can sleep well.

"5. Can you let my stomach cleanness every day? with best medicine water?

"6. Can you let my stomach with electrical cure? one of my friend had the stomach trouble and cured with electrical engine.

"7. Is my stomach must be operate or not?

"8. I beg you let me blood rejection.

"*29th, July* 1924

"Dr. ———,

"——— Hospital,

"Dear Sir,

"I am much obliged to you that you cured my stomach trouble by operation. Now I feel very confortable. Only the operation part a little pain, When I sit at a long time. I think it is no matter, next month it will be entirely recover.

"Hoping you receipt my most sincerest thanks and also bless you enjoy a good health.

"Yours truly,
"Wu Kien Chung.

"Chung Hwa School,
Klang."

REVIEWS.

The Students' Pocket Prescriber and Guide to Prescription Writing. By D. M. Macdonald, M.D., F.R.C.P.E. (E. & S. Livingstone.) Pp. 227.

This little volume contains 551 prescriptions classified under the heading of the diseases for which they are intended to be used. The majority of these prescriptions are good, although the nature of the book renders any clear conception of indications and contra indications difficult.

The principle of such a compendium is, however, not sound, as the student may be led to rely too much upon stereotyped formulæ, neglecting the art of writing his own prescriptions, which is an essential part of every general practitioner's equipment.

There is a useful summary of the most recent provisions of the Dangerous Drugs Act. J. M.

On Writing Theses for M.B. and M.D. Degrees. Second edition, revised. By Sir Humphry Rolleston, Bart., K.C.B. (London: John Bale, Sons & Danielsson, Ltd.) Price 1*s.*

This excellent little book should be in the hands of all would-be writers of medical scientific prose. Though primarily intended for prospective graduates of a university, its outlook is sufficiently comprehensive to make it of great value to others. By its aid most of the thorns and obstructions that beset the path of a thesis writer faced for the first time with the task of compiling an original paper with which to confront the Regius Professor are removed. Nay, further, the way seems, after reading it, so smooth that an actual stimulus to write seems to rise from its pages. Whether this emanates naturally from the rounded prose of its author, or from the clearness with which he indicates the task, it is difficult to day.

The subheadings are as follows: Introduction; How to Find a Subject for a Thesis; Title and Subject of the Thesis; How to Work up the Subject; Arrangement of the Thesis; References; Composition of the Thesis.

That the whole is confined to 28 small pages is a final tribute to the skill of the author and a great merit in the eyes of those for whom it is intended. It should be on sale at the libraries of all medical schools.

Physical Chemistry for Students of Medicine. By Alexander Findlay. (Longmans, Green & Co.) Pp. 222. Price 8*s.* 6*d.*

Physical chemistry has, in recent years, rendered such service to physiology, bacteriology and medicine that no student of these sciences can afford to ignore it. But as presented in books written for the instruction of students of pure chemistry, physical chemistry is a subject for which the ordinary medical student has no passion whatever. Here we have a book in which the elements of the subject are stated clearly, accurately, as far as possible without mathematics, and illustrated at every point by important applications to the sciences named above. We advise the medical student who would be abreast of the times to read this book, to read it again, and then to keep it for purposes of reference.

A Manual of Chemistry. By Arthur P. Luff and Hugh C. H. Candy. (Cassell & Co.) Price 11*s.*

The seventh edition of this well-known book. It has now been enlarged to such an extent that it is issued in two volumes, of which this is the first, dealing with inorganic chemistry only. The new features are—a short account of the structure of the atom, some new diagrams, questions appended to many of the chapters, and alterations designed to meet recent changes of syllabus in certain examinations.

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

Brown, W. Langdon, M.A., M.D., F.R.C.P. "The Endocrine System in Childhood." *Clinical Journal*, October 21st, 1925.

Donaldson, Malcolm, F.R.C.S. "Organization of a Cancer Service." *British Medical Journal*, November 7th, 1925.

Faulder, T. Jeaffreson, F.R.C.S. Discussion on Occupational Diseases of the Ear, Nose and Throat: Preventive Measures. *Ibid.*, November 14th, 1925.

Fisher, A. G. Timbrell, M.C., F.R.C.S. *Manipulative Surgery: Principles and Practice.* London: H. K. Lewis & Co., 1925

Garrod, Lawrence P. "On Sulphæmoglobinæmia." *Quarterly Journal Medicine*, October, 1925.

Hill, H. B., M.B., M.R.C.P. "Common Mistakes in the Teaching of Physical Training." *British Medical Journal*, October 3rd, 1925.

Hudson, Bernard, M.D., M.R.C.P. (Leonard Hill, M.B., F.R.S., and B. H.) "The Equable Cooling Power of Alpine Health Resorts." *Lancet*, October 24th, 1925.

Hume, J. Rash, M.B., F.R.C.S. "The Treatment of Breast Abscess." *Ibid.*, November 7th, 1925.

Hutt, C. W., M.D., D.P.H. "Diphtheria Immunization in a Metropolitan Borough." *Ibid.*, November 7th, 1925.

Miles, W. Ernest, F.R.C.S. Discussion on Fistula. *Proceedings of the Royal Society of Medicine*, May, 1925.

Moore, R. Foster, O.B.E., F.R.C.S. "The Non-Luetic Argyll-Robertson Pupil." *British Medical Journal*, November 7th, 1925.

Myers, Bernard, C.M.G., M.D., M.R.C.P. "Case of Exophthalmic Goitre." *Proceedings of the Royal Society of Medicine*, April, 1925.

——— "Case of Pericarditis with Slight Adhesions." *Ibid.*, April, 1925.

——— "Case of Purpura Hæmorrhagica." *Ibid.*, April, 1925.

——— "Case of Aneurym of Transverse Aorta, Innominate and Subclavian Arteries." *Ibid.*, April, 1925.

Okell, C. C., M.C., M.B., D.Ch. Discussion on Canine Jaundice, with Special Reference to Lepto-spinal Infection. *Ibid.*, May, 1925.

Paramore, R. H., M.D., F.R.C.S. "Surgery in the Treatment of Backward Displacement of the Uterus." *British Medical Journal*, October 24th, 1925.

Porter Phillips, J. G., M.D., F.R.C.P. "The Etiological Aspect of Nervous and Mental Disorders." *Practitioner*, October, 1925.

Power, Sir D'Arcy, K.B.E., F.R.C.S. "Eponyms: Bryant's Ilio-Femoral Triangle." *British Journal of Surgery*, October, 1925.

Ramsay, R. A., M.Ch., F.R.C.S. Discussion on Pneumococcal Peritonitis. *Proceedings of the Royal Society of Medicine*, May, 1925.

Rolleston, Sir Humphry, Bart., K.C.B., M.D., D.C.L., LL.D., P.R.C.P. "Medical Aspects of Gall-stones." *Post-Graduate Medical Journal*, October, 1925.

——— "Etiological and Bacteriological Aspects." *British Medical Journal*, October 3rd, 1925.

——— Discussion on Prophylaxis of Mental Disorder. *Ibid.*, October 31st, 1925.

Roxburgh, A. C., M.D. "Case of Papulo-Necrotic Tuberculide." *Proceedings of the Royal Society of Medicine*, June, 1925.

——— "Case of Erythema Induratum (? Whitfield Type)." *Ibid.*, June, 1925.

Russell, H. G. Bedford, M.A., D.Ch., F.R.C.S. "Laryngeal Stenosis of 18 Years' Standing Treated by a Method of Intubation." *Ibid.*, May, 1925.

Saxby-Willis, F. E., M.D. "New Growth of Lung (?)." *Ibid.*, May, 1925.

Shore, L. R., M.B., M.R.C.P. (and Young, W. A., B.Sc., M.B.). "A Case of Abdominal Lymphadenoma." *Lancet*, October 31st, 1925.

Shrubsall, F. C., M.D. Discussion on the Mental Sequelæ of Encephalitis Lethargica. *Proceedings of the Royal Society of Medicine*, April, 1925.

Thursfield, Hugh, M.D., F.R.C.P. Discussion on Pneumococcal Peritonitis. *Ibid.*, May, 1925.

——— "The Treatment of Asthma in Childhood." *Clinical Journal*, October 28th, 1925.

Tweedie, A. R., F.R.C.S. "Special Swab-holders for Use in Tonsillectomy." *Proceedings of the Royal Society of Medicine*, May, 1925.

——— "A Modification of Bartel's Spectacles." *Ibid.*, May, 1925.

Verrall, P. Jenner, F.R.C.S. Discussion on the Diagnosis and Treatment of Affections of the Sacro-Iliac Joints." *Ibid.*, April, 1925.

Walker, Kenneth M., F.R.C.S., M.A., M.B., B.C. Special Discussion on Endocrine Therapy. *Ibid.*, June, 1925.

Waring, Sir H. J., C.B.E., M.S., F.R.C.S. "Osteopathy, Chiropractice and Medicine." *British Medical Journal*, October 17th, 1925.

Weber, F. Parkes, M.D. "A Further Note on Erythema Nodosum." *British Journal of Children's Diseases*, April–June, 1925.

——— "A Developmental Deformity of the Right Forearm similar to that sometimes met with in Cases of Multiple Exostosis ('Diaphysial Aclasis' of Keith)." *Proceedings of the Royal Society of Medicine*, May, 1925.

WEBER, F. PARKES, M.D. "Discussion on Non-Specific Disturbance of Health due to Vitamin Deficiency." *Ibid.*, June, 1925.
WHARRY, H. MORTIMER, F.R.C.S. "Two Specimens with Sections of Salivary Gland removed from the Side of the Tongue Adjoining." *Ibid.*, April, 1925.
WHITEFORD, C. HAMILTON, M.R.C.S., L.R.C.P. "Lymphaticostomy for Peritonitis." *British Journal of Surgery*, October, 1925.
YATES, A. LOWNDES, M.D., F.R.C.S.Edin. "The Condition of the Accessory Sinuses in Encephalitis Lethargica." *Journal of Laryngology and Otology*, October, 1925.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

The following degree has been conferred:
D.M.—E. F. Chapman.

UNIVERSITY OF CAMBRIDGE.

Second Examination for Medical Degrees. October. 1925.

Part I. Organic Chemistry.—F. R. T. Hancock.
Part III. Pharmacology and General Pathology.—A. F. Alsop, S. F. L. Dahne, G. A. Eason, P. E. T. Hancock, W. Heath, J. S. Hensman, E. A. E. Palmer, R. Perkins, A. M. Roberts, P. C. Salt, M. R. Sinclair, H. V. Walker.

The following degrees have been conferred:
M.D.—E. Donaldson.
M.B., B.Chir.—H. J. H. Hendley, J. A. W. Roberton.

ROYAL COLLEGE OF PHYSICIANS.

The following have been admitted *Members*:
H. G. Anderson, A. N. Bose, W. D. Champneys, C. L. Elgood, F. H. K. Green, G. Hadfield, R. H. Wade.

CONJOINT EXAMINING BOARD.

The following have completed the examinations for the Diplomas of M.R.C.S., L.R.C.P.:
J. V. Bannehr, R. T. Chadwick, P. E. J. Cutting, G. Dietrich, J. Dockray, O. F. Farndon, R. R. Fells, P. H. Flockton, B. C. Gilsenan, E. P. Gough, J. C. Hogg, L. Holmes, I. Landon, W. K. McKinstry, W. S. Morgan, H. A. Nicholls, F. B. Parsons, L. V. Pearson, W. E. H. Quennell, R. J. Rankin, K. G. Salmon, H. Simmonds, G. Simon, J. Spencer, E. J. E. Topham, W. F. Waudby-Smith, H. L. Wilson, F. G. Winterton, A. T. Worthington.

CHANGES OF ADDRESS.

BARON, C. F. J., Princess Alice Memorial Hospital, Eastbourne.
BRIDSTOCKE, P. W., The Victoria Hospital, Damascus, Syria.
COMPTON, T., North Bank, Chichester Road, Bognor.
CRAGGS, C. P., Hospital for Diseases of the Heart, Victoria Park, E. 2.
DRIVER, G. P., Noddfa, Builth Wells, Breconshire.
FIDDIAN, E. A., Hampstead House, Seaside Road, Eastbourne.
GARDNER, A. W., General Hospital, Tunbridge Wells.
HALE, G. S., Victoria Hospital, Southend-on-Sea.
HARVEY, F., 60, Queen Anne Street, W. 1.
KING, J. F. L., Hospital of St. John and St. Elizabeth, St. John's Wood, N.W. 8.
LEATHART, P. W., 2, Howbeck Road, Oxton, Birkenhead.
MOORE, R. FOSTER, 53, Harley Street, W. 1. (Tel. [as before] Langham 1848.)
STURTON, C., Africa Inland Mission, Aba, *vid* Port Sudan and Rajaj.
TAYLOR, A. F., East London Hospital for Children, Shadwell, E. 2.

APPOINTMENTS.

BALFOUR, H. I. C., M.R.C.S., L.R.C.P., appointed Assistant Resident Medical Officer, English Hospital, Jerusalem, Palestine.
BARON, C. F. J., M.R.C.S., L.R.C.P., appointed House Surgeon to the Princess Alice Memorial Hospital, Eastbourne.
GARDNER, A. W., M.R.C.S., L.R.C.P., appointed House Surgeon to the General Hospital, Tunbridge Wells.
HALE, G. S., M.R.C.S., L.R.C.P., appointed Junior House Surgeon, Southend Victoria Hospital, Southend.
KING, J. F. L., M.R.C.S., L.R.C.P., appointed House Physician to the Hospital of St. John and St. Elizabeth.
LANGFORD, J. C. C., M.R.C.S., L.R.C.P., appointed House Physician, Coventry and Warwickshire Hospital.
ROTH, E. J. H., M.R.C.S., L.R.C.P., D.M.R.E.(Cantab.), appointed Radiologist and Physician in Charge, Electrical Department, Essex County Hospital, Colchester, and Consulting Radiologist to the British Red Cross Society, Orthopædic Clinic, E.
STUART, R., M.R.C.S., L.R.C.P., appointed House Surgeon to the Tilbury Hospital, Tilbury.
TAYLOR, A. F., M.R.C.S., L.R.C.P., appointed House Physician, East London Hospital for Children, Shadwell, E.
WARD, R. OGIER, D.S.O., M.Ch.(Oxon.), F.R.C.S.(Eng.), appointed Surgeon with Charge of Out-Patients to the Dreadnought Hospital, Greenwich.
WATKINS, E. H., M.B., B.Ch.(Oxon.), appointed Assistant Tuberculosis Officer to the County of Norfolk.
WHITE, C. F. ORR, M.R.C.S., L.R.C.P., appointed Medical Officer in Charge of Electro-therapeutics and Massage at the Royal Northern Hospital.

BIRTHS.

CORSI.—On October 26th, at 114, Harley Street, to Peggy (*née* Gleaves Doyle), wife of Henry Corsi—a daughter (Isobel Margaret).
DUGGAN.—On November 7th, at a nursing home, Worcester, to Mary, the wife of Norman Duggan, F.R.C.S.—a daughter.
NOBLE.—On November 17th, at Hill Crest, Husbands Bosworth, Leicestershire, to Dr. and Mrs. Noble—a daughter.
SOWRY.—On October 22nd, at Newcastle, Staffs, to Stella, the wife of Geo. H. Sowry, M.D., M.R.C.P.—a son.
STURTON.—On October 14th, at C.M.S. Hospital, Hangchow, China, to Rose, wife of S. D. Sturton, M.A., M.B., M.R.C.S.—a daughter.

MARRIAGES.

MITCHELL—TILLEARD.—On November 10th, at St. Andrew's, Holborn, by the Rev. Edwin C. Bedford, M.A., Arthur M. Mitchell, O.B.E., M.D.(Cantab.), to Katharine, daughter of the late F. D. Tilleard, Esq., of Chertsey.
WELLS—MASON.—On October 31st, at St. Mary's, Northleigh, by the Rev. Hymagold Wright, Dr. Arthur Quinton Welle, son of Poulett Wells, to Rhona Margaret Alice, second daughter of James Francis Mason and Lady Evelyn Mason, Eynsham Hall.

DEATHS.

BLAGDEN.—On November 18th, 1925, at 5, King's Buildings, Chester, John James Blagden, B.A.(Cantab.), M.R.C.S., L.R.C.P., aged 56.
DAVIDSON.—On October 28th, 1925, at Charmouth, Harold Davidson, M.R.C.S., L.R.C.P., of Teddington.
JONES.—On November 12th, 1925, at 30, Buckingham Palace Mansions, S.W. 1, after a long illness, Colonel John Lloyd Thomas Jones, M.B., D.P.H.(Cantab.), F.C.S., F.I.C., F.G.S., I.M.S.(ret.), formerly Assay Master in H.M.'s Mints at Bombay and Calcutta, fourth son of the late Rev. Thomas Jones, aged 62.
NEWTON.—On November 9th, 1925, at Deene House, Kettering, the residence of his son-in-law, Lancelot Newton, M.R.C.S., L.S.A., of Alconbury Hill, Huntingdon, aged 79.
PARDINGTON.—On November 18th, 1925, at Tunbridge Wells, George Lucas Pardington, M.D., M.R.C.P.(Lond.), M.R.C.S.(Eng.).
PAYNE.—On November 5th, 1925, at his home, 26, Antill Street, Hobart, Tasmania, Dr. Charles Alexander Payne, aged 69.

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. XXXIII.—No. 4.] JANUARY 1ST, 1926. PRICE NINEPENCE.

CALENDAR.

Fri.,	Jan.	1.	—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Sat.,	,,	2.	—Rugby Match *v.* Harlequins. Home. Association Match *v.* Old Cholmelians. Home.
Tues.,	,,	5.	—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Wed., Thurs., Fri.,	,,	6.–8.	**Christmas Entertainment by the Amateur Dramatic Society at 8 p.m.**
Fri.,	,,	8.	—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Sat.,	,,	9.	—Rugby Match *v.* Plymouth Albion. Home. Association Match *v.* Old Carthusians. Away. Hockey Club *v.* St. Albans. Away.
Mon.,	,,	11.	—Rugby Match *v.* Bristol. Home.
Tues.,	,,	12.	—Dr. Langdon-Brown and Sir C. Gordon-Watson on duty.
Fri.,	,,	15.	—Prof. Fraser and Prof. Gask on duty.
Sat.,	,,	16.	—Rugby Match *v.* Northampton. Home. Association Match *v.* Old Mercers. Home. Hockey Match *v.* Wayfarers. Away.
Tues.,	,,	19.	—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Thurs.,	,,	21.	—**Mid-Sessional Address to the Abernethian Society. Prof. Leonard Hill: "Ultra-Violet Radiotherapy."**
Fri.,	,,	22.	—**Last day for receiving matter for February issue of the Journal.** Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Sat.,	,,	23.	—Rugby Match *v.* Bradford. Home. Association Match *v.* Ægean F.C. Home. Hockey Match *v.* Shoeburyness. Away.
Tues.,	,,	26.	—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Wed.,	,,	27.	—Rugby Match *v.* Nuneaton. Home.
Fri.,	,,	29.	—Dr. Langdon-Brown and Sir C. Gordon-Watson on duty.
Sat.,	,,	30.	—Rugby Match *v.* R.N.C. Away. Association Match *v.* Old Bancroftians. Away. Hockey Match *v.* R.N.C. Home.

EDITORIAL.

WE have discovered what we hope to be a fresh and cheering fact about this new year. We shall find it much easier to convert the 5 (which we undoubtedly shall write in the date for the next six weeks) into a 6 than we found changing 4 into 5 last year.

With this added crumb of comfort we wish our readers "A Happy and Prosperous New Year."

At last the individual headphones for the Hospital wireless have been fitted and vibrate nightly to the joy of the patients. An inaugural ceremony took place in Pitcairn Ward on Tuesday, December 22nd.

The *Daily News* Wireless Fund was represented by Capt. Eckersley, and the installation was officially received by Lord Stanmore and Sir Holburt Waring.

"Listening in" is proving a great success.

* * *

WAR MEMORIAL.

The Committee dealing with the St. Bartholomew's Hospital War Memorial is very glad to be able to report that a decision has been arrived at as to the general scheme of the Memorial.

In the archway between the Steward's and the Renter's offices are four panels, on which it is proposed to engrave the names of those men who lost their lives in the Great War. Until quite recently these panels were covered with plaster, as also was the domed roof. The plaster has been taken away, and it is intended to fill in the whole of the spaces, including the panels and the arched roof, with Portland stone, and thus to convert the whole into a Memorial. This scheme almost comes within the scope of the funds which have been collected. If there are any old Bart.'s men who are still desirous of subscribing, will they please send their subscriptions to Mr. W. Girling Ball, 77, Wimpole Street, London, W. 1? The Committee is taking this opportunity of informing subscribers of its intentions.

* * *

Many Bart.'s men who are not subscribers will receive this copy of the JOURNAL. May we take this opportunity of urging them to forge this link of connection with your old Hospital?

The Warden of the College has asked us to insert the following notice:

House Appointments for May, 1926.

Applications for these appointments will be received after January 23rd, 1926, on which day the notices of vacancy will be posted.

The list will close on February 20th, 1926.

The attention of prospective candidates is called to the two Regulations relating to House appointments printed below:

Candidates for the post of House Physician should have held appointments as Clinical Clerks in the wards of the Medical Professorial Unit for at least three months, except in special circumstances.

Candidates for the post of House Surgeon are required to have been Surgical Dressers to In-patients for at least six months at the Hospital, one period of three months of which should have been spent in the Wards of the Surgical Professorial Unit, except in special circumstances.

* * *

The apostolic succession to the Cabot Clinic is being carried on this year by Mr. A. C. Visick, who has already left to take up the post of an instructor of surgery in the University Hospital, Ann Arbor, Michigan.

After a very successful year in this clinic Mr. R. S. Corbett is returning to Bart.'s.

* * *

In writing of the Christmas ward entertainments one hardly knows where to start and where to leave off. From the first appearance of the posters down to the final supper parties was a long procession of joyous hilarity. Each year the posters have become a more glowing feature, and this time a private exhibition seems almost merited. The delicacy of the "Hors D'erves," the sparkle of the "Bawling Girls" and the wit of the "High Brow Presentation," this last hailing from Elizabeth, all deserved a longer life than their brief sojourn on the corridor walls.

To comment on each show would be uncalled for, and impossible, as exigencies of existing circumstances made it impossible to pass personal criticism on more than a small number. We hear reported that the "Watchers of the Dawn" was a spectacle not to be missed, and if their performance approached the brilliancy of their attire we are prepared to believe the report. At least one member of the Surgical Staff was reduced to tears by the "Bawling Girls" and their "'Eccling Adam" (and incidentally it is rumoured that another visiting surgeon succumbed to the mistletoe tradition). The "Endocrines" with devastating "Devil-may-care" permanently deranged many a parasympathetic system, and the "Sun Babies" from the Resident Staff with their now not to be evaded "bingling" song have, in the words of their producer, "shaken the Nurses' Home to its foundations."

Sister Theatres, Miss Gray and their tailoring team are again to be thanked and heartily congratulated on their work in producing costumes.

The Surgery Party on Boxing Day was a dream of delight to about two hundred and fifty children. The demands made upon the vocal efforts of Father Christmas almost defeated even the lusty larynx of Mr. Row. The party was a roaring success.

Two junior members of the Staff had the novel experience of spending Christmas as patients in the Hospital. We express our deep sympathies to Mr. Harold Anderson and Mr. FitzGerald, whose celebrations were confined almost entirely within the narrow limits of Etherington-Smith Ward. We are delighted to know that both are well on the road to recovery and we wish them a speedy convalescence.

To any who are feeling *blasé* about Christmas, let us recommend to them that they spend the festival at Bart.'s next year, in a ward with a fair sprinkling of children, a charming sister (and which of them is not?) and a typical gang of clerks. Christmas will then have a new meaning for them.

* * *

And here we make our bow.

FATE OF A COLLEAGUE.

[Only note on a front sheet.]

Doctor called in. Vomited. Became delirious. B.O. daily—no diarrhœa. Sent up to Bart.'s and admitted.

The H.S. Throats had just removed two beads and five inches of string from the meatus of a small girl.

H.S. (to small girl): Whatever made you push these things in your ear, Polly?

Little Girl: (Silence).

H.S. (to small girl's sister): Do you know why she did it?

Sister: No, Doctor—unless it was 'cos of what teacher said.

H.S.: What did teacher say?

Sister: She said as anything as went in at one of her ears come out of the other.

[Collapse of H.S.]

HUMOUR AND THE CONSULTANT:

II. THE PATIENT.

IN one sense the patient is immune from comedy; he is ill, and is therefore a subject for pity rather than mirth. He demands our sympathy inasmuch as he is diseased and inasmuch as he places himself in our hands, believing that we can and will help him. From this aspect, therefore, he is not fair game for the comic spirit. It is only when we view him as one of ourselves and when he displays certain droll features as an individual rather than as a sick person that he provides any legitimate material for humour. But it is not seldom that we are faced with the patient as a cause of exciting the sense of the ridiculous in us in one or both of these aspects; it happens rather frequently. And we may express a reasonable hope that even when the individual appeals to our sense of humour this does not make us any the worse doctors.

It has been remarked that patients are nowadays prone to consult a doctor for one of two things: Either to teach him medicine, or to ask him to lead their lives for them. This is, of course, too sweeping a statement, yet these two classes of patients certainly do exist, and in considerable numbers. Though they try the temper not a little, they also contribute some humour to the consultant's life. The knowledgeable patient is so sure of his facts and gets so much satisfaction out of them that it seems almost a pity to disabuse him. Looked at from his standpoint medicine is exceedingly simple: it is somewhat surprising that he consults a doctor at all. For example, blood-pressure is "a man's age with a 1 put in front of it." (It occasionally transpires that a doctor is guilty of the same bit of simplicity, and in any case I suppose a doctor was originally responsible for the fairy story.) No embarrassment arises, however, except when the patient, getting no confirmation of his observation, adds "That's so, isn't it doctor?" His manner during the earlier part of the consultation generally decides me in my reply. If he has been a pleasant person I say something which comes (or so I suppose) within the category of what is known as "airy persiflage." If, on the other hand, this is one more effort to demonstrate that, after all, medicine is quite easy, only we doctors make it mysterious, I do not hesitate to ask: "Do you mean the systolic or the diastolic pressure?" That gives the patient an opportunity of retiring gracefully, and neither party is hurt. Sometimes, however, the patient looks unmistakably as though the question is really only a silly quibble; and rarely he ventures to tell us so. He is of that type to whom it seems of the nature of a personal affront to suggest that there is any special knowledge or skill in a branch of science or of art which he himself does not chance to have studied. (I have noticed that these patients are generally politicians or schoolmasters or are prominent in the newspaper world.) Should the method of examination be one requiring large experience in order to assess results, he will occasionally be so piqued that he is bluntly sceptical as to the whole business. "You don't *really* hear anything different there, I suppose?" said one of these funny people to me, quite seriously, when I chanced to mark the outer limit of his area of cardiac dullness with a pencil. He honestly thought I was "dressing the window."

If the knowledgeable patient becomes tiresome there is only one logical way of dealing with him, and that way has already been indicated in connection with the blood-pressure business. I was once being subjected to a lengthy cross-examination, by a large-sized lawyer with a considerable show of knowledge, concerning his boy whom I had just seen, and who was suffering severely from scarlet fever. Pleurisy was present, and this fact had led to the consultation. In the course of my remarks and in support of a fairly good prognosis I advanced the statement that there was no pneumonia. "How do you know there is no pneumonia?" asked the father. "Because there are no signs of it on examination of the chest," I replied. "And what would the signs be?" "Diminished resonance, bronchial breathing and fine crepitation." "Oh! but those are technicalities." "So is the decision a technicality whether or no pneumonia be present." At which the lawyer withdrew to the simple but impregnable attitude of an anxious parent. After the boy's recovery I met the father again; he referred laughingly to the incident and we became good friends.

The hypochondriac is apt to be very knowledgeable; he picks up pseudo-medical statements with great avidity, and though he is impatient of the illnesses of his friends, and intolerant of the recital of their sufferings, he adds considerably to the already well-stocked hotchpot of his own medical knowledge by throwing into it other tit-bits which he has learned from them. Still further additions are unfortunately contributed as the result of visits to experts, who are taken off their guard and make use of expressions which, whilst sounding full of positive significance, have, in reality, only a negative value. I was recently consulted by a highly nervous man whose doctor begged me to reassure him (if I agreed) that there was nothing organically wrong with his heart. It appears that he was on the point of reassurance a week before his visit to me, but a friend

urged him to go to a certain cardiologist for still one more opinion, and the expert said he was suffering from "vascular atonia." Back he went into a slough of apprehension and terror, and it was with great difficulty that I convinced him that this diagnosis was tantamount to his own doctor's view of his case.

I suppose most of us extract a certain amount of comedy out of the hypochondriac. I said in my opening remarks that the patient was scarcely fair game in the matter of providing material for laughter. But in the case of a good many hypochondriacs there is this redeeming feature—that they take themselves so seriously, it becomes a duty on the part of the physician, and part of the patient's appropriate treatment, to point this out to them. They have lost their sense of proportion and are therefore ridiculous. For is not a lack of proportion the very essence of comedy? To succeed in demonstrating this to the patient, but without offence, is to put him on the high road to recovery. But it behoves us to walk warily and to watch for our opportunity. We cannot help him to regain his confidence in himself if we sacrifice the confidence he has in us. The risk lies in the possibility that if the doctor does not take him as seriously as he takes himself he will consider that his case is not understood, in which event an attempt at breaking up a concept of ill health by too robust and good-humoured an attitude will fail. As I say, we must watch for the appropriate chance.

A barrister of some eminence was one day reading out to me a list of symptoms, which became more and more trivial as he proceeded. He concluded each statement by a request for an authoritative pronouncement as to his proper conduct in respect of each situation involved, as is the frequent wont of such patients. I managed to satisfy him fairly well, and so to preserve my sense of gravity that the answers should appear to carry weight as being the outcome of careful deliberation and mature experience. The gist of each reply was neatly pencilled in the blank space left for it. When we arrived at about No. 9 on the list—a more meticulous and finicking question than any that I had hitherto answered—I began to doubt if I was really helping the patient the best way. Whilst I was hesitating I caught sight of a penny lying on the floor by the side of the couch upon which the man had lain during my examination of him. I picked it up and handed it to him. "This is your penny, I believe?" I said. "No, it is not mine," he replied. "Are you quite sure?" I asked. "Quite," answered the patient. Looking a little troubled I said, "That's rather a nuisance." "Why?" said the patient, beginning to exhibit a show of testiness at this interruption of his questions by an incident of such obvious irrelevancy. "Because if it were yours," I said, "you might take it and the affair would be at an end. As it isn't yours I don't know what to do with it. If I send it to the patient who was here immediately before you it will cost me three-halfpence in postage, and there is the chance that it doesn't belong to him. If I put it in the missionary box—well, as it is not my property I have no right to do that . . . ." By this time the patient was thoroughly roused; the interruption was unpardonable, the occasion absurdly insignificant. "What the devil does it matter *what* you do with it?" he burst out in a pet. "You are quite right," I said, "it doesn't matter an atom. Neither does it matter what answer I give to that last question of yours," pointing to the paper which he held in his hand. I had taken the risk. There was a moment of doubt during which the issue hung in the balance; then the man's face changed, it lost its look of deep concern and a smile stole slowly but reassuringly across it. I knew that the medicine was a good medicine and that it had been administered at the right moment. X.

(To be concluded.)

SOME NOTES ON THE SURGICAL ANATOMY OF THE TONGUE.

THE tongue is composed chiefly of a mass of muscles covered by a mucous membrane. The latter is very firmly fixed to the muscular mass which it covers.

The tongue may be divided into two main parts for description:

(*a*) Anterior two-thirds—the buccal portion.

(*b*) Posterior one-third—the pharyngeal portion.

Squamous epithelium covers the tongue, and on the surface of the organ several varieties of papillæ are found:

(1) Filiform—the most numerous.

(2) Fungiform.

(3) Circumvallate—the largest papillæ.

(4) Foliate.

The filiform papillæ, as their name implies, are fine hair-like processes, usually quite short and massed closely together on the buccal portion of the tongue.

The fungiform papillæ are a little larger, less numerous, and dotted about amongst the former variety and generally show as multiple red points.

The circumvallate papillæ vary in number from eight to twelve, and are arranged in a **V**-formation. They are situated at the junction between the buccal and pharyngeal portions of the tongue, the apex of the **V** being in the middle line, and the arms coming forwards and outwards to the margins of the tongue. Most of the taste-buds are situated in the sides of these papillæ, which normally stand up a little above the surface of the tongue, and are each surrounded by a little ditch.

The foliate papillæ are few in number and are situated far back on the sides of the tongue. They are unimportant, apart from their association with lingual neuralgia. In this condition the patient has a severe pain in the tongue, which is often associated with a prominence of one of the foliate papillæ, the patient, and sometimes his doctor, diagnosing cancer.

The pharyngeal portion of the tongue is devoid of papillæ; it is covered by lymphoid tissue—the lingual tonsil. This is sometimes seen to be greatly increased in amount, especially in such conditions as *status lymphaticus*.

Muscles.—The muscles of the tongue are divided into extrinsic and intrinsic. The latter form the main mass of the tongue, and cause it to alter its shape and to become pointed on protrusion. The extrinsic muscles join the tongue to surrounding bony points and so control its movements. The names of these muscles are sufficient to explain their attachments, viz. styloglossus, hyoglossus, palatoglossus and genioglossus; the last of these is somewhat fan-shaped in form, and it is the posterior fibres of this muscle which are largely responsible for protrusion of the tongue. We see, therefore, that when the nerve supply to one side of the tongue is cut off the muscles do not protrude the tongue on that side, and so it points towards the paralysed side when it is "put out."

Nerve supply.—The motor nerve to all the muscles of the tongue except the palatoglossus is the hypoglossal nerve. The nerve of ordinary sensation to the anterior two-thirds is the lingual nerve, and the nerve connected with the sense of taste is the chorda tympani; the glossopharyngeal is the sensory nerve to the posterior third of the tongue.

Vascular supply.—The main arterial supply to the tongue is *viâ* the lingual arteries, one on each side, branches of the external carotid arteries. The lingual artery in its last part is known as the ranine artery, and is merely covered by mucous membrane. As a preliminary step to hemiglossectomy, or in cases of inoperable carcinoma of the tongue to diminish the rate of growth, the lingual artery is often ligatured. The artery may be tied in its first part, but on account of the dense venous plexus here and the limited space, ligation is more often carried out in the second part of the artery, where it is lying deep to the hyoglossus muscle; it must be remembered, however, that when tied in this situation the dorsalis linguæ branch is not "cut off."

As well as venæ comites with the lingual artery, there is a ranine vein, which runs superficial to the hyoglossus muscle; all drain into the internal jugular vein.

Lymphatics.—The lymphatic vessels of the tongue may be divided into four groups:

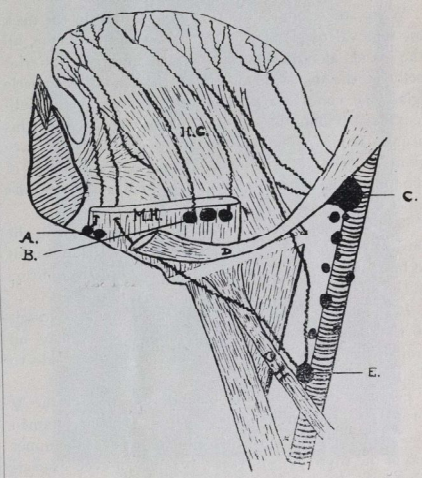
(*a*) Apical.

(*b*) Marginal.

(*c*) Central.

(*d*) Posterior or basal.

The lymphatic vessels of the apical group drain to the submental lymphatic glands, and also to a gland situated immediately above a point in the neck where the omohyoid muscle crosses the internal jugular vein at the level of the cricoid cartilage. It is to be remembered that one apical lymphatic vessel crosses the middle line to terminate in the submental gland of the opposite side.



LYMPHATIC DRAINAGE OF TONGUE.—*A.* SUBMENTAL LYMPH-GLANDS. *B.* SUBMAXILLARY LYMPH-GLANDS. *C.* JUGULO-DIGASTRIC LYMPH-GLAND. *D.* DIGASTRIC MUSCLE. *E.* JUGULO-OMOHYOID LYMPH-GLAND. *H.G.* HYO-GLOSSUS MUSCLE. *OH.* OMO-HYOID MUSCLE. *M.H.* MYLO-HYOID MUSCLE.

The marginal vessels drain into the submaxillary lymphatic glands, and also into the internal jugular chain of deep cervical glands; most important, however, is a large gland situated over the internal jugular vein immediately below the point where the posterior belly of the digastric muscle crosses the internal jugular vein; it is known as the jugulo-digastric or principal lymphatic gland (Hauptganglion of Küttner).

The vessels of the central group drain the central part of the tongue and pass downwards in the mid line between the muscles of the tongue, and end on either side in the principal gland and other deep cervical glands, even down to the omohyoid gland already mentioned.

The posterior group of lymphatic vessels drain the posterior third of the tongue, beginning as a network around the circumvallate papillæ and spreading backwards, eventually to drain chiefly into the principal gland of Küttner. The vessels in this group from the two sides join together in the centre, so that the lymph from a lesion on one side of the tongue in this area may drain to the glands of the opposite side.

We see therefore that during an operation in the neck for removal of glands for carcinoma of the tongue, all the glands along the carotid sheath from the posterior belly of the digastric muscle to the omohyoid muscle (glandulæ concatenatæ) must be removed; the submaxillary lymphatic glands must also be excised (this usually requires removal of the submaxillary salivary gland as well); and if the carcinoma is near the apex of the tongue the submental lymphatic glands on both sides must be removed.

Some surgeons recommend that the glands along the carotid sheath right up to the base of the skull ought to be removed; but this step is a very drastic addition to the operation.

It should be remembered that the lymphatic vessels of the apical, central and posterior groups may all drain to the lymphatic glands on the opposite side to the lesion in the tongue.

Foramen cæcum. Lying behind the apex of the V formed by the circumvallate papillæ is the foramen cæcum. This, when present, is the remains of the upper end of the thyro-glossal tract; it rarely, if ever, exceeds 1 cm. in depth. It is an interesting fact that the foramen cæcum seems not to be found in other mammals and is peculiar to man. Occasionally a cyst or a solid swelling composed of thyroid tissue is found at the site of the foramen cæcum. It may lead to mistakes in diagnosis, and has been known to lead to the condition of myxœdema or cachexia strumipriva, since it invites removal, but yet may be the only thyroid tissue the patient possesses.

As a developmental abnormality there may be noted bifid tongue. Amongst the animal kingdom there are certain mammals, birds and reptiles which normally have a tongue which is divided into two anteriorly, and very rarely this is found in man. It is usually not inconvenient, but for cosmetic reasons the adjacent edges may be pared and sutured.

Before leaving the tongue mention should be made of two conditions which are not infrequently met with in the floor of the mouth. The first is that of a bluish, definitely cystic swelling lying to one side of the mid-line in the angle of junction between the mobile part of the tongue and the floor of the mouth, and known as ranula. The pathological anatomy of this cyst is somewhat confused, and it is frequently said to be derived from the glands of Blandin and Nunn. Now this seems very improbable, as these glands are situated on the under-surface of the tongue quite near its apex—a position well away from the common ranula. A cystic swelling in the site of these glands is very occasionally met with and is quite unlike the common ranula in position. A ranula more probably arises in connection with the sublingual salivary gland or its duct.

The second lesion in the floor of the mouth which is not uncommonly seen is the sublingual dermoid. It is typically a round, yellowish, cystic swelling in the middle line of the floor of the mouth, which can be felt both beneath the chin and in the floor of the mouth internally, as it is situated between the two genioglossus muscles. It is often said that this is derived from the thyroglossal tract as a dilatation of an unobliterated portion of it; but since it is out of the direct line of the thyroglossal tract as it passes from the foramen cæcum to the hyoid bone it seems improbable that this should be so. Stronger evidence still is that the thyroglossal tract is lined, whenever it is patent, by a variety of ciliated columnar epithelium, whereas these sublingual dermoids are lined by a stratified squamous epithelium.

JOHN P. HOSFORD.

PHARYNGEAL DIVERTICULA.

THE following cases are reported with a view to discussing the two common methods of treatment of this condition. In each case the diverticulum was a large one and arose from the posterior pharyngeal wall opposite the cricoid cartilage, presumably between the upper oblique and the lower circular fibres of the inferior constrictor of the pharynx, as diverticula in this region most commonly do.

CASE 1.—A male, æt. 42, was admitted to hospital on June 18th, 1923.

Two and a half years ago he began to suffer from dysphagia. At first this was most marked when he swallowed liquids, which, he said he always vomited. When solid food was taken some passed into the stomach and some was vomited after a variable period. There was no nausea, but a choking sensation was experienced before vomiting. The vomit consisted of clean food and mucus. There was a gurgling sound in the throat on swallowing. He stated that he had not lost any weight.

Condition on examination.—The patient was a thin, pale man. No abnormality was found in connection with the mouth or upper part of the pharynx. When he swallowed fluid a swelling appeared in the lower half of the neck, more marked to the left of the midline than to the right.

An X-ray photo, taken after a barium meal, showed a pharyngeal diverticulum (Fig. 1).

Operation.—Under local anæsthesia the pouch was exposed through an incision along the anterior border of the left sterno-mastoid, and freed from adhesions. The fundus of the pouch was drawn upwards and fixed in the skin incision. The site of the pouch was packed with gauze, which was removed on the following day.

Six weeks after the operation the wound was reopened. The pouch was completely removed and the opening into the œsophagus sutured. The patient was fed by the rectum for three days after the operation. There was a small amount of discharge from the wound in the neck.

The patient made a complete recovery after the operation and has been able to swallow any kind of food ever since. One year later an X-ray photo was taken. This showed that there was no sign of any

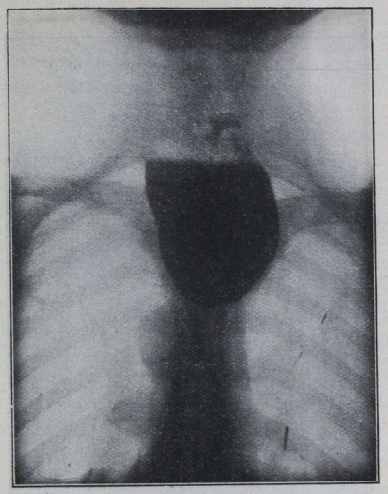


FIG. 1.

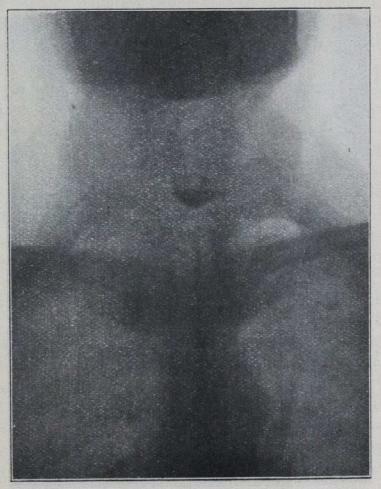


FIG. 2.

FIG. 3.

diverticulum. Two and a half years after the operation the patient was again seen and stated that he was swallowing food without any difficulty. An X-ray was taken, and this showed a recurrence of the diverticulum (Fig. 2).

CASE 2. A female, æt. 63, was admitted to hospital on June 23rd, 1925. Three years ago she began to have a gurgling sensation in her throat on swallowing fluids. Two years ago she began to suffer from dysphagia, at first most marked for fluids; this has gradually got worse until the time of admission to hospital. After taking two or three mouthfuls of fluid she regurgitates it, together with some particles of undigested solid food taken some time previously. Solids taken alone cause less trouble than fluids. Six months ago the patient noticed a swelling in her neck on attempting to swallow. Pressure over this, she said, caused regurgitation of fluids into the mouth. There has been marked loss of weight.

Condition on examination.—The patient was a thin, healthy-looking woman. On attempting to swallow fluids a swelling appeared on both sides of the lower half of the neck, more marked on the left than on the right side. An X-ray photo showed a pharyngeal diverticulum (Fig. 3).

Operation.—Under general anæsthesia (endotracheal), the pouch was exposed by an incision along the anterior border of the left

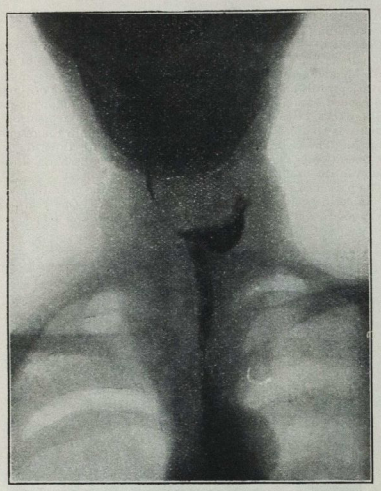


FIG. 4.

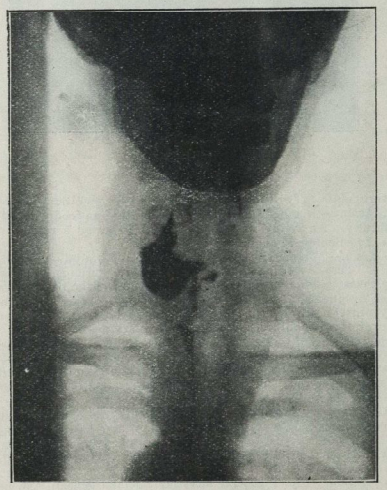


FIG. 5.

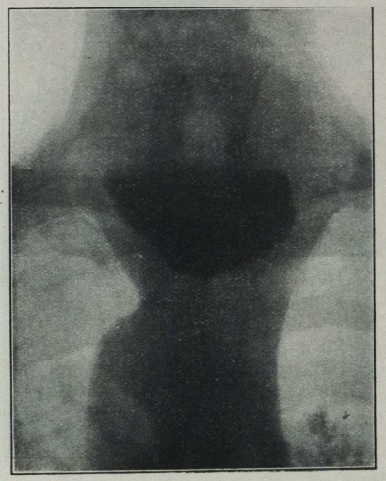


FIG. 6

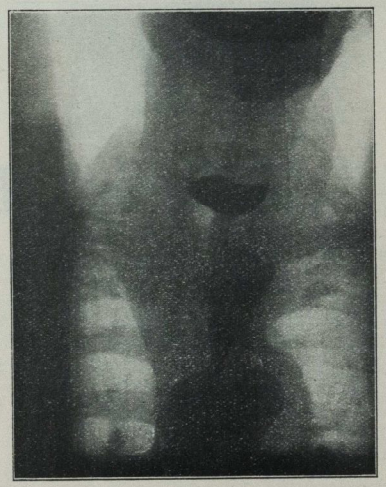


FIG. 7.

sterno-mastoid, and easily separated from surrounding structures. The pouch was twisted and drawn upwards, so that the fundus could be sutured to the deep aspect of the sterno-mastoid in the region of the angle of the jaw. The skin incision was completely closed.

On the day after the operation the patient was able to swallow fluids without any difficulty. An X-ray photo, taken twelve days later (Fig. 4), showed that the pouch had not been completely obliterated. Three months after the operation the patient was again seen. She said that she was able to swallow any kind of food without difficulty. Another X-ray photo was taken and this showed the pouch to be increasing in size (Fig. 5).

CASE 3.—A male, æt. 65, was admitted to hospital on September 24th, 1925. Six months ago the patient noticed that he was beginning to have difficulty in swallowing his food, more especially solids. This condition gradually became worse until three months ago, when he began to regurgitate unaltered food after every meal. Six weeks ago he noticed a swelling in his neck while taking food. During the last six months he has lost three stone in weight.

Condition on examination.—The patient was a thin, pale man. When swallowing fluids a swelling appeared on both sides of the lower part of the neck, deep to the sterno mastoid muscle. On pressure being made over this, fluid could be made to regurgitate into the mouth. An X-ray photo showed a pharyngeal diverticulum (Fig. 6).

Operation.—Under general anæsthesia (endotracheal) the pouch was exposed as in the previous operations. Owing to the large size of the pouch it was decided that an ordinary diverticulopexy, as in Case 2, would leave too large a swelling under the scar. So the pouch was twisted and suspended to the sterno-mastoid behind the angle of the jaw, but the fundus of the pouch was brought out of the wound, which was then sutured closely around it.

Eleven days later the fundus of the pouch was removed under local anæsthesia, the stump being sutured with a purse-string suture. The skin was then sutured over the stump. The patient made a complete recovery from the operation and was able to swallow any form of food. An X-ray photo taken on the day after the second operation showed that there was still a small portion of the diverticulum remaining.

The treatment in Case 3 was, in essentials, the same as that in Case 2, the operation of diverticulopexy being slightly modified owing to the large size of the pouch. In both these cases the results must be considered only as a partial success, although the patients were completely freed from symptoms; for as long as that part of the diverticulum which is adjacent to the pharynx remains unobliterated, the pouch will continue to increase in size. There is undoubted evidence that this is occurring in Case 2. In these cases the pouches should be removed completely only if symptoms recur, for, owing to the ages of these patients, it is possible that the symptoms will not return.

In cases where the pouch has been completely removed recurrences are unusual, but such cases have been reported previously.

One of the suggested reasons for the formation of these diverticula is that there is a temporary failure of relaxation of the lower circular fibres of the inferior constrictor of the pharynx at the moment when food is passing from the pharynx to the œsophagus. If these diverticula are discovered in an early stage, they can be prevented from increasing in size by the passage of œsophageal bougies. When the pouch has been completely removed, it is advisable that a bougie should be passed once a week for six to twelve months to prevent a recurrence of the condition.

The operation of diverticulopexy has certain advantages over an excision of the sac in two stages. As a general rule it is a simpler and safer operation. The patient is not subjected to a second anæsthetic, and he can be fed by the mouth as soon as he is round from the anæsthetic, whereas if an excision is performed rectal feeding is advisable for several days.

After considering these cases it seems that the best form of treatment is to perform a diverticulopexy. A few days after the operation an X-ray photo should be taken. If the pouch has been completely obliterated no further operative treatment is necessary. If any of the pouch is still remaining a week or ten days after the first operation it should be completely excised and the opening into the œsophagus sutured. Whichever form of treatment is adopted, a bougie should be passed once a week to prevent any recurrence.

I am indebted to Prof. Gask and Mr. Dunhill for permission to publish these cases, and to Miss Vaughan, of the Dunn Laboratory, for the preparation of the X-ray prints.

FRANK A. BEVAN.

SENSITIZED STREPTOCOCCAL VACCINE AS A ROUTINE PROPHYLACTIC AGAINST PUERPERAL SEPSIS.

THIS article embodies the results of a statistical investigation into the effects produced by the routine use of this vaccine on the cases attended by the Extern Midwifery Department.

The term "puerperal sepsis" has been used above in its generic sense, to indicate all septic conditions of the puerperium, irrespective of their being general or localized.

Such conditions may give rise to marked signs and symptoms, while on the other hand the resultant phenomena may be so slight as to be disregarded and put down to "constipation," "influenza," etc. The arbitrary selection of a border-line between normal and abnormal is clinically unsound, but a standard is essential for statistical purposes.

Thus, in this investigation the following conditions were taken as constituting "morbidity" (*i. e.* puerperal "sepsis"):

(1) A temperature of 100° F. or over.

(2) A pulse of 100 or over persisting for more than twelve hours.

(3) Both 1 and 2.

In this category a percentage of non-septic cases has—of necessity—been included, because the facts on

the case-sheets were not definitive enough to warrant their exclusion. The figures, therefore, tend to over-estimate rather than under-estimate the incidence of septic invasion.

In the period under review doses were given in varying ways. Summarized, these were as follows:

(1) *A single dose* of 250 millions within 24 hours after the birth of the child.

(2) *Two doses* of 250 millions
(*a*) In first 24 hours.
(*b*) In second 24 hours.
(In both of these methods the initial dose was sometimes unfortunately delayed beyond the first 24 hours.)

(3) *Two doses*—
(*a*) 250 millions in first 24 hours.
(*b*) 500 millions in second 24 hours.

(4) *Five doses*—
(*a*) Immediately after labour, 250 millions.
(*b*) 24 hours after labour, 500 millions.
(*c*) 48 ,, ,, ,, 500 ,,
(*d*) 72 ,, ,, ,, 1000 ,,
(*e*) 96 ,, ,, ,, 1000 ,,

This last method was used in those cases in which manipulations or operative interference were necessary (250/500 + method).

The total number of cases investigated was 556.

The results are given chronologically.

Months.	Vaccine treatment.	Morbidity.
December, 1920 } January, 1920 }	None	13·53 per cent
December, 1924—		
(First half	None	15 ,,
(Second half	250/250 method	6·6 ,,
January, 1925	250 method	6·7 ,,
February, 1925	250/500 method	6·4 ,,
March, 1925	250/500 and 250/500 + methods	·4 ,,
April, 1925	As for March	2·5 ,,

A comparison of the average percentage morbidities for the periods in which vaccine was given with those of the "no vaccine" times shows:

No vaccine given	14·26 per cent.
Vaccine given	5·24 ,,

These figures do not indicate the full value of prophylactic doses of the vaccine in labour cases, because they give no evidence of its use in the modification of the results of septic invasion.

A careful comparison of the charts of all the septic cases showed that when vaccine was given prophylactically the pulse and temperature were always lower than in the "no vaccine" cases, and the duration of the illness was shortened.

This fact is supported by the fall in morbidity in those months in which the 250/500 + method was used on cases where septic invasion was encouraged by manipulations, etc.

Several cases could be quoted to show the value of vaccine in this respect, but the following must serve as one instance:

Patient, æt. 44; multipara; ten children. A large, fat woman with very lax abdominal walls and wide divarication of the recti muscles.

Membranes were unruptured after five hours of moderate labour pains, and the presentation was left occipito-posterior.

Fifteen minutes after the waters broke patient suddenly collapsed. The temperature fell to 97° F. and the pulse became 125.

Patient was admitted to hospital with a provisional diagnosis of rupture of the uterus.

A 9½-lb baby was delivered—under chloroform—with some difficulty, and the diagnosis was confirmed. The uterus was packed temporarily, and three hours later abdominal hysterectomy was performed.

Vaccine was given immediately after delivery and continued in increasing doses up to 1500 millions. After an initial rise lasting for three days both temperature and pulse fell below the level of morbidity. The woman was discharged quite well after three weeks.

It may be noted that cultures taken from the cervix on the second day resulted in a profuse growth of hæmolytic streptococci.

The case illustrates the value of the vaccine in what was an undoubted infection, and is specially noteworthy in that the patient's resistance must have been very low.

The facts and figures quoted above are not sufficient to justify definite conclusions as to the real value of the vaccine, but, in so far as it went, the investigation elicited certain interesting points. Summarized, these were as follows:

(1) That prophylaxis—by any method—is valuable in reducing the incidence of morbidity.

(2) That use of the vaccine in this way modifies the the results of septic invasion, should it occur.

(3) That the 250/500 method is best in "normal" labours.

(4) That the 250/500 + method is best in "abnormal" (*i. e.* operative) labours.

The writer is indebted to Dr. Donaldson for his permission to publish the results of this investigation.

J. P. W. JAMIE.

UNUSUAL COMPLICATIONS OF URETERIC CALCULUS.

THIS interesting case illustrates the difficulty in diagnosis of the cause of symptoms which may arise from a calculus impacted in the ureter.

The clinical abstract of the case is as follows:

A. H——, a single woman, æt. 30, was admitted to hospital on October 6th, 1925, with frequent vomiting and pains in the epigastrium, head and limbs of three days' duration.

Her past history was very indefinite, but she attended the out-patient department of another hospital for some years with general debility and occasional attacks of vomiting. There was no history of jaundice or of pain suggesting a renal origin.

On admission her temperature was 103° F., pulse 120, respirations 26. There were no abnormal physical signs on initial examination apart from slight epigastric tenderness. The same evening she had a rigor and vomited. For the next four days her clinical picture remained unaltered except for distressing flatulence. Micturition was normal and the urine clear.

On the 10th she had frequent and scalding micturition and the possibility of pyelitis was considered, but the urine showed only a very faint trace of albumen. The temperature became hectic, and on the 12th there was definite tenderness in the left post-renal angle and in both hypochondria. A catheter specimen of the urine was loaded with *B. coli*, but contained no pus.

On the 13th she had a second rigor and two more rigors the next day. A blood-count showed a polymorph leucocytosis of 18,000.

The patient's abdomen became very distended and was diffusely tender, especially over the liver; there was also œdema in the right lumbar region. As her general condition was becoming worse, the possibility of either retro-cæcal appendix with early pylephlebitis or right perinephric abscess led to a laparotomy on the 16th.

At operation the abdominal viscera were thoroughly examined. The appendix, liver, gall-bladder and right kidney were normal, but the left kidney felt abnormally fixed and shapeless. There was marked distension of the large bowel, but no mechanical obstruction. An exploring needle failed to find pus above or below the diaphragm.

On the 17th the patient was much weaker. A blood culture gave a growth of mildly hæmolytic *B. coli*.

On the 18th she had a severe rigor, and she died on the 20th.

At post-mortem examination the following interesting condition was discovered:

The left kidney was gangrenous, the upper pole being markedly necrotic. On examining its pedicle the renal vein was found to be filled with suppurating blood-clot. The upper half of the left ureter was slightly distended with purulent fluid, and there was a small calculus impacted just above the brim of the pelvis, which had caused ulceration of the walls of the ureter at this spot. The ureteric veins from above this point up to the renal vein were thrombosed, and the thrombosis also involved the left ovarian vein.

From the post mortem findings it was clear that an impacted calculus in the left ureter had led to ulceration of its walls and to an upward-spreading thrombosis, which involved the renal vein, causing gangrene of the kidney.

I wish to express my thanks to Mr. E. W. G. Masterman, Medical Superintendent of St. Giles's Hospital, Camberwell, for permission to publish this case.

E. B. BROOKE.

A MONSTER.

CONGENITAL AMAUROSIS, WITH ASSOCIATED POLYCYSTIC DISEASE OF BOTH KIDNEYS AND OTHER ABNORMALITIES.

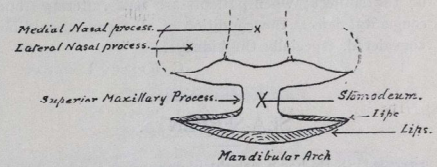
THE subject of congenital abnormalities is one which has received much attention from many writers, usually speculative, and is one which still requires solution.

The patient, a male child, æt. 2 days, was admitted to the Evelina Hospital for Children owing to difficulty in feeding. Examination showed that the child was microcephalic, with a complete harelip and cleft palate. On opening the eyelids a pad of adipose tissue was seen in each orbit and no semblance of an eye.

There were two supernumerary digits on each hand.

The mouth showed complete absence of the premaxilla bone with consequent failure of union of the superior maxillary processes. The cleft was median in position, and on either side projecting medially were two ridges—the palatal processes.

The nasal septum was present as an ill-developed ridge between the two superior turbinate bones.



Chest: Left lung no air-entry, whereas right appeared normal.
Heart: Sounds normal.
Abdomen: Genitalia and anal orifice normal.
Back: No spina bifida.

Course of case.—On admission he was given a feed of milk and water by means of a glass pipette and rubber teat; after two minutes he stopped breathing and became cyanosed. By means of artificial respiration and holding the child up by its feet breathing was restored.

Two hours later a 3j feed was given by pipette with a similar result. On this occasion by auscultating the chest *rales* were heard. It was thought that there was an abnormal communication between œsophagus and trachea.

The next feed was given by means of a stomach-tube, and nothing untoward happened. Four feeds were given successfully in this way. Later the tube was coughed up and every effort to re-introduce it failed.

A small feed was given by pipette, and, as on the previous occasion, artificial respiration was administered. Another feed was given by the same method, and after it all attempts at resuscitation failed. The child died in asphyxia, having lived 96 hours.

Post-Mortem Examination.

Macroscopic observations:

Eyes.—In each orbit, embedded in adipose tissue, was found a green, bead like body attached posteriorly by a stalk, which appeared to be the optic nerve.

Trachea and œsophagus.—The epiglottis was abnormally small, and behind the cricoid cartilage the œsophagus was stenosed. The opening allowed of the passage of a No. 5 gum-elastic bougie. Below the stricture the œsophagus appeared normal, also the stomach and intestines, both small and large.

There was no communication between the œsophagus and trachea.

Lungs.—There was atelectasis of the left side, with broncho-pneumonia of the right lower and middle lobes.

Heart.—A patent ductus arteriosus, which was larger than the normal pulmonary artery.

Kidneys.—Larger than normal, showing a few small cysts on the surface and with dilated calices.

Brain.—Small; optic nerves present.

Microscopic observations (reported by Sir Bernard Spilsbury):

Eye.—There was a complete eye. The cornea had squamous epithelium attached.

The lens appeared normal; the vitreous humour showed degenerative changes, probably calcareous.

There were several retinal hæmorrhages.

The retina was complete.

Kidneys showed definite cystic changes present on the surface, glomerular tufts and tubules.

Conclusions.

The eye was atrophic—a condition which had undoubtedly commenced *in utero*.

The kidney exhibited congenital polycystic disease.

In recording this case it is interesting to note the many abnormalities found. Congenital polycystic disease has been seen in a case as early as this one. The extraordinary eye condition, which, for some unknown reason, has atrophied before birth.

I venture to draw an inference from these findings, more especially as I have failed to procure any literature on the subject; when patients are seen suffering from congenital defects the condition of all organs should be considered, especially the kidneys.

G. KELSEY LOVEDAY.

SEA-SERPENTS.

RUSKIN has a delightful paragraph (so delightful, indeed, that it sent my friend K— into raptures), eulogizing a painting of one of those serpents of the sea which are famed in fable and antique legend to wanton in deepest ocean, far from the haunts of man. I know not if such exist in truth, but we can well imagine the creature, its sinuous tail lashing the scudding waters, scattering now the mud-dwellers five thousand fathoms from the pure air of the Pacific; anon swirling majestically through the spray of one of the lesser oceans.

But let your eyes dwell in joy upon the object of our discourse; such a galaxy of polychromatic scales surely never adorned a product of this debased age. It must be of the offspring of Tellus and one of the first-born of the earth. Behold! It is displayed, I know not to what length, a full hundred feet and more, gloriously bedecked with discs and circles, rings of pure gold, patches of deepest crimson, silver stars, bright bands of emerald—

> "A gordian shape of dazzling hue,
> Vermilion-spotted, golden, green, and blue;
> Striped like a zebra, freckled like a pard,
> Eyed liked a peacock, and all crimson-barr'd."

It is coiled (as he says) in the most intricate interwindings and the most delicate knots; withal it is as broad as a man's body. Its head is a masterpiece of glory and venom; a bifurcating tongue projects as though about to lick "a milk-white heifer, lowing at the skies" into the maw from whence it springs; fire (surely the flame and the smoke should be held sacred to the terror of the East, and the enemy of all good knights—the dragon) issues from its nostrils in such a stream that surely no morsel could pass those portals without becoming a burnt offering!

Such is our serpent, and such, in the main, Ruskin's account of it.

We wonder, now, where the painter of this visionary creature should have culled his imaginative entity. (The imagination, O Reader, of the Sons of Art is so powerful as almost to render mythical beings concrete.) Had he, wandering by the sea-shore—it is said that the gods are particularly condescending to mortals of genius—been met by the chariot of Neptune (or of Oceanus, according to his period), and conveyed for a space to the Temple of Watery Delights and the splendour of the palaces of the sea? Had he been shown the denizens of the deep, extinct and living, until his fancy had been caught by this gaudy subject, long since dead, and been allowed to carry away memories of it as an inspiration? Or had he been taken in a dream to Circe's Island or to the Garden of Faud? For surely it was no mortal imagination that conceived this scintillant Ophidian; neither is it an object commonly to be seen sailing the oceanic billows in sweet contentment, warring with no one:

> "I fought with none, for none was worth my strife."

Some Spirit of the Ether must have murmured in his ear, have mixed his colours, have directed his eye and brush when he wrought this serpent. It is a thing divine, no less; to be classed with the wonders of Ancient Greece, with the Parthenon and the Sphinx, and the Colossus of Rhodes. For, where they are noble, this excels in beauty; where they are mighty, here is an object of consummate splendour.

But I have yet to remark upon the most curious feature of his phenomenal caricature. This serpent, which skilfully balances itself (as a deified serpent only may do with complete success) on its tail, stands—if such a term be permissible—on dry land! Land-wrecked! We are left to determine for ourselves the origin of this singularity. Some giant convulsion, doubtless, had resulted in the upthrusting of a new continent, leaving this monster stranded. Turn, gentle reader, if you have been constrained to peruse thus far, to the fuller description which I have indicated. Take from your library a certain volume of Ruskin and read the few paragraphs preceding those in which our protean sinuosity is considered. You will perceive that the author takes exception to the construction of a certain tree by an eminent artist of his day. He declares that there was never any such tree upon the earth; at each branching the combined width of the limbs is less than that of the trunk, whereas they should at least be of equal size. In short, the tree tapers, the which no tree that has a counterpart in life should do.

Therefore, says Ruskin, it is no tree, but is a multi-coloured sea-serpent, with rings and spots, and a forked tongue, and is standing, albeit on dry land, on the coils of its leviathantine tail. S.

STUDENTS' UNION.

JOINT meeting of the Abernethian and Debating Societies, held on December 3rd, 1925, Sir Thos. Horder, Bt., in the Chair. The minutes of the previous meeting of the Debating Society were read, approved, and signed.

THE PRESIDENT called upon Mr. E. A. Freeman to propose—

"That in the opinion of this House, patients benefit more by the art than by the science of medicine."

Mr. FREEMAN said that the arts were older than the sciences, and that medicine was no more efficient to-day than when it was wholly an art. This was proved by antediluvian longevity. Empiric treatment was often more certain than rational, and natural aptitude produced better work than acquired method. He reminded the House that pus was drained from abscess cavities to-day just as it was in Neolithic times, and that patients 100 years ago were as well digitalized as they were to-day; scientists, after wandering in the arid deserts of digitonin, digitoxin, digitalein, etc., were returning to the fruitful plains of the fresh herb. Some were born with the bedside manner, some acquired it, while others thrust it from them and became pathologists. Science was the tool in the hands of art.

Mr. STANLEY JONES, opposing, endeavoured to narrow the limits of discussion by eliminating from it surgery and nursing. He said science was the search for, and use of, truth and was not confined to the laboratory, and that art was practical skill guided by rules. An artist need not know the principles underlying his rules, but a physician not knowing those underlying the rules of his art would be a menace to the community. The artist cannot meet emergencies, but the scientist knowing his principles can deduce from them his course of action. He quoted insulin, X-rays and endocrine therapy as examples of the efficiency of the science where the art had failed.

Mr. H. D. FRASER stressed the influence of the art on the commoner complaints, and spoke with emotion of neuroses leading to bad temper.

Mr. H. V. DICKS thought that the motion reflected the superficial view-point of the surgeon. Medical science established the laws underlying disease and health, and without them the art would be useless.

Dr. P. HAMILL did not wish to decry the science. "The more of science we have, the better." "Scientia est aurea," which being interpreted is, when we have given the patient all that science can give, he will have nothing left to pay for convalescence." (Laughter.) Scientists, wrapped up in elaborate investigations, might forget essential clinical details. "The sole of the foot is sometimes beneath the notice of the scientist." Old post-mortem reports in the Kanthack Library were labelled "Completed Cases." "What can it profit a patient to become a completed case?"

Prof. FRASER considered that the subtlety of the motion reflected the weakness of the proposer's case. Out-patients, given triangular tickets, representing bottles of medicine, were said to be benefited by the art of medicine. What they really benefited by were the blue eyes of the junior H.P., because the patient believed him to be scientific.

Mr. PICKUP GREENWOOD said that science edentulates in cases of pernicious anæmia, where art can do nothing, but the patient arrives at the P.M. room equally in either case.

Mr. THROWER said that patients came to doctors because they were in trouble and the relief of that trouble was the essential duty of the physician, wherein his art was of more service than his science.

Mr. MELLOWES, brandishing a fractured pisiform, felt that the scientific application of a cock-up splint had been of less benefit to him than his artistic prescription of C_6H_5OH, *p.r.n.*

Mr. FREEMAN summed up briefly, and a vote was taken as follows: Ayes, 29; Noes, 20.

FIVES CLUB.

If the prosperity of the Fives Club may be judged by the number of entries for the Singles Competition, it may safely be said that this season promises to be something of a record.

There have been thirty-six entries, which far exceeds the numbers of any previous year. N. E. Cook and K. W. Mackie, the two finalists, have yet to meet, and it is an open question as to who will hold the cup this year.

The fixture list also is longer than in previous years, containing twenty matches, six of which have already been concluded. The match *versus* the Old Denstonians was scratched at the last minute owing to their being unable to raise a side.

Results up to date:

v. London School of Economics	Won 120–7
v. King's College, London	Won 97–79
v. Old Denstonians	Scratched.
v. Bank of England	Won 100–66
v. Cambridge University	Lost 78–111
v. University College, London	Won 171–110

It is hoped to start the Doubles Competition by February 1st, 1926.

CORRESPONDENCE.

POST-GRADUATE COURSE.

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

DEAR SIR,—I have looked in vain through the last three numbers of the JOURNAL for some reference to or appreciation of the Post-Graduate Course which was held at the Hospital from September 7th to 18th.

I am sure that this omission is not due to any lack of gratitude on the part of those who attended the course, and I can only suppose that everyone thought that someone else would write about it.

I do not feel at all as well qualified as many of the others to write, as I was only able to attend the second part of the Course, and therefore can only speak of the first part from what I learnt from the others. Also I was one of the "juniors" among the class.

First let me speak of the many excellent lectures and demonstrations that were given. It would be difficult, and perhaps impolitic, to single out individual lectures for praise, but speaking generally nearly all rose to a very high level and proved of great interest to those present. The subjects, too, for the most part, were well chosen and calculated to interest the average general practitioner. Of the demonstrations one can also speak highly, and especially of those given in the special departments. Mr. Harmer is, of course, unrivalled, and there were very valuable demonstrations in the Ear and Skin Departments, where the various methods of "light" therapy proved of great interest. The subjects of "Blood Pressure," "Chest Surgery" and "Nephritis" among the lectures I heard were extremely ably dealt with and contained a mass of valuable information.

Our teachers must all have spent a great deal of time and have taken a great deal of trouble in getting up their various subjects, and I can only thank them all very heartily for what they did.

Next, I should like to say that I hope the Post-Graduate Course will be continued, if not every year, then every other year. There is no denying that, from the point of view of the Post-Graduates at any rate, this last one was a great success. I do not know if it was successful financially, but surely it could be made so. I believe that this was the first time that it has been held in September. I think those present were generally agreed that this is quite the most suitable time of the year. There are probably fewer students at the Hospital than at other times, and most of the Staff have returned from their holidays, while from the general practitioner's

point of view September is usually a fairly quiet month, and if he has a partner both have probably had their ordinary holiday.

Of course more men should attend such a course. It is always an excellent thing both to learn new and modern methods, and to have one's knowledge, which may have become a little rusty, rubbed up. An eminent physician at the Hospital told me that the men who should come to these courses do not do so, but those who, so he thought, had little need to, always attended; in other words, it is mainly the best men of their year as students who continue to seek for knowledge. I do not pretend to know what truth there is in this, or whether he was only "paying compliments." There it is for what it is worth.

In conclusion may I wish the Staff success in their efforts.

GERVAS C. WELLS-COLE.

Choristers' House,
The Minster Yard, Lincoln;
December 4th, 1925.

THE INFLUENCE OF MEDICINE IN MESOPOTAMIA.

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

SIR,—I have read with much interest the article by Sir Thomas Carey Evans in your November number. I can corroborate all he has written about the boundless opportunities which medicine has in backward countries, just as can men on the N.W. Frontier and elsewhere. A British Minister once said, "I wish every Consul in Persia was a doctor." Many districts in this country have no medical service at all. In a tour, for instance, made just a year ago in the largest of the Caspian provinces, Mazanderan, we met only two doctors, who had received the limited training offered in this country and both living in the same town. In the whole province there is no one who can treat a serious surgical condition. It extends roughly two hundred miles from east to west and fifty from north to south, is partly mountain and virgin forest and partly swamp, intensely malarious, the tracks execrable, so that twenty miles is a good day's ride. The province of Gilan to the west has a small missionary hospital, where an American colleague does good work. To the east that of Astarabad has no hospital and no foreign doctors. Is it wonderful that opium addicts are numerous among people so cut off from ordinary medical care?

Sir Thomas was most successful with makeshifts, and they have often to be adopted in order to relieve sufferers without delay. During a fishing expedition in the mountains this summer a threshing floor served as a "table" for an amputation, and the patient's pipe as "anæsthetic." A tea-house door provided the only flat piece of wood in the district for a splint in another case, and copies of the *Times* served as padding. It takes little to turn the case of a clinical thermometer into a passable female catheter. Pure air and abundant sunlight are powerful adjuvants to surgery in desperate cases and unfavourable circumstances, among which must be mentioned flies.

Will Sir Thomas allow me to lend force to his statement about the regard felt for doctors in these countries? The Arabic words (also used in Persian) for "doctor" (*hâkim*) and "governor" (*hâkêm*) come from the same root, but the former has for its original meaning "a wise man." May I add that Bagdad is not one of the Shiah shrines, but that Kazimain, five miles away, is.

I am glad that Sir Thomas does not make Avicenna an Arab, as is often done. He was a Persian of the Persians, and though most of his books were written in Arabic, was, I think, never in Bagdad. I have one small work in Persian which has chapters on the pulse, on the origins of the names of diverse types of malaria, and an account of a case of artificial anus; another is a volume of short poems on medicine, also in Persian, and there are others which I have not seen. He is still quoted by Persian doctors. I often spend a day among the ruins of Rhei (Rhages), the birthplace of Mohammed Zakaria (Rhazes), who gave the first authentic clinical descriptions of measles and smallpox, sometime about the beginning of the tenth century—eighty years perhaps before the birth of Avicenna. The latter's tomb at Hamadan was described in the JOURNAL some years ago. The late Sir William Osler had all in train for an appeal for funds to restore it when the war came. I am glad to say that since then satisfactory repairs have been effected through the efforts of the local profession.

Forgive me, Mr. Editor—a rambling letter which adds nothing to the interest of your contributor's article.

Yours faithfully,

A. R. NELIGAN, M.D.

British Legation, Teheran;
December 3rd, 1925.

REVIEWS.

ST. BARTHOLOMEW'S HOSPITAL REPORTS. VOL. LVIII. (London: John Murray.) Pp. 113. Price to subscribers, 15s.; to non-subscribers, £1 1s.

This volume consists chiefly of a series of articles by members of the Staff of the Hospital. In addition it contains other articles of interest to Bart.'s men. Among these are some post-mortem records of interesting cases together with their clinical histories by Sir Bernard Spilsbury, reports of cases of interest, proceedings of the Abernethian Society, those of the Paget Club, a list of new books in the Library and new specimens in the Museum.

There is an interesting article on the history of these *Reports*, describing the first volume issued in 1865, containing (by the way) over twice the number of articles that the present volume contains, amongst them being articles by Sir James Paget and Sir William Savory.

The first part of the article by Mr. L. Bathe Rawling on the vicissitudes of a patient suffering from trigeminal neuralgia is an account written by the patient himself, describing the trials and tribulations caused by his disease. More articles on these lines would be of great benefit, as they would help us to realize what patients actually do suffer.

Dr. Thursfield gives useful practical details in his article on the treatment of meningococcal meningitis, and Dr. Canti's article on the finding of tubercle bacilli in the cerebrospinal fluid of patients suffering from tuberculous meningitis is full of practical points.

Mr. C. Langton Hewer gives a good account, illustrated by diagrams, of the method he uses to produce splanchnic analgesia, and by an analysis of nineteen cases gives us some idea of the results obtained.

Mr. Wilfred Shaw contributes a careful work, which has sought to link up the relation of menstruation to ovulation, the method being based on histological findings. Evidence is adduced that ovulation occurs between the thirteenth and seventeenth days of the cycle. Good grounds are found for suggesting that the corpus luteum is responsible for the pre-menstrual changes and the formation of the decidua should pregnancy occur.

The author is to be congratulated, for his results are not only of physiological interest, but, from a pathological point of view, place the study of certain ovarian diseases on a more rational basis.

Complications of gall-stones and other cases of interest are recorded by James Maxwell, H. W. Pearson and J. E. Church.

A list of prize-winners for 1925 is given, though it is stated that they are those of 1924.

If Bart.'s men would support the Editors by subscribing to the *Reports*, and still more by contributing articles, the *Reports* would become even more valuable than they are at present.

THE HISTOLOGY OF THE MORE IMPORTANT HUMAN ENDOCRINE ORGANS AT VARIOUS AGES. By EUGENIA R. A. COOPER, M.D. (Oxford University Press, 1925.) 61 Illustrations in the Text and 1 Coloured Plate. Pp. 119. Price 12s. 6d.

The object of the research described in this volume was to determine the normal histology of certain ductless glands at different ages. That structural changes occur, particularly during the periods of growth and senescence, was known, but in the absence of precise knowledge of these changes it remained possible to confound them with the effects of disease.

The book therefore consists of a description, liberally illustrated, of the histology of the pituitary, suprarenal, thyroid, parathyroid and thymus glands at successive stages of their development and retrogression. Two criticisms may be offered: The numbers of each type of gland examined are not stated; unless they were very considerable, the *proviso* that "only those glands were chosen where it was thought that the cause of death could have little or no effect upon them" is not a guarantee that pathological changes have not been mistaken for physiological. Here, in fact, the authoress is really begging the question. In the second place, no account is taken of dimensions and weight. The first and most obvious accusation to be levelled at some of these glands in the post-mortem room is that they are of abnormal size, and accurate data in this connection would have been useful, as well as relieving the book somewhat of the vagueness of mere description. It is refreshing to read a work on the "endocrine organs" which deals with facts rather than fancies.

TREATMENT OF GONOCOCCAL INFECTION BY DIATHERMY. By E. P. CUMBERBATCH, M.A., B.M., B.Ch.(Cantab.), M.R.C.P., and C. A. ROBINSON, M.B., B.Ch.(Cantab.), D.M.R.E.(Cantab.). (London: William Heinemann [Medical Books] Ltd.) Pp. 145. Price 7s. 6d.

In this work the authors describe the methods which they have found most effective in the treatment of gonococcal infection by diathermy; and by a description of over a hundred cases they enable the reader to get an idea of the results obtained.

The book is essentially a practical one, and clear descriptions are given of the method of application of the electrodes, the method of adjusting the amount of current, the position of the patient, etc.

In the appendix the treatment of "metastatic" arthritis, with the primary focus (non-gonococcal) in the cervix uteri, by diathermy of the cervix is described. In the cases described good results appear to have been obtained.

MEDICAL OPHTHALMOLOGY. By R. FOSTER MOORE. Second Edition. (J. & A. Churchill.) Price 18s. net.

The new edition of this useful book has several advantages over its predecessor. Several valuable sections have been added on Defects of the Visual Fields due to Lesions of the Temporal Lobe, the Normal Pupillary Reactions, Intra-cranial Aneurysms and Sub-arachnoid Hæmorrhage, Encephalitis Periaxialis, and several others. In addition excellent coloured plates and a number of black-and-white illustrations have been incorporated.

As constituted the book offers to the practitioner of medicine an excellent volume of reference in which he can find information dealing with the ocular changes, with their pathology, of practically every disease in which any such changes are present. In spite of its completeness the volume has not become unwieldy; its length of only 340 pages is a testimony to the incisiveness of the writer. In these days, when an electric ophthalmoscope is wielded with comparative success by the freshest of medical clerks, the book should be on the shelves of every practitioner of medicine who wishes to make an intelligent use of this instrument.

NEUROLOGICAL FRAGMENTS. By HUGHLINGS JACKSON. With Biographical Memoir by JAMES TAYLOR. (Oxford Medical Publications.)

The value of this book is threefold: it enshrines the character of Hughlings Jackson, it records the substance of much of the original work for which medicine is in his debt; it points clearly to the manner by which a clinician can, if he be also a scientist, produce scientific research of great importance.

It is impossible on reading the biographical sketches appended not to obtain a very clear impression of the character of Jackson. His clearness of purpose, honesty of thought and great independence of mind serve admirably to stimulate at the commencement of the book an interest in the scientific papers and lectures recorded in the pages that follow. His was obviously one of those characters that compel admiration and affection on the part of his house physicians and colleagues.

Although a few of his theories, e.g. such as that dealing with the cause of laryngismus stridulus, have been superseded by more recent work, the logic and accuracy of the steps leading to his conclusions in the light of contemporary physiology are so clear that the stimulus to accurate thought far outweighs any other disadvantage.

The section dealing with the mechanism of the laryngeal crises of tabes dorsalis is an extremely subtle piece of reasoning. His prose is occasionally slightly unwieldy, but careful reading will reveal that this is the result of a very conscientious endeavour to express very accurately some statement that might otherwise retain ambiguity.

He should be read by clinicians who attempt to deduce accurate facts from individual cases, whether they be neurologists or not.

THE PATHOLOGY OF TUMOURS. By E. H. KETTLE, M.D., B.S. Second Edition. (London: H. K. Lewis & Co. Ltd.) Demy 8vo. Pp. 284. 159 Illustrations. Price 12s. 6d.

This book consists of three parts, the first part dealing with the General Biology of Tumours, the second with their General Pathology and the third with their Special Pathology.

The book is an improvement on the first edition, especially in the sections dealing with ætiology and experimental research. There are thirty-three new illustrations, and the photographs of the naked-eye specimens are replaced by drawings, so that their structure can be more clearly seen and understood.

In the section on the experimental study of cancer the results of Dr. Gye's recent work on fowl sarcoma are mentioned.

In the second part the vexed question of classification is dealt with, and both that of Powell White and that of Adami is described and discussed. The latter, though more cumbersome, is the more scientific and complete in that it accommodates every type of tumour.

The endotheliomata are dealt with in one section and the pros and cons of this difficult subject are discussed.

The book fulfils the object set out in the preface to provide a manual for students containing the accepted teaching on the subject and can be confidently recommended both to candidates preparing for an examination in pathology and to those who wish to make a more advanced study of the subject.

NITROUS OXIDE. By S. R. WILSON, M.B., C.B.(Vict.), M.Sc., F.R.C.S.E., Lecturer in Anæsthetics in the University of Manchester. (Manchester: Richard Bates.) Price 1s. 6d.

The practical value of text-books on anæsthetics is limited by the nature of the subject, which can only be learnt by continual administrations.

This little book, dealing as it does with what is perhaps the most difficult of anæsthetics, is an admirable blend of interest and usefulness. It deals with the history, preparation and mode of action of N_2O, with its administration, its effects, and finally with its dosage.

The author stresses the aid of suggestion in gas anæsthesia. It is a point which is too often forgotten, and this is certainly the cause of many "bad gases," with their accompanying strain on both patient and anæsthetist! Every beginner in anæsthetics should have this book.

IMMUNO-CHEMICAL STUDIES. Edited by CARL H. BROWNING. (London: Constable & Co., 1925.) Pp. 239. Price 16s.

This is a collection in book form of previously published papers by five authors, two of whom are Japanese. They are concerned with the conditions governing certain antigen-antibody reactions, and may fairly be said to represent the science of immunology in its most remote and academic form. To those concerned with the chemistry and physics of immunity phenomena *in vitro* the concentration of much valuable data in a single volume should be convenient.

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

BROWN, W. LANGDON, M.A., M.D., F.R.C.P. Discussion on the Uses and Abuses of Endocrine Therapy. *British Medical Journal*, December 5th, 1925.

DUNDAS GRANT, Sir JAMES, K.B.E., M.D. "Some Points in the Diagnosis and Treatment of Tuberculosis and Cancer of the Larynx." *Clinical Journal*, November 25th and December 9th, 1925.

GAUVAIN, Sir HENRY J., M.A., M.D., M.C. Discussion on Tuberculous Disease of the Spine: Conservative Treatment. *British Medical Journal*, November 21st, 1925.

GORDON-WATSON, Sir CHARLES, K.B.E., C.M.G., F.R.C.S. "Venesection and Blood Transfusion in Carbon Monoxide Poisoning." *Ibid.*, December 5th, 1925.

HAMILL, P., M.D., D.Sc., F.R.C.P. Reviser of Murrell's *What to do in Cases of Poisoning*. 13th Edition. London: H. K. Lewis & Co., Ltd., 1925.

HARVEY, FRANK, F.R.C.S.(Edin.). "Femoral Hernia: Operative Treatment by Roux's Method." *Lancet*, December 13th, 1924.

HILL, NORMAN H., M.D., M.R.C.P., and RAMSAY, R. A., M.Chir. (Cantab.), F.R.C.S. "Cystic Dilatation of the Common Bile-Duct." *British Medical Journal*, November 28th, 1925.

HOWELL, B. WHITCHURCH, F.R.C.S. "Treatment of Injuries to the Elbow in Children." *Clinical Journal*, December 9th, 1925.

JOEKES, TH., M.B.(Leiden), M.R.C.S.(Eng.). "Cultivation of the Spirillum of Rat-Bite Fever." *Lancet*, December 12th, 1925.

MORRIS, R. J., C.B.E., M.D.(Durh.), M.R.C.P. "Fæcal Enterolith of the Small Intestine." *Ibid.*, October 10th, 1925.

RAMSAY, R. A., M.Ch., F.R.C.S. *See* Hill and Ramsay.

ROLLESTON, Sir HUMPHRY, Bart., K.C.B., M.D., D.C.L., Hon. D.Sc.(Oxon.), LL.D., P.R.C.P. "Diagnosis and Treatment of Splenic Enlargement in Children." *British Medical Journal*, December 12th, 1925.

——— "Schorstein Memorial Lecture on Lymphadenoma (Hodgkin's Lymphogranuloma)." *Lancet*, December 19th, 1925.

RUSSELL, E. N., M.D. "Renal Decapsulation in Acute Nephritis with Anuria." *British Medical Journal*, November 21st, 1925.

SCOTT, SYDNEY, M.S., F.R.C.S. Discussion on Operative Treatment of Chronic Middle-ear Suppuration. *Ibid.*, December 12th, 1925.

THEOBALD, G. W., M.D., M.R.C.P., F.R.C.S. "The Value of Scopolamine-Morphine Narcosis in Labour." *Practitioner*, December, 1925.

VINES, H. W. C., M.D. Discussion on the Uses and Abuses of Endocrine Therapy. *British Medical Journal*, December 5th, 1925.

WALKER, KENNETH M., F.R.C.S., M.A., M.B., B.C. Discussion on the Uses and Abuses of Endocrine Therapy. *Ibid.*, December 5th, 1925.

WARING, Sir HOLBURT J., M.S., F.R.C.S. An Address on "Post-Graduate Medical Education in England." *Ibid.*, November 28th, 1925.

WELLS, J. PASCOE, M.A., M.B.(Cantab.), M.R.C.S. "Fatal Syncope due to Injudicious Eating." *Clinical Journal*, November 25th, 1925.

YOUNG, F. H., M.B.(Cantab.), M.R.C.P. "A Case of Calcification of the Pleura of an Unusual Type." *Lancet*, December 12th, 1925.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

The following degrees have been conferred:
B.M.—N. Chilton, F. J. Bach.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:
B.M., B.Chir.—J. H. T. Davies.

UNIVERSITY OF LONDON.

Third (M.B., B.S.) Examination for Medical Degrees.
Pass.—R. G. Anderson, A. B. Cowley, R. N. Curnow, G. S. Hale, D. G. Martin, M. D. Rawkins.
Supplementary Pass List, Group I.—R. T. Bannister, F. H. K. Green, C. E. Pearsons, H. Treissman.
Group II.—F. A. Bevan, F. J. Blackaby, T. D. Deighton, D. B. Fraser.

ROYAL COLLEGE OF PHYSICIANS.

The following was omitted from the list of Members in the December number:
J. Maxwell.

ROYAL COLLEGE OF SURGEONS.

The Diploma of Fellow has been conferred on the following:
G. H. Caiger, N. L. Edwards, N. A. Jory, L. Morris, R. T. Payne, G. S. Sinnatamby, T. Meyrick Thomas, B. M. Tracey, J. A. Panton, C. P. Wilson.

The following have passed the examination, but not having attained the requisite age are not yet entitled to receive the Diploma:
H. Burt-White, A. C. Maconie.

CHANGES OF ADDRESS.

AUSTEN, A. E., St. Denys, Hadleigh Road, Leigh-on-Sea.
BROOKE, C. O. S. B., Hampstead General and N.W. Hospital, Haverstock Hill, N.W.
BROWSE, G., Scotleigh, Chudleigh, S. Devon.
DEARDEN, J. R. B., "West Royd," Hebden Bridge, Yorks.
FIDDIAN, E. A., Hempstead House, 2, Seaside Road, Easthourne. (Corrected notice.)
GALLOP, E., 13, Belsize Park, Hampstead, N.W. 3. (Tel. Hampstead 998.)
GILLON, G. GORE, 14, Spencer Road, Ryde, Isle of Wight. (Tel. Ryde 276.)
GRIPPER, W., Park House, Willingdon, Sussex.
HAMILTON, W. G., Lt.-Col. I.M.S., East India United Service Club, 16, St. James's Square, S.W. 1.
MELLER, R. W., Mill Lane House, Felixstowe.
MORRIS, H., 78, Southampton Street, Reading.
SELBY, PRIDEAUX G., Beaugill, near Tevnham, Kent.
SHAW, H. C. C., Hospital for the Insane, Goodna, Queensland, Australia.
TOMS, H. W., c/o British Embassy, Bangkok, Siam.
WHITE, C. PERCIVAL, 7, Albany Villas, Hove.

APPOINTMENTS.

BROOK, C. W., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer, Southwark Hospital, E. Dulwich Grove, S.E.
BROOKE, C. O. S. B., M.B., B.S., appointed House Surgeon, Hampstead General and N.W. Hospital, Haverstock Hill.
HISCOCKS, H. F., M.R.C.S., L.R.C.P., appointed House Physician, Royal Chest Hospital, City Road, E.C.
OULTON, E. V., M.B., B.C., D.O.M.S., appointed Ophthalmic Surgeon, Brighton Infirmary; Hon. Ophthalmic Surgeon, Haywards Heath Hospital; and Hon. Ophthalmic Surgeon, Hove Hospital.
POOLE, F. D. S., M.B., B.S.Lond., appointed House Surgeon, Royal Hants County Hospital, Winchester.

BIRTHS.

LOVEDAY.—On November 20th, the wife of Dr. G. E. Loveday, Spring Lodge, Fallowfield, Manchester, of a son.
STOCKER.—On December 17th, at Harpenden, to Madeleine (*née* Storrs Fox), wife of Maj. C. J. Stocker, I.M.S.—a daughter.

MARRIAGES.

TUNBRIDGE : RODDY.—On December 15th, at Holy Trinity Church, Leamington Spa, by the Right Rev. Charles Lisle Carr, D.D., Lord Bishop of Coventry, assisted by the Rev. C. E. Morton, vicar, and the Rev. H. C. Cockerell, William Stephen Tunbridge, M.A., M.B., B.Ch.(Oxon.), third son of Lt.-Col. W. S. Tunbridge, of Castel Froma, Leamington, to Mildred Emma Leathes, the younger daughter of Col. Roddy, C.B., and Mrs. Roddy, of Bareilly, Leamington.
WIGHT : TEMPLETON.—On December 8th, at All Souls', Langham Place, by the Rev. Arthur Buxton, Cecil Harold, second son of the late Rev. Alfred Wight, M.A., and Mrs. Wight, of Iddesleigh, Knyveton Road, Bournemouth, to Dorothy Kerr, only daughter of David Templeton, of Carrick Lodge, St. Winifred's Road, Bournemouth.

DEATHS.

NORBURY.—On December 10th, 1925, at "St. Margaret's," Eltham, Sir Henry Frederick Norbury, K.C.B., M.D., F.R.C.S., Hon. Surgeon to the King, Inspector-General of Hospitals and Fleets, Royal Navy (retired), aged 86.
PALGRAVE.—On December 13th, 1925, Edward Francis Palgrave, M.R.C.S., L.R.C.P., 21B, Cheniston Gardens, Kensington, aged 49.

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. XXXIII.—No. 5.] FEBRUARY 1ST, 1926. PRICE NINEPENCE.

CALENDAR.

Mon., Feb. 1.—Special Subject Lecture. Dr. Cumberbatch.
Tues., ,, 2.—Prof. Fraser and Prof. Gask on duty.
Wed., ,, 3.—Surgery. Clinical Lecture by Mr. McAdam Eccles.
Thurs., ,, 4.—1st Round Rugby Cup *v.* London Hospital.
Fri., ,, 5.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Medicine. Clinical Lecture by Dr. Morley Fletcher.
Sat., ,, 6.—Rugby Match *v.* Devonport Services. Home.
Hockey Match *v.* Hendon. Home.
Mon., ,, 8.—Special Subject Lecture. Mr. Elmslie.
Tues., ,, 9.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Wed., ,, 10.—Surgery. Clinical Lecture by Mr. L. B. Rawling.
Thurs., ,, 11.—Annual Dance. Wharncliffe Rooms, 9 p.m.
Fri., ,, 12.—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Medicine. Clinical Lecture by Sir P. Horton-Smith Hartley.
Sat., ,, 13.—Rugby Match *v.* Portsmouth Services. Away.
Association Match *v.* Old Hurst Johnians. Home.
Hockey Match *v.* Cheam. Home.
Mon., ,, 15.—Special Subject Lecture. Mr. Harmer.
Tues., ,, 16.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Wed., ,, 17.—Surgery. Clinical Lecture by Mr. L. B. Rawling.
Thurs., ,, 18.—2nd Round Rugby Cup.
Last day for receiving matter for March issue of the Journal.
Fri., ,, 19.—Prof. Fraser and Prof. Gask on duty.
Medicine. Clinical Lecture by Sir Thomas Horder.
Sat., ,, 20.—Rugby Match *v.* O.M.Ts. Away.
Association Match *v.* Clare College, Cambridge. Away.
Hockey Match *v.* Old Uppinghamians. Home.
Mon., ,, 22.—Special Subject Lecture. Mr. Scott.
Tues., ,, 23.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Wed., ,, 24.—Surgery. Clinical Lecture by Sir C. Gordon-Watson.
Fri., ,, 26.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Medicine. Clinical Lecture by Dr. Morley Fletcher.
Sat., ,, 27.—Rugby Match *v.* Moseley. Home.
Association Match *v.* St. John's College, Oxford. Home.
Hockey Match *v.* Mill Hill School. Away.

EDITORIAL.

WE have received a letter from Dr. Waldo, the City Coroner, in which he refers in very strong terms to the fact that "in the event of anyone dying in a hospital, the medical attendant summoned to give evidence and make an autopsy receives no fee whatever from the Coroner. All other medical men called, however, receive one guinea for giving evidence and one guinea for making the post-mortem examination." He stigmatizes this practice as "inequitable and iniquitious." Having suffered ourselves, we cordially agree with him. But now it appears is the time to get the matter righted; the Home Secretary is this year reintroducing a Coroners' (Amendment) Bill, and if Members of Parliament are stimulated sufficiently, there should be no difficulty in inserting a clause which would do away with this injustice.

* * *

We congratulate Mr. Rupert Scott on his appointment as Assistant Ophthalmic Surgeon to the Hospital. This vacancy was caused by the retirement, towards the end of last year, of Mr. Holmes Spicer. Mr. Holmes Spicer has a world-wide reputation in the profession, and he was the first authority in England on diseases of the cornea. But, more than this, he is a man of great personal charm, and beloved by all who come in contact with him.

His chief hobby is water-colour painting, and that he possesses no mean skill in the art is demonstrated by the gallery of water-colours which he leaves behind him in the Eye Department. There, successive generations of students, often not a little disheartened, have noted with amazement the pathological changes which they failed to observe in the rapidly fleeting glimpse of the fundus oculi which is vouchsafed to the tyro.

Mr. Spicer leaves a place behind him which will not

easily be filled, and we wish him the greatest happiness in his retirement.

* * *

The last issue of the JOURNAL saw the end of Mr. Ralph Bolton's term of office as Editor, and a letter will be found elsewhere detailing the changes in *personnel* which have resulted from his retirement.

It is an excellent tradition of journalism that all possible anonymity should be preserved, but we may be allowed to say that Mr. Bolton edited the JOURNAL with quite exceptional ability, and he was no mean successor to distinguished men who have preceded him in the editorship.

It may not be uninteresting to give alphabetically the names of the editors of the JOURNAL since its inauguration in 1893: A. Abrahams, F. A. Bainbridge, B. Biggar, R. Bolton, W. M. Borcherds, P. Bousfield, W. Langdon Brown, F. G. Chandler, R. C. Elmslie, A. H. Hogarth, T. J. Horder, N. G. Horner, H. B. Meakin, J. A. Nixon, K. Pretty, R. B. Price, H. Pritchard, H. L. Sackett, A. B. Pavey Smith, A. F. Sladden, E. Talbot, and J. S. White.

* * *

The Warden of the College has asked us to insert the following notice:

House Appointments for May, 1926.

Applications for these appointments will be received after January 23rd, 1926, on which day the notices of vacancy will be posted.

The list will close on February 20th, 1926.

The attention of prospective candidates is called to the two Regulations relating to House appointments printed below:

Candidates for the post of House Physician should have held appointments as Clinical Clerks in the wards of the Medical Professorial Unit for at least three months, except in special circumstances.

Candidates for the post of House Surgeon are required to have been Surgical Dressers to In-patients for at least six months at the Hospital, one period of three months of which should have been spent in the Wards of the Surgical Professorial Unit, except in special circumstances.

* * *

Congratulations to Mr. J. B. Hume, who was the only successful candidate at the last M.S. examination, to Mr. F. C. W. Capps, who has been appointed a Demonstrator in Anatomy, and to Mr. Capener, who has been appointed to the Surgical Professorial Unit as Third Assistant.

* * *

We remind our readers that the Bart.'s Dance, which was to have been held in December, but which was postponed owing to the death of Queen Alexandra, is to take place on February 11th, in the Wharncliffe Rooms.

* * *

From a Hospital notice-board: "The Great Coat worn by the Medical Unit has been changed from the Infantry pattern to the British Warm." We have been asked to say that all likely recruits who are attracted by this sartorial change should repair to the Dunn Laboratory, where a warm welcome awaits them.

* * *

We note with interest that Mr. McAdam Eccles is to address a meeting of the Metropolitan Counties Branch of the British Medical Association on Thursday, February 25th, at 5 p.m. at the B.M.A. House, Tavistock Square. His subject will be "Some Pitfalls of the Final Examination and of the First Year of Practice."

All students of the 4th and 5th year and newly qualified practitioners are invited to be present.

IN MEMORIAM: HERBERT WILLIAMSON.

THE new Pathological Laboratory in Obstetrics and Gynæcology to be opened on January 1st, 1926, is to be known as the Williamson Laboratory. The sums subscribed in memory of our late colleague are thus to be devoted to a subject in which he always took the greatest interest, and to which he himself made important contributions. The subscribers, to whom the thanks of the Medical Council are due, included many of his old pupils, patients, relatives and friends, besides his colleagues on the staff

Among the subscribers were: Dr. Adamson, Dr. John Adams, Sir F. Andrewes, Sir R. Armstrong-Jones, Dr. Barris, Mr. Girling Ball, Dr. Brocklehurst, Mr. Brewerton, Sir Anthony Bowlby, Mr. Boyle, Dr. Branson, Sir Francis Champneys, Dr. Canti, Dr. E. P. Cumberbatch, Mr. Foster Cross, Dr. Calvert, Dr. Donaldson, Dr. Dunhill, Dr. and Mrs. Davis, Mr. Elmslie, Dr. G. Evans, Mr. McAdam Eccles, Dr. F. Evans, Dr. Finzi, Dr. Morley Fletcher, Prof. Fraser, Sir A. E. Garrod, Prof. Gask, Dr. Gow, Dr. G. Graham, Dr. H. K. Griffith, Dr. D. B. Gibbins, Sir Thomas Horder, Dr. Hinds Howell, Sir Percival Horton-Smith-Hartley, Dr. Langton Hewer, Mr. Hadfield, Sir W. Herringham, Dr. Harthill, Mr. Just, Dr. King, Dr. Kynaston, Dr. Glyn Morgan, Dr. and Mrs. Pracy, Dr. and Mrs. Pretty, Dr. R. Powell, Mr. Rawling, Mr. Holmes Spicer, Dr. Stone, Mr. Shaw, Dr. Spencer, Mr. S. Scott, Dr. N. F. Smith, Major Spackman, Dr. Trewby, Dr. Thursfield, Mr. Wilson, Mr. Kenneth Walker, Dr. Mackenzie Wallis, and Dr. Everard Williams,

The total so far received amounts to £750.

OBITUARIES.

PROFESSOR G. BROWNE.

WE regret to record the death of Prof. G. Browne, Sir Thomas Adams Professor of Arabic at Cambridge, and Fellow and President of Pembroke College. Although he was a medical student at Cambridge his main interest was in Oriental languages, and he was placed in the first class of the Indian Languages Tripos.

He continued his medical studies at St. Bartholomew's Hospital, and he was promised the appointment of House Physician to Dr. Gee, but he took advantage of a Travelling Scholarship to go to Persia in 1887, and he only returned in time to do three months of his House Appointment, the late Dr. H. W. Rivers carrying on in his absence for a period of nine months.

It was soon after this that he delivered an address to the Abernethian Society with the intriguing title, "Cannabis Indica and the Assassins." One of his few further connections with medicine was his election to the Fellowship of the Royal College of Physicians in 1911.

He was one of a small group of Bart.'s men (among them Robert Bridges and Christopher Addison) who have achieved distinction in non-medical careers.

He was a man of great charm, and as a teacher of Arabic in the University he achieved extraordinary success. He was always regarded both by his colleagues and by his pupils with the utmost affection.

SIR GERALD GIFFARD.

We regret to record the death of Major-General Sir Gerald Giffard, K.C.I.E., C.S.I.

He was educated at Elizabeth College, Guernsey, and at St. Bartholomew's Hospital. He entered the Indian Medical Service in 1890, and at the outbreak of the Great War was a lieutenant-colonel. He was then appointed Commandant of the Madras War Fund Hospital-ship *Madras*, and later was A.D.M.S. of the 6th Division of the Indian Army. He became a major-general in 1918 and just before his retirement in 1924 he received the K.C.I.E.

DR. JOHN PREST WIGHTMAN.

We regret to record the death of Dr. John Prest Wightman. He was educated at St. Bartholomew's Hospital, qualifying in 1891. After holding the posts of Senior House Surgeon at the Hospital for Children, Liverpool, and Medical Officer to the Bournemouth Sanatorium, he settled in York, where he acquired an extensive practice. He contributed several papers to medical journals: amongst others were "Notes and Family Histories of Cases of Hæmophilia," and "An Analysis of Cases of Enteric in Childhood."

THE SURGICAL ANATOMY OF HEAD INJURIES.

THE SCALP.

THE scalp is richly supplied with blood, the vessels running in the subcutaneous layer, which is composed of a multitude of fibrous bands enclosing fat-lobules in more or less isolated spaces. The external coats of the blood-vessels are united with the fibrous septa, and when a vessel is cut its wall is unable to retract. Hæmorrhage from a scalp wound is therefore profuse, but a large hæmatoma cannot form unless the sub aponeurotic layer has been

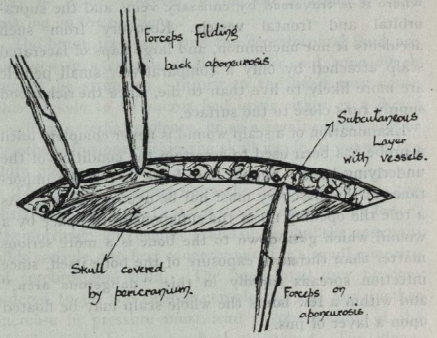


DIAGRAM TO SHOW METHOD OF CONTROLLING HÆMORRHAGE FROM SCALP VESSELS.

opened. The usual method of arresting hæmorrhage is by sutures which pass deeply enough to compress the bleeding vessels.

To the epicranial aponeurosis are attached the occipitales and frontales muscles, and wounds of the scalp which cut across the fibres of the occipito-frontalis gape widely. Should hæmorrhage take place beneath the aponeurotic layer a very extensive hæmatoma may result. The blood can track backwards to the superior curved line of the occipital bone, laterally to the attachment of the aponeurosis to the temporal fascia, and anteriorly into the upper eyelid between the orbicularis palpebrarum in front and the tarsal plate and palpebral fascia behind. When the aponeurosis has been divided, bleeding from the scalp vessels may be controlled by picking up the edge of the aponeurosis with light pressure-forceps and folding it over the margin of the wound.

Such a wound should be sutured in two layers, the deeper one closing the epicranial aponeurosis.

Since the scalp is tightly stretched over the hard

cranium, a blow with a rounded weapon may give rise to a wound as cleanly cut as that made by a knife.

The strong attachment of the hair to the scalp is illustrated by such well-known incidents as the flight of Absalom, and "The Landing," when the famous Bellman—

> "[illegible] landed his crew with care;
> Supporting each man on the top of the tide
> By a finger entwined in his hair."

In modern times the strength of this attachment, and the loose attachment of the scalp to the cranium is shown in cases of accidents in which the hair has been caught in a moving machine and the scalp has been torn off the skull. Separation takes place through the loose sub-aponeurotic layer, which is bloodless except where it is traversed by emissary veins and the supra-orbital and frontal vessels. Recovery from such accidents is not uncommon, and large flaps of lacerated scalp attached by only a comparatively small pedicle are more likely to live than to die, since the rich blood supply runs close to the surface.

Examination of a scalp wound is never complete until a probe has been used to ascertain the condition of the underlying bone. Should bare bone be felt the importance of the discovery must not be over-estimated. As a rule the opening up of the subaponeurotic space by a wound which goes down to the bone is a more serious matter than the mere exposure of the bone itself, since infection spreads rapidly in this "dangerous area," and within a few hours the whole scalp may be floated upon a layer of pus.

The Skull.

The pericranium, which is the periosteal covering of the skull bones, differs in certain respects from the periosteum of the long bones. It is closely attached to the bones in childhood, but in the adult it can be stripped from the bone with ease. It is less vascular and less important for the nourishment of the subjacent bone than is the periosteum of long bones, most of the nourishment of the cranial bones coming from the blood-spaces of the diploë. Recently there was a child in the Hospital with a scalp wound at the bottom of which an area of bone the size of a shilling lay uncovered by pericranium for several days. When secondary suture of the wound was undertaken the bone was alive and healing of the scalp occurred without delay.

Though easily separated from the bones the pericranium is firmly attached to the lines of the interosseous sutures, where it gives off intersutural processes to join the endosteal layer of the dura. Extravasation of blood beneath the pericranium results in a hæmatoma which is limited by these sutures, the outline of the swelling indicating the layer which it occupies.

The thickness of the skull varies in different parts and in different individuals, and therefore the amount of violence required to produce a fracture is also variable. The line along which a fissured fracture occurs is determined to a certain extent by these alterations in the strength of the bone. The diploë is wider in adults than in children, is the first layer to be affected if the bone becomes thinned from pressure, and it contains blood-spaces which communicate with the veins of the scalp and the dural sinuses. The diploic veins are an important source of the bleeding which occurs in fractures of the skull, and their connection with the interior of the cranium gives a channel along which infection may travel in cases of osteomyelitis. Hæmorrhage from the diploe can be controlled by rubbing Horsley's wax into the cut surface of the bone or by crushing together the inner and outer tables.

Membranes of the Brain.

The dura mater consists of two layers, the outer of which serves as an internal periosteum for the skull-bones. This layer is firmly adherent to the base of the skull, especially where there are projections on the cranial floor; but in the middle period of life its attachment to the greater part of the vertex is comparatively loose, the only close attachment being along the suture-lines. In childhood and old age the dura is closely adherent to the bone all over the vault of the skull. These facts explain the formation of the large extradural hæmatomas which are produced by bleeding from the meningeal vessels, and throw some light on the uncommon condition of traumatic cephalhydrocele. This is a complication of fracture of the skull, which is characterized by a subcutaneous collection of cerebrospinal fluid, which has been able to escape owing to tearing of the dura and pericranium at the time of the fracture. It is almost peculiar to children, for in them the dura and pericranium are firmly attached to the bone.

The venous sinuses are endothelial-lined spaces between the layers of the dura mater, and they form connections with the veins of the brain and with the extracranial venous system. One of the most important of these external communications is between the cavernous sinus and the angular vein through the superior ophthalmic vein. Though not a "head injury," one must be forgiven for mentioning the serious nature of the malignant facial carbuncle which not infrequently gives rise to a fatal cavernous sinus thrombosis.

The superior cerebral veins lie in the pia mater and

subarachnoid space and terminate in the superior longitudinal sinus. These vessels are believed to be the source of bleeding in the cases of chronic (localized) subdural hæmorrhage which follow an injury, usually not severe, in which the force acts in the antero-posterior line of the skull.

Diffuse hæmorrhage into the subarachnoid space may be diagnosed by obtaining blood intimately mixed with the cerebrospinal fluid on lumbar puncture.

In the process of moulding of the head at birth a severe strain is put upon the dural septa the falx cerebri and tentorium cerebelli—and in extreme cases these may split, with escape of venous blood, thus producing a "birth hæmorrhage."

The blood-pressure in the dural sinuses is low, and hæmorrhage from them is easily arrested by gentle pressure, which may be applied by a gauze strip inserted between the sinus and the bone.

Fractures of the base of the skull are often associated with leakage of cerebrospinal fluid as well as blood, since the adherent dura is torn at the time the fracture occurs. In fractures of the anterior fossa bleeding takes place into the nose and into the orbit where the blood is retained behind the palpebral fascia, and is therefore distinguishable from the more widespread extravasation characteristic of the ordinary "black eye." Cerebrospinal fluid and even brain matter leaks into the nose in some cases.

Leakage takes place from the external auditory meatus in fractures of the middle fossa in which the middle ear has been opened by the fracture and the tympanic membrane has been torn. When the basilar process is fractured, leakage of blood and cerebrospinal fluid may take place into the pharynx. It seems almost unnecessary to add that these fractures of the base expose the patient not only to the risks attendant on all open fractures, but also to the special risk of infection of the meninges.

Another complication of fractured base is injury to large blood-vessels. The ophthalmic vessels may be torn, causing marked proptosis owing to orbital hæmorrhage. Besides injury to the middle meningeal artery, with which every student is expected to be familiar, it must be remembered that in the middle fossa the internal carotid artery may be damaged. It is a rare accident, but occurs as a rule within the cavernous sinus, forming an arterio-venous communication, which may be recognized clinically by pulsating exophthalmos and distension and pulsation of the orbital veins, generally without loss of vision or movements of the eyeball.

The cranial nerves may be damaged as they pass through the bone, the most important being the optic which will certainly be injured if the fracture involves the optic foramen, which is completely filled by the nerve and the ophthalmic artery; the sixth nerve, which is frequently injured where it lies in contact with the tip of the petrous bone; and the seventh and eighth nerves, which may be affected in any fracture involving the petrous.

The Nature of Cerebral Injuries.

When dealing with the subject of injuries to the brain, it is difficult to draw the line between anatomy and the physical and physiological factors which are introduced at once, and at once become the more important in the subsequent train of events. Certain broad statements may be made, however, giving the anatomical facts bearing on the problem.

The brain, its vessels and the cerebrospinal fluid are enclosed in a capsule of dura mater and bone which cannot be stretched. Injury to the head may cause this capsule to be encroached upon either as a direct result of external violence, or as a result of bleeding or of other effusions within the skull inside or outside the dura mater.

The effect of trauma upon the brain depends on the distribution, size and rate of development of the lesion. Hæmorrhage encroaches gradually upon the inexpansible capsule, and first squeezes out of it a small quantity of cerebrospinal fluid. The brain may now be considered to fill the capsule completely, and any further increase in pressure must lead to obstruction of the blood-vessels in the cerebral substance. The blood-pressure is lowest in the veins, and venous obstruction occurs first, to be followed later by capillary anæmia when the pressure in the capsule rises still higher. It is these vascular changes which underlie the clinical manifestations of cerebral irritation and cerebral compression.

External violence encroaches on the capsule suddenly and with a force greater than the arterial pressure. It must be remembered that the skull is not as rigid as it appears to be, and that it can undergo temporary deformation and return to its normal form with great elasticity. Such a deformation of the skull due to a blow or a fall on the head leads to a momentary diminution of the cranial capacity, as well as causing damage to the brain in the line in which the force is acting. The bending-in of the bone may be carried to such a degree that the bone cracks, but the fracture is of less importance than the momentary hyperacute compression of the brain, which is believed to be the cause of the clinical state of cerebral concussion. If this hypothesis be correct, cerebral concussion is due to a sudden capillary anæmia produced by diminution in the capacity of

the capsule of the brain. Because of the elasticity of the skull the compression effect is of very short duration, and the tendency is for complete recovery to take place after an interval which depends largely on the severity of the accident. In the more severe degrees of concussion it is possible that lesions may be produced in the ventricular system by a sudden forcing of cerebro-spinal fluid from the lateral ventricles into the iter and fourth ventricle.

A blow on the head will also produce local contusion of the area of the brain lying just beneath the point struck; and since the brain is driven in the direction of the blow into violent contact with the opposite side of the skull, polar contusion or laceration by *contre-coup* occurs. Polar contusion may be produced by impact against the falx cerebri and tentorium cerebelli as well as against the bone diametrically opposite to the point first struck. In addition, small areas of hæmorrhage and bruising may be produced in the line along which the force is acting—that is, between the point of primary and polar contusion.

The effects of bullet-wounds are too numerous and complicated to be discussed in the present article.

In considering head injuries it must be remembered that the contents of the skull are of more importance than the skull itself, and that the cerebral circulation is affected more than its substance.

J. PATERSON ROSS.

PATHOLOGICAL APHORISMS.

THE following series of somewhat disjointed observations is offered in all due humility by one who has had some experience of the mistakes which may be made in routine pathological work, and made most of them himself. Whether a sufficient proportion of them deserve their title to excuse its use is doubtful.

Since their application is chiefly to the work of the pathological clerk, it is appropriate first to inquire what are the purposes of holding that appointment. The number of men inclined to adopt pathology as a career is small, and the majority, looking forward to a life spent in practice, are apt to ask what is the use of learning elaborate methods which they are unlikely ever to employ after qualifying.

No one would deny the usefulness of the pathological clerk to the hospital; his work is, or can be, at least as important a contribution to the welfare of the patients as any other that he can make before reaching the junior staff. The question at issue is, how far is it useful to himself? To this it may be answered:

(1) That although elaborate investigations must always be beyond the powers of a busy practitioner, there are several for which little more is required than a respectable microscope, and these highly important and often needed. The two principal are the blood-count and the examination of urinary deposit. These, therefore, are worth learning, and for learning all that need be known of them three months is not too long a period.

(2) That a practical knowledge of pathology is essential even for the collection of specimens which are to be examined by someone else. Half the difficulties with which pathologists have to cope, and nine-tenths of their failures or equivocal results in this Hospital, as well as in private work, are due to unsatisfactory methods of collecting or transmitting specimens. (Indeed, the collection of body-fluids is often more difficult than their examination; lumbar puncture and blood-culture are sufficient examples of this.) How to make blood-films (and when) or films of pus, how to obtain blood from a vein, and how much, whether to allow it to clot (as for a Wassermann or agglutination test), or to oxalate it (as for urea estimation), how long particular organisms will survive outside the body, and under what conditions, which of the four types of specimens of urine to obtain for whatever examination may be required, how to make, use and seal capillary pipettes, how to take swabs, and how to (try to) get a patient to collect sputum, how to preserve tissue—these are some of the things which a practitioner ought to know, unless he intends to dispense with the pathologist altogether.

(3) That a practical knowledge of pathology is necessary in order to decide what investigations are likely to be useful, and the limits of their usefulness, *i. e.* the degree of reliance that can be placed on their results. Nor is it a reflection on laboratory methods to say that a knowledge of them is necessary in order properly to interpret pathological reports. Has one not been asked to diagnose "Banti's disease" on a (very bad) blood film?

(4) That the naked-eye appearance of certain specimens is often in itself conclusive to the experienced eye (from the "smokiness" of slight hæmaturia, or the spider-clot in tuberculous cerebrospinal fluid to the sulphur granules of actinomycotic pus), and by learning to correlate appearance with microscopic findings, it may become possible with safety in many cases to dispense with detailed examination altogether, or at least to anticipate its results.

(5) Lastly, or perhaps least, that in certain M.B. examinations "Practical Bacteriology" is now a far from negligible item.

These considerations may be allowed to carry some weight, without implying an unduly academic standpoint in clinical practice. One does not wish to over-emphasize the science of medicine at the expense of its art, and perhaps the best reason for learning the former is that it helps to confer an understanding of the proper limits of both.

Certain Observations on Blood-Counts.

Of the respective merits of the finger and the ear there will always be two opinions: against the former is that it is more painful and often apparently bloodless; against the latter, hair, the inconvenience of stained pillows, and the ban on applying local pressure. Remember that the *first* drop of blood from the ear should never be used for a count; the lobe of the ear is a backwater in which leucocytes accumulate.

There are about 35 possible causes of inaccuracy in red and white counts; of these one stands head and shoulders above the rest—the imperfect admixture of the blood with the Toisson's solution. Shaking should occupy 2 minutes, immediately before expelling the fluid on to the counting-chamber.

A good second, in the case of a leucocyte count, is failure to adjust the microscope to give a field of the correct size.

There are two kinds of spurious leucocyte: stained red cells (which have usually been left in the Toisson bottle by a previous unwiped pipette), and yeasts. Both can be excluded by filtration of the Toisson's fluid.

No ordinary method of estimating hæmoglobin is accurate. But two precautions will help to ensure that the error shall be within reasonable bounds. The tube must be shaken after the blood is introduced; otherwise it may coagulate at the bottom. In severe grades of anæmia, two, or even four, pipettesful of blood should be used, and the result calculated accordingly.

Among causes of carbon monoxide poisoning not usually mentioned in text-books of toxicology, Haldane's method of estimating hæmoglobin ranks second to none. This is not altogether Haldane's fault; the volume of gas required is small; that usually employed is large. There is only one way of estimating the rate of flow of gas through your capillary tube, and that is to light it; a sufficient rate of flow is represented by the smallest flame you can get.

The effective life of a communal bottle of Leishman's stain is perhaps a few days; in private hands it may last months. The causes of its rapid degeneration under the former conditions are prolonged exposure to the air and the introduction of water.

In adding "twice the quantity of distilled water," remember that surface tension (and other factors) affect the size of a drop of any given fluid. Actually a drop of water is about twice the size of a drop of Leishman's stain. It is therefore preferable to measure by means of a home-made capillary pipette.

The common "polymorph" is an eosinophile cell; the feature which distinguishes the eosinophile properly so-called is the presence of large closely packed granules. Be a cell as red as you please, it is not an eosinophile unless these can be seen. If an eosinophile be a raspberry, then a basophile is a mulberry, and a misbegotten one at that.

Here it may be observed, as a general rule in pathology, that if there be any doubt whether a thing is, it is not.

It is less important to identify a strange-looking leucocyte than to observe the characters of the red cells—a part of the film examination which is often forgotten. Not only should nucleated red cells always be in mind, but those polysyllabic variations in size, shape and staining reactions.

(To be concluded.)

L. P. GARROD.

MONTAIGNE AND THE PHYSICIANS.

IT is imagined by some people that until Bernard Shaw arose to vex the medical profession, no one had dared to question the infallibility of the medicine-man.

The truth is that this doctrine of infallibility, which some of the public still cherish, is of recent growth, and part of the useless baggage that the Victorians have bequeathed to the twentieth century; the contempt which the educated man of the Middle Ages had for the physicians is now here more clearly shown than in the *Essays of Montaigne*, wherein he "boldly ripped up the mysteries of Physicke."

His antipathy to the physicians and their art was hereditary: "Mine ancestors," he wrote, "by some secret instinct and naturall inclination have ever loathed all manner of Physicke; for the very sight of drugs bred a kinde of horror in my father." It was not, however, that he slavishly condemned "all drugs, for he knew that there were some things proper for the

preservation of health": "Myself have found by experience that radish rootes are windie and senie-leaves breed looseness in the belly. And to say true, of all this diversitie of rules and confusion of prescriptions, what other end or effect workes it but to evacuate the belly?" But his criticism of the science of medicine was a more rational thing than a mere dislike of pharmacy, and much of it is as appropriate to-day as when it was written. He laments that the "most important science in use amongst us (as that which hath charge of our health and preservation) is by ill-hap, the most uncertaine, the most confused, and the most agitated infinite with changes. . . .

"God knows how hard the knowledge of most of these parts is: As for example, how shall he finde out the proper signe of the disease, every malady being capable of an infinite number of signes: how many debates, doubts and controversies have they amongst themselves about the interpretations of urine? In these diseases I have had (so they admitted any difficulty) I could never yet finde three agreeing in one opinion."

Of surgery he has a much better opinion: "I judge the arte of Chirurgery much more certaine; for it seeth and handleth what it doth; and therein is lesse conjecture and divination. Whereas Phisitians have no *speculum matricis*, to discover our braine, our lungs and our liver unto them."

He goes on to rail very shrewdly against what may be called the omnibus prescription: "Our Physitians never remember that he who will provide for all, provideth for nothing, they will perswade us with their ingredients, this one shall warme the stomacke, and this other coole the liver; the one hath charge to goe directly to the veynes, yea even to the bladder. Another shall drie the braine and another moisten the lungs. Of all this hotch-potch having composed a mixture or potion, is it not a kinde of raving to hope their severall vertues shall divide and separate themselves from out such a confusion to run to so divers charges? I should greatly feare they would loose or change their tickets and trouble their quarters."

But it is in his quotations from ancient authors that Montaigne is at his liveliest, and it is with those that he barbs his arrows:

"A Lacedemonian being asked what had made him live so long in health answered, 'The ignorance of Physicke,'" which is perhaps more intelligent than most of the reasons that are given to the *Daily Mail* correspondent by our modern centenarians in reply to similar questions.

Again, "Adrian the Emperor as he was dying ceased not to cry out that the number of Physitians had killed him." But, according to Nicocles, the Physicians have this good fortune—"that the sunne doth manifest their successe and the earth doth cover their fault."

It was the same Nicocles who, when "a Physitian boasted to him that his arte was of exceeding great authority, replied, 'It is true, for it may kill so many people without feare of punishment by the Laws.'"

Montaigne, tiring of quotation, proceeds to drive home the point by describing how physicians succeed in construing every symptom as a testimony to the efficacy of their treatment.

"For whatsoever Fortune or Nature produceth in us that is good or healthful, it is the privilege of the Physitian to ascribe it unto himself; and touching ill accidents those either they utterly disavow, in imputing the blame to the patient, and when by their application the disease is grewn desperate, to pay us with the assurance that if their remedies had *not* beene it would have beene much worse."

There is a certain permanency about these and similar astute criticisms that makes the three hundred and fifty years that have elapsed since they were written seem as one day; they are calculated to stir the conscience of the most hardened offender.

Montaigne was much wiser than the physicians of his own day. Speaking of the spas, he says, "Yet I have seen but few or none at all, whom these waters have made worse; and no man can without malice denie, but they stirre up a man's appetite, make easie digestion, and except a man goe to them overweake and faint (which I would have none doe) they will adde a kinde of new mirth unto him. They have not the power to raise men from desperate diseases. Whosoever goeth to them, and resolveth not to be merry, that so he may enjoy the pleasure of good company and of the pleasant walks or exercises: he without doubt loseth the better part and most assured of their effect."

This sums up very neatly what is the sane, moderate opinion to-day with regard to spa-treatment.

Montaigne repents a little toward the end of one of his essays and pays the profession a quaint, condescending compliment:

"As for me I honour Physitians, not according to the common-receiv'd rule, for necessitie sake, but rather for love I beare unto themselves; having seene some, and knowne diverse honest men amongst them, and worthy all love and esteeme. *It is not them I blame, but their Arte*; yet doe I not greatly condemne them for seeking to profit by our foolishnesse (for most men do so) and it is a thing common to all worldlings. I send for them when I am sicke, *if they may conveniently be found*; and love to be entertained by them, rewarding them as other men doe. I give them authority to enjoyne me to keep myself warme, if I love it better so than otherwise. They may chuse, be it either leekes or lettuce, what my broth shall be made withall, and appoint me either white or claret to drink; and so of other things else—indifferent to my taste, humour or custome."

Wise, kindly, shrewd old man! There is much more that is interesting in his essays; some of it, perhaps (as Fielding loved to write), "not very proper to be described," but not altogether devoid of amusement on that account.

It is to be remembered that Osler advised medical men to make these essays their constant companions—bedside books—advice not to be lightly disregarded coming from the greatest physician of our generation.

LIONEL AND CLARISSA.

(Or "How they have one" in the manner of Isaac Bickerstaffe.)

SCENE 1. *Diana Ward, morning. Clarissa and Lionel.*

CLARISSA (*after one hour's examination*):
Indeed forsooth a pretty youth
To play at doctoring me!
At such an age methinks you'd swage
Elsewhere your vanity.

Fie, let me go, Sir!
Thump me! No, no, Sir!

You pull me and bait me,
Sit me up, ausculpate me;
Oh, must you palpate me?
I'll have you to know

I'm not for your game, Sir!
Although I am lame, Sir;
Lord, have you no shame, Sir,
To tumble one so?

LIONEL (*in despair*):
I ask you in vain
To point to the pain;
Where harbours the torment I find?
In your head, in your heart?
It pervades every part—
I suspect it's your tortuous mind.

Your knee-jerks I try,
I've looked into your eye
My medical chief to appease;
But you hold yourself tense,
You're unusually dense,
And I simply can't name your disease.

SCENE 2. *Same, afternoon. Dr. Oldboy, Visiting Physician, clerks, nurses, patients, etc.*

OLDBOY (*aside to Sister*):
Would you manage cases rightly?
You must watch them daily, nightly,
Put a binder round them tightly;
Your discretion act upon—
If they shout, a good wash-out
Or some omnopon.

LIONEL (*reading notes*):
Clarissa, 40, married, fat,
A housewife with a single brat;
Habits, only gin and beer,
Full of doubt and full of fear.
Comes to us
With a lot of fuss,
Because she's feeling "kind o' queer."

Yes, she is pale, severely ill,
Her mucous membranes paler still;
She's lost a stone since May.
Though her abdomen moveth well,
It sometimes seems to me to swell
In a funny sort of way.
(*A pause.*)

(*Choking*):
Oh, Sir, at my age
It's so hard to be sage,
And harder still to point the way!
But do or say
What I may,
That's all I've been able to find to-day.
(*Breaks down.*)

OLDBOY (*in a pet*):
I wonder I'm sure why this fuss should be made;
You've paid no attention at all I'm afraid
To what I have done or to what I have said.
Have done my poor clerk with this hocus.
Look—an obvious squint,
My good man, take a hint!
Don't it spell a tuberculous focus,
With her fauces injected,
And her tonsils infected?
There's a gland like an egg in her neck!
If you'd use your own eyes,
To great heights you might rise,
But now you're a clumsy young wreck.

CLARISSA (*to Lionel*):

Oh dry those tears! Like melted ore
Fast dropping on my heart they fall.
Think, think no more of me; no more
The memory of past scenes recall.

LIONEL:

On a wild sea of passion tossed
I split upon the fatal shelf!
House-job and pride at once are lost,
And now I wish to lose myself.
[*He does so.*]

CURTAIN.

WINTER SPORTING SCIENTIFICALLY.

CLASSIFY, classify, classify!" howl the Conjoint Board. After having entered several times for each of their examinations, the most artistic of us perforce come to look at life—*la vie sublime*—in terms of tabulation. Even the excitement of a dash to Switzerland has for me become resolved into the arid form of one of the Catechism Series.

I plan hazily and deliciously a tour in the dim future—ruminating on the mechanism of transportation. There are four possibilities: Thomas Tuck, Henry Bunn, George Bunn and—myself. My reasons for selecting the former are three: (1) He always finds my passport so nicely when I lose it; (2) the Bunn brothers and their menials make more noise, but don't speak the language so well; (3) I couldn't possibly find the way by myself. Having settled this knotty point, I eventually arrive at the collecting of my kit. Here classification is inevitable: for once I thank my stars for my Queen's Square experience when Gamages would have persuaded me to go away with four pull overs, but nothing between them and the boots. When purchasing sporting garments of this nature, by the way, it is essential to have in mind the complete picture of some expert one has admired actually on the snow; it is no use going by the drawings in the *Bystander* or *Vogue*, for possibly they are only being funny.

There are, then, four types of ski-runner commonly met with in the Highish Alps: (1) The type that doesn't ski-run at all, female, æt. 20, occupation, dancing; (2) the novice; (3) the tryer; (4) the expert. We are here concerned only with No. 4, since the first two are easily distinguished by means of their beautiful new clothes, and the third tells you all about himself anyway.

On examination the expert looks healthy and is not anæmic. Skin shows a number of ecchymoses, probably of some years' standing. Head rather swollen and covered with a silk tam-o'-shanter. Eyes do not appear to react—but he has snow-glasses on. Neck is not palpable because of the very old college scarf. Body and thighs wrapped in a waterproof coat, and corduroys which are just not tight enough to impede peristalsis or prevent the knee-jerk from being elicited. On his legs appear what once must have been puttees (worn, he says, for snow, not veins), and his boots are shapeless, inflexible, and not by any means to be removed. His gait, even during sleep, consists of a sliding motion, knees together and slightly flexed, one foot a little advanced. Compare the decubitus of the novice: feet flapping idly, lies on his side, legs drawn up, roused with difficulty, resents interference, pupils react to fear, but not to light; in fact he exhibits the typical signs of cerebral laceration. In the differential diagnosis we have also to consider two allied conditions—the man who is stacking wood over there, and that novice who is wearing his father's clothes.

Depêches, le temps s'avance! As the three hours allotted to me slide gradually away, I become more and more catechismal.

Skaters may be acute or chronic. The acute form shows itself first in the egg-and-spoon race, but very soon comes out in a rash resembling that of ice-hockey, except that there is a tendency to play lying down, and the complications are often severe. Typically in the chronic variety the sufferer remains for many hours in the neighbourhood of an orange or other fixed point, during which time he performs rhythmical homolateral movements associated with heterolateral spasticity, while his numerous progeny wait in vain for him to come in to lunch. Fortunately with our improved methods of hygiene, oranges are much more rarely seen upon the rink these days.

Describe the signs, symptoms and treatment of curling. Curling is a disease of sedentary middle life, and may be primary or secondary, according to whether curling has come down to the patient, or the patient has come down to curling. Habits: Alcohol and tobacco. Ætiology: Epidemic in the immediate neighbourhood of large hotels, wherever there is very smooth ice. The virus is transmitted by direct contact often at the bridge-table, or by brooms, stones and other utensils. Chief signs are the usual stigmata of hysteria occurring in elderly and hitherto respectable men without apparent cause, with occasional bouts of acute mania characterized by the emission of typical cries such as "Sweep, sweep, sweep!" "Stay with it!" "A good stone!" "Never, never lea-eave it!" Symptoms: Shortness of breath and pain in the lower part of the back, especially in those primary cases who have not been on ice much before. Treatment is mainly palliative. Many of these patients are not fit subjects for any drastic form of operation. Good results have been obtained by strict isolation in a warm climate, far from all forms of ice, and by the use of suggestion, or, better still, re-education.

But the three hours is up and there are still those questions about the hotel and the night-life, and I haven't read my answer through, and why the deuce didn't I classify a bit more? Oh, curse, another pink paper! But, I rave . . .

TIMOTHY DORY.

ALL you who are inmates of Harley and Kenton,
And rapid and early recovery bent on,
If possibly facing your first operation
With feelings far other than those of elation,
Reflect on the fortunes of Timothy Dory
—Just listen to me and I'll tell you his story.
As a baby poor Tim underwent circumcision
(The surgeon did this with great skill and precision),
And Tim lived in peace till he swallowed his uvula,
A structure in him unexpectedly tubular.
His tonsils were found to be slightly hypertrophied,
And adenoids also old Doctor Guy certified;
So out came his uvula, tonsils, and adenoids,
For Timothy's snoring the neighbourhood had annoyed
Thus shorn of these structures Tim saw the years roll on,
Then found he'd a morbidly movable colon.
No sooner had this been put back in position
Than off he departed to see a physician,
Who diagnosed gall-bladder trouble, and told Tim
He'd best have it out; which he did. Now behold him,
A month or two later, beginning to worry
Because of slight pain after eating some curry.
An eminent specialist, Dr. Bald-Patter,
Assured poor old Tim there was nothing the matter;
But this made him furious, and straightway the angry ass
Went off to another, who diagnosed Pancreas.
But what do you think that the surgeons espied
When they'd opened him up, and were looking inside?
A horrible worm, of the Class Trematoda,
With bulgings and kinks like a Chinese pagoda,
Was poking its head out from under the liver,
And spewing saliva about in a river.
So you see, if they hadn't decided to look,
That worm would be still there—'twas only a Fluke.
And when they had polished the worm that was spitting,
They took the appendix out at the same sitting.
The spleen and left kidney were rather injected,
The lower intestine with fauna infested;
The op. that was done would have gladdened Arbuthnot;
The surgeon declared, "More than this now Ar muth not."
Convalescent from this, poor old Tim was run over,
And thought, with a shudder, his earthly fun over;
Yet bravely went on, minus nether extremities,
Though given less often to social amenities.
His arms next gave rise to myxomatous masses,
Which each held as much as a couple of Basses;
So Tim, with regret, had to part with them also,
Though this loss our sorry old friend did not gall so
As losing his tongue for acquired Macroglossia
(Which, strangely enough, made his hair all the glossier).
His ears, too, were lopped off for bad Telangiectasis,
Yet, when he came round, he went off into ecstasies,
And felt towards all men in a mood most forgiving
To find himself still in the land of the living.
Of what was cut off at the ops. most conservative,
He had all the specimens put in preservative,
And placed in his bedroom, where, just before sleeping,
At them poor old Tim's in the habit of peeping.
There with fondness he looks on the things that have been
—Kidneys, tonsils and adenoids, uvula, spleen,
Legs, arms, ears, tongue, appendix, intestine and gall-bladder,
And none in the world than friend Tim is at all gladder.

ALEX. E. ROCHE.

THE SURGEON'S SON.

(After Mr. Thomas Hardy.)

FATHER I fear your trade;
Surely it's wrong;
Some simple Smithfield jade
Warded life-long.

She trussed and tied to beams,
Put up in plaster,
Slung till her poor life seems
To slide slowly past her.

Don't be a dolt, my boy!
Girls must be cured;
My lot is such employ,
And *her* life's insured.

THE SAINT BARTHOLOMEW'S HOSPITAL AMATEUR DRAMATIC CLUB.

THE Christmas Entertainment of the Amateur Dramatic Club was held on January 6th, 7th and 8th. It was, as usual, an emphatic success, and the Great Hall was each night filled to overflowing.

The first play performed was "Snobs," by Temple Thurston. Gerald Cumberland relates that on the first night of one of his plays, Thurston, gratified by the cries of "Author! author!" came smilingly to the front of the stage, only to be received by loud and continuous booing. It is not impossible that "Snobs" was the despised play.

The acting, however, redeemed the play from futility. Mr. D. A. Brigg was at his best as Lord William Savile—a part which suited him admirably; Mr. Holdsworth was excellent as the vulgar snob, while Mr. Barnes was a pleasant figure of comedy as the butler.

Mr. Robb-Smith was amazing—he made incomparably the best "lady" that we have seen on the stage, and he contrived to maintain this atmosphere of femininity to the end without a flaw.

We heard two complaints made against "E. & O.E." Some disliked it as a morbid and cruel satire, but we own up to having enjoyed it immensely. There is a strong vein of humour in it which lights up the grim satire and the unpleasant subject. The second criticism, that the hero, like King Charles, took an "unconscionable time in dying," is true enough, and if, unlike that gentleman, he did not placate us with an apology, it must be added that Mr. Barnsley died uncommonly well; and he played a difficult part with a quiet ease that carried conviction. Our recollection of the Little Theatre production is that his performance was not bettered.

He was very ably supported by Miss McLeod, who, as the maleficent mother-in-law, portrayed an unsympathetic character with considerable spirit, and by Miss Deverel, who accomplished a difficult piece of acting with much skill.

Mr. Roxburgh was genuinely comic as the dead man's impersonator, and Mr. Coltart have a workmanlike portrayal of the solicitor.

It cannot be denied that the last part of the programme was the most popular, and the Dramatic Club should remember this in future years. The "Watchers of the Dawn" Concert Party consisted of Messrs. Gilsenan, Helme, Holdsworth, Mellows, Roxburgh, Royle, with Mr. Payne as producer. It is impossible to speak of individual turns, but Mr. Gilsenan's accompanying was a delight to the ear, Mr. Helme sang and danced very skilfully in the musical comedy way, the whole company was admirable in concerted items, and we should have been glad to hear more of the part singing.

A certain lady withstood the notorious "Shingling" song on three successive evenings with amused composure, and we have the highest admiration for her performance.

The intervals were enlivened by Mr. Gibson's band, which added not a little to the gaiety of the evening.

Mr. Cappe stage-managed the show for, we believe, the fifth year in succession, and the success of the entertainment says much for his skill.

ABERNETHIAN SOCIETY.

THE mid-sessional address was given to the Society by Prof. Leonard Hill on January 21st, 1926, before an enthusiastic audience in the Medical and Surgical Theatre.

The minutes of the last meeting were read and signed, and the chairman, Mr. Hubble, introduced Prof. Hill in a few well-chosen words.

Prof. Hill's subject was "Ultra-violet Light and Health," and was illustrated throughout by lantern-slides portraying points of statistical scientific interest, intermingled with Bateman cartoons.

The first slide showed us the ideal at which we should aim in perfecting our physical bodies to play a man's part in the struggle for existence. The picture was that of a student (a German one), whose skin was tanned by sunlight and whose lithe figure was a pleasure to behold. In contrast to this we were amused by Mr. Bateman's caricature of the "city clerk"—a wretched, bent figure with a gastro-intestinal facies, surveying a plate of "egg and veg." after the manner of a dyspeptic.

The next slide showed us this same figure after a course of treatment from a sergeant-major between 1914–1918—a robust young animal with his anorexia and sunken chest departed like evil spirits, and ingesting enormous quantities of vitamins at the expense of the taxpayer.

Prof. Hill then proceeded to decry the deplorable conditions of living in large towns. The pollution of the air with soot, gases, dust, etc., was a serious menace to the health of those compelled to live in such surroundings. Amongst the latter there was a great increase in the death-rate from bronchial disease; the growth of vegetables and other plants as well as the growth of human beings was impeded, and with this a deficiency in the vitamin factor in raw foods, corrosion of masonry, iron pipes, buildings, etc., led to a serious loss of money every year. The cost of keeping Manchester clean was £250,000 per annum.

Immunity depends largely on the health of the respiratory mucous membrane. Cilia play a large part in bringing about this immunity. With their increased activity more blood and lymph are attracted towards the epithelial cells and the respiratory mucous membrane is better nourished.

In speaking of rickets, Prof. Hill told us that vitamin A was activated cholesterol, and that cholesterol could become activated by ultra-violet rays. Ultra-violet rays are, therefore, of immense value in the treatment of rickets.

Another interesting fact about the treatment of rickets by ultra-violet rays from a mercury vapour lamp is the fact that the calcium and phosphorus (which are deficient in rickets) are actually increased.

The spectrum consists of rays divided into five groups, according to their wave-length:

	Wave-length.
X-rays and radium rays	$0{\cdot}01\mu$.
Ultra-violet	$0{\cdot}10\mu$. – $0{\cdot}40\mu$.
Visible spectrum	0.40μ. – 0.70μ.
Infra red rays	0.74μ. – 0.8μ.
Hertzian oscillations (wireless waves).	Several kilos.

$\mu = \frac{1}{1000}$ millimetre.

The melanin in the skin acts as a screen to the ultra-violet rays. If a cylinder containing quinine is interposed between the skin and the source of the ultra-violet light no erythema results, whereas a similar dose applied to unprotected skin would produce an erythema. The rays of the sun concentrated upon the skull are capable of producing sunstroke on account of the penetrating powers of the ultra-violet rays, which reach the blood in the superficial capillaries of the cerebrum.

The most convenient method of giving ultra-violet rays in therapeutics is by means of the mercury vapour lamp.

The effects of these rays may be epitomized as follows:

(1) They are hæmobactericidal.
(2) Living epidermal cells are killed.
(3) Protein disruption takes place.
(4) The phosphorus in the blood is increased.
(5) The calcium content of the blood is altered.
(6) Pigment is deposited in the deeper layers of the epidermis.
(7) Tyrosine in the blood becomes altered into pigment.

Prof. Hill showed us some slides of the new monkey house at the Zoo, where these creatures enjoy and thrive on ultra-violet rays. A series of slides of surgical tuberculosis cases were shown. The results following sunlight and ultra-violet ray therapy appear to be nothing short of miraculous. Wasted, miserable children with multiple sinuses and deformed spines and joints became well developed, fit and cheerful in the course of a few months.

A few more Bateman cartoons terminated a most popular and appreciated address.

Dr. ROXBURGH proposed a vote of thanks, and expressed his appreciation of the fact that Prof. Hill had "poured the light of cold reason into the rosy fog surrounding ultra-violet light therapy."

Mr. BOLTON, in seconding a vote of thanks, surpassed himself with witticisms, and was grateful to have received "light on light."

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

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

Played at Winchmore Hill on January 2nd, 1926.

The ground was suffering from the effects of heavy rains, and consequently the going was very heavy for our first match in 1926. From the kick-off the game resolved itself into one of the forward type, and Bart.'s were rather unlucky not to have scored on two occasions during the first half. Row slipped up in the mud when endeavouring to take a long pass with no one to beat had he secured it, and Stokes dribbled the ball over the try-line, but just failed to touch down. Our forwards played well together in the first half, and the Harlequins were kept on the defensive in their own territory. During the later stages of the game, however, the Bart.'s forwards began to tire and the Harlequin pack repeatedly secured the ball for their backs, who handled cleverly and made the most of their opportunities.

Stokes was very effective as a winging forward and H. MacGregor played well at fly-half.

Result: Harlequins, 14 pts.; Bart.'s, *nil*.

Team: W. F. Gaisford (*back*); E. V. H. Pentreath, T. J. Ryan, A. W. L. Row, I. L. Griffiths (*three-quarters*); W. E. Underwood, H. MacGregor (*halves*); R. H. Bettington, J. W. D. Buttery, K. R. Stokes, C. R. Jenkins, W. S. Morgan, J. A. Edwards, R. N. Williams, G. Colenso-Jones (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* PLYMOUTH ALBION.

Played at Winchmore Hill on January 9th, 1926.

The return match with Plymouth Albion again revealed our superiority over that club. During the first half we saw an exhibition of excellent football. Bart.'s forwards asserted their superiority from the beginning, and gave their backs plenty of work to do in attack. Our first try came after twenty minutes' play from a good passing movement instituted by H. MacGregor and terminated by Bettington. Soon afterwards Guinness intercepted a pass in the Albion "twenty-five," and having drawn their full-back passed to A. W. L. Row, who registered another try. Bart.'s continued to attack and looked like scoring on several occasions. The Albion's try resulted from a forward dribble, and might have been prevented had one of several who had the opportunity gone down on the ball.

The second half was devoid of further scoring, although keenly contested. A run by Ryan would have resulted in a try had not his wing been lying too far up to receive his pass.

Result: Bart.'s, 6 pts.; Plymouth Albion, 3 pts.

Team: E. V. Frederick (*back*); A. H. Grace, T. J. Ryan, H. W. Guinness, J. T. Dunkerley (*three-quarters*); H. MacGregor, W. S. Maclay (*halves*); R. H. Bettington, C. R. Jenkins, J. A. Edwards, K. R. Stokes, J. W. D. Buttery, A. W. L. Row, R. N. Williams, G. L. Colenco-Jones (*forwards*).

It is with regret that we hear W. S. Morgan has left the Hospital, and will no longer be available to strengthen our Rugger side in the forthcoming contests for the Inter-Hospital Cup.

ASSOCIATION FOOTBALL CLUB.

1ST XI *v.* OLD CHOLMELEIANS.

The 1st XI met the Old Cholmeleians at Winchmore Hill on January 2nd and lost 2–5. The ground was in a very bad state and play was far from accurate. In accuracy the Old Boys excelled themselves, their combination being, under the circumstances, very good, yet it was some time before the weak Hospital defence was beaten, and this was repeated shortly before half-time. After the interval the Old Boys pressed and soon had added two more. At this point the Hospital team played as a team and reduced the lead, first by Mailer, and later by Stark. In the last minute the Old Boys broke through and scored again.

Team: L. B. Ward, *goal*; T. F. Tierney, J. Huntley, *backs*; A. Caplan, I. R. Crumbie, S. Jenkinson, *halves*; A. M. Gibb, W. A. Mailer, I. E. Phelps, H. Stark, J. G. Cunningham, *forwards*.

1ST XI *v.* OLD CARTHUSIANS.

On Saturday, January 9th, the 1st XI travelled to Godalming to meet the Old Carthusians, who won 2–1 after a very good game. The ground was dry and the game fast and even, and it was some time before the Old Boys scored. The Hospital pressed, but were playing a better team and were unable to make much headway. After half-time the exchanges were faster than before, and at last Clark dispossessed the goal-keeper and put in a good shot, which an opponent helped into the goal. The hard game was beginning to tell on the Hospital, but it was quite late in the second half before the home side scored again.

Team: L. B. Ward, *goal*; A. Bennett, W. A. Bellamy, *backs*; J. R. Crumbie, C. Keane, S. Jenkinson, *halves*; A. Caplan, W. A. Mailer, A. Clark, W. J. Burgess, J. Huntley, *forwards*.

FIVES CLUB.

Owing to the Christmas holidays and the consequent difficulty of raising teams few fixtures had been arranged for the last month. Even so one fixture had to be scratched at the last moment. The Fives Singles Cup will be held this year by K. W. Mackie, who beat N. E. Cook 15–9, 15–6, 13–15, 15–8.

Results of matches:

v. Old Sinjuns	Won 120–26.
v. University College Old Boys . . .	Lost 112–119.
v. Old Paulines. Scratched.	

The list is now up for entries for the Fives Doubles Competition. It would save much trouble if all names were entered before the end of this month.

CORRESPONDENCE.

JOURNAL OFFICIALS.

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

DEAR SIR.—With reference to your letter of December 20th, 1925, I have pleasure in informing you that at yesterday's Council Meeting of the Students' Union the following appointments were confirmed: viz. (1) *Mr. D. V. Hubble* to be editor in place of Mr. Ralph Bolton, who has resigned; (2) *Mr. F. C. Roles* to be assistant editor.

The Council also wish me to convey to the JOURNAL Committee their deep appreciation of the services Mr. Bolton has rendered to the JOURNAL and the Students' Union during his office as editor.

Yours very sincerely,

ARTHUR C. BELL,
Hon. Sec. Students' Union.

St. Bartholomew's Hospital,
London, E.C. 1;
January 12th, 1926.

REVIEWS.

THE CHEMICAL AND PHYSIOLOGICAL PROPERTIES OF THE INTERNAL SECRETIONS. By F. C. DODDS, B.Sc., M.B., B.S., and F. DICKENS, M.A., Ph.D. (Oxford Medical Publications.)

One would expect a work with this comprehensive title to consist of a series of lengthy and detailed volumes suitable for reference only. The authors, in a volume of 200 pages, have presented the essence of most of the work that has been done on internal secretions, and have, where necessary for their purpose, consulted the patent literature for details of manufacture. Although of special appeal to research workers and those concerned in the preparation of these substances, it is a book that can be read with interest by anyone with a knowledge of the principles of physiology.

There is an ample bibliography with a very useful index of authors. It will serve as an excellent guide to the extensive literature of the subject.

FUNDAMENTAL PRINCIPLES IN TREATMENT. By HARRY CAMPBELL, (Baillière, Tindall & Cox.)

Criticism of this book, or indeed praise of it, naturally becomes directed into two channels—that of its matter and that of its manner. There are few writers upon medical subjects who have an easier style or one more readable than has Dr. Campbell. So facile is it that it is doubtless a mirror of his mind. So winsome is its readiness that criticism, as in the case of many politicians, is already half disarmed before the battle is begun.

The matter of the book is full of common sense; in places this almost borders on triteness, but always does the ready pen save the day. Any one volume that contains fifty chapters from among which as samples can be taken "The Education of the Physician," "Rationalism and Empiricism," "Poisons absorbed from the Alimentary Tract," "Sera and Vaccines," "Treatment Directed to Defects in Respect of Endocrines and Enzymes," must obviously either be of unwieldy size or else a failure as a comprehensive work.

Dr. Campbell's book contains 477 pages. If, however, it is judged as an expression of the author's opinions there can be nothing but praise for the attempt. Its value is largely seen in his views as to the making of a physician. He is right in asserting that the laboratory is alone a very poor training-ground; in stressing the fact that the patient is also a human being; that the doctor who realizes this and who can understand his patient's personality has a practical power that can be replaced by no amount of academic brilliance. The book here and there appears a little redundant, and leaves an impression that here is an immense amount of good sense that could have been improved as regards its setting if the author had found writing a little less easy. Less facility would have produced a more concentrated and therefore a more pungent solution. Rather fewer ingredients would have effected a less multifarious and so a more definite after-taste.

TEXT-BOOK OF SURGICAL PATHOLOGY. By JENNINGS MARSHALL and ALFRED PINEY. (Arnold.) Price 21s. net.

To take the good points of this book first, the paper and binding are excellent, the book is small—450 pages—the subject-matter is readable. By this we mean that the matter is set out in a manner which is both interesting and arresting.

Though clearly paragraphed, the numerous headings do not show much sign of any serious attempt at classification. Each subject is dealt with on its own classification, and many unnecessary headings are introduced, while fundamental groupings are jumbled into a single paragraph.

On this account we feel that this is not a suitable book for a beginner. For him the essential thing is clear, simple, standardized classification.

For the advanced student "brushing up" his knowledge we can heartily recommend this book. It is thoroughly up-to-date and mentions most important conditions.

AIDS TO SURGICAL DIAGNOSIS. By C. P. G. WAKELEY. (Baillière, Tindall & Cox.) Price 3s. 6d.

This book is rather a very condensed surgical text-book than an aid to diagnosis. There is very little mention of differential diagnosis, and very little stress laid on practical clinical methods. As usual, advanced cases are described, and very little importance is laid on such early signs as *tenderness* in acute osteomyelitis, the *tenderness* and *increase in tension* of a strangulated hernia.

We regret that in connection with the diagnosis of strangulated hernia there still appears the following description: "All signs of shock are present, pulse rapid, haggard drawn face, absolute arrest of fæces. . . ." Until students are impressed with early signs, diagnosis will always be late, and any book giving the above description is dangerous.

ARTIFICIAL SUNLIGHT AND ITS THERAPEUTIC USES. By FRANCIS HOWARD HUMPHRIS. Second edition. (Oxford Medical Publications.) Pp. xvi + 203. Price 8s. 6d. net.

ULTRA-VIOLET RADIATION AND ACTINOTHERAPY. By ELEANOR H. RUSSELL and W. KERR RUSSELL. (Edinburgh: E. & S. Livingstone.) Pp. 262.

As these two books deal with the subject of actinotherapy from similar points of view, they may be reviewed together.

Dr. Humphris is a well-known worker in the field of electro-therapeutics and his book appears in its second edition.

Drs. E. H. and W. Kerr Russell are both general practitioners, and the clinical material described in their book is drawn almost entirely from their own practice. They are to be heartily congratulated on their work.

Both books are clearly written and form excellent introductions to the study of actinotherapy, either for the student or for the practitioner of artificial sunlight treatment.

In both books the subject is reviewed historically; the chemical, physical and biological effects of ultra-violet light are then considered, and the later chapters devoted to the apparatus used, the technique and the therapeutic indications of the method.

Light-treatment is bound to play an increasing part in therapeutics. The visible spectrum is but a fraction of the electro-magnetic spectrum, and to-day practically the whole range of this has been explored—from the very short gamma rays of radium, through the X-rays, the ultra-violet rays, the visible spectrum, the infra-red region, to the Hertzian oscillations, which extend to several kilometres in length.

With some exceptions the therapeutic side of ultra-violet radiation is largely experimental. As clinical material accumulates the value of this method will be adjudged.

Both books are interesting and well worthy of perusal. The one by the Drs. Russell contains a full bibliography.

ELEMENTS OF SURFACE ANATOMY. By I. MACLAREN THOMPSON. (Livingstone.)

The title of this book does not give the full idea of its scope.

It is an excellent little manual, and transforms what is ordinarily a dull subject into a very readable subject by the addition of a judicious amount of applied clinical work. Surface anatomy is usually crammed during the last week. This book should stimulate the student to master the subject early in his course.

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

ANDREWES, Sir FREDERICK W., O.B.E., M.A., F.R.C.P., M.D., F.R.S. "The Value of Modern Laboratory Methods." *Practitioner*, January, 1926.

ARMSTRONG, R. R., M.D., M.R.C.P. "Studies on the Nature of the Immunity Reaction." *Proceedings of the Royal Society of Medicine*.

BERTWISTLE, A. P., M.B., Ch.B., F.R.C.S. "Treatment of Chronic Varicose Ulcer." *British Medical Journal*, January 23rd, 1926.

BRIDGES, ROBERT. *New Verse*. Clarendon Press, 1925.

BURNE, T. W. H., M.B., B.S. "Appendicitis in a Hernial Sac." *British Medical Journal*, January 16th, 1926.

BURROWS, HAROLD, C.B.E., F.R.C.S. "Pulsating Goitre with Recurrent Dislocation of Eyeballs." *British Journal of Surgery*, January, 1926.

BUTLER, T. HARRISON, M.A., M.D. (and R. N. GILLAN, M.B., Ch.B.). "The Clinical Value of Borocaine in Ophthalmology." *British Medical Journal*, January 16th, 1926.

CAMMIDGE, P. J., M.D., M.R.C.S., L.R.C.P. "The Effects of Pancreas Preparations by the Mouth upon Carbohydrate Metabolism." *Ibid.*, December 26th, 1925.

CLARK, A. J., M.C., M.D., F.R.C.P., D.P.H. "The Compilation of Pharmacopœias: Including a Comparison of the United States and the British." *Ibid.*, January 2nd, 1926.

COPELAND, A. J., M.A., M.B., D.P.H., D.Sc. "Beta-Eucaine Borate." *Ibid.*, January 16th, 1926.

COYTE, RALPH, M.B., F.R.C.S. The Clinical Use of Bovocaine Borate and Beta-Eucaine Borate for Urethral Anæsthesia." *Ibid.*, January 16th, 1926.

CROWTHER, C. R., M.D., B.Ch. "On the Somatic Origin of Malignant Disease." *Ibid.*, January 23rd, 1926.

DALTON, P. P., M.R.C.S., L.R.C.P. "Mitral Stenosis and Pulmonary Hæmorrhage; Venesection; Recovery." *Ibid.*, January 9th, 1926.

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GIUSEPPI, P. L., M.D., F.R.C.S. "Treatment of Uterine Fibroids by Myomectomy." *Ibid.*, December 26th, 1925.

HADFIELD, GEOFFREY, M.D. (CAREY F. COOMBS, M.D., and G. H.). "Ischæmic Necrosis of the Cardiac Wall." *Lancet*, January 2nd, 1926.

HALDIN-DAVIS, H., M.D., F.R.C.S. "The Treatment of Impetigo Contagiosa." *Lancet*, December 19th, 1925.

HALL, ARTHUR J., M.A., M.D., F.R.C.P. "Post-Encephalitic Parkinsonism: Results of Treatment by Belladonna." *British Medical Journal*, January 23rd, 1926.

HAMER, Sir WILLIAM A., M.D., F.R.C.P., D.P.H., and HUTT, C. W., M.D., D.P.H. *A Manual of Hygiene*. 1925. London: Methuen & Co., Ltd., 1925.

HAMMOND, T. E., F.R.C.S. "Diathermy in the Treatment of Prostatic Obstruction." *British Medical Journal*, January 16th, 1926.

HECKFORD, FRANK, M.R.C.S., L.R.C.P. "Two Cases of Acute Retrobulbar Neuritis." *Ibid.*, January 16th, 1926.

HOWELL, B. WHITCHURCH, F.R.C.S. "A New Operation for Opponens Paralysis of the Thumb." *Lancet*, January 16th, 1926.

HURRY, JAMIESON B., M.A., M.D. *I Circoli Viziosi in Patologia*. Traduzione dalla 3ª edizione inglese riveduta ed accresciuta dal Dott. G. DRAGOTTI, con Prefazione del Prof. VITTORIO ASCOLI. Roma, 1925.

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HUTT, C. W., M.D., D.P.H. *See* Hamer and Hutt.

JORDAN, ALFRED C., C.B.E., M.D., M.R.C.P. "X-Rays in the Diagnosis of Gastro-Intestinal Disorders." *Practitioner*, January, 1926.

KEYNES, GEOFFREY, M.D., F.R.C.S. "The Treatment of Chronic Mastitis." *Lancet*, January 2nd, 1926.

——— "Rhabdomyoma of the Tongue." *British Journal of Surgery*, January, 1926.

KLIONSKY, G., M.B., B.S. "A Case of Ischæmic Necrosis." *Lancet*, January 9th, 1926.

LLOYD, ERIC I., M.B., B.Ch., F.R.C.S. "Mucous Cyst of Tongue." *British Journal of Surgery*, January, 1926.

MYERS, BERNARD, C.M.G., M.D., C.M. (1) "Case of Transposition of Viscera", (2) "Case of Congenital Cyanosis." *Proceedings of the Royal Society of Medicine*.

NIXON, J. A., C.M.G., M.D., F.R.C.P. "Insulin Treatment of Diabetes, with Particular Reference to the Complications of Diabetes and to Surgery in Diabetes." *British Medical Journal*, January 16th, 1926.

OBERMER, E., M.R.C.S., L.R.C.P. "Pituitary Extract to Correct Constipation due to Morphine." *Ibid.*, January 2nd, 1926.

POWER, Sir D'ARCY, K.B.E., F.R.C.S. "Eponyms: Thomas's Hip Splint." *British Journal of Surgery*, January, 1926.

ROBINSON, WILLIAM, M.S., F.R.C.S. "On Hernia through the Orbit of the Pelvic Diaphragm in Women (Prolapse of the Uterus) and its Radical Cure." *Clinical Journal*, January 6th, 1926.

ROLLESTON, Sir HUMPHRY, Bart., K.C.B., M.D., D.C.L., Hon. D.Sc.(Oxon), LL.D., P.R.C.P. "Introduction to Modern Methods of Diagnosis." *Practitioner*, January, 1926.

SHAW, ERNEST H., M.R.C.P. "Thyroid Gland Tissue in Dermoid Cyst of Ovary." *British Journal of Surgery*, January, 1926.

SHAW, WILFRED, M.A., M.B., B.Ch., F.R.C.S. "The Fate of the Graafian Follicle in the Human Ovary." *Journal of Obstetrics and Gynæcology of the British Empire*, Winter No. 1925.

WHARRY, H. MORTIMER, F.R.C.S. "Three Cases of Middle Ear Disease with Intracranial Complications." *British Medical Journal*, January 16th, 1926.

——— and TEICHMAN, OSKAR, M.R.C.S. "Lupus of the Nose and Upper Air Passages treated by Radium." *Lancet*, December 19th, 1925.

YOUNG, F. H., M.B., M.R.C.P. "A Case of Calcification of the Pleura of an Unusual Type." *Ibid.*, December 12th, 1925.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

Final Examination for the degrees of B.M., B.Ch., December, 1925

Materia Medica and Pharmacology.—A. J. M. Melly.

Pathology.—W. H. Hudson.

Forensic Medicine and Public Health.—R. H. B. Bettington, N. Chilton, K. A. Hamilton.

Medicine, Surgery and Midwifery.—F. J. Bach, R. H. B. Bettington, N. Chilton.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:

M.B., B.Chir.—W. G. Scott Brown.

B.Chir.—F. J. E. Topham.

First Examination for Medical Degrees, December, 1925.

Part IV. Elementary Biology.—D. P. McCoy.

Second Examination for Medical Degrees, December, 1925.

Part I. Organic Chemistry.—D. Hay.

Third Examination for Medical Degrees, December, 1925.

Part I. Midwifery, Surgery and Gynæcology.—G. C. Woods-Brown, H. A. Clegg, W. F. Cooper, R. Cunningham, H. V. Dicks, J. Dockray,

S. J. P. Gray, H. J. Heathcote, G. G. Holmes, J. H. Humphris, D. McI. Johnson, A. V. Mackenzie, Hon. W. S. Maclay, H. P. Nelson, F. B. Parsons, F. C. Roles, J. B. W. Roberton, G. L. F. Russell, G. Simon, A. W. Spence, G. M. Tanner, H. L. Wilson, R. M. Windeyer, F. G. Winterton, A. T. Worthington

Part II. Principles and Practice of Physic, Pathology and Pharmacology.—W. A. Barnes, R. T. Chadwick, H. A. Clegg, G. H. Day, J. C. Hogg, R. L. Rhodes, H. B. Stallard, E. J. E. Topham.

UNIVERSITY OF LONDON.

M.S. Examination.

Branch I. Surgery.—J. B. Hume.

M.D. Examination, December, 1925.

Branch I. Medicine.—J. Maxwell.
Branch III. Psychological Medicine.—A. Walk.
Branch V. State Medicine.—J. V. Landau.

First Examination for Medical Degrees, December, 1925.

Passed.—A. Barber, C. M. Bell, S. Bocheneck, W. J. Burgess, H. Coorland, R. W. Dunn, *P. Frankenberg, L. J. Lannaman, G. S. R. Little, K. M. Ross, T. F. Tierney, J. H. West.

* Distinguished in Chemistry.

CONJOINT EXAMINING BOARD.

Pre-Medical Examination.

Chemistry and Physics.—E. L. Allen, E. E. Dodson.
Chemistry.—W. J. Burgess, H. Simmons.
Physics.—C. A. George, H. D. Robertson, J. B. Rubenstein.

First Examination.

Physics.—D. H. Edwards.

ROYAL COLLEGE OF SURGEONS.

The following were successful in the Primary Fellowship Examination held in December, 1925:
E. S. Evans, W. J. Wilkin.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.

The Diploma in Tropical Medicine and Hygiene has been conferred on R. A. Mansell.

The Diploma in Public Health has been conferred on H. C. M. Williams.

SOCIETY OF APOTHECARIES OF LONDON.

The following has taken the Diplomas of L.M.S.S.A.:
T. A. Lazaro.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

The following have been admitted Fellows:
C. F. Krige, J. A. Panton.

CHANGES OF ADDRESS.

ANDERSON, H. G., West China Union University, Chengtu, Szechuan.
BINNS, J. D., The Lawn, Dunstable, Beds.
CAPPS, F. C. W., 43, Queen Anne Street, W. 1. (Tel. Mayfair 2034.)
CURREY, Squad.-Ldr. E. F. N., R.A.F. (M.S.), R.A.F. Base, Calafrana, Malta.
DIEMER, P. H., 15, Shakespeare Villas, Nottingham.
HAMERTON, J. R., Rahere House, Western Esplanade, Herne Bay, Kent. (Tel. 377.)
HECKFORD, F., 46, East Street, Chichester.
LEONARD, W. H., Maj. I.M.S., c/o T. Cook & Son, Bombay, India.

APPOINTMENTS.

BINNS, J. B., M.R.C.S., L.R.C.P., appointed Medical Officer to the Dunstable and District Joint Isolation Hospital.
CASTLEDEN, L. I. M., M.B., B.S.(Lond.), appointed Junior House Surgeon to the Royal West Sussex Hospital, Chichester.
CHURCH, I. E., M.R.C.S., L.R.C.P., appointed Casualty Officer and Resident Anæsthetist at Addenbrooke's Hospital, Cambridge.
COYTE, R., M.B., B.S.(Lond.), F.R.C.S., appointed Assistant Surgeon to Queen's Hospital for Children, Hackney Road, E.
DIETRICH, G., M.R.C.S., L.R.C.P., appointed House Surgeon to the Huntingdon County Hospital, Huntingdon.
HAKISILVER, J., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the Hove Hospital.
HORDER, C. A., M.B., F.R.C.S., appointed Honorary Surgeon in Charge of Orthopædic Department, Tunbridge Wells General Hospital.
HUTT, C. W., M.D.(Camb.), D.P.H.(Oxon.), appointed Lecturer on Hygiene and Public Health, Charing Cross Hospital Medical School.
WEET, R. G. R., M.B., B.S.(Lond.), D.P.H., R.C.P.S., appointed House Surgeon, Portsmouth Royal Hospital, Portsmouth.

BIRTHS.

CROOK.—On January 18th, at 13, South Eaton Place, S.W. 1, to Elizabeth, the wife of Eric A. Crook, F.R.C.S.—a son.
LANGTON.—On January 1st, at Kampala, to Muriel (*née* Hodding), the wife of Dr. E. A. C. Langton, Mbarara, Uganda—a son.
MAITLAND.—On January 8th, at Golders Green, to Joyce Muriel Ward (*née* Knight), wife of Charles Titterton Maitland, M.D., M.R.C.P. a daughter.

MARRIAGES.

LYNN—BALLANTYNE.—On December 17th, at Christ Church, Cawnpore, by the Rev. Canon B. H. P. Fisher, Major G. Rigby Lynn, Indian Medical Service, to Marjorie Norman Ballantyne.
NUTTALL—MORGAN.—On January 16th, at Folkestone, Walter Wingfield Nuttall, M.D., of Brookfield, Shorncliffe Road, Folkestone, to Beatrice Verena, youngest daughter of the late Richard Fisher Hamilton, Esq., J.P., of Slane House, co. Meath, Ireland, and widow of James Alexander Morgan, of Swerdling, Hythe, Kent.

DEATHS.

BLOXAM.—On January 12th, 1926, John Astley Bloxam, F.R.C.S., J.P., of The Old Malt House, Bourne End, Bucks, aged 82.
BROWNE.—On January 5th, 1926, at Firwood, Trumpington Road, Cambridge, Edward Granville Browne, Fellow and President of Pembroke College, Cambridge, and Sir Thomas Adams Professor of Arabic, Fellow of the Royal College of Physicians, Fellow of the British Academy, aged 63.
GIFFARD.—On January 5th, 1926, of heart-failure, Major-General Sir Gerald Godfrey Giffard, K.C.I.E., C.S.I., I.M.S. (ret.).
HAMPSON.—On January 1st, 1926, at 12, Royal Crescent, Holland Park, W. 11, William Hampson, M.A.(Oxon.), L.M.S.S.A.(Lond.), (formerly of West Rock Ferry), dearly beloved husband of Amy Bolton Hampson.
NETTLE.—On December 23rd, 1925, at Parade House, Liskeard, William Nettle, M.R.C.S., L.S.A., V.D., J.P.
ROBINSON.—On January 16th, 1926, at 28, Harpur Street, Bedford, George Robinson, M.R.C.S., L.M., J.P., aged 87.
WIGHTMAN.—On December 19th, 1925, fell asleep, John Prest Wightman, M.R.C.S., L.R.C.P.(Lond.), of Scalby, near Scarborough, dearly loved husband of Charlotte I. Wightman, and elder son of the late Charles John Wightman, of Rawdon.
WOOD.—On January 14th, 1926, at 24, Waverley Road, Enfield, Edward Wood, L.S.A., M.R.C.S., L.R.C.P., and formerly of the Stock Exchange.

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. F. SARGANT, M.R.C.S., at the Hospital.

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

St. Bartholomew's Hospital Journal.

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

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CALENDAR.

Mon., Mar. 1. Special Subject Lecture. Mr. Rose.
Tues., ,, 2.—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Inter-Hospital Rugby Cup-tie *v.* St. Thomas's Hospital.
Fri., ,, 5.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Medicine. Clinical Lecture by Sir Percival Hartley.
Sat., ,, 6.—Rugby Match *v.* Old Blues. Away.
Hockey Match *v.* Haileybury College. Away.
Mon., ,, 8.—Special Subject Lecture. Mr. Elmslie.
Tues., ,, 9.—Prof. Fraser and Prof. Gask on duty.
Thurs., ,, 11.—Abernethian Society. Dr. L. G. Glover on "General Practice."
Fri., ,, 12.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Medicine. Clinical Lecture by Dr. Langdon Brown.
Sat., ,, 13. Rugby Match *v.* London Welsh. Home.
Hockey Match *v.* East Surrey Regt. Away.
Mon., ,, 15.—Special Subject Lecture. Mr. Just.
Tues., ,, 16.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Thurs., ,, 18.—**Abernethian Meeting. Dr. Langdon Brown on "Myth, Fantasy and *Mary Rose.*"**
Fri., ,, 19.—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Sat., ,, 20.—Rugby Match *v.* London Scottish. Away.
Hockey Match *v.* Waytarers. Home.
Last day for receiving matter for April issue of the Journal.
Tues., ,, 23.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Fri., ,, 26.—Prof. Fraser and Prof. Gask on duty.
Sat., ,, 27.—Rugby Match *v.* Gloucester. Home.
Hockey Match *v.* Guy's. Home.
Tues., ,, 30.—Dr. Morley Fletcher and Sir Holburt Waring on duty.

EDITORIAL.

WE very much hope that a book which Messrs. Faber & Guyer have sent to us for review will be widely read. It is entitled *On the Panel: General Practice as a Career*; its price is six shillings, and it is in every way an admirable book. It is anonymous, but there is internal evidence to suggest that the author is a Guy's man—if so, he is indeed a credit to his Hospital.

One of the most interesting things about the book is that the author is proud to be a panel doctor, and, what is more, he justifies his pride. It is not that his whole outlook is tinged *couleur de rose*, for he explains quite clearly the difficulties, disappointments and pettinesses of a G.P.'s life; but, with it all, he contrives to convey the impression that in general practice is a career which is unsurpassed in human interest, and which will demand the best of any man's brains or character.

Here, at least, is a career infinitely finer than the pseudo-scientist's, who, without a real passion for scientific investigation, is but a camp-follower of medicine; with one foot in a laboratory and the other in Harley Street, he is driven to make his living by pandering to the public desire for the latest fashion in things medical. The most that can be said of him is that his tricks are usually harmless.

The author displays a practical idealism which has, strangely enough, survived to middle age; his philosophy is without humbug, and his idealism devoid of cant.

There are few medical men who will read this book without enjoyment and profit, but we recommend it especially to those who have become contemptuous of general practice.

We believe this book to be, in an unassuming way, the most inspiring reading for a medical student since Osler wrote *Æquanimitas*.

* * *

We draw our readers' attention to notices in the "Calendar" of two meetings of the Abernethian Society. The first is on March 11th, when Dr. Glover is to lecture to the Society on General Practice. This should be of intense interest to every student, and it would be well if its success stimulated the Medical College Committee

to provide a regular series of lectures on this important subject.

The lessons learnt in practice may often be incommunicable to others, and there is a grain of truth in the statement that every man has to make his own mistakes. It is certain, however, that many unfortunate errors would be avoided if each generation of students received advice and instruction from practitioners of the wide experience of Dr. Glover.

The second lecture bears the intriguing title, "Myth, Fantasy and *Mary Rose*," and is to be delivered by Dr. Langdon Brown on March 18th. The Abernethian Society often gets poorer audiences than it deserves, but no special pleading will be needed to ensure a full theatre for both these lectures.

* * *

Congratulations to the Rugger Club on reaching the semi-final in the Inter Hospital Cup.

The first round, against the London, resulted in a convincing win for the Hospital, and the three-quarter line looked to be a better scoring combination than Bart.'s has had since the war. It is true the forwards did not finish very strongly—but with a little more cohesion and sounder scrummaging our prospects for the Cup look very good.

We refuse to believe that the second-round match against George's has any significance—in fact, we anticipate a heartening win against Thomas's to-morrow afternoon. It is essential that everyone should turn out to encourage the Fifteen on Tuesday, March 2nd; the game is certain to be a strenuous one, and vocal support from the touch-line means much to the side. As to the final we do not intend to prophesy, but if Guy's survive their semi-final with King's, we shall remember what the Old Leysians did and be optimistic.

* * *

Congratulations to Mr. R. T. Payne, who has been appointed a Demonstrator of Anatomy, and to Dr. James Maxwell on his appointment as Junior Demonstrator of Pathology, and to Mr. Burt-White who is a Chief Assistant in the Gynæcological Department, and has been awarded the Laurence Research Scholarship.

* * *

We understand that the "Watchers of the Dawn" concert party, which performed so excellently at the Christmas entertainment, is being enlarged. It is hoping to commence its more glorious career at the Lyric Theatre, Hammersmith, on March 21st, with a concert in aid of Bart.'s and the West London Hospital. We wish this venture every success, and we have no doubt that it will have the support of our readers.

HUMOUR AND THE CONSULTANT:

II. THE PATIENT.

(Concluded.)

I SPOKE in my last article of the knowledgeable patient, and of that unpleasant type of this humorous being who questions our special training, or even our integrity. I met another of these recently. He was sent to me as a case of duodenal ulcer, and I was looking carefully at a series of excellent radiograms which he brought with him. After examining them I said something to the effect that they confirmed our view that ulceration was present. "Oh," said the patient, looking over my shoulder, "you can actually make *out* something from those pictures, can you?" "Why, yes," I said, deliberately mistaking his real meaning, "they are very good pictures." "They mean nothing to me," said the patient. "No," I said, "I did not gather from your doctor's letter that you were a medical man." At which comment he subsided, not caring to make it more clear to me that what he really meant was that he thought I was pretending to knowledge which I did not in fact actually possess.

The valetudinarian patient provides a form of humour which is somewhat akin to that yielded by the hypochondriac, but there is less tragedy in it. The valetudinarian also takes himself too seriously, but suffers less. His intense interest in his health becomes his hobby, and occasionally leads him into situations that are comic. Old men who spend much of their time preserving their health and warding off senility, though they are prone to be bores, are generally quite benevolent. One such was most anxious that I should dine with him, and he gave me a very excellent dinner, spoiling it somewhat by his constant references to the reasons which led him to his choice of viands. Since one of his rules was to put nothing into his stomach which was not absolutely of the best, his wines and his liqueurs were irreproachable. But when I found the dinner was only a prelude to a demonstration of the various forms of apparatus for morning exercises, of the hot-air cabinet which he used to keep his skin acting properly, and of the exact sequence of events which followed his waking in the morning to his going to bed at night, I felt the dinner was hardly earned. No doubt the real purpose of the invitation was to invite my criticism of his rules of life, and to glean any suggestions as to their improvement.

Exercises form a cardinal part of the valetudinarian's routine and he usually attaches great importance to them. Advancing years find him none the less keen, though they impose certain restrictions. A dear old archdeacon, who had won his Blue some sixty years before, consulted me one day, and when I asked what his trouble was, he became mysteriously silent and began to search his pockets for something. Some moments of suspense, and a "Dear, dear, what have I done with it?," were followed by an exclamation of relief as he produced a book from his coat-tail pocket. Opening it where the page was turned down he placed it before me and, pointing to a diagram, he said, "There, doctor, *that* is my trouble; I can't do *that*." "That" was the picture of a muscular young fellow lying on the floor and performing a complicated athletic feat, the details of which were indicated by arrows and dotted lines in arcs described in the air. I endeavoured to explain to him that even if he could accomplish these extraordinary gyrations with his limbs the benefit to his health was problematical. But neither this nor my further suggestion that such a procedure scarcely lent itself to the dignity pertaining to his office gave him any comfort, and he left me quite sadly. I sometimes find that elderly doctors who have retired from busy practices drift rather easily into habits of valetudinarianism. The pursuit of health for health's sake seems to supply them with that hobby which they have unfortunately failed to develop during their years of strenuous work. They watch the functions of their body with almost indecent concern. They become meticulous about times and seasons. They eat butter from a particular farm, and send special flour to a special baker for their bread. They wear odd garments next their skin. Life is a ritual rather than a mixture of duty and pleasure. They come and talk about all these things, and sometimes, with an air of magnanimity, they offer them as a valuable contribution to our stock of therapeutics, previously—as they think—all too slender. It is really quite funny, though they do not realize the fact. Into this group come some surgeons who have retired from their hospital staff (owing to the ridiculous rule about age-limit), and who are no longer sought after by practitioners whose patients develop an "acute abdomen." They still see patients (medical cases) at their consulting-rooms, where they have an opportunity of handing out these notions under the guise of professional advice.

There is an odd type of valetudinarian whose main purpose during a consultation is to give the doctor a recital of the many ways in which he appears to be quite fit. The vanity which attaches to age in respect of freedom from the ills that pursue many of us who are not yet quite senile occasionally leads old men to seek such an interview. Such consultations form a welcome respite from the more arduous tasks of the day, and as the patient is usually quite pleased to pay for a sympathetic audience, no harm is done. One such old gentleman (he was over 90) was wont to come and see me every year on his birthday. He always did the talking, and the only service I rendered in return for my fee—apart from being a patient listener—was the examination of a specimen of urine which was invariably placed upon the table and was as invariably found to be quite healthy. After a lengthy catalogue of all the points in regard to which there was a satisfactory report, with his finger raised in emphasis, he would end by saying: "Ah, but that's not the best, doctor; *all my faculties unimpaired, eh! what?*" And with his hand to his ear, for he was very deaf, he would listen whilst I shouted my congratulations.

I am not, of course, the first to observe that it is a beneficent provision of Nature which hides from very many elderly people the fact that they have become as the sere and yellow leaf. I venture to suggest that it was from observations made upon others, and not upon himself, that the Preacher gave us his wonderful description of old age. Yet old folk do sometimes notice the signs of increasing age; I think those who remark upon these signs are generally young for their years. I once had a quaint example of this in a patient of seventy-five. After discussing an arthritic knee that was bothering him, he said he was concerned to notice certain things which, he feared, meant that he was not so young as he used to be, and that these things had come upon him rather quickly. I asked him what he had noticed, and he instanced three things. He said he observed that the skin of his scrotum was loose, whereas it had always been taut, that when he walked in a wind the tears were apt to run down his cheeks, and that he sometimes failed to remember people's names correctly. I told him that if it was any comfort to him he might know that all three things, which he had noticed for the first time at 75, had already happened to me at 50.

Although the valetudinarian gets much satisfaction out of the constant survey which he makes of his stock of health, if he be a person with imagination he is prone to suffer many evils before their time. Valetudinarians, as well as less estimable folk, die many times before their death, and the death they die thus unnecessarily is probably much more vivid an experience, if not much more painful, than we have reason for thinking is the case when Death actually comes upon us. An old man, who was relating certain queer tricks played by his vasomotor system, and the sensations which he felt on account of these, said, "I think of the people who fall dead in the street, and wonder if they felt like that just beforehand." A good instance of a similar misinterpretation of vaso-vagal disturbances was related to me by an elderly bishop. He woke one night to find himself numb all over and with a sensation of "being wafted away." His imagination told him that this

was death, and his dignity asked the question: How ought a bishop to be found when dead? He decided that his main posture—he was lying on his back—was correct, but that the arms should be outside the bedclothes and crossed. His lordship assumed this attitude and awaited events. A slight amnesic period seems then to have occurred, or it may have been a natural doze. Anyway, the bishop shortly afterwards discovered himself to be getting very cold, and as this did not appear to be the coldness of dissolution, but rather due to exposure of the arms during a very chilly night, he wisely put them under the bedclothes again and went to sleep. X.

THE UNIVERSITY OF MICHIGAN—ANN ARBOR.

INTRODUCTION.

I have been asked by one of the staff of this JOURNAL to write to you about America. This suggests my committing that unpardonable sin of writing one's impressions of a country after a short term of residence. Still, it gives me great pleasure to recall the very happy year that I spent, residing in Ann Arbor, as an instructor in surgery at the Michigan State University Hospital. For this I am indebted to Sir Holburt Waring, who so kindly made this possible.

NEW YORK.

I sailed on the last day of the year 1924 on the R.M.S. "Empress of France." She was a comfortable boat of medium size, and battled manfully with the severe storms that she encountered. One entry in our log read, "Hurricane; ship stopped seven hours." I do not think that crossing the Atlantic at that time of the year can ever be looked upon quite as a pleasure trip, but the few passengers made themselves as happy as possible under the circumstances. New York looked like fairyland from the ship on our approach nine days later. As the result of a blizzard and a fall of eleven inches of snow everything was white. Of course breakfast was sacrificed to see the far-famed Statue of Liberty. The buildings of the city towering up into the sky in a majestic manner, with a thin film of white steam issuing from central furnaces, made a unique sight. The most beautiful of modern cities! One feels that such structures are not merely dependent on the limited space of Manhattan Island, but they are an expression of a new world's imagination and creative courage. After getting through the Customs without much difficulty I went straight to the Grand Central Station. This was a revelation to me—I had never seen anything so unlike a station before. It is an immense hall with mural paintings, clean, well lit and beautifully warm, with a network of passages round it, where there are ticket offices, baggage rooms, restaurants and shops of all kinds. Trains leave from "tracks" adjacent, and are hauled through tunnels by electric engines to a point well outside the city, where the powerful steam locomotive is substituted. I travelled straight through to the Middle West, a night's journey bringing me into the State of Michigan, and after breakfast reached my destination—Ann Arbor.

I was met by a member of the hospital staff in his Ford coupé, and with the aid of chains we tracked through six inches of snow on top of two inches of ice. This I found very tiring to walk over for some weeks until I invested in a similar "flivver," which gave most efficient service at a very moderate cost.

The old hospital, the acquaintance of which I made at this time, was a rambling old place with confusing staircases and passages, and quite inadequate for the constantly increasing public demands and for the requirements of the staff and students. This has now become the convalescent adjunct to the new magnificent building which forms the present State hospital.

THE HOSPITAL.

This immense building was completed and occupied on August 10th, 1925. It was built with money contributed by the State through the activities of a Mr. Burton, late President of the University. It cost about four million dollars with equipment, and occupies a site overlooking the Huron River Valley. This great building is all under one roof and accommodates nearly 700 patients. There are 20 large wards, with "Sun Parlors" attached to each one, 100 private rooms, and also small wards of two and four beds. I believe it covers some ten acres of ground, has two miles of corridors and 2809 windows! There are certain features of its interior which I must mention. It is all steam-heated—in fact all the University buildings in the town are supplied from a central station. The electrocardiograph installation is probably one of the best in the States. The "X-Ray" Department is excellent, and incidentally self-supporting. The operating theatres number twelve, ten of which are on one floor, each having a wainscoting of green tiles for five feet, and above this smooth plaster, painted light green. Between each pair of theatres is a modern sterilizing room.

Before beginning work I was allowed to get into the ordinary routine of the Hospital, and then became attached to the General Surgical Clinic. The other subdivisions of the Surgical Division were the Genito-Urinary and Orthopædic Clinics. I started in the

Out-Patients' Department, and the work there presented different features from ours. Patients came to us from all over the State of Michigan, generally with a letter from their doctors. After taking their history a general examination is made. The patient takes a room in the neighbourhood pending further examinations by special departments to which their case has been referred. After this, the form of treatment is decided upon by a senior member of the staff. Surgical cases are admitted daily and, as a result of these preliminary investigations, they are ready for operation on the following morning.

UNIVERSITY HOSPITAL, ANN ARBOR, MICHIGAN.

I had the advantage of working under Dr. Hugh Cabot—Dean of the Medical School and head of the Surgical Division—also Dr. Coller, in charge of General Surgery. The former is well known to you all as a genito-urinary expert, and Dr. Coller, a very able surgeon, is the authority on goitre—a disease which is very prevalent in this State.

The day started at 8 a.m. with operative work, and the students also attended at that hour this will astound the junior dresser, who finds it so difficult to get into the Surgery by 9 a.m. The afternoon is devoted to ward work, seeing the operation cases for the next day and answering any "refer" slips sent to us by the Medical Division. Tea is not thought of, but dinner is taken early—about 6 p.m.

One evening a fortnight is kept for the Surgical Staff Meeting—a group consisting of the Chiefs, Instructors and "Interns" (House Surgeons). After dinner the fatalities for the last period are brought up and discussed, and this is followed by a short paper by one of the members on a subject of surgical interest. A further fortnightly meeting is held in the Pathological Department, and sections of material recently received are shown and discussed both by surgeon and pathologist. This co-operation and periodic review of the work is admirable, and what is practically a specialist inquest is often invaluable.

Sunday is not exempt from work. A staff round on the surgical side is made at 10 a.m., and this is followed by an hour's very interesting gathering in the "X Ray" Department showing the important finds of the week under the able direction of Dr. Hickey, whose delightful humour compensates everyone for this intrusion of the day of rest.

The accommodation for students in the new hospital, of which 200 are in their final years, is excellent, with good lecture theatres, laboratories, library and locker rooms.

The teaching was divided up amongst the Senior Staff and Instructors. I undertook my share of lecturing and clinical teaching, and appreciated being called upon to aid in the organization of a clinical training scheme for allotting cases in the surgical wards to senior students. They are not yet using a "Little Green Book,"

but that, no doubt, will come in time. This scheme was being developed on lines similar to ours, and will take the place of the continental idea of a clinic held on special cases in an amphitheatre.

Students attend a medical and surgical conference held once a week, which is very similar to our surgical consultation, but you will note that this is a joint conference. The students, on the whole, are thirsting for information—(and a cynic has added, however unreliable). With regard to their previous training, it struck me as having been devoted more to instruction than to education. To quote Lockwood, "Instruction merely teaches to know; Education teaches to think."

THE CAMPUS.

Now let us turn to the University as a whole. The buildings for the most part are situated on what is styled "The Campus." There were nearly 10,000 registered students; of these 550 were medical. The University is a State one, and so cannot be compared to our Cambridge or Oxford. It is also co-educational. The girls are called "Co-Eds." for short, and there were only 35 studying medicine. At the graduation ceremony last June 1681 students received degrees. The figures in all the larger universities are enormous as compared with those in this country; for instance, Colombia alone has 2600 students. They are striving to attain the equality of opportunity which is the ideal of this progressive community. Critics have designated them as materialistic, but surely this must go as a result of this added equipment to the nation.

During their three years' residence the majority of students live in "fraternity" or "sorority" houses. These take the place of our colleges, but I prefer our system, which brings together men following different branches of study, and provides them with that privacy which is conducive to the best work.

The Library is a very fine and well-equipped building, with study halls, where the students are encouraged to work and supplied with the ordinary text-books.

It is wonderful to see how many students support themselves while at the University: some act as waiters at restaurants, which in return supplies their meals, and others work in private houses and receive in exchange a free room. I took my "eats" at a student restaurant, where I was incorporated into the Faculty table, and was waited on at one time by a very nice engineering student, and at another by a medical student, who, having served me with breakfast at 7.30 a.m., attended my lecture at 8 a.m. Though this seemed hard, it is very praiseworthy!

The "City of Ann Arbor"—all American towns appear to be called "cities"—is a pretty residential place with trees lining the streets. The houses, largely made of wood, are built in what they term the "Colonial style." Squirrels are commonly seen in the gardens playing "hide and seek" up the tree-trunks.

Sports are keenly followed by the members of the University, though not participated in to the great extent that you find in our Universities. A chosen few represent the University and are trained by professional coaches. There appears to be no inter fraternity contests.

I was taken to see a basket-ball game played in a big "field house," like an enormous drill hall, holding several thousands of spectators. I had hitherto seen this game indulged in by girls on a rough playing-field at a slow pace. There one saw a very fast, skilful game played on a specially laid wooden floor. A great feature of the game was the "cheer leader," who periodically called on the crowd to shout a war cry, which was carried out in perfect time under his direction, and created the utmost enthusiasm. This is carried out on even a larger scale in the football season, when the organized cheering forms a prominent feature of the game, wonderful effects being produced by the response of a crowd of 45–50,000 people. The practice of substitution of players throughout the game is a novel one to us, and also the fact that the coach seems to "run" the team rather than the captain.

Baseball and football follow on the basket-ball season, and after playing Rugger their football is more easily understood. There is more tackling, owing to the interference rule, which puts all players into action directly the ball is in play, and as a result they are well padded to resist this intermittent bombardment.

SOCIAL LIFE.

The social side of life in the State University town I found very delightful, being privileged to become a temporary member of the Faculty as a result of my appointment in the Hospital. I came in touch with members of the teaching staff of all other branches. They were extremely kind and hospitable to me. They embraced many who are well known in their respective spheres. In this relatively small community one felt the very strong feeling of fellowship, and could not fail to sense the desire for a better relationship between the great English-speaking peoples. This nation, dominated by high ideals, with a keen determination for progress and experiment and vast wealth, must rapidly forge ahead. Few realize how difficult it is to legislate from Washington for the diverse nationalities which form the population of this vast country.

Now to turn to mundane matters, I must mention how fortunate I was in residing in the house of a lady who, above all others, was fitted to make my stay one of the most pleasant and comfortable, and I am gratified to know that my successor will have an equally pleasant experience. Progressive bridge parties formed a very popular evening's entertainment, and many public lectures were given by well-known people. The music lover was well catered for. Each year two concert series of high-class music by some of the world renowned musicians were arranged in the winter months, and in the summer the great May Musical Festival.

Detroit, only an hour away, supplies a very good symphony orchestra, and the Chicago one, which also came to Ann Arbor, was excellent.

The golf season opened towards the end of April, and there is a well-laid-out course at the Barton Hills Country Club overlooking the Huron River about four miles out of the town. The severe winters and hot summers render it impossible to get quite the good turf we have "through the green" in this country, but it was very sporting. On Saturday evenings there were pleasant gatherings there, and after dinner, dance music was supplied by a student orchestra.

Dean Cabot very kindly granted me permission to visit many of the important clinics in the country. At one time I went to Chicago and on to the Mayo Clinic at Rochester, Minnesota; at another time to Toronto, Montreal and Quebec, returning *viâ* Boston. At the latter place there seemed to be quite an atmosphere of "Bart.'s" with the figure of the "Crippled Soldier" in the House Officer's dining-room. At the Peter Bent Brigham Hospital I spent an exceedingly pleasant week-end with Dr. Harvey Cushing. Finally on my departure I journeyed to New York *viâ* Cleveland to see Dr. Crile's clinic, Washington, Baltimore, the Johns Hopkins Hospital, and Philadelphia, where still stands the oldest general hospital in the country, built of brick imported from Great Britain. In all these places I was treated very cordially and with overwhelming hospitality.

So came to an end a strenuous year of unrivalled experience.

In conclusion I feel I cannot do better than quote the words of an Englishman, a professor of modern English literature in America—Alfred Noyes. He says, "The Middle Westerners are the very salt of the earth," and quotes one of them as saying, "The Middle West respects England, trusts England, and wishes England well."

I feel that I have indeed been fortunate in coming to know and appreciate such people.

RUPERT S. CORBETT.

PATHOLOGICAL APHORISMS.

(Concluded.)

THE late Dr. Emanuel Klein deliberately swallowed a large dose of living cholera vibrios without apparent ill-effects. Do not on this or any other account treat infected material without due respect. The most eminent bacteriologists have been known to fall victims to the diseases they were investigating, and their technique was probably superior, on the whole, to yours.

Diphtheria bacilli have been found on doctors' hands, nurses' hair, floors, shoes, penholders, carpets and door-handles, not to mention the holy water of an Italian church. Although these objects were presumably contaminated by patients, whereas a laboratory is concerned rather with specimens, they illustrate the fact that infection may be indirect, and it behoves everyone to handle dangerous material with care, not only for his own sake, but in the interests of others. In a laboratory the "intermediate host" (if one may adapt the term) may again perhaps be a door-handle, but more probably a tap, the bench, a messy slide, a pipette, a wet plate, and, particularly in the case of tubercle bacilli, air and dust—in other words, any object into or on to which infected material can be allowed to escape.

There is an organism known as the *Bacillus subtilis*, or more colloquially, the hay bacillus. It occasionally visits the Lab., travelling by air from Smithfield Market. Being capable of rapid spread and almost indifferent to the milder methods of sterilization, it constitutes the most unwelcome contamination we know. To omit destroying any culture in which it appears, either with strong acid or by autoclaving, is treason.

Once label a man "T.B.," and he will probably never live it down. In other words, one of the simplest of pathological investigations is also one of the most important. If in any doubt, get another specimen.

Tubercle bacilli can almost always be found in the clot from tuberculous cerebrospinal fluid, in the clot from a pleural fluid almost never.

This statement needs qualification, in that there are three kinds of tuberculous pleural fluid: that referred to above, which is almost clear and contains lymphocytes; the fluid of a hydro-pneumothorax, which is turbid, contains polymorphs, and enough bacilli to be found easily; and the pus from a pyo-pneumothorax, which contains other organisms as well.

Red blood-cells in a pleural or peritoneal exudate, if not accidental, mean tubercle or new growth. In the latter they are often accompanied by Foulis's cells, which are bloated endothelial cells, often having more than one nucleus and vacuoles.

In the examination of the urine two items are a never-ending source of difficulty—the identification of red cells, and the interpretation of cultures. As a last resort in the former difficulty staining with eosin and methylene-blue is the final arbiter; in the latter, some of the following points are worth remembering:

Always make a Gram as well as a wet film of the deposit. In most genuine urinary infections the organism will be seen in large numbers.

Gram-positive cocci of any kind, and in any numbers, in cultures from urine, are probably extraneous unless the specimen is not only aseptically collected, but fresh. One or two such organisms can multiply to thousands in a few hours at room temperature.

There are two almost certain signs that a specimen of urine from a female patient was not obtained by catheter—large epithelial cells, which in a Gram film are seen to be studded with a variety of organisms, and starch granules.

Sterile routine cultures from a urine containing pus usually mean one of three things—tubercle, gonorrhœa, or a hot spreader. Of these the commonest is the first.

To revert to red cells, some causes of *slight* hæmaturia are worth mentioning: calculus, oxalate or ammonium urate crystals, malignant endocarditis and tubercle.

In most specimens containing large numbers of bacteria direct films are a more reliable guide than cultures. This applies particularly to sputum.

Almost the whole secret of success with this material lies in selection and washing; the small fragment of muco-pus for culture should be washed repeatedly in some sterile fluid.

Endless difficulties in bacteriological work are the result of delay between collection and examination. When such delay is unavoidable, the proper storage for almost all specimens, other than already made cultures, is *in the cold*. Pfeiffer's bacillus in sputum has arrived here by post from Cardiff in mid-winter, alive, and pneumococci have similarly survived transit from Scotland. If such specimens are stored overnight in an incubator, the multiplication of non-pathogenic organisms in them may altogether destroy their original characters.

An exception to this rule is afforded by the meningococcus. Cerebrospinal fluid suspected of containing this organism must be cultivated at once. Failing that, *the fluid itself should be incubated*. This is a useful procedure in any case; growth is often more rapid than in artificial media.

A serous exudate, unless guarded from its very birth, will form a clot so perverse in its behaviour that its examination may entail more skill and patience than you (or anyone else) possess. Your presence at a paracentesis will ensure that that "small crystal of neutral potassium oxalate" shall find its way into one of the tubes.

It is not quite true to say that pus is never sterile, but this does not absolve you from the duty of continuing to search it for organisms unless there are sound clinical as well as bacteriological grounds for accepting defeat. All pus that grows nothing on plates is not tuberculous; by assuming this you may miss a case of actinomycosis.

Nor is it always safe to omit examining for tubercle bacilli pus or sputum which contains other pathogenic organisms. A pneumonia is occasionally tuberculous, "bronchitis" more often so, and an empyema may in reality be a tuberculous pyo-pneumothorax—a condition in which the treatment proper for a simple empyema is likely to have fatal consequences.

The preceding four paragraphs owe their position to the fact that they illustrate what is intended to be the moral of these observations, namely, the necessity for co-operation between pathologist and clinician. In the first two the necessity is for proper collection and speedy transmission, in the latter for joint interpretation of findings. A laboratory is not an automatic machine, which swallows a specimen, and after a suitable interval disgorges a report. It is entitled to advise as to the method and time of collection of specimens, and to be supplied with clinical data which will determine the nature of the investigations made, and assist in interpreting their results. L. P. GARROD.

The Visiting man from a Special Department had been called in to see a patient in a certain surgical ward.

Visiting Man (having done his examination): Was there any special point about the case, Nurse?

Nurse: Yes, Sir. He had his basal metabolic rate done yesterday and it was NORMAL.

THE ANATOMY OF THE ACCESSORY SINUSES OF THE NOSE IN RELATION TO DISEASE AND TREATMENT.

COMING, as they do, near the end of the "head and neck" dissection, most of us pay but scant attention to the accessory sinuses in the Anatomy Rooms. The importance of their anatomy in the localization of disease and the determination of treatment is realized later. The accessory sinuses are a series of air-filled hollows lying in the facial bones and the anterior part of the basis cranii. Normally they are paired on the two sides, and may be divided for classification into an anterior group, comprising the frontal sinus, anterior and middle ethmoidal cells and maxillary antrum (Highmore), and a posterior group, comprising the posterior ethmoidal cells and sphenoidal sinus. They tend to lighten the structure of the bones and play a part in resonating the voice. They are lined by extensions of the nasal mucous membrane, the epithelium being of the cylindrical or columnar ciliated variety. The subepithelial tissue contains mucous glands which are more numerous in the neighbourhood of the ostia.

The maxillary antrum occupies in the adult the body of the maxilla and corresponds therefore to the pyramidal shape of the latter. The base of the pyramid is directed towards the corresponding nasal cavity. The roof of the cavity is formed by the floor of the orbit, and is therefore traversed by the infra-orbital division of the fifth nerve and the infra-orbital vessels. Hence the need to exclude antral disease in cases of trigeminal neuralgia. The floor is formed by the alveolar margin of the maxilla and is in close relation to the sockets of the teeth, posterior to the first premolar. The posterior wall separates the sinus from the infratemporal and zygomatic fossæ and the antero-lateral wall from the canine fossa of the face. There is typically a single ostium, opening into the middle meatus of the nose at a level only just below the roof of the cavity and therefore very unfavourably placed for drainage.

The cavity is present at birth as a groove in the lateral wall of the nasal cavity and gradually increases in size, especially at puberty, at which age marked changes in the appearance of the face take place, due chiefly to the rapid development of the maxillary and frontal sinuses.

The frontal sinuses, situated above the root of the nose and inner parts of the orbits, are also roughly pyramidal in shape. Anterior and posterior walls are formed by the outer and inner tables of the frontal bone, the floor by the roof of the orbit, and the base of the pyramid by the median septum of bone dividing the sinuses from each other. They vary greatly in size, are often unequal on the two sides and according to Logan Turner are absent on one or both sides in 17 per cent. of European skulls. They have each a simple ostium situated in the floor near the medial wall and draining *vid* the infundibulum into the middle meatus, well situated therefore for natural drainage.

The frontal sinus is not present at birth, starts developing about the second year, is definitely recognizable about the seventh year, and undergoes rapid development at puberty.

The ethmoidal air-cells are a labyrinth of hollow spaces situated on each side in the lateral masses of the ethmoid bone. They lie in relation to the whole of the upper half of the nasal cavity, are closed in in front by the frontal process of the maxilla, behind by the sphenoid bone, and are separated by thin plates of bone from the orbit laterally and the anterior fossa of the skull above. Their floors are formed by the medial prolongation of the floor of the orbit. They can be divided into two groups, the anterior and middle cells lying in front and opening into the middle meatus under the anterior end of the middle turbinate, and the posterior cells opening into the superior meatus above the posterior end of the middle turbinate. They are present at birth.

The sphenoidal sinus, occupying the body of the sphenoid bone, is also paired, but the common median bony septum is, more often than not, pushed markedly to one side, thus making the sinuses very unequal in size, and making it possible for a diseased sinus on one side to give rise to symptoms on both sides by overlapping the sound sinus. The floors of these sinuses lie over the nasopharynx; posteriorly they are bounded by the basioccipital, into which they may extend. Laterally and above they are separated by relatively thin plates of bone from many important structures on the base of the brain; above, the frontal lobe, olfactory tract, optic commissure, pituitary body and sometimes pons Varolii, and laterally from the internal carotid artery, cavernous sinus (with the ophthalmic vein draining into it anteriorly) and the third and fourth, ophthalmic division of the fifth, and sixth nerves. The sphenoid sinuses open by single ostia, generally high up on their anterior walls, into the spheno-ethmoidal recess of the superior meatus of the nose. They do not therefore drain well naturally.

They are not present at birth, but the spongy tissue of the body of the sphenoid becomes absorbed to form them about the seventh or eighth year.

In disease, the anatomy of these sinuses determines the path of infection, their accessibility for treatment, and their natural aptitude for drainage. Inflammatory

conditions form the bulk of affections of these regions, and are found at all ages. In the elderly and middle-aged new growths are not, of course, uncommon. They occur as carcinomata or sarcomata, generally in the antral or ethmoidal regions. The carcinomata may be squamous or columnar-celled. Antral neoplasms, when discovered early, are relatively well situated, for by excising the whole maxilla a wide margin can be given to the growth. Too often, however, they are not discovered until they have perforated their bony case in one direction or another.

The inflammatory affections may be catarrhal or acutely or chronically suppurative.

Pathological conditions of a non-inflammatory and

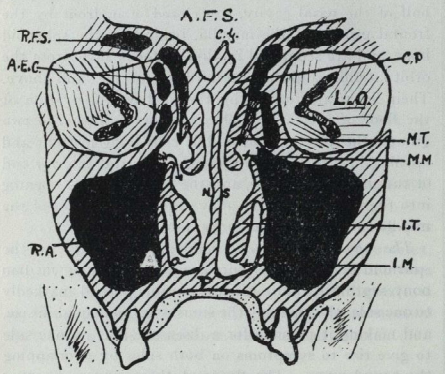

FIG. 1.—DIAGRAMMATIC REPRESENTATION OF A CORONAL SECTION THROUGH ANTERIOR GROUP OF SINUSES AT LEVEL OF THEIR OSTIA.—*A.F.S.* ANTERIOR FOSSA SKULL. *C.G.* CRISTA GALLI. *C.P.* CRIBRIFORM PLATE OF ETHMOID. *L.O.* LEFT ORBIT. *M.T.* MIDDLE TURBINATE. *M.M.* MIDDLE MEATUS. *I.T.* INFERIOR TURBINATE. *I.M.* INFERIOR MEATUS. *N.S.* NASAL SEPTUM. *P.* HARD PALATE. *R.F.S.* POSTERIOR RECESS OF RIGHT FRONTAL SINUS. *A.E.C.* ANTERIOR ETHMOIDAL CELLS (ARROW LEADING FROM INFUNDIBULUM). *R.A.* RIGHT ANTRUM (ARROW SHOWS EXIT INTO MIDDLE MEATUS). *A.a.* SITE FOR TRANSNASAL ANTROSTOMY.

painless nature occur, due to retained mucous secretion. They are known as mucoceles, and by causing pressure atrophy of their bony walls may spread into surrounding structures (*e. g.* mucoceles of the frontal sinus spread into the orbit, displacing the contents down and outwards, causing proptosis, and often causing diplopia).

A condition of "vacuum pain" is also a well-established entity in relation to these sinuses (especially the frontals). The ducts become occluded and, the normally contained air becoming absorbed, a painful vacuum is produced.

In diagnosis, advantage is taken of the translucency of these hollow spaces to invoke the aid of transillumination and X-rays. The former is mainly of use in the case of unilateral antral disease, when a contrast is obtained between the two sides. Care should be taken to remove any upper denture which may be present. Normally two bright crescents of light are present under the orbits and the pupils are illuminated through the floor of the orbit. Transillumination can also be used for the frontal sinuses, but the results are unreliable. In X-ray examination separate antero-posterior plates should be taken to show the antra and frontals, as no mean position gives a good result for both. A lateral view is also advisable.

In localizing clinically the affected sinus, or group of sinuses, much assistance is gained by noticing the situation of the pus in the nose and where, after it has been cleaned out, it reappears after certain postures have been assumed. The middle turbinate is the

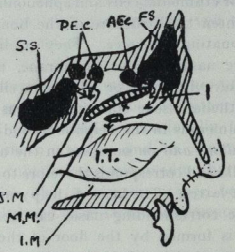

FIG. 2. LATERAL WALL OF LEFT SIDE OF NOSE WITH MIDDLE AND SUPERIOR TURBINATE BONES REMOVED. LEFT SPHENOIDAL AND FRONTAL SINUSES IN SECTION AND NASAL WALLS OF ETHMOIDAL CELLS REMOVED TO SHOW THEIR CAVITIES.—*S.S.* SPHENOIDAL SINUS. *P.E.C.* POSTERIOR ETHMOIDAL CELLS. *A.E.C.* ANTERIOR ETHMOIDAL CELLS. *F.S.* FRONTAL SINUS. *I.* INFUNDIBULUM (WITH ARROWS FROM FRONTAL SINUS AND ANTERIOR ETHMOIDAL CELL). *I.T.* INFERIOR TURBINATE. *X.* LINE ATTACHMENT MIDDLE TURBINATE. *S.M.* SUPERIOR MEATUS WITH ARROWS FROM SPHENOIDAL AND POSTERIOR ETHMOIDAL CELLS. *M.M.* MIDDLE MEATUS WITH ARROW COMING OUT OF ANTRAL OSTIUM. *I.M.* INFERIOR MEATUS.

important landmark, and whether pus is coming from above it or below.

Although infection from the nose is the commonest cause of sinusitis, these cavities may also become infected by the blood-stream, by injuries, by operative interference near them, from injudicious douching or bathing and diving, and, in the case of the antrum, from dental disease or extraction. Finally, one sinus not infrequently infects others, the sequence "antral disease—ethmoiditis—frontal sinusitis" being of common occurrence.

Chronic suppuration generally gives rise to the formation of mucous polypi (sessile and pedunculated masses of mucous membrane whose centre has undergone myxomatous degeneration), and a vicious circle is set up, the suppuration causing polypi, and the polypi preventing drainage of the suppuration.

Acute suppuration is generally due to some more virulent infection, or to retention of the suppurative material by swelling of the mucosa and occlusion of the ostium. It gives rise to all the classical signs of acute inflammation, with, in addition, agonizing neuralgia or headache. The serious aspect of acute suppuration lies in the possibility of complications. In the frontal sinus infection may spread through the thin inner table to the anterior fossa of the skull, and extradural abscess, meningitis, subdural abscess or abscess of the frontal lobe of the brain may occur; or it may spread through the roof of the orbit and cause orbital cellulitis. If tension is not relieved, and sometimes after operative interference externally, a spreading osteomyelitis of the frontal bone may occur. Infection in the ethmoidal gallery may cause orbital cellulitis anteriorly, or posteriorly, from its close relation to the optic foramen, may give rise to optic neuritis and atrophy. In the sphenoidal sinus inflammation may give rise to very obscure symptoms. The headache is usually occipital. Spread of infection through the roof may give rise to an early and fatal basal meningitis. Laterally, cavernous sinus thrombosis may occur or ocular palsies from involvement of the third, fourth or sixth nerves. Antral suppuration may involve the orbit through its floor. The small veins from the antrum and ethmoid regions drain into the ophthalmic veins, and so infection and thrombosis may be carried by this channel to the cavernous sinus.

Treatment of acute sinusitis resolves into (*a*) general treatment as for sepsis anywhere, (*b*) local treatment, which may be operative or non-operative. The last-named seeks by hot fomentations, menthol inhalations, etc., and possibly packing the nose with cocaine, to reduce the swelling and turgescence of the mucous membrane and so re-establish natural drainage.

Operative treatment varies with the sinus, and is in the main the same as is used in chronic suppuration. It may be divided into conservative and radical. In the former the maximum of drainage with the minimum of destruction, in the latter obliteration of the cavity is aimed at. Owing to the disfiguration which occurs, the latter operation is rarely done on any sinus.

The classical route for drainage of the antrum through a tooth-socket, generally that of the first molar, has been abandoned long since in favour of the intranasal route, on account of the unpleasantness of the discharge in the mouth, and the fact that the sinus persists and necessitates the wearing of some form of plug. Intranasal drainage is effected through the anterior part of the thin plate of bone which separates the antrum from the inferior meatus. Through this area the antrum can be explored and washed out or aspirated with a fine trocar and cannula, or a definite antrostomy can be performed and the cavity daily washed out through a cannula. A more radical procedure is the Caldwell-Luc operation, in which the canine fossa is exposed and cleared through an incision in the mucous membrane under the upper lip, and the anterior wall of the antrum is removed and then its nasal wall. Drainage is established through the nose and the oral wound closed.

The bar to successful drainage of the frontal sinus is usually an enlargement of the anterior end of the middle turbinate, and removal of this may be all that is necessary. In cases of necrosis or of spread to the orbital tissues an external approach may be indicated. This can be done through an incision over the inner third of the eyebrow, thus masking the scar. The external and internal operations can be combined, and the sinus drained by a tube into the nose. By gradually enlarging the tube, the canal can be dilated up without destroying the epithelial lining and causing scarring and cicatrization, such as occurred in the old methods of dilatation by burrs. In Killian's operation the whole of the anterior wall and floor of the sinus are removed, but a bridge of bone is left at the orbital margin to prevent deformity. The anterior ethmoiditis generally associated with frontal sinusitis is dealt with at the same time. Owing to its great variations in size and shape, no external operation should be done on a frontal sinus without first having an X-ray.

To drain the ethmoidal cells, it may be sufficient to remove the middle turbinate bone, but should further procedures be necessary, the gallery can be curetted intranasally, or the cells can be exenterated through an external incision along the inner margin of the orbit. In this and in external frontal sinus operations, the pulley of the external oblique muscle of the eyeball is liable to damage.

To drain the sphenoidal sinus all that is necessary is to break down the anterior wall to the level of its floor. To gain access to this sinus it is generally necessary to remove the middle turbinate bone first.

F. C. W. CAPPS.

AN UNUSUAL CASE OF OBSTRUCTED LABOUR.

MIDWIFERY in the tropics, as it comes to the civil surgeon in an Indian provincial station, for instance, represents two quite distinct groups. First there are the few, very few cases of labour (usually normal, of course) among the Europeans

under his charge; and secondly the big group of cases which are brought to the Civil Hospital on account of abnormal labour.

With regard to this second group, it is vitally necessary to bear in mind two factors:

(1). That the case is almost certainly infected by the village midwife, an individual totally ignorant of the first principles of midwifery or of hygiene (or, one might add, of morality); and (2) that some cause of obstruction has probably been operating for at least 24 hours.

As regards treatment, if you can deliver easily by forceps or by version there is no more to be said, but probably your assistants in the hospital will not call you if the case can be dealt with by either of these means, at which they are usually very proficient. Our hospitals are well equipped for the most part and well staffed.

The choice more often lies between Cæsarian section and craniotomy, and if you are unmindful of the above two factors, and that the cases have come from far on bullock carts across hot and uneven tracks, intead of by motor ambulance over a mile or so of tarmac, you may do a very neat Cæsarian, only to deliver a baby long since dead through a badly infected uterus, with disastrous results, whereas you can deliver in a few minutes by perforation and the cranioclast, and your patient may have two or three more babies in as many years after. It is even more inexcusable in India than it is at home to jeopardize a living mother for the off-chance of delivering a living baby when there is no good evidence of life.

In the following case, the cause of obstruction—putrefactive distension of the abdomen—was so unusual as to be, I think, worth recording here, and it is a good example of the totally different class of case the tropical practitioner may have to deal with as compared with what he will see as a student in hospital or district, or as a G.P. at home. Abdominal enlargement obstructing labour is usually due to ascites or a retro-peritoneal tumour; distension due to the gases of putrefaction is almost unknown outside the tropics, and when discovered may not be any easier to deal with, especially if all the liquor amnii has drained away and the body is gripped by the uterus in tonic contraction.

A Hindu woman, æt. about 30, was admitted to the Civil Hospital, Nasik, on January 2nd, 1926, having been in labour four days. Previous pregnancies seven, three living children; one died in infancy and three at birth for no reason that could be definitely ascertained. I was at once called to see her.

A bad smell was noticeable on entering the labour theatre and the usual hand presenting at the vulva was not in evidence. A retraction ring was present towards the middle of the uterus and the head was in the left iliac fossa, the breach being towards the right hypochondrium. The temperature was 100·8° F. and the pulse 100.

The vulva was œdematous, and on separating its folds some soft, ragged tissues were visible occupying the vagina. These were snipped off, and after swabbing out the gloved hand was inserted.

The os was fully dilated and the presenting part was the bare glenoid and acromion of the left scapula, the left arm having been pulled off by the village midwife some three days before. It was later found that the right arm had also presented and had suffered a like fate. The liquor amnii had all drained away, and the head, large and hard, could not be moved in the left iliac fossa.

The first measure adopted was to snip through the clavicles, which gave a little more room to pass the sharp hook over the neck and decapitate. The vertebral column was now gripped with strong forceps, but gave way repeatedly owing to decomposition and the head could not be moved aside. It was therefore perforated through the left orbit and extracted with the cephalotribe. It was found to show marked evidences of post-maturity.

The body still could not be made to descend at all. The perforator was therefore passed down the fœtal trunk, and its entry into the abdomen was signalized by a long blast of escaping air, like a punctured tyre. Even now the body appeared gripped by the uterus, but there was room to pass the hand towards the fundus and to bring down the right leg. This was unfortunately found to be too soft to pull on successfully, and although the other leg could be reached, the manipulation required to bring it down involved risk of rupturing the uterus. The hook was therefore again passed, this time over the left groin, and the leg separated. After this the delivery was easily completed, the placenta and membranes being manually removed without delay. The body and limbs were evidently those of a post-mature infant, which is presumed to have caused the transverse presentation.

There was very little blood lost from first to last and the uterus retracted well. Pituitrin was given as the placenta was being removed, and a very hot intra-uterine douche followed. A few superfical lacerations of the vaginal walls were noticed, but were not sutured, as the patient was in a collapsed condition. She rallied well for the first twenty-four hours after delivery, but collapsed somewhat suddenly during the following night and died. A post-mortem examination was refused.

With the experience one has previously had of obstructed and infected labour in Indian women, it would not have been at all surprising if this woman had made a good recovery.

W. C. SPACKMAN.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

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

Played at Winchmore Hill on January 23rd, 1926.

By defeating Bradford we atoned in some measure for the adversity experienced in Yorkshire last season. The ground was on the soft side and the ball somewhat greasy, but in spite of this the passing and handling by both sides was particularly good.

During the first half Bettington and Stokes broke away from a scrummage with the ball at their feet, and dribbling up to the full back, kicked across at the critical moment to enable Pentreath to score a try, which Gaisford converted. No further scoring followed until five minutes before the interval, when Bradford obtained a penalty goal following a scrummage infringement in the Hospital "25."

After changing ends MacGregor made a brilliant run from the half-way line, beating at least four men, which enabled Guinness to score an unconverted try. Towards the later stages of the game the Bradford forwards repeatedly gained possession of the ball, and their backs, particularly E. Myers, frequently became dangerous, but were prevented from scoring by some very able tackling—the chief honours going to Ryan and Guinness. Bradford, however, were not to be wholly thwarted, for a few minutes before full time they obtained a second penalty goal following another scrummage infringement.

Result: Bart.'s, 8 pts.; Bradford, 6 pts.

Team: W. F. Gaisford (*back*); E. V. H. Pentreath, H. W. Guinness, T. J. Ryan, A. H. Grace (*three-quarters*); H. MacGregor, T. P. Williams (*halves*); R. H. Bettington, J. W. D. Buttery, J. A. Edwards, E. S. Vergette, K. R. Stokes, C. R. Jenkins, R. N. Williams, G. Colenso-Jones (*forwards*).

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

Played at Winchmore Hill on January 27th, 1926.

On a very muddy ground Bart.'s defeated Nuneaton by one penalty goal and a try to a try. The play generally was of a somewhat scrappy nature, due partly to the greasy ball, and partly to the offside and other tactics of the Nuneaton forwards. Nuneaton were the first to score from a line-out in the Bart.'s "25." In the second half Gaisford found touch a yard from the corner flag. Getting the ball from the line-out Bettington scrambled over to obtain an equalizing try. Bart.'s continued to press, and some fine forward rushes were seen, in which Buttery and Stokes were prominent. Guinness and Ryan tackled spendidly when Nuneaton tried to get through. In the end Gaisford won the match for Bart.'s by placing a penalty goal following an offside infringement.

Result: Bart.'s, 6 pts.; Nuneaton, 3 pts.

Team: W. S. Gaisford (*back*); E. V. H. Pentreath, H. W. Guinness, T. J. Ryan, A. H. Grace (*three-quarters*); H. MacGregor, T. P. Williams (*halves*); R. H. Bettington, J. W. D. Buttery, K. R. Stokes, C. R. Jenkins, R. N. Williams, T. J. Pittard, G. Colenso-Jones, G. G. Holmes (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* R.N.C., GREENWICH.

Played at Winchmore Hill on January 30th, 1926.

On a very heavy ground, consisting of mud six inches deep in places, the Hospital gained a convincing victory over the R.N.C. by three goals and four tries to a try. It is most encouraging to note that, as in the game *v.* Nuneaton, our forwards played hard throughout the whole match without showing signs of distress. Our backs brought off some very fine movements and handled the ball with precision, particularly Williams, MacGregor and Guinness. Pentreath scored on two occasions by showing a muddy pair of heels to the opposition. The other tries were scored by Jenkins (2), Guinness, Stokes and Buttery.

The R.N.C. played a clean, robust game all through, but were outclassed in all departments. Their try resulted from a forward rush in the later stages of the second half.

Result: Bart.'s, 27 pts.; R.N.C., 3 pts.

Team: W. S. Gaisford (*back*); E. V. H. Pentreath, H. W. Guinness, T. J. Ryan, A. H. Grace (*three-quarters*); H. MacGregor, T. P. Williams (*halves*); R. H. Bettington, J. W. D. Buttery, M. L. Maley, E. S. Vergette, R. N. Williams, K. R. Stokes, C. R. Jenkins, T. J. Pittard (*forwards*).

INTER-HOSPITAL CUP-TIE.

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

Played on the Richmond Athletic Ground on February 6th, 1926.

Faced with the problem of having to overcome the London Hospital, a side fortified by a reputation of having an excellent back division and an almost unbeaten record, in order to pass into the second round of the Inter-Hospital cup-ties, the majority of Bart.'s men were none too sanguine as to the result of the match.

The conditions were almost perfect, the ground being dry and firm, and the spectators numerous and enthusiastic, but not displaying any of the hooliganism so frequently associated with Inter-Hospital cup-ties—a circumstance apparently lamented by the scribes of the daily press.

From the kick-off Bart.'s fielded and found touch in the London territory, where play of a forward nature continued for ten minutes. At this stage a scrummage was formed on the London "25," and our forwards heeling quickly, T. P. Williams passed out to MacGregor, who ran outside the opposing fly-half and passed to Ryan, the latter cutting through with excellent judgment before giving the ball to Guinness and thence to Grace on the right wing to score an unconverted try. It was a most impressive movement, and augured well, from a Bart.'s point of view, for the rest of the game. But unfortunately, having a three points' lead, the ball was all too frequently kicked into touch and we saw very few more handling and passing movements. Towards the end of the first half the London forwards were having the better of our pack in the loose and carried play into the Bart.'s "25," where they kept up a continued pressure for ten minutes, giving their backs plenty of chances, and had it not been for the excellent defence put up by the Bart.'s backs a try would surely have resulted. Apart from this period our opponents never caused any Bartholomean anxiety and play was almost wholly confined to London territory.

At half-time Bart.'s led by 3 points to *nil*, and no further scoring was witnessed until fifteen minutes before full-time, when, after a prolonged tussle of loose scrummaging near the London goal-line, the ball came back to Guinness, who had plenty of time to drop a very fine goal from near the "25" line. Soon afterwards London exerted considerable pressure for a brief period and succeeded in forcing Bart.'s to "touch down." From the ensuing drop-out Gaisford inadvertently kicked directly into the chest of Davel, a London forward, the ball rebounding over the Bart.'s goal-line for Davel to follow up and score an unconverted try.

Two minutes later "no-side" was sounded, with Bart.'s the victors by a margin of 4 points.

Result: Bart.'s, 7 pts.; London, 3 pts.

Team: W. F. Gaisford (*back*); A. H. Grace, H. W. Guinness, T. F. Ryan, E. V. H. Pentreath (*three-quarters*); H. MacGregor, T. P. Williams (*halves*); R. H. Bettington, J. W. D. Buttery, E. S. Vergette, R. N. Williams, K. R. Stokes, J. A. Edwards, C. R. Jenkins, G. Colenso-Jones (*forwards*).

[We hear that several Bart.'s forwards heard a false rumour in circulation before the match that an International selection committee was witnessing the game with a view to obtaining a scrum half.]

ST. BARTHOLOMEW'S HOSPITAL *v.* UNITED SERVICES, PORTSMOUTH.

Played at Portsmouth on February 13th, 1926.

After a train journey on the Southern Railway which lasted only two minutes longer than the scheduled time, we found our destination bathed in sunshine and balmy sea-breezes.

Bart.'s forwards gained possession of the ball immediately on starting, and very few minutes had elapsed before Buttery scored a try, which Gaisford converted. Ten minutes later the ball was passed out to Powell on the left wing, who obtained an unconverted try. This was followed after a similar interval by a try from MacGregor, who ran through the entire Services' side from the half-way line. Gaisford converted, the halt-time score being Bart.'s 13 pts., Services *nil*.

During the second half tries were scored for Bart.'s by Jenkins (2)—both from cross-kicks from Powell on the wing—MacGregor, Grace and Ryan, Gaisford converting two. The Services remained pointless throughout, and deservedly so, for on the few occasions they obtained the ball they appeared not to know what to do with it. In spite of the thoroughly outclassed side they were pitted against, many of the Bart.'s tactics and manœuvres were highly meritorious, T. P. Williams playing a most ingenious game at scrum half.

Result: Bart.'s, 32 pts.; United Services, *nil*.

Team: W. F. Gaisford (*back*); W. D. Powell, T. F. Ryan, H. W. Guinness, A. H. Grace (*three-quarters*); H. MacGregor, T. P. Williams (*halves*); R. H. Bettington, J. W. D. Buttery, E. S. Vergette, K. R. Stokes, C. R. Jenkins, R. N. Williams, J. A. Edwards, G. Colenso-Jones (*forwards*).

[Heard on returning to the pavilion: Lady to Services' player—"Bad luck!"]

JUNIOR HOSPITAL CUP.

1st Round.

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

This match was played on Wednesday, February 10th, on the London Hospital ground at Hale End.

Bourne lost the toss, and Bart.'s kicked off against a fairly strong wind blowing from goal to goal. From the commencement the Bart.'s forwards gave the outsides plenty of the ball, but the handling amongst the backs was bad at the start. Cold hands doubtless accounted for much of this. The forwards were dribbling well, however, and play fluctuated between the two "25" lines. Robertson was prominent in an early break-away, but his pass went astray.

After fifteen minutes' play the handling improved, and we saw some passing movements take the ball into the London "25." Twenty minutes from the kick-off Norrish came out of a loose scrum with the ball at his feet. Underwood, following up, kicked ahead and, gathering the ball, went over the line for a try. The kick at goal failed.

Again the ball went up and down the field, first being taken into the Bart.'s "25" by a London "three," then being returned to the London "25" by the Bart.'s forwards. Ten minutes after the first try Hatton found touch within five yards of the corner flag with a good kick. In the line-out Norrish gathered the ball and fell over the line for the second try. This was converted by Bourne with a good kick.

Soon after, a passing movement among the Bart.'s "threes" broke down, and London took the ball up the field in a good rush, which was well checked by Frederick, who found touch near the half-way line. Just before half-time the ball came out to Rowe, who cut through and ran about thirty yards to score. Bourne's kick at goal was a good one, but the angle was too wide.

Half-time: Bart.'s (1 goal and 2 tries), 11 pts.; London, *nil*.

In the second half Bart.'s started off with a rush, but after five minutes London nearly scored, Dunkerley just falling on the ball in time. He stayed on it too long, however, and a penalty kick was awarded to London, from which a good goal was scored. For some time London were dangerous, but were kept out by good tackling, in which Rowe was particularly prominent. Eventually a forward dribble forced London to touch down.

Bart.'s soon had the ball again, and a bad pass in the centre was taken on well by Powell with his feet over the line for a try. The kick failed. A few minutes later a London passing movement broke down, and Rowe kicked the ball on. Gonin, following up hard, dribbled the ball over for another try. This should have been converted, but the kick was a bad one.

London were by no means finished with It was only the effective if not classic—tackling by Holmes, who ran along the London "three" line, pulling over three men in succession, that prevented a try. A good kick by Fells further relieved the situation. After seventy minutes' play Holmes was again called upon to keep the Bart.'s line intact. He dashed across just in time to bundle the London right wing into touch near the corner flag.

A few minutes later we saw the prettiest try of the match. The Bart.'s forwards took the ball along at their feet to the London "25," where, being held up, they heeled quickly. Underwood passed the ball out well to Hatton, who, having drawn three men, passed to Rowe, who scored behind the posts. Bourne converted. Just on time Gonin picked up in the loose and sent in Rowe for his third try, which ought to have been converted.

Result: Bart.'s (2 goals and 5 tries), 25 pts.; London (1 penalty goal), 3 pts.

The forwards, well led by Bourne, were excellent. They shoved, heeled, wheeled, dribbled and defended, secured the ball in the line-out, and at the end of eighty minutes of a very fast game were still going fast and hard. If you wish to know who were particularly good, look at the names of the pack below. Gonin must remember to curb his tireless energy when he is offside.

Outside the scrum, Rowe, in the centre, stood out. He was always dangerous in attack—he scored three tries—and tackled and fell on the ball well. Frederick, at full-back, had little to do, but was always "there" and was safe.

Mr. R. H. Bettington, asked at the last moment to referee, had the game well under his control. We noticed no infringements unnoticed by him, and we liked his use of the advantage rule.

Team: E. V. Frederick (*back*); J. T. Dunkerley, R. R. Fells, J. T. Rowe, J. D. Powell (*three quarters*); P. L. Hatton, W. F. Underwood (*halves*); M. Gonin, W. A. Bourne (capt.), R. F. Norrish, G. G. Holmes, A. F. Alsop, H. D. Robertson, J. B. Reynolds, J. Knox (*forwards*).

ASSOCIATION FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL 1ST XI *v.* ÆGEAN.

Played at Winchmore Hill on January 23rd, this match resulted in a draw, 2 goals all. The game was very scrappy, and although the Hospital were only 1 up at half-time, it was mainly because of bad shooting. After the turn the Hospital again scored, but some determined rushes put the visitors on equal terms, and despite pressure on both sides the game ended as a draw. The Hospital goals were scored by Clark.

Team: L. B. Ward, *goal*; E. N. Jenkinson, J. Huntley, *backs*; A. Bennett, E. S. Evans, J. R. Crumbie, *halves*; A. M. Gibb, W. A. Mailer, A. Clark, R. W. Dunn, C. Keane, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL 1ST XI *v.* OLD BANCROFTIANS.

Played on January 30th at Loughton, this match was won by the Old Boys by 5 goals to 1. Immediately from the kick-off the home team attacked and soon had the Hospital defence in trouble, the mud being the stickiest they have come across. In ten minutes the Hospital were four down, some of which could and should have been saved. Immediately after this Evans damaged a knee and was little more than a passenger for the rest of the game. By this time the defence had found their feet and the forwards were pressing hard, on several occasions only being thwarted by the brilliance of the home goalkeeper. After the change-over the game was faster, and Burgess had bad luck in not scoring with a shot, the goalkeeper making a remarkable save. A few minutes later the Old Boys scored again, and three minutes from the end Burgess scored the Hospital's only point with a well-placed shot.

Team: L. B. Ward, *goal*; E. N. Jenkinson, J. Huntley, *backs*; H. W. G. Staunton, E. S. Evans, J. R. Crumbie, *halves*; A. M. Gibb, W. A. Mailer, W. J. Burgess, I. E. Phelps, A. Clark, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL 1ST XI *v.* HIGHGATE SCHOOL.

The 1st XI drew 2 all with Highgate School on February 3rd at Highgate, on a swampy ground. Attacking the "shallow end" the School forwards made great play, and after fairly rapid exchanges they at last scored, and their centre-half repeated the feat with a fine shot. Becoming acclimatized, the Hospital forwards attacked with great vigour and Burgess scored. After the change-over the whistle was going too often for petty infringements, and some of the forwards were offside, thus spoiling some good movements. After a heavy attack Burgess put the teams level again and a goal by Gibb was disallowed for Clark's offside position. This was followed by a heavy spell of defensive work by the Hospital, in which a penalty kick was given but missed, and the game drew to a weary and muddy close.

Team: L. B. Ward, *goal*; E. N. Jenkinson, J. Huntley, *backs*; H. W. G. Staunton, C. Keane, I. R. Crumbie, *halves*; A. M. Gibb, W. A. Mailer, W. J. Burgess, I. E. Phelps, A. Clark, *forwards*.

INTER-HOSPITAL CUP TIE.

2nd Round.

ST. BARTHOLOMEW'S HOSPITAL (HOLDERS) *v.* ST. THOMAS'S HOSPITAL.

Played at Chiswick on Thursday, February 11th, the meeting of last year's finalists produced a fast and exciting game, and the Hospital repeated last year's victory. Kicking off, St. Thomas' made a short rapid attack, and from the clearance the Hospital forwards pressed heavily and Burgess scored with a good lob over the goalkeeper's head. Encouraged by this success the attack was maintained, but the home team proved dangerous and Ward was called on to save more than once, though the marking was accurate and no one allowed to shoot unharried. Both sides had possible openings, but over-anxiety spoilt the finish. Keeping up the pressure in the second half, the Bart.'s forwards, although combination was rather neglected, made fine individual efforts. Mailer once hitting the cross-bar with the goalkeeper beaten with a head shot. Gibb made some very fine runs, but the few shots he took were only cleared with difficulty by the goalkeeper. The forwards were, however, tiring, and the St. Thomas's men got too much of the ball and gave the defence many anxious moments, relieved only by breakaways. From one of these Phelps received the ball just out of his own half, and with a fine determined run left the opposing defence beaten and scored Bart.'s second goal. The opposing team kept up a very heavy attack, and about ten minutes from the end got their only point—a pass from the left reaching the inside right, who scored from close range, leaving Ward no chance. The defence held out until time.

Individually the team played very well, but a little more combination seems necessary. Gibb played a fine game on the right wing, and Ward in goal proved that he has lost none of the skill which has served the team before, but which was not greatly called upon.

The team would like to thank Dr. Hurtley, the only Vice-President who was able to come, for his presence, which was greatly appreciated.

Team: L. B. Ward, *goal*; E. N. Jenkinson, J. Huntley, *backs*; H. W. G. Staunton, E. S. Evans, J. R. Crumbie, *halves*; A. M. Gibb, W. A. R. Mailer, W. J. Burgess, I. E. Phelps, A. Clark, *forwards*.

UNITED HOSPITALS HARE AND HOUNDS.

The second club handicap of the season was held at West Wickham on January 13th, when the going, owing to frost, was hard. G. H. F. McCormick, of University College Hospital, starting from scratch, finished first, beating G. W. Storey, of the same hospital, by one-fifth of a second. H. N. Walker (St. Bartholomew's), who also started from scratch, was forced to drop out 1¼ miles from home. Results as follows:

	Handicap.	Handicap time. mins. secs.	Actual time. mins. secs.
G. H. F. McCormick (U.C.H.)	Scr.	38 12	38 12
G. W. Storey (U.C.H.)	3 mins.	44 24	41 24
J. R. I. Beddard (Bart.'s)	3 ,,	45 12	42 12
J. L. M. Savage (Bart.'s)	3 ,,	45 25	42 25
R. G. West (Bart.'s)	3 ,,	45 40	42 40
H. N. Walker (Bart.'s)	Scr.	—	—

UNITED HOSPITALS *v.* SOUTH LONDON HARRIERS' "A."

This race was run at Coulsdon over a five-mile course on January 27th, and resulted in a win for the South London Harriers by four points. S. P. Railton (S.L.H.) and W. W. Darley (U.H.) led the field from the start. They held their lead until ¼ mile from the finish, when L. H. Poole (S.L.H.) came up to the front and finished first with S. P. Railton. Owing to recent rains the going was very heavy. No times were returned owing to the absence of time-keepers. The placing was as follows:

1. S. P. Railton (S.L.H.).
   L. A. Poole (S.L.H.).
3. W. W. Darley (U. H.).
4. G. F. McCormick (U.H.).
5. J. F. Varley (U.H.).
6. D. T. Payne (S.L.H.).
7. R. B. Dollington (S.L.H.).
8. J. W. Storey (U.H.).
9. J. R. J. Beddard (U.H.).

South London Harriers' "A" 1, 2, 6, 7 = 16 points.
United Hospitals, 3, 4, 5, 8 = 20 points.

UNITED HOSPITALS *v.* ORION HARRIERS.

This match was run at West Wickham over a five-mile course on Wednesday, February 17th, and resulted in a win for the Orion by 18–37 points. Owing to the fact that three members of the United Hospitals failed to turn out, T. E. Holmes, of the Orion, ran as a substitute. Considering the pouring rain and the holding state of the course the time was above average. The scoring was by the 'Varsity system.

The order of finishing was as follows:

	mins.	secs.
1. G. E. Ross (Orion)	32	36
2. N. L. Williams (Orion)	32	40
3. W. W. Darley (U.H.H.H.)	33	4
4. E. R. Askew (Orion)	33	36
5. R. W. Knott (Orion)	33	47
6. R. H. Smith (Orion)	34	13
7. T. E. Holmes (U.H.H.H.)	34	39
8. H. N. Walker (U.H.H.H.)	34	47
9. J. W. Storey (U.H.H.H.)	35	16
10. H. G. McComas (U.H.H.H.)	35	38
11. E. A. Small (Orion)	35	20
12. D. C. Wickenden (Orion)	35	49
13. J. R. J. Beddard (U.H.H.H.)	38	36

Orion Harriers = 1, 2, 4, 5, 6 = 18 points.
United Hospitals = 3, 7, 8, 9, 10 = 37 points.

FIVES CLUB.

During the past month the Fives Club have played five matches, of which four resulted in wins and one in a loss.

The standard of the team's play has been steadily rising during this month—a fact which is due to the consistence shown by the regular first four in turning out for every match. The inevitable result of this is that partners have got to know each other, and combination in both pairs has improved enormously.

This fact, more than anything else, accounted for the victory over a strong side brought down by Cambridge University.

Results.

January 23.	*v.*	University College Old Boys	Lost 143–156.
,, 30.	*v.*	King's College, London	Won 114–91.
February 3.	*v.*	Bank of England	Won 103–98.
,, 10.	*v.*	Cambridge University	Won 130–125.
,, 20.	*v.*	Oxford University	Won 113–85.

REVIEWS.

RECENT ADVANCES IN OBSTETRICS AND GYNÆCOLOGY. By ALEUK W. BOURNE, F.R.C.S. (J. & A. Churchill.) Pp. 344. 38 Illustrations. Price 12*s.* 6*d.*

The present volume is a fit companion to the books already published in this series, for it is of the same high standard and the diagrams and print excellently produced. The author has succeeded in giving an accurate *résumé* of the work recently done in obstetrics and gynæcology, and his choice of subjects has been made with care. The section on Obstetrics very wisely emphasizes the virtues of ante-natal care, and this influences the whole of the Obstetrics section. The chapters on intra-cranial injuries and the treatment of eclampsia are very valuable. The author has given a reasoned opinion on many of the new methods employed, and although a few details can be criticized, no one can object to the impression of the present-day state of obstetrical opinion that he has created.

The section on Gynæcology is perhaps not of the same standard, but the advances in the purely pathological side are perhaps beyond the scope of the book. More could have been written on the endocrine functions of the ovaries, and the work of Allen and D'Oisy with its corollaries should have been mentioned. The chapter on endometrioma is hardly complete. The work of Robert Meyer and Lanche and the relation of endometrioma of the ovary to pure adenomyoma of the uterus could be added to advantage. The chapters on X-rays, radium and electro-therapeutics are very good. That on radium is a masterpiece of lucidity; that on electro-therapeutics is stimulating, though perhaps too optimistic.

In short the volume is a worthy addition to the series; its chief asset is its atmosphere of reasoned unbiased opinion.

PUERPERAL SEPTICÆMIA. By GEORGE GEDDES, M.D. (John Wright & Sons, Ltd.) Pp. 196. Price 12*s.* 6*d.* net

The substance of the successful thesis for the Nicolls Prize is embodied in this volume. An attempt has been made to attack the problem of the ætiology of puerperal sepsis from the point of view of environment, and the object of the thesis is to demonstrate the relationship between the incidence of industrial accidents and the incidence of puerperal sepsis. This has necessitated detailed accounts of environment factors, which, although reduced to a minimum, still take up a large part of the book. Space has been allotted to discussions of the bacteriology, clinical features and treatment of the disease, but it is doubtful if these latter chapters are of real value, for there is no evidence that a large number of cases has been investigated. Nevertheless, their inclusion was essential to complete the author's scheme of dealing with his account of the disease. The author's arguments are lucidly explained, and great pains have been taken in getting together the necessary statistics.

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

ARCHER, H. E., M.R.C.S., I.R.C.P. (and G. D. ROBB, M.B.). "The Tolerance of the Body for Urea in Health and Disease." *Proceedings of the Royal Society of Medicine*, August, 1925.

ARMSTRONG, R. R., M.D., M.R.C.P. "Studies on the Nature of the Immunity Reaction: (1) An Experimental Study of Pneumococcal Immunity. (2) A Comparison of the Antigenic Properties of Sensitized and Raw Pneumococcal Vaccines." *Proceedings of the Royal Society*, B, vol. xcviii, 1925.

BATTEN, RAYNER D., M.D. "Massive Exudate in the Retina." *Proceedings of the Royal Society of Medicine*, October, 1925.

BERRY, Sir JAMES, B.S., F.R.C.S. "Some Clinical Aspects of Simple Goitre, with Remarks on its Causation." *Lancet*, February 6th, 1926.

BREWERTON, ELMORE W., F.R.C.S. "Discussion on Penetrating Injuries of the Eye." *Proceedings of the Royal Society of Medicine*, January, 1920.

BUTLER, T. HARRISON, M.A., M.D. "Discussion on Penetrating Injuries of the Eye." *Proceedings of the Royal Society of Medicine*, January, 1926.

CARSON, H. W., F.R.C.S. "Right Iliac Fossa Pain." *Lancet*, February 13th, 1926.

CHRISTOPHERSON, J. B., C.B.E., M.D., F.R.C.P. (and S. ROODHOUSE GLOYNE, M.D., D.P.H.). "The Bio-Chemical Action of Intravenous Antimony Tartrate Injections." *Lancet*, January 30th, 1926.

DUNDAS-GRANT, Sir JAMES, K.B.E., M.D. "Case of Lympho-Sarcoma of the Pharynx and Naso Pharynx." *Proceedings of the Royal Society of Medicine*, August, 1925.

——— "Discussion on Artificial Aids to Hearing." *Proceedings of the Royal Society of Medicine*, October, 1925.

ECCLES, W. MCADAM, M.S., F.R.C.S. "A New Occupational Bursa ('Dustman's' Bursa)." *British Medical Journal*, February 20th, 1926.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:

M.D.—F. R. Winton.

B.Chir.—R. T. Chadwick, G. L. F. Rowell, H. B. Stallard.

CONJOINT EXAMINING BOARD.

Second Examination.

Part I. Anatomy and Physiology.—J. R. J. Beddard, M. W. Platel, H. D. Zscherpel.

Anatomy.—E. V. Frederick, L. Newblatt., J. M. Taylor

Physiology.—W. A. Bellamy, A. L. Climer, J. Hopton, S. Kaul, H. Stevens, C. R. Todd.

Part II. Pharmacology and Materia Medica.—C. L. Carter, B. H. Gibson, J. Hopton, R. H. Leaver, F. W. Linton-Bogle, M. Malk, G. K. McKee, P. I. Peltz, A. S. Phips.

The following have had the Diplomas of M.R.C.S., L.R.C.P. conferred on them:

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ROYAL COLLEGE OF PHYSICIANS.

The following have been admitted *Members*:

L. M. Jennings, A. E. H. Pinch, G. H. Rossdale, P. Selwyn-Clark, G. Simpson, B. L. Stanton, J. T. P. Tansey.

L.M.S.S.A.

The following has had the Diploma of the Society conferred on him: P. B. P. Mellows.

CHANGES OF ADDRESS.

ATKIN, C. S., The Glen, Endcliffe Vale Road, Sheffield.

BENNETT, A. H., 10, Fairfields Road, Basingstoke.

BOUCAUD, J. E. A., Colonial Hospital, San Fernando, Trinidad, B.W.I.

CORBETT, R. S., 35, Dryden Chambers, Oxford St., W. 1 (Gerrard 2947; and 91, Harley Street, W. 1 (Mayfair 2635).

COUCHMAN, H. J., Buryfield, Upton-on-Severn.

FISHER, A. G. T., 59, Montagu Square, W. 1. (Padd. 1263.)

FOOTE, K., 16, High Street, Maidenhead.

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HEPPER, J. E., The Garth, Dodenham Road, Hereford. (Tel. 1537.)

JOYCE, H. C. C., Wern Fechan, Rhiwbina, nr. Cardiff.

MILLER, R. M., Church Hill, Rudgwick, Horsham, Sussex.

POOLE, J. W., "Burrington," Whetstone, N. 20.

RUDGE, E., Nottingham Road, Chaddenden, nr. Derby.

WILLIAMS, I. G., 22, Ogwen Terrace, Bethesda, N. Wales.

WILSON, P. F., Southernwood, Norton Road, Letchworth. (Tel. Letchworth 12.)

WROUGHTON, A. O. B., Col. I.M.S. c/o Lloyds Bank, Cox's Branch, Bernaby Road, Bombay, India

APPOINTMENTS.

BEAGLEY, J. R., M.R.C.S., L.R.C.P., appointed House Surgeon to the Southend Victoria Hospital.

COULBY, G. A., M.A., M.D., B.C.(Cantab.), appointed Hon. Physician, Nottingham Children's Hospital.

DALE, D. D. R., M.R.C.S., L.R.C.P., appointed Surgeon, S.S. "Castalia."

HARRISON, L. F. A., M.R.C.S., L.R.C.P., appointed R.A.M.O. to the Bagthorpe Infirmary, Nottingham.

HILL, N. H., M.D.(Lond.), appointed Hon. Assistant Physician, St. Andrew's Hospital, Dollis Hill.

PRACY, D. S., F.R.C.S.(Ed.), appointed Hon. Surgeon to the Nuneaton and District General Hospital.

SMITH, K. S. M., M.R.C.S., L.R.C.P., appointed Surgeon to S.S. "Lycaon" (Blue Funnel Line).

STEWART, G. G., M.R.C.S., L.R.C.P., appointed A.M.O., Clare Hall Sanatorium, South Mimms, Barnet.

BIRTHS.

FRASER.—On February 12th, at 25, Sussex Place, Regent's Park, to Gladys, wife of D. Beaufort Fraser—a daughter.

LYON-SMITH.—On January 19th, at a nursing home, Hove, Sussex, to Violet Mary, wife of George Lyon-Smith—a son.

PEGGE.—On January 18th, at 3, Elmfield Avenue, Leicester, to Dorothy (Peggy), wife of Dr. A. Vernon Pegge—a son.

MARRIAGES.

BAILEY—WIBLIN.—On January 21st, at St. Peter's, Regent Square W.C., Kenneth Norman Grierson Bailey, M.B., B.S.(Lond.), eldest son of the late Mr. and Mrs. N. C. Bailey, to Nellie, younger daughter of the late J. G. Wiblin and Mrs. Wiblin.

DANNATT—CHARLIER.—On January 15th, at Penang, Malcolm Dannatt, F.R.C.S., of Ipoh, Federated Malay States, to Marjorie Phyllis, youngest daughter of Mr. H. E. J. Charlier. (African papers, please copy.)

MILLER—BATCHELLER.—On February 10th, at St. Peter's, Maidstone, by the Rev. C. W. Martyn, Vicar of the Parish, brother-in-law of the bride, Thomas Mackinlay Miller, M.C., of 18, Grosvenor Road, Tunbridge Wells, late R.A.M.C., attached 8th Devons, to Freda, youngest daughter of Robert Batcheller, of Engadine, Maidstone.

TOTHILL—MCCURDY.—On January 20th, at the Church of St. Bartholomew-the-Great, Henry Tothill, M.B., B.S., of Leigh-on-Sea, to Maud I. McCurdy, of Morfa, Nevin

WALL—MCGREGOR.—On December 18th, at St. John's Cathedral, Hong-Kong, by the Rev. T. B. Powell, Margaret Alice, daughter of Charles Malcolm and Mrs. McGregor. Plumstead, S.E., to Austin Darley Wall, M.B., F.R.C.S., of Shanghai, China.

GOLDEN WEDDING.

HAYNES HIRON. On January 27th, 1876, at St George's, Hanover Square, by the Rev. W. K. Briscoe, assisted by the Rev. E. E. Jones, Frederic Harry Haynes, M.D., of Leamington, to Henrietta, youngest daughter of the late John Hiron, Esq., of Campden, Gloucestershire. Present address: Sherbourne Lodge, Sherbourne Terrace, Leamington.

DEATHS.

BATT.—On February 14th, 1926, at the Hill, Witney, Oxon, Charles Dorrington Batt, M.B., J.P., aged 80.

HOYLE.—On February 7th, 1926, at Glenroy, Blundell Avenue, Porthcawl, William Evans Hoyle, D.Sc.(Oxon.), F.R.C.S.(Edin.), late Director, National Museum of Wales, and of Crowland, Llandaff.

MAWHOOD.—On January 20th, 1926, at Green Meadows, Ascot, Reginald Hawksworth Mawhood, M.B., B.C.(Cantab.), F.R.C.S. (Eng.), aged 41.

OLIVER.—On February 10th, 1926, at his sister's house, Beare Green, after a very short illness, Matthew Baillie Oliver, O.B.E., F.R.C.S., of 182, Harley Street, W.

PRENTICE.—On February 3rd, 1926, at the Dreadnought Hospital, Greenwich, Hugh Ridley Prentice, M.B., M.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 510.

St. Bartholomew's Hospital Journal.

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

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CALENDAR.

Fri., April 2.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Tues., „ 6.—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Fri., „ 9.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Tues., „ 13.—Prof. Fraser and Prof. Gask on duty.
Fri., „ 16.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Tues., „ 20.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.

Last day for receiving matter for May issue of the Journal.

Fri., „ 23.—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Mon., „ 26.—Special Subject Lecture. Mr. Harmer.
Tues., „ 27.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Fri., „ 30.—Prof. Fraser and Prof. Gask on duty.

EDITORIAL.

IT is with great regret that we learn that Dr. Lovatt Evans is leaving the Physiological Department. We congratulate him very heartily, however, on his new appointment as Jodrell Professor at University College, London.

Prof. Lovatt Evans is acknowledged to be one of the most brilliant of the younger school of physiologists, and he has done highly original work on the reaction of the blood.

Last year he was very rightly rewarded by his election to the Fellowship of the Royal Society.

He has done a great deal for our Physiology Department in the few years in which he has been in charge of it; he was responsible for the construction and arrangement of the new Physiological Laboratory in Giltspur Street, and it is an adequate and permanent testimony to his well-conceived and admirably executed plans.

He has also found time to prepare for the press a new edition of Bainbridge and Menzie's *Physiology* (that inevitable text-book), and to write an excellent book entitled *Recent Advances in Physiology*, which covers most of the new work on physiology in a lucid and interesting survey.

He has brought added distinction to our Medical College and we are very sorry to lose him. The task of the College Committee in finding an adequate successor is an unenviable one.

* * *

Sir D'Arcy Power has been elected President, and Mr. Geoffrey Keynes has been chosen a member of the Council of the Bibliographical Society. The appointment of these two gentlemen shows that the *Literæ Humaniores* no longer *abhorrent a sanguine*, or look upon surgeons as *feræ naturæ*. They bring honour to a School which boasts that Charles Bernard, the great lover of books and fine bindings, was once a member of the Surgical Staff of the Hospital, though it is so long ago that he was Serjeant Surgeon to Queen Anne.

* * *

At the forthcoming Election to the Council of the Royal College of Surgeons of England, no member of the Surgical Staff of St. Bartholomew's is standing for election or re-election.

Under these circumstances it is felt that all Bart.'s Fellows may feel inclined to give a vote to Mr. Warren Low, Senior Surgeon to St. Mary's Hospital, so as to secure his re-election on this occasion.

* * *

The death of Dr. Hugh Ridley Prentice, which occurred at Greenwich on February 3rd, deprives the Seamen's Hospital, Greenwich, of their Medical Superintendent, and it has been suggested that as a tribute to Dr. Prentice we should ask for co-operation in connection with a fund which is being raised to provide his children with an adequate education. Contributions should be sent to Mr. Perceval Cole or Mr. Arthur Davies at 15, Harley Street, W. 1.